| Sr. | No | .:- |
|-----|----|-----|
|-----|----|-----|



# SAURIN INVESTMENTS PVT. LTD.

# DEPOSITORY SERVICES ACCOUNT OPENING FORM INDIVIDUAL

# SIPL FOR DEMAT

| Internal Ref. No.    | Account No. |
|----------------------|-------------|
| Branch Code and Name |             |



'SIPL House', 14, Bhagwan Nagar Tekro, Paldi, Ahmedabad – 380007 | DP ID – IN 301469 DEPOSITORY SERVICES

# Dear Client,

Below mentioned is the charge structure for operating the demat account with Saurin Investments Pvt Ltd. Apart from this default scheme; you can also opt for other schemes made available to clients from time to time.

Charge Structure with effect from 1st September, 2018

| Particulars                       | Charges (All charges are exclusive of taxes)                    |
|-----------------------------------|---|
| Account Opening                   | Rs. Nil   |
| Dematerialisation                 | Rs. 5/- per certificate + Rs. 95/- per DRF for mailing purpose  |
| Rematerialisation                 | Rs. 20/- per 100 Shares or part there of (Subject to minimum of |
| Remateriansation                  | Rs. 20/- per request) + Rs. 50/- per Postage                    |
|                                   | Rs. 30/- per debit instruction                                  |
| Settlement Fees                   | Rs. 15/- per debit instruction for Auto Pay-in with SIPL        |
|                                   | Rs. Nil per credit instruction                                  |
| Pledge Creation                   | Rs. 50/- per instruction  |
| Pledge Closure                    | Rs. 25/- per instruction  |
| Pledge Invocation                 | Rs. 25/- per instruction  |
| Account Maintenance Charges       | Rs. 300/- per annum   |
| Statement of Holding/Transactions | Annually Free   |
| Statement of Holding/Transactions | Extra Rs. 10/- per page for non-periodic statement request      |
| Advance Against Charges           | Rs. 1000/-  |
| IDeAS Fee                         | Rs. 50/- per accounting year                                    |

## Other Conditions:

- The above schedule of fees is based on NSDL charges and subject to revision at the discretion of Saurin Investments (P) Ltd. with prior notice of 30 days.
- Any revision in schedule of fees will be intimated to the clients by ordinary post.
- Transaction statement will be sent monthly, if there are any transactions.
- Additional demat request booklets / instruction booklets will be charged extra.
- All holders must sign operation instruction for the joint account.
- All instruction for transfer must be received at the branches of Saurin Investments (P) Ltd. atleast 24 hours before execution date and 24 hours before pay-in date.
- Depository service charge bills should be paid on or before the due date. Beyond this period, an interest of 2% per month or Rs. 35/- per month whichever is higher will be charged on the outstanding amount for the delayed period. Notwithstanding this, Saurin Investments (P) Ltd. reserves right to "freeze depository account for debit transaction", in case client fails to pay charges or do not maintain adequate balance in account or advance fees balance to recover periodical service charges.
- All charges will be collected upfront.

I/We hereby declare that I/We do not want to enroll in BSDA Scheme.

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

| Important Instruction A) Fields marked with '*' and B) Please fill the form in Elements |  |                          | State / U.T co<br>wo character                   | -         |               |                   |                 |                 |           |                | the end  | i.      |                      |        |          |
|---|--|--------------------------|--|-----------|---------------|-------------------|-----------------|-----------------|-----------|----------------|----------|---------|----------------------|--------|----------|
| C) Please fill the date in D D) Please read section wis at the end.                     | D-MM-YYYY format. se detailed guidelines / instructions            | H) For part              | imber of appl<br>ticular section<br>number and s | n update, | please        | tick (🎝           | in the box      | x availa        | able befo |                |          |         |                      |        |          |
| For office use only   | Application Type*  | □New                     | □Upo   | date      |               |                   |                 |                 |           |                |          |         |                      |        |          |
| (To be filled by financia   | al institution) KYC Number<br>Account Type*                        | ☐ Normal                 | Sin  | nplified  | (for lo       | w risl            | (M              |                 | •         | r KYC<br>Small | update   | e requ  | est)                 |        |          |
| ☐ 1. PERSONAL I   | DETAILS (Please refer instruction                                  | n <b>A</b> at the end)   |  |           |               |                   |                 |                 |           |                |          |         |                      |        |          |
| □ Na * (0   |  | First Name               |  |           |               | Middle            | Name            |                 |           |                |          | Last N  | Name                 |        |          |
| ☐ Name* (Same as ID   |  |                          |  |           |               |                   |                 |                 | $\perp$   |                |          |         |                      |        | $\perp$  |
| Maiden Name (If any*)   |  |                          |  |           |               |                   |                 |                 | $\perp$   |                |          |         |                      |        | $\vdash$ |
| Father / Spouse Nam   | e"   |                          |  |           |               |                   |                 |                 | $\perp$   |                |          |         |                      |        | $\vdash$ |
| Mother Name*  |  | VV                       |  |           |               |                   |                 |                 |           |                |          |         |                      |        | Ш        |
| Date of Birth*  |  | YY                       |  |           | _             | ¬ <b>-</b> -      |                 |                 |           |                |          |         | PHOT                 | 0      |          |
| Gender*   | ☐ M- Male  |                          | ☐ F- Fem   |           | _             | _                 | ransger         | nder            |           |                |          |         |                      |        |          |
| Marital Status*   | Married  |                          | Unmarı   |           | _             | Oth               |                 |                 | ٦.        |                |          |         |                      |        |          |
| Citizenship*  | ∐IN- Indian  |                          | Others   | (ISO 3    | 166 C         | ountry            | / Code          |                 | )         |                |          |         |                      |        |          |
| Residential Status*   | <ul><li>☐ Resident Individual</li><li>☐ Foreign National</li></ul> |                          | ☐ Non Re   |           |               |                   |                 |                 |           |                |          |         |                      |        |          |
| Occupation Type*  | □S-Service(□Priva □O-Others(□Profe □B-Business □X- Not Categorised |                          | □Public S<br>□Self Em                            |           |               | Govern<br>Retired | nment S<br>d ⊟H | Sector<br>ousev | ,         | _Stud          | ent)     | Si      | gnature /<br>Impress |        |          |
| ☐ 2. TICK IF APPI   | ICABLE RESIDENCE FO  | R TAX PURP               | OSES IN  | JURISE    | OICTIO        | ON(S)             | OUTSI           | DE IN           | IDIA (F   | Please r       | efer ins | tructio | n <b>B</b> at th     | e end) |          |
| ADDITIONAL DETAI  | LS REQUIRED* (Mandatory only                                       | y if section 2 is        | ticked)  |           |               |                   |                 |                 |           |                |          |         |                      |        |          |
| ISO 3166 Country Co   | ode of Jurisdiction of Residence                                   | e*                       |  |           |               |                   |                 |                 |           |                |          |         |                      |        |          |
| Tax Identification Nu   | mber or equivalent (If issued by                                   | jurisdiction)*           |  |           |               |                   |                 |                 |           |                |          |         |                      |        |          |
| Place / City of Birth*  |  |                          | ISO 3166   | Count     | ry Cod        | de of E           | Birth*          |                 |           |                |          |         |                      |        |          |
| ☐3. PROOF OF I  | DENTITY (Pol)* (Please refer in                                    | nstruction <b>C</b> at t | the end)   |           |               |                   |                 |                 |           |                |          |         |                      |        |          |
| (Certified copy of any or   | ne of the following Proof of Identity                              | [Pol] needs to b         | oe submitted                                     | d)        |               |                   |                 |                 |           |                |          |         |                      |        |          |
| ☐ A- Passport Num   | ber  |                          |  |           | Pas           | sport             | Expiry [        | Date            |           | D D            | — M      | IVI —   | YYY                  | Y      |          |
| ☐ B- Voter ID Card  |  |                          |  |           |               |                   |                 |                 |           |                | 1        | _       |                      |        |          |
| ☐ C- PAN Card   |  |                          |  |           |               |                   |                 |                 |           |                |          |         |                      |        |          |
| ☐ D- Driving Licence  | e  |                          |  |           | Driv          | ing Li            | cence E         | xpiry I         | Date      | p p            | _ M      | M       | YYY                  | Y      |          |
| ☐ E- UID (Aadhaar)  |  |                          |  |           |               |                   |                 |                 |           |                |          |         |                      |        |          |
| ☐ F- NREGA Job C  | ard  |                          |  |           |               |                   |                 |                 |           |                |          |         |                      |        |          |
| Z- Others (any doo  | cument notified by the central gove                                | ernment)                 |  |           |               | lde               | entificati      | on Nu           | umber     |                |          |         |                      |        |          |
| ☐ S- Simplified Mea   | sures Account - Document Ty  | pe code                  |  |           |               | lde               | entificati      | on Nu           | ımber     |                |          |         |                      |        |          |
| 4. PROOF OF   | ADDRESS (PoA)*   |                          |  |           |               |                   |                 |                 |           |                |          |         |                      |        |          |
|   | ERMANENT / OVERSEAS ADDRE  |                          | •  |           | on <b>D</b> a | t the e           | nd)             |                 |           |                |          |         |                      |        |          |
|   | ne of the following Proof of Address                               |                          |  |           |               |                   |                 |                 |           |                |          |         |                      |        |          |
| Address Type*   | ☐ Residential / Business   | Reside                   |  |           | Bus           |                   |                 |                 | Regist    | ered O         | ffice    |         | ∐ Un                 | specif | ied      |
| Proof of Address*   | ☐ Passport ☐Voter Identity Card ☐Simplified Measures Accou         |                          | g Licence<br>A Job Car<br>nt Type co             | d [       | UIE<br>Oth    | ` _               | haar)           |                 | ple       | ase sp         | ec ify   |         |                      |        |          |
| Address   |  | an Docume                | rype oo  | .40       |               |                   |                 |                 |           |                |          |         |                      |        |          |
| Line 1*   |  |                          |  |           |               |                   |                 |                 |           |                |          |         |                      |        |          |
| Line 2  |  |                          |  |           |               |                   |                 |                 |           |                |          |         |                      |        |          |
| Line 3  |  | <u> </u>                 |  |           |               |                   |                 |                 | vn / Vil  |                |          |         |                      |        | $\vdash$ |
| District*   | Pin  | / Post Code*             |  |           | S             | tate /            | U.T Cod         | ae*             |           | ISO            | 3166 (   | Count   | ry Code              | °      |          |

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

| 4.2 CORRESPONDENCE                            | / LOCAL ADDRESS DETAILS * (Please s                         | see instruction         | on <b>E</b> at the end) |                          |               |   |          |
|---|---|-------------------------|-------------------------|--------------------------|---------------|---|----------|
| Same as Current / Perman                      | nent / Overseas Address details (In case o                  | of multiple co          | rrespondence /          | local addresses,         | please fill   | Annexure A1')                             |          |
| Line 1*                                       |   |                         |                         |                          |               |   | Ш        |
| Line 2  |   |                         |                         |                          |               |   |          |
| Line 3  | Bir / Bast Oad  | - +                     |                         |                          | / Town / \    |   |          |
| District*                                     | Pin / Post Code   | e^                      |                         | State / U.T Cod          | e"            | ISO 3166 CountryCode*                     |          |
|   | IRISDICTION DETAILS WHERE APPLICA                           | ANT IS RESI             | IDENT OUTSIDE           | E INDIA FOR TA           | X PURPOS      | ES* (Applicable if section 2 is ticked    | d)       |
| Same as Current / Permar                      | nent / Overseas Address details                             |                         | Same as Corres          | spondence / Loca         | al Address c  | letails                                   |          |
| Line 1*                                       |   |                         |                         |                          |               |   |          |
| Line 2  |   |                         |                         |                          |               |   | $\perp$  |
| Line 3  |   |                         |                         |                          | Town / V      |   | $\vdash$ |
| State*  |   | Z                       | ZIP / Post Cod          | le*                      |               | ISO 3166 Country Code*                    |          |
| ☐ 5. CONTACT DETAILS                          | (All communications will be sent on provided                | Mobile no. / E          | Email-ID) (Please       | refer instruction F      | at the end)   |   |          |
| Tel. (Off)                                    | Tel. (Res   | s)                      |                         |                          | Mobile        |   |          |
| FAX   | Email ID  |                         |                         |                          |               |   |          |
| ☐ 6. DETAILS OF RELAT                         | TED PERSON (In case of additional related                   | persons, plea           | ase fill 'Annexure      | B1' ) (please refer      | instruction ( | G at the end)                             |          |
| Addition of Related Person                    | Deletion of Related Person                                  | KYC                     | Number of Relat         | ed Person (if ava        | ilable*)      |   |          |
| Related Person Type*                          | ☐ Guardian of Minor ☐ A                                     | Assignee                |                         | Authorized Rep           | resentative   |   |          |
| N   | Prefix First Name   |                         | N                       | Name Name                |               | Last Name                                 |          |
| Name*   | (If KYC number and name are provided, below                 | ow details of s         | section 6 are option    | unal)                    |               |   |          |
|   |   |                         | •                       | ilai)                    |               |   |          |
|   | OF RELATED PERSON* (Please see instructi                    | ion ( <b>H</b> ) at the | •                       |                          |               |   |          |
| A- Passport Number                            |   |                         | Pass                    | port Expiry Da           | te            |   |          |
| ☐ B- Voter ID Card                            |   |                         |                         |                          |               |   |          |
| C- PAN Card                                   |   |                         |                         |                          |               |   |          |
| ☐ D- Driving Licence                          |   |                         | Drivii                  | ng Licence Exp           | iry Date      | D D -M M Y Y Y                            | -        |
| ☐ E- UID (Aadhaar)                            |   |                         |                         |                          |               |   |          |
| ☐ F- NREGA Job Card                           |   |                         |                         |                          |               |   |          |
| Z- Others (any document                       | notified by the central government)                         |                         |                         | Identification           | Number        |   |          |
| ☐ S- Simplified Measures                      | Account - Document Type code                                |                         |                         | Identification           | Number        |   |          |
| 7. REMARKS (If any)                           |   |                         |                         |                          |               |   |          |
|   |   |                         |                         |                          |               |   |          |
|   |   |                         |                         |                          |               |   |          |
|   |   |                         |                         |                          |               |   |          |
| 8. APPLICANT DECLA                            | ARATION   |                         |                         |                          |               |   |          |
|   | nished above are true and correct to the best of my know    |                         |                         |                          |               |   |          |
| therein, immediately. In case any of t forit. | the above information is found to be false or untrue or mis | sleading or misre       | epresenting, I am awa   | re that I may be held li | able          |   |          |
| I hereby consent to receiving informa         | ation from Central KYC Registry through SMS/Email on t      | the above registe       | ered number/email add   | dress                    |               |   |          |
| Date: DD-MM-                                  | Y Y Y Y Place :   | life above registe      | l l l l l               |                          |               | Signature / Thumb Impression of Applicant | t        |
|   |   |                         |                         |                          |               |   |          |
|   | OR OFFICE USE ONLY  |                         |                         |                          |               |   |          |
|   | Certified Copies  |                         |                         |                          |               |   |          |
| KYC VERII                                     | IFICATION CARRIED OUTBY                                     |                         |                         | IN                       | ISTITUTION    | DETAILS                                   |          |
| Date  | D — M M — Y Y Y Y   |                         | Name                    |                          |               |   |          |
| Emp. Name                                     |   |                         | Code                    |                          |               |   |          |
| Emp. Code                                     |   |                         |                         |                          |               |   |          |
| From Decimanting                              |   |                         |                         |                          |               |   |          |
| Emp. Designation                              |   |                         |                         |                          |               |   |          |
| Emp. Designation Emp. Branch                  |   |                         |                         |                          |               |   |          |
|   |   |                         |                         |                          |               |   |          |
|   | [Employee Signature]  |                         |                         |                          |               |   |          |

| CENTRAL KYC REGISTI  | RY   Know Your Custom  | er (KYC) A      | pplication Form                          | n   Individual            |   |                    |                              |
|--|--|-----------------|--|---------------------------|---|--------------------|------------------------------|
| Important Instructions:  I) Fields marked with '*' are man | datory fields  | M) List of      | State / LLT codo co                      | ner Indian Motor Vo       | shide Act 1000 is as                            | ailable at the ond |                              |
| J) Please fill the form in English a                       | -  |                 |  |                           | hicle Act, 1988 is av<br>is available at the en |                    |                              |
| K) Please fill the date in DD-MM-                          |  | ,               | umber of applicant is                    | •                         |   |                    |                              |
| L) Please read section wise detail                         | iled guidelines / instructions   |                 |  |                           | the box available be                            |                    |                              |
| at the end.  |  | section         | number and strike o                      | off the sections not r    | equired to be update                            | ed.                |                              |
| For office use only  | Application Type*  | □New            | Update                                   |                           |   |                    |                              |
| (To be filled by financial instit                          | tution) KYC Number   |                 |  |                           | (Mandatory f                                    | or KYCupdate       | request)                     |
|  | Account Type*  | ☐ Norma         | I ☐ Simplifie                            | ed (for low risk c        | ustomers)                                       | Small              |                              |
| ☐ 1. PERSONAL DETA   | ILS (Please refer instruction  | A at the end)   | )  |                           |   |                    |                              |
|  |  | irst Name       |  | Middle N                  | ame   |                    | Last Name                    |
| ☐ Name* (Same as IDproof)                                  |  |                 |  |                           |   |                    |                              |
| Maiden Name (If any*)                                      |  |                 |  |                           |   |                    |                              |
| Father / Spouse Name*                                      |  |                 |  |                           |   |                    |                              |
| Mother Name*   |  |                 |  |                           |   |                    |                              |
| Date of Birth*   |  | Y               |  |                           |   |                    | РНОТО                        |
| Gender*  | ☐ M- Male  |                 | ☐ G-Female                               | ☐ T-Tra                   | nsgender  |                    |                              |
| Marital Status*  | ☐ Married  |                 | Unmarried                                | ☐ Other                   | rs  |                    |                              |
| Citizenship*   | ☐IN- Indian  |                 | ☐Others (ISC                             | 3166 Country C            | Code )  |                    |                              |
| Residential Status*  | <ul><li>☐ Resident Individual</li><li>☐ Foreign National</li></ul>         |                 | ☐ Non Reside<br>☐ Person of Ir           |                           |   |                    |                              |
| Occupation Type*   | ☐ S-Service (☐ Private☐ O-Others (☐ Profes☐ B-Business☐ X- Not Categorised |                 | □Public Secto □Self Employe              |                           | nent Sector)  Housewife                         | _Student)          | Signature / Thumb            |
| 2. TICK IF APPLICA   | BLE RESIDENCE FOR  | R TAX PURF      | POSES IN JURIS                           | SDICTION(S) O             | UTSIDE INDIA                                    | (Please refer inst | ruction <b>B</b> at the end) |
| ADDITIONAL DETAILS RE                                      | EQUIRED* (Mandatory only   | if section 2 is | ticked)                                  |                           |   |                    |                              |
| ISO 3166 Country Code of                                   | Jurisdiction of Residence  | *               |  |                           |   |                    |                              |
| Tax Identification Number                                  |  | urisdiction)*   |  |                           |   |                    |                              |
| Place / City of Birth*                                     |  |                 | ISO 3166 Cou                             | ntry Code of Bir          | th*   |                    |                              |
| ☐3. PROOF OF IDENT   | ITY (Pol)* (Please refer ins   | truction C at   | the end)                                 |                           |   |                    |                              |
| (Certified copy of any one of the                          | ne following Proof of Identity[F   | Pol] needs to   | be submitted)                            |                           |   |                    |                              |
| ☐ A- Passport Number                                       |  |                 |  | Passport Ex               | cpiry Date                                      | D D - M N          | <u> </u>                     |
| ☐ B- Voter ID Card   |  |                 |  |                           |   |                    |                              |
| ☐ C- PAN Card  |  |                 |  |                           |   |                    |                              |
| ☐ D- Driving Licence                                       |  |                 |  | Driving Lice              | nce Expiry Date                                 | D D — M N          | A Y Y Y Y                    |
| ☐ E- UID (Aadhaar)   |  |                 |  |                           |   |                    |                              |
| ☐ F- NREGA Job Card  |  |                 |  |                           |   |                    |                              |
| Z- Others (any documen                                     | t notified by the central govern   | nment)          |  | Ident                     | tification Numbe                                | r                  |                              |
| ☐ S- Simplified Measures                                   | s Account - Document Typ   | e code          |  | Ident                     | tification Numbe                                | r                  |                              |
| 4. PROOF OF ADDR   | ESS (PoA)*   |                 |  |                           |   |                    |                              |
|  | NENT / OVERSEAS ADDRES   |                 | •  | ction <b>D</b> at the end | 1)  |                    |                              |
| (Certified copy of any one of the                          | ne following Proof of Address  | [PoA] needs i   | to be submitted)                         |                           |   |                    | _                            |
| ,,  —  | esidential /Business   | Reside          |  | Business                  | _   | stered Office      | ☐ Unspecified                |
| $\Box$ V $c$   | assport<br>oter Identity Card<br>mplified Measures Accour                  | $\square$ NREG  | g Licence<br>A Job Card<br>ent Type code | UID (Aadha                | aar)  | ease specify       |                              |
| Address  |  | 50001116        | 1,500 0000                               |                           |   |                    |                              |
| Line 1*  |  |                 |  |                           |   |                    |                              |

Pin / Post Code\*

Citv / Town / Village\*

ISO 3166 CountryCode\*

State / U.T Code\*

Line 2 Line 3

District\*

|  | SPONDENCE   | / I ( )( ;A                  | LADD   | RESS                                  | DETA  | II S * (I            | Please     | e see i  | instru   | ction    | E at th   | ena)   |          |                |              |      |          |      |        |          |          |          |       |               |                   |                                       |           |
|--|---|------------------------------|--|---------------------------------------|---|----------------------|------------|----------|----------|----------|-----------|--------|----------|----------------|--------------|------|----------|------|--------|----------|----------|----------|-------|---------------|-------------------|---------------------------------------|-----------|
| Same as Cu   | 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)  Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')  Line 1*  Line 2 |                              |  |                                       |   |                      |            |          |          |          |           |        |          |                |              |      |          |      |        |          |          |          |       |               |                   |                                       |           |
|  | Line 1* Line 2 Line 3 City / Town / Village*  |                              |  |                                       |   |                      |            |          |          |          |           |        |          |                |              |      |          |      |        |          |          |          |       |               |                   |                                       |           |
|  |   |                              |  |                                       |   |                      | _          |          |          | +        |           |        | +        | +              | $\dashv$     | +    | +        | +    | $^{+}$ |          | +        | +        |       | +             | $\forall$         | +                                     | $\forall$ |
|  |   |                              |  |                                       |   |                      |            |          |          |          |           |        |          |                | Cit          | v /  | Tov      | vn / | / \/iI | ane      | *        |          |       | $\overline{}$ | $\overline{\Box}$ |                                       |           |
| District*  |   |                              |  |                                       | Pir   | n / Pos              | st Co      | de*      |          |          |           | s      | tate /   | / U.           |              |      |          |      |        |          |          | 66 C     | ount  | tryC          | ode*              |                                       | $\Box$    |
|  |   |                              |  |                                       |   |                      |            |          |          |          |           |        |          |                |              |      |          |      |        |          |          |          |       |               |                   |                                       |           |
| 4.3 ADDRE  | ESS IN THE JU   | IRISDIC                      | TION   | DETAIL                                | S WH  | ERE A                | PPLIC      | CANT     | IS RE    | SIDE     | NT OL     | TSIDE  | INDI     | A FC           | R T          | AX   | PUR      | RPC  | SES    | S* (A    | pplica   | able if  | sect  | ion 2         | is tic            | ked)                                  |           |
| Same as C  | Current / Perma   | nent / O                     | versea   | s Addre                               | ess de  | tails                |            |          | [        | Sa       | me as     | Corres | ponde    | ence           | /Lo          | cal  | Addı     | res  | s det  | ails     |          |          |       |               |                   |                                       |           |
| Line 1*  |   |                              |  |                                       |   |                      |            |          |          |          |           |        | <u> </u> | Щ              |              |      | <u> </u> |      |        | <u> </u> | <u> </u> |          |       | <u> </u>      | Щ                 | <u> </u>                              |           |
| Line 2   |   |                              |  |                                       |   |                      |            |          |          |          |           |        |          |                |              |      |          |      |        |          | Ш        | <u> </u> | Щ     | <u> </u>      | Щ                 | <u> </u>                              |           |
| Line 3   |   |                              |  |                                       |   |                      |            |          |          |          |           |        |          | Ш              | City         | //1  | ow       | 'n / | Villa  | age*     |          |          |       |               |                   | _                                     |           |
| State*  ZIP / Post Code*  ISO 3166 Country Code*  State*  ISO 3166 Country Code*  State*  ISO 3166 Country Code*   |   |                              |  |                                       |   |                      |            |          |          |          |           |        |          |                |              |      |          |      |        |          |          |          |       |               |                   |                                       |           |
| □ 5 CONT   |   |                              |  |                                       |   |                      |            |          |          |          |           |        |          |                |              |      |          |      |        |          |          |          |       |               |                   |                                       |           |
| 5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction <b>F</b> at the end)  el. (Off)  Tel. (Res)  Mobile |   |                              |  |                                       |   |                      |            |          |          |          |           |        |          |                |              |      |          |      |        |          |          |          |       |               |                   |                                       |           |
| el. (Off)  Tel. (Res)  Email ID  Mobile  |   |                              |  |                                       |   |                      |            |          |          |          |           |        |          |                |              |      |          |      |        |          |          |          |       |               |                   |                                       |           |
| Email ID   |   |                              |  |                                       |   |                      |            |          |          |          |           |        |          |                |              |      |          |      |        |          |          |          |       |               |                   |                                       |           |
| ☐ 6. DETAI   |   |                              |  |                                       |   |                      |            |          |          |          |           |        |          |                |              |      |          |      |        |          |          |          |       |               |                   |                                       |           |
|  |   |                              |  |                                       |   |                      |            | •        |          |          |           |        |          |                |              |      |          |      |        |          |          |          |       |               |                   |                                       |           |
| Galated Person Type*  Guardian of Minor  Gat the end)  KYC Number of Related Person (if available*)  Adultion of Representative                                      |   |                              |  |                                       |   |                      |            |          |          |          |           |        |          |                |              |      |          |      |        |          |          |          |       |               |                   |                                       |           |
| Related Person Type*  Guardian of Minor  Prefix  First Name  Assignee  Middle Name  Last Name  |   |                              |  |                                       |   |                      |            |          |          |          |           |        |          |                |              |      |          |      |        |          |          |          |       |               |                   |                                       |           |
| Name*  | Prefix First Name Middle Name Last Name  ume*   |                              |  |                                       |   |                      |            |          |          |          |           |        |          |                |              |      |          |      |        |          |          |          |       |               |                   |                                       |           |
|  | Prefix First Name Middle Name Last Name   |                              |  |                                       |   |                      |            |          |          |          |           |        |          |                |              |      |          |      |        |          |          |          |       |               |                   |                                       |           |
| PROOF OF I   | IDENTITY [Pol]  | OF RELA                      | TED P  | ERSON                                 | l* (Plea  | se see               | instruc    | ction (F | H) at t  | he end   | d)        |        |          |                |              |      |          |      |        |          |          |          |       |               |                   |                                       |           |
| A- Passpo  | rt Number   |                              |  |                                       |   |                      |            |          |          |          |           | Pass   | port l   | Ехрі           | ry [         | ate  | <b>:</b> |      |        | <b>D</b> | -1       | /I IVI   | -     | YY            | Υ                 | Υ                                     |           |
| ☐ B- Voter ID  | O Card  |                              |  |                                       |   |                      |            |          |          |          |           |        |          |                |              |      |          |      |        | ·        |          |          |       |               |                   |                                       |           |
| C- PAN Ca  | ard   |                              |  |                                       |   |                      |            |          | _        |          |           |        |          |                |              |      |          |      |        |          |          |          |       |               |                   |                                       |           |
| ☐ D- Driving   | Licence   |                              |  |                                       |   |                      |            |          |          |          |           | Drivir | na Lic   | enc            | ٥F           | ynir | v D:     | ate  | d      | -        | 7_1      |          |       | v   v         | V                 | V                                     |           |
| ☐ E- UID (Aa   |   |                              |  |                                       |   |                      |            |          |          |          |           | Dv     | ·9 =·    | ,0110          | · _          | Αρ   | , ,      | uio  | ٦      | T        |          |          | IL    |               | 1.1               |                                       |           |
| ☐ F- NREGA   |   |                              |  |                                       |   |                      |            |          |          |          |           |        |          |                |              |      |          |      |        |          |          |          |       |               |                   |                                       |           |
| _ I - INITE OA   |   |                              |  |                                       |   |                      |            |          |          |          |           |        |          |                |              |      |          |      |        |          |          |          |       |               |                   |                                       |           |
| ☐ 7- Others /  |   | notified                     | by tho   | contra                                | Laovo   | romont               | \          |          |          |          |           |        | Ido      | ntifi          | oo ti        | on I | Mun      | nha  | or.    |          |          |          |       |               |                   |                                       |           |
|  | (any document   |                              | •  |                                       | •   |                      | · —        |          |          |          |           |        |          | ntifi          |              |      |          |      |        |          |          |          |       |               |                   |                                       |           |
| Z- Others (  | (any document   |                              | •  |                                       | •   |                      | · —        |          |          |          |           |        |          | ntifi<br>ntifi |              |      |          |      |        |          |          |          |       |               |                   |                                       |           |
|  | (any document   |                              | •  |                                       | •   |                      | · —        |          |          |          |           |        |          |                |              |      |          |      |        |          |          |          |       |               |                   |                                       |           |
| S- Simplifie   | (any document   |                              | •  |                                       | •   |                      | · —        |          |          |          |           |        |          |                |              |      |          |      |        |          |          |          |       |               |                   |                                       |           |
| S- Simplifie   | (any document   |                              | •  |                                       | •   |                      | · —        |          |          |          |           |        |          |                |              |      |          |      |        |          |          |          |       |               |                   |                                       |           |
| S- Simplifie   | (any document   |                              | •  |                                       | •   |                      | · —        |          |          |          |           |        |          |                |              |      |          |      |        |          |          |          |       |               |                   |                                       |           |
| S- Simplifie  7. REMAR   | (any document<br>ed Measures<br>EKS (If any)  | Accou                        | nt - Do  |                                       | •   |                      | · —        |          |          |          |           |        |          |                |              |      |          |      |        |          |          |          |       |               |                   |                                       |           |
| S- Simplifie  7. REMAR  8. APPLIC  | (any document<br>ed Measures<br>(KS (If any)  | Accou                        | nt - Do  | ocume                                 | ent Ty  | pe co                | de         |          |          |          |           |        | Ide      | ntifi          | catio        | on I | Nun      |      |        |          |          |          |       |               |                   |                                       |           |
| 7. REMAR  8. APPLIC  I hereby declare  | (any document<br>ed Measures<br>EKS (If any)  | Accou                        | nt - Do  | ocume                                 | ent Ty  | ne best o            | de f mykn  | -        |          |          |           |        | Ide      | ntifi          | nych         | on I | Nun      |      |        |          |          |          |       |               |                   |                                       |           |
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| CENTRAL KYC R  | EGISTI                                | RY   F       | (now Y                      | our C        | Custo    | mer (         | (KYC)   | Appl           | icatio              | on F                          | orm                         | Ind                       | ivid                     | ual                       |                     |                            |                              |   |               |          |         |        |                |      |        |
|--|---------------------------------------|--------------|-----------------------------|--------------|----------|---------------|---|----------------|---------------------|-------------------------------|-----------------------------|---------------------------|--------------------------|---------------------------|---------------------|----------------------------|------------------------------|---|---------------|----------|---------|--------|----------------|------|--------|
| Important Instruct Q) Fields marked with '* R) Please fill the form in S) Please fill the date in T) Please read section at the end. | i' are man<br>n English a<br>n DD-MM- | and in B     | LOCK le                     |              | tions    |               | U) List<br>V) List<br>W) KYC<br>X) For p<br>section | of two<br>numb | charader of a       | cter IS<br>applica<br>ction u | SO 31<br>ant is r<br>ipdate | 66 cou<br>manda<br>, plea | untry<br>atory<br>se tic | code<br>for up<br>ck (🎝 i | s is ava<br>odate a | ailable<br>pplica<br>ox av | e at th<br>ation.<br>/ailabl | ne end<br>le befo                       | I.<br>ore the | t the e  | nd.     |        |                |      |        |
| For office use or (To be filled by finan   | •                                     | •            |                             | umbe         | er       |               | New   |                |                     | Jpda                          |                             |                           |                          |                           | •                   |                            |                              | _                                       | r KYC         | •        | ite re  | eque   | st)            |      |        |
|  |                                       |              | Accou                       | •            |          |               | Norn  |                |                     | Simp                          | olified                     | d (for                    | low                      | risk                      | custo               | mer                        | s)                           |   | Smal          | l        |         |        |                |      |        |
| 1. PERSONAL  | L DETA                                | ILS (F       | Please re                   | efer ins     | structio | on <b>A</b> a | t the e   | nd)            |                     |                               |                             |                           |                          |                           |                     |                            |                              |   |               |          |         |        |                |      |        |
| ☐ Name* (Same as<br>Maiden Name (If an   |                                       |              | efix                        |              |          | First         | Name  |                |                     |                               |                             |                           | MI                       | ddle                      | Name                |                            |                              |   |               |          | La      | ist Na | ame            |      |        |
| Father / Spouse Na   | • •                                   | +            | +                           |              |          |               |   |                |                     |                               | $\vdash$                    |                           |                          | +                         |                     |                            | +                            | $\vdash$                                |               |          |         | _      |                | +    |        |
| Mother Name*   | 21110                                 | +            |                             | +            |          |               |   |                | $\frac{1}{1}$       |                               | $\vdash$                    |                           | +                        | +                         |                     |                            | +                            |   |               |          |         | +      | ++             | +    |        |
| Date of Birth*   |                                       | D I          | ) — M                       | IVI —        | YY       | YY            | ,   |                |                     |                               |                             |                           |                          |                           |                     |                            |                              |   |               |          |         |        |                |      |        |
| Gender*  |                                       |              | I- Male                     |              |          |               | _   |                | H- F                | ema                           | <u>م</u> ا                  |                           |                          | т_т,                      | ansge               | ande                       | ٥r                           |   |               |          |         |        | PHOT           | 0    |        |
| Marital Status*  |                                       |              | l- Male<br>larried          |              |          |               |   |                | Unm                 |                               |                             |                           |                          | Othe                      | _                   | cride                      | 51                           |   |               |          |         |        |                |      |        |
| Citizenship*   |                                       | _            | l- India                    | n            |          |               |   |                |                     |                               |                             | 3166                      |                          | -                         | Code                |                            |                              |   |               |          |         |        |                |      |        |
| Residential Status*  |                                       | ☐ R          | esiden<br>oreign            | nt Indiv     |          |               |   |                | <br>  Non<br>  Pers | Res                           | siden                       | t Indi                    | an                       |                           | Oode                |                            | /                            |   |               |          |         |        |                |      |        |
| Occupation Type*   |                                       | □ O-<br>□ B- | Service Others Busine Not C | s ( [<br>ess | Prof     |               |   |                | Publi<br>Self I     | ic Se                         | ector                       |                           | Go                       |                           | ment                |                            | ctor)<br>sewit               | fe                                      | _Stu          | dent)    |         |        | ature /        |      | nb     |
| ☐ 2. TICK IF AP  | PI ICAF                               | RIF [        | RESI                        | IDEN         | CE EC    | OR TA         | X PU  | RPOS           | SESI                | II. NI                        | IRIS                        | DICT                      | ION                      | I(S)                      | OUTS                | SIDE                       | IND                          | IA (F                                   | Please        | refer in | nstruc  | ction  | B at th        | e en | d)     |
| ADDITIONAL DET   |                                       |              |                             |              |          |               |   |                |                     | 11400                         |                             | D101                      | 1011                     | .(0)                      | 0010                | J.D.L                      |                              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | .0000         | . 0.0    | .01. 40 |        | <b>-</b> at t. |      | ۵,     |
| ISO 3166 Country   |                                       |              |                             |              |          |               | otion 2   | 13 1101        | (Cu)                |                               |                             |                           |                          |                           |                     |                            |                              |   |               |          |         |        |                |      |        |
| Tax Identification N   |                                       |              |                             |              |          |               | diction)  | *              | $\frac{1}{1}$       |                               |                             |                           |                          |                           |                     |                            |                              |   |               |          |         |        |                |      |        |
| Place / City of Birth  |                                       |              |                             | <u>`</u>     |          |               | ,   |                | O 31                | 166 C                         | Coun                        | try C                     | ode                      | of B                      | sirth*              |                            |                              |   |               |          |         |        |                |      |        |
| ☐3. PROOF OF   | IDENT                                 | ITY (Po      | o <b>i)*</b> (F             | Please       | refer i  | nstruc        | tion <b>C</b>                                       | at the         | end)                |                               |                             |                           |                          |                           |                     |                            |                              |   |               |          |         |        |                |      |        |
| (Certified copy of any   | one of th                             | he follov    | ving Pro                    | oof of I     | dentity  | /[Pol] i      | needs i   | to be s        | ubmi                | tted)                         |                             |                           |                          |                           |                     |                            |                              |   |               |          |         |        |                |      |        |
| ☐ A- Passport Nu ☐ B- Voter ID Car   | ımber                                 |              |                             |              |          |               |   |                |                     | ŕ                             |                             | Pa                        | assp                     | ort I                     | Expiry              | Dat                        | е                            |   | D D           | — M      | M       | — Y    | Y              | Y    |        |
| <ul><li>□ D- Driving Lice</li><li>□ E- UID (Aadhaa</li><li>□ F- NREGA Job</li></ul>  | ar)                                   |              |                             |              |          |               |   |                |                     |                               |                             | Di                        | rivin                    | g Lic                     | ence                | Expi                       | iry Da                       | ate                                     | Þ Þ           | _ M      | M       | Υ      | Y              | Y    |        |
| ☐ Z- Others (any o   |                                       |              | -                           |              | •        |               | ′ –   |                |                     |                               |                             |                           |                          |                           | ntifica<br>ntifica  |                            |                              |   |               |          |         |        |                |      |        |
| 4. PROOF OF  | F ADDR                                | RESS (       | PoA)*                       |              |          |               |   |                |                     |                               |                             |                           |                          |                           |                     |                            |                              |   |               |          |         |        |                |      |        |
| 4.1 CURRENT /  |                                       |              |                             | SEAS         | ADDR     | ESS [         | DETAIL  | S (Ple         | ease s              | see in                        | struc                       | tion <b>D</b>             | at t                     | he er                     | nd)                 |                            |                              |   |               |          |         |        |                |      |        |
| (Certified copy of any   |                                       |              |                             |              |          |               |   | •              |                     |                               |                             |                           |                          |                           |                     |                            |                              |   |               |          |         |        |                |      |        |
| AddressType*   | □R                                    | esider       | ntial /Bu                   | usine        | ss       | [             | Res   | identi         | al                  |                               |                             | □ В                       | usin                     | ess                       |                     |                            | □R                           | egist                                   | ered          | Office   |         |        | □Ur            | spe  | cified |
| Proof of Address*  | $\Box$ Vc                             |              | entity C                    |              | ٨٥٥٥     |               |   |                | Job C               | Card                          |                             | □ U<br>□ O1               | ,                        |                           | naar)               |                            |                              | ple                                     | ase s         | oe: ify  |         |        |                |      |        |
| Address  | ∐2l                                   | шрше         | d Meas                      | sures        | ACC0     | uiil -        | Docur   | HIBIT          | ı ype               | cod                           | E                           |                           |                          |                           |                     |                            |                              |   |               |          |         |        |                |      |        |
| Line 1*  |                                       |              |                             |              |          |               |   |                |                     |                               |                             |                           |                          |                           |                     |                            |                              |   |               |          |         |        |                |      |        |
| Line 2   |                                       |              |                             |              |          |               |   |                |                     |                               |                             |                           | I                        |                           |                     |                            |                              |   |               |          |         |        |                |      |        |
| Line 3 District*   |                                       |              |                             |              | Pir      | ı / Po        | st Coc  | de*            |                     |                               |                             |                           | Sta                      | te / l                    | Cit<br>J.T Co       |                            |                              | ı / Vil                                 | lage*<br>ISC  | 3166     | Cou     | untry  | Code           | e* _ |        |

| 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)  Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')  Line 1* |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
|   | anent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Line 2  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Line 3  | City / Town / Village*  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| District*   | Pin / Post Code* State / U.T Code* ISO 3166 Country Code*   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| _   | URISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Same as Current / Perma   | anent / Overseas Address details Same as Correspondence / Local Address details   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Line 1*   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Line 2  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Line 3  | City / Town / Village*  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| State*  ZIP / Post Code*  ISO 3166 Country Code*  State*  ISO 3166 Country Code*  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*)  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*)  Related Person Type*  Guardian of Minor Assignee Authorized Representative  Prefix First Name Middle Name Last Name               |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prefix First Name Middle Name Last Name  Name*  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prefix First Name Middle Name Last Name   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name*   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ☐ A- Passport Number  | Passport Expiry Date  Passport Expiry Date  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ☐ B- Voter ID Card  | · · · · · · · · · · · · · · · · · · ·   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C- PAN Card   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | Divise License Funity Date  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ☐ D- Driving Licence  | Driving Licence Expiry Date   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ☐ E- UID (Aadhaar)  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| F- NREGA Job Card   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | nt notified by the central government)  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | s Account - Document Type code Identification Number  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7. REMARKS (If any)   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8. APPLICANT DECL   | ARATION   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | rnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| therein, immediately. In case any o<br>for it.  | of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable [Signature / Thumb Impression] |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I hereby consent to receiving inform  | mation from Central KYC Registry through SMS/Email on the above registered number/email address.  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date: DD-MM-  | Signature / Thumb Impression of Applicant   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | OR OFFICE USE ONLY  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | ☐ Certified Copies  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| KYC VER   | RIFICATION CARRIED OUTBY INSTITUTION DETAILS  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date  | D — M M — Y Y Y Y Y   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Emp. Name   | Code  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Emp. Code   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Emp. Designation  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Emp. Branch   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | [Institution Stamp] [Employee Signature]  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |

# PART II – ACCOUNT OPENING FORM (FOR INDIVIDUALS)

| Client -            | - <b>ID</b> (To be filled                 | l by Partici             | ipant)                  |                         |                       |              |                     |           |   |            |      |                        |       |        |                   |          |                     |          |          |          |      |
|---------------------|---|--------------------------|-------------------------|-------------------------|-----------------------|--------------|---------------------|-----------|---|------------|------|------------------------|-------|--------|-------------------|----------|---------------------|----------|----------|----------|------|
| I/We re<br>details: | quest you to o<br>(Please fill all t      | pen a dep<br>the details | ository ac<br>in CAPITA | count<br>A <i>L LET</i> | in my/ou<br>TERS only | ur nai<br>y) | me as p             | er th     | e follo                                 | owing      | D    | ate                    | D     | D      | M                 | M        | Υ                   |          | Υ        | Υ        | Υ    |
| A)                  | Details of Acc                            | ount hold                | ler(s):                 |                         |                       |              |                     |           |   |            |      |                        | 1     | ı      |                   |          | I                   |          | u.       |          |      |
|                     | Account<br>holder(s)                      |                          | Sole/ Fi                | rst Ho                  | lder                  |              |                     | 9         | Secon                                   | d Holo     | der  |                        |       |        |                   | Th       | ird H               | lold     | ler      |          |      |
|                     | Name                                      |                          |                         |                         |                       |              |                     |           |   |            |      |                        |       |        |                   |          |                     |          |          |          |      |
|                     |   |                          |                         |                         |                       |              |                     |           |   |            |      |                        |       |        |                   |          |                     |          |          |          |      |
|                     | PAN                                       |                          |                         |                         |                       |              |                     |           |   |            |      |                        |       |        |                   |          |                     |          |          |          |      |
|                     | Occupation<br>(please tick<br>any one and |                          | ublic Sector            |                         | Agricultu<br>Retired  |              |                     | Private S |   |            | A    | griculturis<br>Retired | st    |        | Private<br>Public |          | Agriculturi Retired |          |          |          |      |
|                     | give brief<br>details)                    |                          | overnment               |                         | Housew                |              |                     | Govern    | ment                                    |            | ı    | Housewife              | 2     |        | Gove              | rnment   | L                   | <u> </u> |          | ousewi   | fe   |
|                     |   |                          | Service                 |                         | Studen                | nt           |                     | Servi     |   |            | 1    | Student                |       |        |                   | iness    | -                   |          | Stude    | ent      |      |
|                     |   |                          | rofessional             | Н                       | Others (Pl            |              |                     | Profess   |   |            | ot   | hers (Plea             | ise   |        |                   | ssiona   | l<br>I              |          |          | ers (Ple | ease |
|                     |   |                          |                         |                         | specify               |              |                     |           |   |            | ,    | specify;               |       |        |                   |          |                     |          |          | specify  |      |
|                     | Brief details:                            |                          |                         |                         |                       |              |                     |           |   |            |      |                        |       |        |                   |          |                     |          |          |          |      |
| В)                  | For HUF, Asso                             | ociation of              | f Persons               | (AOP),                  | , Partners            | ship F       | irm, Uı             | nregis    | tered                                   | Trust      | , et | c., alth               | oug   | h the  | accou             | ınt is   | ope                 | nec      | l in th  | ne na    | me   |
|                     | of the natura                             |                          |                         | e & PA                  | AN of the             | HUF,         | , Assoc             | iation    | of Pe                                   | ersons     | s (A | OP), Pa                | rtn   | ershi  | p Firm            | , Unr    | egist               | tere     | ed Tru   | ıst, e   | tc., |
|                     | should be me                              | ntioned b                | elow:                   |                         |                       |              |                     |           | h                                       | \ D        |      | <u> </u>               |       |        |                   |          | -                   |          |          | 1        |      |
|                     | a) Name                                   |                          |                         |                         |                       |              |                     |           | D                                       | ) PAN      |      |                        |       |        |                   |          |                     |          |          |          |      |
| C)                  | Type of accou                             | unt                      |                         |                         |                       |              |                     |           |   |            |      |                        |       |        |                   |          |                     |          |          |          |      |
|                     |   | nary Reside              |                         |                         |                       |              | -Repat              |           |   |            |      |                        |       |        |                   | N        | IRI-N               | lon      | Repa     | triabl   | e    |
|                     | Marg                                      | fied Foreig<br>in        | gninvesto               | ) î                     |                       |              | eign Na<br>ners (Pl |           |   | <b>v</b> ) |      |                        |       |        |                   | P        | rom                 | ote      | r        |          |      |
| D)                  | Gross Ann                                 | nual Incom               | ne Details              |                         |                       |              |                     |           | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |            |      |                        |       |        |                   |          |                     |          |          |          |      |
|                     | Income Ra                                 | ange per a               | nnum (ple               | ease ti                 | ck any or             | ne)          |                     |           |   |            |      |                        |       |        |                   |          |                     |          |          |          |      |
|                     | Bel                                       | low `1 lac               | С                       |                         |                       | ]`1          | 5 lac               |           |   |            |      |                        |       | ` 5- 1 | .0 lac            |          |                     |          |          |          |      |
|                     | `<br>  `10                                | 0- 25 lac                |                         |                         |                       | J , V        | More th             | nan 2     | 5 lac                                   |            |      |                        |       |        |                   |          |                     |          |          |          |      |
| E)                  | In case of NR                             | Is/ Foreign              | n Nationa               | ls                      |                       |              |                     |           |   |            |      |                        |       |        |                   |          |                     |          |          |          |      |
|                     | RBI Approval                              | Reference                | e Number                |                         |                       |              |                     |           |   |            |      |                        |       |        |                   |          |                     |          |          |          |      |
|                     | RBI Approval                              | date                     |                         |                         |                       |              |                     |           |   |            | D    | D                      |       | M      | M                 | Υ        | Υ                   | /        | Υ        | Υ        |      |
| F)                  | Bank details                              |                          |                         |                         |                       |              |                     |           |   | <u> </u>   |      |                        |       |        |                   | <u> </u> |                     |          | <u> </u> |          |      |
|                     | 1 Bank ac                                 | count type               | е                       | Savin                   | gs Accou              | nt           | Cı                  | urrent    | Acco                                    | unt        |      | Othe                   | rs (I | Pleas  | e speci           | ify)     |                     |          |          |          | _    |
|                     | 2 Bank Ac                                 | ccount Nur               | mber                    |                         |                       |              |                     |           |   |            |      |                        |       |        |                   |          |                     |          |          |          |      |
|                     | 3 Bank Na                                 | ame                      |                         |                         |                       |              |                     |           |   |            |      |                        |       |        |                   |          |                     |          |          |          |      |
|                     | 1   |                          |                         | 1                       |                       |              |                     |           |   |            |      |                        |       |        |                   |          |                     |          |          |          |      |

|           | 4           | Branch Address   |                       |               |                          |                   |             |               |           |           |                |
|-----------|-------------|--|-----------------------|---------------|--------------------------|-------------------|-------------|---------------|-----------|-----------|----------------|
|           |             |  | City/town/village     |               |                          | DIN Co            | do          |               |           |           |                |
|           |             | _  | City/town/village     |               |                          | PIN Co            | ae          |               |           |           |                |
|           |             |  | State                 |               |                          | Countr            | γ           |               |           |           |                |
|           | 5           | MICR Code  |                       |               |                          |                   |             |               |           |           | İ              |
|           | 6           | IFSC   |                       |               |                          |                   |             |               |           |           |                |
| <u>C)</u> | Dlos        | se tick, if applicable:  | olitically Exposed Pe | rcon (DED)    |                          | olated to         | a Politica  | lly Exposed   | Porcor    | 2 (DED)   |                |
| G)        | FIE         | se tick, ii applicable.  | intically Exposed Fe  | ISOII (FEF)   | ШК                       | elateu to         | a Folitica  | ily Exposed   | reisoi    | 1(FEF)    |                |
| H)        | Star        | nding Instructions   |                       |               |                          |                   |             |               |           |           |                |
|           | 1           | I/We authorise you to recei  | ve credits automati   | cally into my | /our acco                | ount.             |             |               | 'es<br>No |           |                |
|           | 2           | Account to be operated thr   | ough Power of Atto    | rney (PoA)    |                          |                   |             |               | 'es       |           |                |
|           |             |  |                       |               |                          |                   |             |               | No        |           |                |
|           | 3           | SMS Alert facility: [Mandato                                       | ry if you are giving  | Power of Att  | orney (Po                | A). Ensur         | e that the  | mobile nu     | mber is   | provid    | ed in          |
|           |             | the KYC Application Form]  |                       |               |                          |                   |             |               |           |           |                |
|           |             | Sr. No.  | Holder Sole/First H   | Iolder        |                          |                   |             | Yes           |           | No        | 1              |
|           |             | _  |                       |               |                          |                   |             |               |           |           |                |
|           |             | 2  | Second Hol            | der           |                          |                   |             |               |           |           |                |
|           |             | 3  | Third Holde           | er            |                          |                   |             |               |           |           |                |
|           | 4           | Mode of receiving Statement of Account [Tick                       | Physical Fo           | orm           |                          |                   |             |               |           |           |                |
|           |             | any one]   | Electronic            | Form [Read N  | ote 3 and e              | nsure that        | email ID is | provided in K | YC Appli  | cation Fo | orm].          |
|           | 5           | For Joint Accounts,<br>communication to be sent<br>to (See Note 5) | First Hold            |               | All Joint                | Account           | Holders     |               |           |           |                |
|           | 6           | Mode of receiving Annual Reports, AGM Notices and                  | Physical Fo           | orm           |                          |                   |             |               |           |           |                |
|           |             | other communications from Issuers & RTAs                           | Electronic            | Form [Read N  | ote 3 and e              | nsure that        | email ID is | provided in K | YC Appli  | cation Fo | orm].          |
| I)        | Gua         | rdian Details (where sole hold                                     | er is a minor):       |               |                          |                   |             |               |           |           |                |
|           | [For        | account of a minor, two KYC A                                      | Application Forms m   | ust be filled | i.e. one f               | or the gua        | ardian and  | d another f   | or the r  | minor (   | to be          |
|           |             | ed by guardian)]<br>rdian Name                                     |                       |               |                          |                   |             |               |           |           |                |
|           | Gua         | ruidii Naille  |                       |               |                          |                   |             |               |           |           |                |
|           | P.A         | AN   |                       |               |                          |                   |             |               |           |           |                |
|           | Rela<br>min | tionship of guardian with<br>or                                    |                       |               |                          | I                 |             |               |           |           |                |
| J)        | Non         | nination Option  |                       |               |                          |                   |             |               |           |           |                |
| -,        |             | ·<br>☐ I/We wish to make a nomi                                    | nation                | 1             |                          |                   |             |               |           |           |                |
|           |             | Details are provided at F  |                       |               | I/We do i<br>declaration | not wish 1<br>on) | to make a   | nominatio     | n. (Atta  | ached     |                |
| K)        | Mod         | e of Operation for Joint Accou                                     | ints                  |               |                          |                   |             |               |           |           |                |
|           |             | Jointly  |                       | of the holde  |                          |                   |             |               |           |           | _ <del>_</del> |
|           |             | de of Operation for Joint Acco<br>curities including Inter-Deposi  | ·                     |               |                          |                   |             |               |           |           |                |
|           | and i       | nvocation and confirmation th<br>fic number of securities will be  | ereof as applicable   |               |                          |                   |             |               |           |           |                |

| FORM FOR NOMINATION/ CANCELLATION OF NOMINATION (To be filled in by individual applying singly or jointly) |   |                   |                      |         |        |         |           |       |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
|--|---|-------------------|----------------------|---------|--------|---------|-----------|-------|--------|-------|--------|--------|---------|--------|------|------|-------|------|-------|-------|------|--------|-------|------|---------|--------|------|----------|--------|----|----|
| Date   |   |                   | D                    | D       | M      | M       | Υ         | Υ     | Υ      | )     | Y      | DP ID  | I       | N      | 3    | 0    | 1     | 4    | 1 6   | 5 9   | 9    | Clien  | t ID  |      |         |        |      |          |        |    |    |
|  | ] <sub>I/W</sub>  | /e wis            | h to m               | ake     | a no   | mina    | ition.    | [As   | oer a  | letai | ls giv | en be  | low     | 1      |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
| Nomi   | [] I/We wish to make a nomination. [As per details given below]  Nomination Details   |                   |                      |         |        |         |           |       |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
|  | I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all securities held in the Depository by me /                                 |                   |                      |         |        |         |           |       |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
|  | us in the said beneficiary owner account in the event of my / our death.  Nomination can be made upto three Details of 1° Nominee Details of 2° Nominee Details of 3° Nominee |                   |                      |         |        |         |           |       |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
| nomi   | inees i   | n the             | accou                | nt.     |        |         |           |       |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
| 1  | IVali   | 16 01 1           | he no                |         | e(s    | ) (IVII | ./ IVIS.  | ,     |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
| 2  | Shar  | e of e            | ach                  |         | Equ    | ally    |           |       |        |       |        |        |         |        | %    |      |       |      |       |       |      |        | %     |      |         |        |      |          |        |    | %  |
|  | Non   | ninee             |                      |         | [If no | ot equa | illy, ple | ase   |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    | 70 |
| 3  | Rela  | tions             | nip Wi               |         |        |         | entage    |       | A      | ny o  | odd Io | t afte | er di   | vision | shal | l be | trai  | nsj  | terre | ed to | o th | e firs | non   | nine | ee m    | entio  | ne   | d in t   | he for | m. |    |
|  | Any   |                   | ייא קוו              |         | ic A   | ppiic   | ant (     | ··    |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
| 4  | Add   | ress o            | f Nom                | inee    | e(s)   |         |           |       |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
| 4  |   |                   |                      |         |        |         |           |       |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
|  |   |                   |                      | _       | DINI ( | Code    |           |       | -      |       |        | _      |         |        |      |      |       |      |       | ſ     |      |        |       | _    |         |        |      | ı        |        |    |    |
| 5  |   | -                 | elepho               | ne l    | No. o  |         | mine      | e(s)  |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
| 6<br>7   |   |                   | f nom                |         | • •    |         |           |       |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
| <b>'</b>   |   |                   | <b>Iden</b><br>k any |         |        |         |           |       |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
|  |   |                   | etails c             |         |        |         | Ü         |       |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
|  |   |                   | aph 8                |         |        |         |           |       |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
|  |   |                   | r∏ Sa<br>FIdent      |         |        |         |           |       |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
|  | ID  |                   |                      | , _     |        |         | ,,,,,,    |       |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
| Sr. No   | os. 8-1   | L4 sho            | uld be               | e fille | ed o   | nly if  | nom       | inee  | (s) is | a m   | inor:  |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
| 8  |   |                   | irth {ir             | ı cas   | e of   | mine    | or        |       |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
| 9  |   | ninee(<br>ne of ( | s)}<br>Guardi        | ian (   | Mr.,   | /Ms.)   | {in c     | ase   |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
| 10   | of minor nominee(s) }   |                   |                      |         |        |         |           |       |        |       |        |        |         |        |      |      |       |      |       |       | _    |        |       |      |         |        |      |          |        |    |    |
| 10   | 10 Address of Guardian(s)   |                   |                      |         |        |         |           |       |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
|  |   |                   |                      |         |        |         |           |       |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
|  |   |                   |                      |         |        |         |           |       |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
|  |   |                   |                      |         |        |         |           |       |        |       |        |        |         |        |      |      | r     |      |       |       |      |        |       |      | ĺ       | i      |      |          |        |    |    |
| 11   | PIN Code  11 Mobile/Telephone no. of Guardian   |                   |                      |         |        |         |           |       |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
| 12   | Ema   | il ID d           | f Gua                | rdia    | n      |         |           |       |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
| 13   | Rela  | tions             | hip of               | Gua     | rdia   | n wit   | :h        |       |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       | 1    |         |        |      |          |        |    |    |
| 14   |   | ninee             | lala                 | : £: .  | -4!-   |         | -4-! -    |       |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       | _    |         |        |      |          |        |    |    |
|  |   |                   | Iden<br>ck any       |         |        |         |           |       |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
|  | prov  | /ide d            | etails o             | of sa   | me]    |         |           |       |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
|  | ☐ Photograph & Signature ☐ PAN ☐ Aadhaar ☐ Saving Bank account no.  |                   |                      |         |        |         |           |       |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
|  |   |                   | sa                   |         |        |         |           |       |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
|  | ID  |                   |                      | , _     |        |         |           |       |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
|  | Name(s) of holder(s)  Signature(s) of holder  |                   |                      |         |        |         |           |       |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
| Sole/ First Holder/ Guardian (in case sole   |   |                   |                      |         |        |         |           |       |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
| holder is minor) (Mr./Ms.)   |   |                   |                      |         |        |         |           |       |        |       |        |        |         |        |      | Х    |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
|  |   |                   |                      |         |        |         |           |       |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
| Second Holder (Mr./Ms.)  |   |                   |                      |         |        |         |           |       |        |       |        |        |         | х      |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
| Third Holder (Mr./Ms.)   |   |                   |                      |         |        |         |           |       |        |       |        |        |         |        |      | х    |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
| * Signa  | ature o   | of witi           | ness, a              | long    | wit    | h nar   | ne an     | ıd ad | dres   | s are | e requ | uired  | , if tl | ne acc | oun  | t ho | older | r at | ffixe | s th  | um   | ıb imr | ressi | ion  | ı, inst | tead o | of s | igna     | ture   |    |    |
| Note:  |   |                   | -, -                 | -       |        |         |           |       |        |       | - 1    |        |         |        |      | _    |       |      |       |       |      | -      |       |      |         |        | _    | <u> </u> |        |    |    |
|  | This nomination shall supersede any prior nomination made by the account holder(s), if any  |                   |                      |         |        |         |           |       |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |
| The Tra  | The Trading Member/Depository Participant shall provide acknowledgement of the nomination form to the account holder(s)   |                   |                      |         |        |         |           |       |        |       |        |        |         |        |      |      |       |      |       |       |      |        |       |      |         |        |      |          |        |    |    |

### Notes:

- 1. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non- individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly, all joint holders will sign the nomination form.
- 2. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
- 3. The Nominee(s) shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
- 4. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
- 5. Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.
- 6. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non-individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
- 7. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee(s).
- 8. Nomination can be made upto three nominees in a demat account. In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total upto hundred percent. In the event of the beneficiary owner not indicating any percentage of allocation/share for each of the nominees, the default option shall be to settle the claims equally amongst all the nominees.
- 9. On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned in the FORM 10 at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.
- 10. Copy of any proof of identity must be accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure D.
- 11. Savings bank account details shall only be considered if the account is maintained with the same participant.
- 12. DP ID and client ID shall be provided where demat details is required to be provided.

## **Mobile & Email Declaration**

We hereby declare that the below mentioned mobile number or E-mail ID belongs to Me or My family(spouse, dependent children and dependent parents) as stated:

| Name of 1 <sup>st</sup> holder |      |             |
|--------------------------------|------|-------------|
| Mobile Number                  | □ Ме | ☐ My Family |
| Email ID                       | □ Ме | ☐ My Family |
|                                |      |             |
| Name of 2 <sup>nd</sup> holder |      |             |
| Mobile Number                  | ☐ Me | ☐ My Family |
| Email ID                       | □ Ме | ☐ My Family |
|                                |      |             |
| Name of 3 <sup>rd</sup> holder |      |             |
| Mobile Number                  | ☐ Me | ☐ My Family |
| Email ID                       | □ Ме | ☐ My Family |

#### Declaration

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. 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. In case non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

| Name(s                         | ) of holder(s) | Signature(s) of holder |  |  |  |  |  |
|--------------------------------|----------------|------------------------|--|--|--|--|--|
| Sole/ First Holder/ Guardian   |                |                        |  |  |  |  |  |
| (in case sole holder is minor) |                | X                      |  |  |  |  |  |
| (Mr./Ms.)                      |                |                        |  |  |  |  |  |
| Second Holder                  |                | Х                      |  |  |  |  |  |
| (Mr./Ms.)                      |                |                        |  |  |  |  |  |
| Third Holder                   |                | Х                      |  |  |  |  |  |
| (Mr./Ms.)                      |                |                        |  |  |  |  |  |

### Notes:

- 1. All communication shall be sent at the address of the Sole/First holder only.
- 2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8<sup>th</sup> Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
- 3. For receiving Statement of Account in electronic form:
  - I. Client must ensure the confidentiality of the password of the email account.
  - II. Client must promptly inform the Participant if the email address has changed.
  - III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
- 4. In case of joint account, on death of any of the joint account holders, the surviving account holder(s) has to inform Participant about the death of account holder(s) with required documents within one year of the date of demise.
- 5. In case if 'first holder' is selected, the communication will be sent as per the preference mentioned at Sr. No. 4. In case 'All joint account holders' is opted, communication to first holder will be sent as per the preference mentioned at Sr. No. 4 and communication to other holders will be in electronic mode. The default option will be communication to 'first holder', if no option selected.
- 6. Strike off whichever is not applicable.

| Acknowledgement Participant Name, Address & DP ID  |   |   |   |   |   |   |   |   |     |                          |         |  |  |
|--|---|---|---|---|---|---|---|---|-----|--------------------------|---------|--|--|
| Received the application from Mr/Ms  |   |   |   |   |   |   |   |   | as  | the sole/first           | holder  |  |  |
| alongwith  |   |   |   |   |   |   |   |   | and | _as the second           | and     |  |  |
| third holders respectively for opening of a depository account. Please quote the DP ID & Client ID |   |   |   |   |   |   |   |   |     |                          |         |  |  |
| allotted to you in all your future correspondence.   |   |   |   |   |   |   |   |   |     |                          |         |  |  |
|  |   |   |   | 1 | 1 |   |   |   |     |                          |         |  |  |
| Date:  | D | D | M | M | Υ | Υ | Υ | Υ |     | Participant<br>Signature | Stamp & |  |  |