



# Stock Holding Corporation of India Limited

Regd. Office: 301, Centre Point, Dr. Babasaheb Ambedkar Road, Parel, Mumbai - 400 012.  
Phone: 91-22-6177 9400 to 09 Fax: 91-22-6177 9058 Website: www.shcil.com CIN: 67190MH1986GOI040506

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

### Important Instructions:

- A) Fields marked with '✓' are mandatory fields.
- B) Tick '✓' wherever applicable
- C) Please fill the form in English and in BLOCK letters.
- D) Please fill the date in DD-MM-YYYY format.
- E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.
- F) Please read section wise detailed guidelines / instructions at the end.
- G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- H) List of two character ISO 3166 country codes is available at the end.
- I) KYC number of applicant is mandatory for update application.
- J) The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode.

For office use only (To be filled by financial institution)	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update
	KYC Number	<input type="text"/>	
	Account Type*	<input type="checkbox"/> Normal	<input type="checkbox"/> Minor <input type="checkbox"/> Aadhaar OTP based E-KYC (in non-face to face mode)

### KYC Mode\* : Please Tick (✓)

- Normal  EKYC OTP  EKYC Biometric  Online KYC  Offline KYC  Digilocker

### 1. PERSONAL DETAILS\* (Please refer instruction A at the end)

PAN\*   Form 60 furnished

Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/> DD / MM / YYYY		
Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender		
Nationality*	<input type="checkbox"/> Indian <input type="checkbox"/> Others (Please specify) <input type="text"/>		
Residential Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin <small>(Passport mandatory for NRIs, PIOs and Foreign Nationals)</small>		
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others (Please specify) <input type="text"/>		

### 2. PROOF OF IDENTITY AND PERMANENT ADDRESS\* (Please refer instruction B at the end)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number
- B- Voter ID Card
- C- Driving Licence
- D- NREGA Job Card
- E- National Population Register Letter
- F- Proof of Possession of Aadhaar
- II  E- KYC Authentication
- III  Offline verification of Aadhaar



### Address

Line 1\*

Line 2

Line 3

District\*  Pin/Post Code\*  State/U.T Code\*  City / Town / Village\*  ISO 3166 Country Code\*

Address Type\*  Residential / Business  Residential  Business  Registered Office  Unspecified

**3. CURRENT / CORRESPONDENCE ADDRESS DETAILS** (Please refer instruction **B** at the end)

Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number \_\_\_\_\_
- B- Voter ID Card \_\_\_\_\_
- C- Driving Licence \_\_\_\_\_
- D- NREGA Job Card \_\_\_\_\_
- E- National Population Register Letter \_\_\_\_\_

F- Proof of Possession of Aadhaar        \_\_\_\_\_

II  E- KYC Authentication        \_\_\_\_\_

III  Offline verification of Aadhaar        \_\_\_\_\_

IV  Deemed Proof of Address - Document Type code \_\_\_\_\_

V  Self Declaration

**Address**

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

District\* \_\_\_\_\_ Pin/Post Code\* \_\_\_\_\_ City / Town / Village\* \_\_\_\_\_ State/U.T Code\* \_\_\_\_\_ ISO 3166 Country Code\* \_\_\_\_\_

Address Type\*  Residential / Business  Residential  Business  Registered Office  Unspecified

**4. CONTACT DETAILS** (All communications will be sent to Mobile number/ Email-ID provided) (Please refer instruction C at the end)

Tel. (Off) \_\_\_\_\_ Tel. (Res) \_\_\_\_\_ Mobile \_\_\_\_\_

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

**5. REMARKS (if any)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. APPLICANT DECLARATION**

- "I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.
- I/We hereby consent to receiving information from KRA & CKYCR through SMS / Email on the above registered number / Email address.
- I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.
- I/We accord my/our voluntary consent for sharing/fetching/verifying my/our records maintained in Central KYC Registry and KYC Registration Agency.

(Signature / Thumb Impression)  
\_\_\_\_\_  
Signature / Thumb Impression of Applicant

Date :   -   -

Place:

**7. ATTESTATION / FOR OFFICE USE ONLY**

Documents Received  Certified Copies  E-KYC data received from UIDAI  Data received from Offline verification  Digital KYC Process  
 Equivalent e-document  Video Based KYC

**IPV DONE / KYC VERIFICATION CARRIED OUT BY**

Date   -   -      
Emp. Name \_\_\_\_\_  
Emp. Code \_\_\_\_\_  
Emp. Designation \_\_\_\_\_  
Emp. Branch \_\_\_\_\_

\_\_\_\_\_  
(Employee Signature)

**INSTITUTION DETAILS**

Name \_\_\_\_\_  
Code \_\_\_\_\_

\_\_\_\_\_  
(Institution Stamp)

**A Clarification / Guidelines on filling 'Personal Details' section**

- 1 Name: The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 One the following is mandatory : Mother's name, Spouse's name, Father's name.

**B Clarification / Guidelines on filling 'Current Address details' section**

- 1 In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR
- 2 PoA to be submitted only if the submitted Pol does not have current address or address as per Pol is invalid or not in force.
- 3 State / U.T. Code and Pin / Post Code will not be mandatory for Overseas addresses
- 4 In Section 2, one of I, II and III is to be selected. In case of online E-KYC authentication, II is to be selected.
- 5 In Section 3, on of I, II, III and IV is to be selected. In case of online E-KYC authentication, II isto be selected.
- 6 List of documents for 'Deemed Proof of Address':

**Document Code Description**

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, pipe gas, water bill)
02	Property or Municipal tax receipt.
03	Pension or family pension payment orders (PPOs) issued or retired employees by Government Department or Public Sector Undertakings, if they contain the address.
04	Letter of allotment of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, public sector Undertakings, scheduled commercial banks, financial institutions and listed companies and leave and licence agreements with such employers allotting official accommodation.

- 7 Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.
- 8 "Equivalent e-document" means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Provide Digital Locker Facilities) Rules, 2016.
- 9 "Digital KYC process" has to be carried out as stipulated in the PML Rules, 2005.

**C Clarification / Guidelines on filling 'Contract details' section**

- 1 Please mention two-digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

**D Clarification / Guidelines on filling 'Related Person details' section**

- 1 Provide KYC number of related person, if available.

**E Clarification on Minor**

- 1 Guardian details are optional for minors above 10 years of age for opening of Bank account only.
- 2 However, in case guardian details are available for minor above 10 years of age, the same (or CKYCR number of guardian) is to be uploaded.

**List of two – digit state / U.T codes as per Indian Motor Vehicle Act, 1988**

State / U.T	Code	State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

**List of ISO 3166 two- digit Country Code**

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SJ
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire !Côte d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion !Réunion	RE	Virgin Islands, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao !Curaçao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy !Saint Barthélemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French part)	MF		



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DP ID No  Scheme Code  AWT  CKYC No

## Additional KYC Form for Opening a Demat Account (For Individual) CENTRAL DEPOSITORY SERVICES (INDIA) LIMITED

(To be filled by the Depository Participant)

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

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

I/We request you to open a Demat Account in my/our name as per the following details: **Holders Details**

Details of Account Holder(s):			
Account Holder(s)	Sole/First Holder	Second Holder	Third Holder
Name			
PAN			
UID			
UCC			
Exchange Name ID			
FAX / GST No.			
TAN No.			
Social Media Information			
Facebook/ Twitter Likedin ID			

Name	_____
	_____

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

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

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

Mode of Operation	<input type="checkbox"/> Jointly <input type="checkbox"/> Anyone of the holder or Survivor
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**Details of Guardian (in case the account holder is minor)**

Guardian's Name		PAN													
Relation with the applicant															

I / We instruct the DP to receive each and every credit in my / our account (if not marked, the default option would be 'Yes')	[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

For Joint accounts, Communication to be sent to	<input type="checkbox"/> First Holder <input type="checkbox"/> All Joint Account Holders
--	--

I / We would like to instruct the DP to accept all the pledge instructions in my/our account without any other further instruction from my / our end (if not marked, the default option would be 'No')	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
NACH facility	<input type="checkbox"/> Yes <input type="checkbox"/> No (If marked YES, kindly submit NACH mandate)
Delivery Instruction Book Required	<input type="checkbox"/> Yes <input type="checkbox"/> No I do not wish to receive the DIS booklet on account opening & if required shall request StockHolding Branch for the same.
Basic Service Demat Account (BSDA) Required	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes the declaration is to be submitted)

PMS Flag Y/N (if yes then PMS Registration Number)	<input type="checkbox"/> Yes <input type="checkbox"/> No PMS Registration Number_____
Legal Entity Identifier	LEI No. _____

I/We request you to send Electronic Transaction-Cum-Holding Statement and the Right & Obligation at the email ID	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

I/We would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

I/We would like to receive the Annual Report <input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in Physical)	
--	--

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

**Bank Details (Dividend Bank Details)**

Bank Code (11digit IFSC Code)																		
Bank Code (9digit MICR Code)																		
Account Number																		
Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify) _____																	
Bank Name																		
Branch Name																		
Bank Branch Address																		
City																		
		State															PIN	

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)  
(ii) Photocopy of the Bank Statement having name and address of the BO  
(iii) Photocopy of the passbook having name and address of the BO, (or)  
(iv) Letter from the Bank.  
In case of options (i), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document

<b>Other Details</b>																		
<b>Gross Annual Income Details</b>	<b>income Range per annum:</b> <input type="checkbox"/> Up to Rs. 1,00,000 <input type="checkbox"/> Rs. 1,00,000 to 5,00,000 <input type="checkbox"/> Rs. 5,00,000 to Rs. 10,00,000 <input type="checkbox"/> Rs. 10,00,000 to Rs. 25,00,000 <input type="checkbox"/> More than Rs. 25,00,000																	
	Net Worth as on (Date)																	Rs.
	<i>[Net worth should not be older than 1 year]</i>																	
<b>Occupation</b>	<input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (specify) _____																	
<b>Please tick, if applicable:</b>	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Close Relative of Politically Exposed Person(RPEP) <input type="checkbox"/> Family Member of Politically Exposed Person(FPEP) <input type="checkbox"/> Close Associate of Politically Exposed Person( CAPEP)																	
<b>Any other information:</b>																		
<b>SMS Alert Facility</b> Terms & Conditions as per <b>Annexure 2.4 of DP</b> operating instruction is verified on www.stockholding.com	Mobile No. +91 _____ (Mandatory, if you are giving Power of Attorney (POA) (if POA is not granted & you do not wish to avail of this facility, cancel this option.)																	
Transaction Using Secured Texting Facility <b>(TRUST)</b> . Refer to Terms and Conditions <b>Annexure - 2.6</b>	I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for the same <input type="checkbox"/> Yes <input type="checkbox"/> No I / We wish to register the following clearing member Ids under my / our below mentioned BO ID registered for TRUST																	
	Stock Exchange Name / ID					Clearing Member Name					Clearing Member ID (Optional)							

*Easi* To register for Easi, please visit our website [www.cdslindia.com](http://www.cdslindia.com)  
*Easi* allows a BO to view his ISIN balances, transactions and value of the portfolio online.

Consent for promotional sms	<input type="checkbox"/>	Consent for promotional e-mail	<input type="checkbox"/>
Holder 1	<input type="checkbox"/>	Holder 1	<input type="checkbox"/>
Holder 2	<input type="checkbox"/>	Holder 2	<input type="checkbox"/>
Holder 3	<input type="checkbox"/>	Holder 3	<input type="checkbox"/>

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<b>NOMINATION FORM</b>				
<i>(To be filled in by individual applying singly or jointly)</i>				
I/We wish to make a nomination. [As per details given below]				
<b>Nomination Details</b>				
I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.				
<b>Nomination can be made upto three nominees in the account.</b>	<b>Details of 1<sup>st</sup> Nominee</b>	<b>Details of 2<sup>nd</sup> Nominee</b>	<b>Details of 3<sup>rd</sup> Nominee</b>	
<b>Mandatory Details</b>				
<b>1</b>	<b>Name of the nominee(s) (Mr./Ms.)*</b>			
<b>2</b>	<b>Share of each Nominee</b>	Equally <small>[[if not equally, please specify percentage]</small>	%	%
<i>Any odd lot after division shall be transferred to the first nominee mentioned in the form.</i>				
<b>3</b>	<b>Relationship With the Applicant ( If Any)</b>			
<b>4</b>	<b>Date of Birth (in case of minor nominee(s))</b>			
<b>5</b>	<b>Name of Guardian (Mr. &amp; Ms) in case of minor nominee(s)</b>			
<b>Non-mandatory Details</b>				
<b>6</b>	<b>Address of Nominee(s)/ Guardian in case of Minor</b>  City / Place: State & Country:  PIN Code			
<b>7</b>	<b>Mobile / Telephone No. of nominee(s)/ Guardian in case of Minor</b>			
<b>8</b>	<b>Email ID of nominee(s)/ Guardian in case of Minor</b>			
<b>9</b>	<b>Nominee/ Guardian (in case of Minor) Identification details – [Please tick any one of following and provide details of same]</b>  <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			



Name(s) of holder(s)		Signature(s) of holder*
Sole / First Holder (Mr./Ms.)		
Second Holder (Mr./Ms.)		
Third Holder (Mr./Ms.)		
<b>Witness details are mandatory (if the account holder affixes thumb impression, instead of signature)</b>		
Name:		
Address	_____	
	_____	
Signature		

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## Declaration for opting-out of nomination

								Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DP ID															
Client ID (only for Demat account)															
Sole / First Holder Name															
Second Holder Name															
Third Holder Name															
<p>I / We hereby confirm that I /We do not wish to appoint any nominee(s) in my / our demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our demat account, which may also include documents issued by court or other such competent authority, based on the value of assets held in the demat account.</p>															
<b>Name and Signature of Holder(s)*</b>															
1. _____ 2. _____ 3. _____															
<b>Witness details are mandatory (if the account holder affixes thumb impression, instead of signature)</b>															
Name:															
Address	<hr/> <hr/>														
Signature															

### Notes:

1. This nomination shall supersede any prior nomination made by the account holder(s), if any.
2. The Depository Participant shall provide acknowledgment of the nomination form to the account holder(s)
3. 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, partnership firm and Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly, all joint holders will sign the nomination form.
4. 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.
5. Only individual / natural person(s) can be a nominee(s). The Nominee(s) shall not be artificial person created/dressed by the law or by a fiction such as trust, society, body corporate, partnership firm, Hindu Undivided Family etc. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
6. 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.
7. Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.
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 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.

**IN PERSON VERIFICATION DETAILS.**

- (a) Name of the DP and DP id : \_\_\_\_\_
- (b) Name / Details of Branch / Service Centres \_\_\_\_\_
- (c) Name of the DP Staff who had carried out 'in - person' verification.  
(Name, Employee code, Designation & Signature) \_\_\_\_\_
- (d) Date and place where 'in - person' verification was carried out \_\_\_\_\_
- (e) **Signature of the Applicant (signed in the presence of DP Staff)**

⊗

⊗

⊗

Signature 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**Declaration**

The rules & 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 nonresident 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 & Obligations of the Beneficial Owner and Depository Participant" / I/We understand that a copy of the "Rights & Obligations of the Beneficial Owner and Depository Participant" will be received by email since opted for the same.

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

1. All communication shall be sent at the address of the Sole/First holder only.
2. Thumb impressions must be attested by witness or a Magistrate or a Notary Public or a Special Executive Magistrate.
3. Signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
4. The nomination and Declaration form may be signed using e-Sign facility or wet signature and in these cases, witness will not be required.
5. 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.
6. 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.
7. 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.
8. Strike off whichever is not applicable.

(To be filled in by SHCIL)

I Verify that the Account Opening Form is in order

Name:

Employee Code:

Signature:

<b>Checked by</b>
<b>Entered in ISA</b>
<b>Authenticated in ISA</b>
<b>Released in DPM</b>

## Stock Holding Corporation of India Ltd.<sup>®</sup>

Regd. Office : 301, Centre Point, Dr. Babasaheb Ambedkar Road, Parel, Mumbai - 400 012.  
Phone : 91-22-6177 9400 to 09 Fax: 91-22-6177 9058 Website : www.shcil.com CIN : U67190MH1986GOI040506

Format of Request (Declaration for same email & mobile number) / updation request  
[Please tick (v) wherever applicable]

DP ID: \_\_\_\_\_ Client ID: \_\_\_\_\_

I/we the undersigned hereby request StockHolding to update following details in my/our aforesaid demat account:

	1st Holder	2nd Holder	3rd Holder
<b>MOBILE NO</b>	<input type="text"/> - <input type="text"/>  The mobile belongs to <input type="checkbox"/> me or <input type="checkbox"/> my family  <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents	<input type="text"/> - <input type="text"/>  The mobile belongs to <input type="checkbox"/> me or <input type="checkbox"/> my family  <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents	<input type="text"/> - <input type="text"/>  The mobile belongs to <input type="checkbox"/> me or <input type="checkbox"/> my family  <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents
<b>EMAIL ID</b>	<hr/> The email belongs to <input type="checkbox"/> me or <input type="checkbox"/> my family  <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents	<hr/> The email belongs to <input type="checkbox"/> me or <input type="checkbox"/> my family  <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents	<hr/> The email belongs to <input type="checkbox"/> me or <input type="checkbox"/> my family  <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents

Signature of Holders: \_\_\_\_\_

First Holder

Second Holder

Third Holder

# SAMPLE NACH FORM

**NACH/ECS/AUTO DEBIT MANDATE INSTRUCTION FORM**

UMRN  Date

Tick  **CREATE** Sponsor Bank Code  Utility Code

**MODIFY** I/We hereby authorize Bank  to debit (tick ✓)  SB  CA  CC  SB-NRE  SB-NRO  Other

**CANCEL** a/c number

with Bank  IFSC  or MICR

an amount of Rupees  Rs.

FREQUENCY  Mthly  Qtly  H-Yrly  Yrly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

Reference 1 (Mandate Reference No.)  Phone No.

Reference 2 (Unique Client Code-UCC)  Email ID

- I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.  
 - This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/ Corporate to debit my account, based on the instructions as agreed and signed by me.  
 - I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

**PERIOD**

From	<input type="text" value="D"/> <input type="text" value="D"/>	<input type="text" value="M"/> <input type="text" value="M"/>	<input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
To	<input type="text" value="D"/> <input type="text" value="D"/>	<input type="text" value="M"/> <input type="text" value="M"/>	<input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

Signature of primary account Holder \_\_\_\_\_ Signature of account Holder \_\_\_\_\_ Signature of account Holder \_\_\_\_\_

**Maximum period of validity of this mandate is 40 years only**

Name As per Bank Records 2,2, Name As per Bank Records 3, Name As per Bank Records

Please use editable NACH form & enclose the typed & filled NACH form alongwith the Account Opening Form.

**Instructions to fill NACH Form and Terms and Conditions :**

Following fields need to be filled mandatorily:-

1. Date of mandate (right side of mandate corner)
2. Signature on mandate needs to be as per bank Records
3. Signatures on mandate needs to be as per Mode of operation in Bank records. In case of Joint account, all a/c holders have to sign the form as per BR/partnership Deed.
4. Bank A/C Type: Tick is mandatory on the relevant box (Saving, current, CC ...)
5. Biller name on mandate should match with data send by sponsor bank. In case of mismatch reject the mandate.
6. Bank A/C Number & name mentioned on mandate needs to match with Bank records.
7. **Mandate should not be older than 120 days i.e. 4 months**
8. Destination Bank & IFSC/MICR code
9. Amount mentioned on mandate in word and figure should match.
10. Company Stamp required in case mandate is signed by authorized signatories of Company, Partnership firm, sole proprietorship.
11. Frequency of mandate - Relevant box needs to be Ticked.
12. From date & To date are mentioned on mandate

The following applications will be considered as incomplete and are liable to be rejected:

1. In case multiple frequencies are selected or not Tick.
2. Signature mismatch
3. In case Account holder name is not matching with Banks record
4. Stale mandate (older than 4 Months)
5. In case multiple Debit types are selected or not Tick.
6. In case both From and to period has been opted or not mention.
7. In case Account Holder Name does not mention on mandate.
8. In case details not filled in proper place.
9. In case there is cutting / overwriting on form.

## FATCA/CRS Declaration for Individual

(Each account holder has to submit separate FATCA/CRS Declaration)

### Section I

DP ID		Client ID(s)	
Name of the Client			
Father Name			
Spouse Name			
Occupation Type	Service <input type="checkbox"/>	Business <input type="checkbox"/>	
Occupation details (Short Description)			
PAN			

Are you a Tax Resident (i.e. your Citizen/ Resident/ Green Cardholder /Tax Resident in a country and accessed for Tax) in any country other than India?	Yes* <input type="checkbox"/> No <input type="checkbox"/>
Are you US Person (Yes means FATCA applicable. No means CRS applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Section II

(Only applicable when Client select "Yes" \* for Tax Residence details other than India)

Correspondence Address		Permanent address	
City/Town		City/Town	
State code		State code	
Postal Code		Postal Code	
Country Code		Country code	
Citizenship/Nationality		Date of Birth	
Country for Tax Resident		Country for Tax Resident	
Country of Birth		Place of Birth	
TAX Identification Number (TIN) or Equivalent			
TIN is not available	(A) <input type="checkbox"/> (B) <input type="checkbox"/> (C) <input type="checkbox"/>	The Country where the account holder is liable to pay tax does not issue TIN to its residents. No TIN required (Select the reason only if the authorities of the respective country of tax residence does not require TIN to be collected) Encircle relevant option - 1 Student / 2 Home-maker/ 3 House-Wife/ 4 Retired / 5 Diplomat/ 6 Other reason (Please Specify) _____	

### Section III

(Undertaking & consent)

I understand that SHCIL is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. SHCIL is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions. I also undertake to keep SHCIL informed in writing about any changes / modification to the above information in future within 30 days and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I agree that as may be required by domestic regulators/tax authorities the SHCIL may also be required to report, reportable details to CBDT or close or suspend my account. I certify that I/we provide the information on this form and to the best of my knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same.

I hereby agree to share / update my FATCA/CRS self-declaration with other products of StockHolding linked with my aforesaid PAN. *(Please strike off, if not required)*

\_\_\_\_\_  
Client Signature

Notes:

A. Following supporting documents required alongwith aforesaid declaration:

1. Self attested PAN (Mandatory) documents required alongwith self-certification
2. Self attested copy of TIN Card or Equivalent only if Client is US person or Tax Resident in any country other than India
3. Self attested copy of Passport / Driving License / Election Card / UIDAI / NEREGA Card / Govt. Issued ID Card only when Client is not US person or Tax Resident in India
4. Self attested copy of document related to Relinquishment of Citizen only in case Client is US Person but not Citizen of US
5. Any other relevant documents in support of details mentioned in FATCA/CRS self-certification

#### FATCA & CRS Terms & Conditions

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

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

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

#### FATCA & CRS Instructions

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

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

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

FATCA & CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS indicia
U.S. place of birth	<ol style="list-style-type: none"> <li>1. Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes;</li> <li>2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND</li> <li>3. Any one of the following documents:  <ul style="list-style-type: none"> <li>Certified Copy of "Certificate of Loss of Nationality <i>or</i></li> <li>Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; <i>or</i></li> <li>Reason the customer did not obtain U.S. citizenship at birth</li> </ul> </li> </ol>
Residence/ mailing address in a country other than India	<ol style="list-style-type: none"> <li>1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and</li> <li>2. Documentary evidence (refer list below)</li> </ol>
Telephone number in a country other than India	<p><i>If no Indian telephone number is provided</i></p> <ol style="list-style-type: none"> <li>1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and</li> <li>2. Documentary evidence (refer list below)</li> </ol> <p><i>If Indian telephone number is provided along with a foreign country telephone number</i></p> <ol style="list-style-type: none"> <li>1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India;</li> </ol>

**Rights and obligations of Beneficial Owner and Depository Participant as prescribed  
by SEBI and Depositories**

**GENERAL CLAUSE**

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

**BENEFICIAL OWNER INFORMATION**

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

**FEES/CHARGES/TARIFF**

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

**DEMATERIALIZATION**

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

**SEPARATE ACCOUNTS**

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

**TRANSFER OF SECURITIES**

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

**STATEMENT OF ACCOUNT**

13. The DP shall provide statements of accounts to the Beneficial Owner in such form and manner and at such time as agreed with the Beneficial Owner and as specified by SEBI / depository in this regards.
14. However, if there is no transaction in the demat account, or if the balance has become Nil during the year, the DP shall send one physical statement of holding annually to such BOs and shall resume sending the transaction statement as and when there is a transaction in the account.
15. The DP may provide the services of issuing the statement of demat accounts in an electronic mode if the Beneficial Owner so desires. The DP will furnish to the Beneficial Owner the statement of demat accounts under its digital signature as governed under the information Technology Act, 2000. However, if the DP does not have the facility of providing the statement of demat account in the electronic mode, then the Participant shall be obliged to forward the statement of demat account in physical form.
16. In case of Basic Services Demat Accounts, the DP shall send the transaction statements as mandated by SEBI and /or Depository from time to time.

**MANNER OF CLOSURE OF DEMAT ACCOUNT**

17. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided no charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their demat account should be transferred to another demat account of the Beneficial Owner held with another DP or to rematerialize the security balances held.
18. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of thirty days as per procedure specified from time to time by the depository. Provided further, closure of demat account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.



### DEFAULT IN PAYMENT OF CHARGES

19. In event of Beneficial Owner committing a default in the payment of any amount provided in Clause 5 & 6 within a period of thirty days from the date of demand, without prejudice to the right of the DP to close the demat account of the Beneficial Owner, the DP may charge interest at a rate as specified by the Depository from time to time for the period of such default.
20. In case the Beneficial Owner has failed to make the payment of any of the amounts as provided in Clause 5 & 6 specie above, the DP after giving two days' notice to the Beneficial Owner shall have the right to stop processing of instructions of the Beneficial Owner till such time he makes the Payment along with interest, if any.

### LIABILITY OF THE DEPOSITORY

21. As per Section 16 of Depositories Act, 1996,
  1. Without prejudice to the provisions of any other law for the time being in force, any loss caused to the beneficial owner due to the negligence of the depository or the participant, the depository shall indemnify such beneficial owner.
  2. Where the loss due to the negligence of the participant under Clause (1) above, is indemnified by the depository, the Depository shall have the right to recover the same from such participant.

### FREEZING / DEFREEZING OF ACCOUNT

22. The Beneficial Owner may exercise the right to freeze/defreeze his/her demat account maintained with the DP in accordance with procedure and subject to the restrictions laid down under the Bye Laws and Business Rules/Operating instructions.
23. The DP or the Depository shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any realtor or court or any statutory authority.

### REDRESSAL OF INVESTOR GRIEVANCE

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

### AUTHORIZED REPRESENTATIVE

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

### ADDITIONAL RIGHTS AND OBLIGATIONS

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

### LAW AND JURISDICTION

27. In addition to specific rights set out in this document, the DP and the Beneficial owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Rules, Bye Laws and Regulations of the respective Depository in which the demat account is opened and circulars / notices issued there under or Rules and Regulations of SEBI.
28. The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars / notices issued by SEBI and Rules, Regulations and Bye-Laws of the relevant Depository, where the Beneficial Owner maintains his / her account, that may be in force from time to time.
29. The Beneficial Owner and the DP shall abide by the arbitration and conciliation procedure prescribed under the Bye Laws of the depository and that such procedure shall be applicable to any disputes between the DP and the Beneficial Owner.
30. Words and expressions which are used in this document but which are not defined herein shall unless the context otherwise requires, have the same meanings as assigned thereto in the Rules, Bye-Laws and Regulations and circulars / notices issued there under by the depository and / or SEBI.
31. Any changes in the rights and obligations which are specified by SEBI / Depositories shall also be brought to the notice of the clients at once.
32. If the rights and obligations or the parties hereto are altered by virtue of change in Rules and regulations of SEBI or Bye-Laws, Rules and Regulations of the relevant Depository, where the Beneficial Owner maintains his / her account, such changes shall be deemed to have been incorporated herein in modification of the rights and obligations of the parties mentioned in this document.

### Acknowledgement



## Stock Holding Corporation of India Ltd.<sup>®</sup>

Regd. Office : 301, Centre Point, Dr. Babasaheb Ambedkar Road, Parel, Mumbai - 400 012.  
Phone : 91-22-6177 9400 to 09 Fax: 91-22-6177 9058 Website : www.shcil.com CIN : U67190MH1986GOI040506

Received the Account Opening & Nomination application from Mr. / Ms. \_\_\_\_\_  
\_\_\_\_\_ as the sole / First Holder along with and as the Second and Third Holder respectively for opening of a depository account. Please quote the DP ID & Client ID allotted to you in all your future correspondence.

Date:

Participant Stamp & Signature

\*A system generated receipt provided to the client as acknowledgement.