**Annexure 2.1**

**Additional KYC Form for Opening a Demat Account**

**For Individuals**

| **Depository Participant Name/Address** |
|---|

(To be filled by the Depository Participant)

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

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

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

**Holders Details**

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

| | |
|---|---|
| **Name *** | _____ |

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

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

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

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

| | | | |
|---|---|---|---|
| Guardian's Name | | PAN | |
| Relationship with the applicant | | | |

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

**Bank Details [Dividend Bank Details]**

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

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

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

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

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

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

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

| | |
|---|---|
| ❑ Jointly | ❑ Anyone of the Holder |

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

**Nomination Details**

| | |
|---|---|
| | |
| **Nomination Registration No.** | **Dated** |

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

.

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

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| | | | |
|---|---|---|---|
| Signatures | | | |

**Note**:
Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature

☐ I/We Wish to make a nomination and do here by nomination the following person**s** who Shall receive all the assests held in my/our account in the event of my / our death.

**Mandatory Details**

| Nomination Details | Nominee 1 | Nominee 2 | Nominee 3 |
|---|---|---|---|
| Nominee Name :<br>*First Name:<br>Middle Name:<br>*Last Name | .....<br>.....<br>..... | .....<br>.....<br>..... | .....<br>.....<br>..... |
| ***Percentage of allocation of securities**<br>☐<br>Equally<br>[If not equally, please specify percentage]<br>**Or**<br>☐<br>**Share of each Nominee** | **%** | **%** | **%** |
| *Any odd lot after division shall be transferred to the first nominee mentioned in the form* | | | |
| ***Relationship with the BO:** | | | |
| ***Date of birth and Name of Guardian to be provided in case of minor nominee (s)** | | | |
| Non Mandatory details | | | |
| *Address of Nominee(s) / Guardian in case of Minor: | | | |
| *City/Place | | | |
| *State & Country | | | |
| *Pin code | | | |
| *Country | | | |
| Mobile no/Telephone No. of the Nominee (s) /Guardian in case of Minor. | | | |
| Email ID of the nominee (s) / Guardian in case of minor: | | | |
| Nominee/Guardian I in case of minor ) Identification Details – [Please tick any one of following and provide | | | |

Public

| | | | |
|---|---|---|---|
| details of the same] | | | |
| □ Photograph & Signature<br>□ PAN<br>□ Aadhaar<br>□ Saving Bank account no.<br>□ Proof of Identity<br>□ Demat Account ID | | | |
| | | | |

*** Marked is Mandatory field**

**Note**:

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature

| Details of the Witness | |
|---|---|
| | **Witness Details** |
| Name of witness | |
| Address of witness | |
| Signature of witness | |

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

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

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

*** Marked is Mandatory field**

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

========== (Please Tear Here) ==========

**Acknowledgement Receipt**

**Application No.:** **Date:**

We hereby acknowledge the receipt of the Account Opening and nomination Application Form:

| | |
|---|---|
| Name of the Sole / First Holder | |
| Name of Second Holder | |
| Name of Third Holder | |

**Depository Participant Seal and Signature**

========== (Please Tear Here) ==========

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**Annexure 2.2**

**Additional KYC Form for Opening a Demat Account**

**For Non-individuals**

| **Depository Participant Name / Address / DP ID** |
|---|

(To be filled by the Depository Participant)

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

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

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

**Holders Details**

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

***Exchange ID**

| **Name *** | _____ |
|---|---|

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

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

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

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

**Clearing Member Details (To be filled by CMs only)**

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

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

**Bank Details [Dividend Bank Details]**

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

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

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

**Other Details**

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

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

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

| | **Sole / First Authorised Signatory** | **Second Authorised Signatory** | **Third Authorised Signatory** |
|---|---|---|---|
| Name | | | |
| Designation | | | |
| Signature | | | |

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

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

========== (Please Tear Here) ==========

**Acknowledgement Receipt**

**Application No.:** **Date:**

We hereby acknowledge the receipt of the Account Opening Application Form:

| | |
|---|---|
| Name of the Sole / First Holder | |
| Name of Second Holder | |
| Name of Third Holder | |

**Depository Participant Seal and Signature**

========== (Please Tear Here) ==========

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

**Name of holder _____PAN of the holder_____**

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

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


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## Instructions to the Applicants (BOs) for account opening:

1. Signatures can be in English or Hindi or any of the other languages contained in the 8th Schedule of the Constitution of India. Thumb impressions and signatures other than the above mentioned languages must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate / Special Executive Officer under his/her official seal.

2. Signatures should be preferably in black ink.

3. Details of the Names, Address, Telephone Number(s), etc., of the Magistrate / Notary Public / Special Executive Magistrate / Special Executive Officer are to be provided in case of attestation done by them.

4. In case of additional signatures (for accounts other than individuals), separate annexures should be attached to the account opening form.

5. In case of applications containing a Power of Attorney, the relevant Power of Attorney or the self-certified copy thereof, must be lodged along with the application.

6. All correspondence / queries shall be addressed to the first / sole applicant.

7. Strike off whichever option, in the account opening form, is not applicable.

********

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

## [SMS Alerts will be sent by CDSL to BOs for all debits]

**Definitions:**

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

1. "Depository" means Central Depository Services (India) Limited a company incorporated in India under the Companies Act 1956 and having its registered office at 17th Floor, P.J. Towers, Dalal Street, Fort, Mumbai 400001 and all its branch offices and includes its successors and assigns.
2. 'DP' means Depository Participant of CDSL. The term covers all types of DPs who are allowed to open demat accounts for investors.
3. 'BO' means an entity that has opened a demat account with the depository. The term covers all types of demat accounts, which can be opened with a depository as specified by the depository from time to time.
4. SMS means "Short Messaging Service"
5. "Alerts" means a customized SMS sent to the BO over the said mobile phone number.
6. "Service Provider" means a cellular service provider(s) with whom the depository has entered / will be entering into an arrangement for providing the SMS alerts to the BO.
7. "Service" means the service of providing SMS alerts to the BO on best effort basis as per these terms and conditions.

**Availability:**

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

**Receiving Alerts:**

1. The depository shall send the alerts to the mobile phone number provided by the BO while registering for the service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
2. The BO acknowledges that the alerts will be received only if the mobile phone is in 'ON' and in a mode to receive the SMS. If the mobile phone is in 'Off" mode i.e. unable to receive the alerts then the BO may not get / get after delay any alerts sent during such period.
3. The BO also acknowledges that the readability, accuracy and timeliness of providing the service depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.
4. The BO further acknowledges that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/ or inaccuracy. In case the BO observes any error in the information provided in the alert, the BO shall inform the depository and/ or the DP immediately in writing and the depository will make best possible efforts to rectify the error as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred/ suffered by the BO on account of opting to avail SMS alerts facility.
5. The BO authorizes the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity.
6. **The BO agrees to inform the depository and DP in writing of any unauthorized debit to his BO account/ unauthorized transfer of securities from his BO account, immediately, which may come to his knowledge on receiving SMS alerts. The BO may send an email to CDSL at complaints@cdslindia.com. The BO is advised not to inform the service provider about any such unauthorized debit to/ transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse communication between the service provider and the depository.**
7. The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.
8. The depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
9. If the BO finds that the information such as mobile number etc., has been changed without proper authorization, the BO should immediately inform the DP in writing.

**Fees:**

Depository reserves the right to charge such fees from time to time as it deems fit for providing this service to the BO.

**Disclaimer:**

The depository shall make reasonable efforts to ensure that the BO's personal information is kept confidential. The depository does not warranty the confidentiality or security of the SMS alerts transmitted through a service provider. Further, the depository makes no warranty or representation of any kind in relation to the system and the network or their function or their performance or for any loss or damage whenever and howsoever suffered or incurred by the BO or by any person resulting from or in connection with availing of SMS alerts facility. The Depository gives no warranty with respect to the quality of the service provided by the service provider. The Depository will not be liable for any unauthorized use or access to the information and/ or SMS alert sent on the mobile phone number of the BO or for fraudulent, duplicate or erroneous use/ misuse of such information by any third person.

**Liability and Indemnity:**

The Depository shall not be liable for any breach of confidentiality by the service provider or by any third person due to unauthorized access to the information meant for the BO. In consideration of the depository providing the service, the BO agrees to indemnify and keep safe, harmless and indemnified the depository and its officials from any damages, claims, demands, proceedings, loss, cost, charges and expenses whatsoever which a depository may at any time incur, sustain, suffer or be put to as a consequence of or arising out of interference with or misuse, improper or fraudulent use of the service by the BO.

**Amendments:**

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

**Governing Law and Jurisdiction:**

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

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

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

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

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

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

BOID | | | | | | | | | | | | | | | | |

(Please write your 8 digit DPID) (Please write your 8 digit Client ID)

Sole / First Holder's Name : _____

Second Holder's Name : _____

Third Holder's Name : _____

Mobile Number on which messages are to be sent | **+91** | | | | | | | | | |

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

The mobile number is registered in the name of: _____

Email ID: _____

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

Signatures Sole / First Holder Second holder Third Holder

Place: _____ Date: _____


Public

**OPTION FORM FOR ISSUE OF DIS BOOKLET**

| Date | D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|

| DP ID | | | | | | | | | Client ID | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| First Holder Name | | | | | | | | | | | | | | | | | |
| Second Holder Name | | | | | | | | | | | | | | | | | |
| Third Holder Name | | | | | | | | | | | | | | | | | |

To,
**Depository Participant Name**
**Address**

Dear Sir / Madam,

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

❑ **OPTION 1:**

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

Yours faithfully

| | First/Sole Holder | Second Joint Holder | Third Joint Holder |
|---|---|---|---|
| Name | | | |
| Signatures | | | |

**OR**

❑ **OPTION 2:**

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

Yours faithfully

| | First/Sole Holder | Second Joint Holder | Third Joint Holder |
|---|---|---|---|
| Name | | | |
| Signatures | | | |

========== (Please Tear Here) ==========

**Acknowledgement Receipt**

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

| DP ID | | | | | | | | | Client ID | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Name of the Sole / First Holder | | | | | | | | | | | | | | | | | |
| Name of Second Joint Holder | | | | | | | | | | | | | | | | | |
| Name of Third Joint Holder | | | | | | | | | | | | | | | | | |

**Depository Participant Seal and Signature**

[ref: Communiqué no. **CDSL/OPS/DP/SYSTM/2018/408** dated **August 03, 2018**]