

### **Central Depository Services (India) Limited**

## Convenient # Dependable # Secure COMMUNIOUÉ TO DEPOSITORY PARTICIPANTS

CDSL/OPS/DP/POLCY/3804

July 13, 2013

## PROCEDURE FOR TRANSACTIONS USING SECURED TEXTING (TRUST) (PAY- IN THROUGH SMS)

CDSL is pleased to introduce a new facility **TRUST** i.e. **TR**ansactions **U**sing **S**ecured **T**exting whereby pay-in transactions from the demat account of the BO will be executed based on receipt of confirmation from the BO through SMS.

#### **FEATURES:**

- Execution of pay-in transaction by the Clearing Member (CM) in CDSL system based on receipt of confirmation from the BO vide SMS.
- BO is not required to submit a Delivery Instruction Slip to his DP for market related transactions that would be confirmed by him through TRUST.
- BO may choose to submit POA or continue to have POA registered in addition to getting registered for TRUST.

#### **REGISTRATION PROCEDURE:**

To avail this service the BO has to register for this facility by submitting to his DP the following form(s) duly signed by all the holders:

- 1. Common Registration form for availing SMART (SMS alerts) and /or TRUST facility (Refer Annexure-17.9a).
- Form for registering CM(s) on whose behalf the securities can be transferred from the account of the BO on the basis of SMS (Refer Annexure-17.9b).

OR

Combined Form for availing SMART and/or TRUST facility and for registering CM(s) on whose behalf the securities can be transferred from the account of the BO on the basis of SMS (Refer Annexure-17.9c).

DPs are advised to note that the detailed process flow for TRUST will be communicated to DPs separately.

#### **DE-REGISTRATION PROCEDURE:**

For de-registration from TRUST service the BO will have to submit an application duly signed by all the holders (Refer Annexure-17.10). Alternatively, the BO can use the TRUST application to de-register.

DPs may email their complaints to: <a href="mailto:helpdesk@cdslindia.com">helpdesk@cdslindia.com</a>
<a href="mailto:com/cds/cdslindia.com">CDSL: your depository</a>
<a href="mailto:keyworb">Page 1 of 3</a>



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DPs are required to inform the BOs regarding the said facility. The date of release of the aforesaid facility will be informed shortly.

DPs are advised to note that necessary amendments have been effected in CDSL's DP Operating Instructions under Clause 17.10.4 and annexures of **Chapter 17: Miscellanea** for incorporation of this new facility and the same are attached for ready reference.

- 1. Chapter 17: Miscellanea (Clause 17.10.4) Procedure for transactions using TRUST (refer Annexure-A)
- Common Registration Form for availing SMART (SMS Alerts) and / or TRUST facility.
   (refer Annexure-17.9a)
- Form for registering Clearing Members on whose behalf the securities can be transferred from the account of the BO on the basis of SMS under TRUST facility. (refer Annexure-17.9b)
- Combined Form for availing SMART and/or TRUST facility and for registering CM(s) on whose behalf the securities can be transferred from the account of the BO on the basis of SMS. (Refer Annexure-17.9c)
- 5. De-registration form for TRUST. (refer Annexure-17.10)
- 6. Terms and Conditions. (refer Annexure-2.6)

Further, DPs are advised to note that **changes have been incorporated in the Additional KYC Forms for opening a demat account** for (i) enabling BOs to register for TRUST at the time of account opening, (ii) capturing additional information related to mode of receipt of annual report, (iii) sharing of BOs email id with RTAs, (iv) standing instruction in respect of pledge and (v) capturing of PAN and UID of the nominee in the nomination form. The aforesaid amended forms in *track changes mode* are attached as follows:

- 1. Annexure-2.1: Additional KYC Form for Opening a Demat Account (For Individuals)
- 2. Annexure-2.2: Additional KYC Form for Opening a Demat Account (For Non-Individuals)
- 3. Annexure-3.2: Nomination Form

DPs may note that they can continue to use the the old additional KYC forms for opening a demat account and nomination form till stocks last however DPs are advised to ensure that the additional information is sought from the account holder(s) on a separate sheet, duly signed by the account holder(s).

DPs may email their complaints to: <a href="mailto:helpdesk@cdslindia.com">helpdesk@cdslindia.com</a>

CDSL: your depository

REYWORD: Operating Instructions

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Queries regarding this communiqué may be addressed to **CDSL – Helpdesk** on (022) 2272-8642, 2272-8427, 2272-8624, 2272-8693, 2272-8639, 2272-1261, or 2272-2075. Emails may be sent to: helpdesk@cdslindia.com.

sd/-

Nayana Ovalekar Sr. Vice President – Operations

## 17.10.4. Procedure for Transactions Using Secured Texting (TRUST) Registration for TRUST

- a. The DP shall receive a duly filled and signed TRUST Registration form (TRUST Form) in prescribed format or a letter containing all details as specified in the TRUST FORM from the BO desirous of availing service of execution of transactions through SMS. The DP may also receive registration request for TRUST at the time of account opening through Account Opening Form or through such means as may be specified by CDSL. If for some reason the TRUST request for an account fails, the account would be opened without the activation of TRUST facility
- b. The DP shall verify signatures of account holder(s) on the TRUST FORM with signature(s) captured in the CDAS system.
- c. The DP shall check that the mobile number for TRUST facility and SMS alert (SMART) facility is same, if the BO has already been registered for SMART. The DP will then register the said BO ID for TRUST in CDSL system. If the BO is not registered for SMART, the DP shall register him for SMART and TRUST. If the mobile number provided for TRUST is different from the mobile number recorded for SMART, the new mobile number would be updated for SMART as well as TRUST.
- d. The BO has an option to register the eligible clearing members (i.e. those clearing members in whose favour the BO would be delivering securities from his demat account) by providing Clearing Member Name and Stock Exchange details at the time of TRUST registration or at any later date.
- e. The BO who has opted for TRUST can choose to submit Power of Attorney or continue to have the Power of Attorney registered, as the case may be. A POA holder cannot apply for TRUST facility.
- f. After registration of the BO by the DP, the BO will receive a clear text message requesting the BO to download the TRUST application as well as a responsive message on the registered mobile number.
- g. On receipt of positive confirmation from the BO through SMS, the TRUST registration process will be complete and the BO will receive a final confirmation about the successful registration through an informative SMS.
- h. The BO will not be registered for TRUST till a positive confirmation is received by the depository from the BO.
- i. In the event of failure of registration for TRUST, the mobile number of the BO would continue to be registered for SMART.

- j. On receipt of negative confirmation from the BO or non-receipt of positive confirmation within the specified time period, the depository will reject the TRUST registration request and the BO will be informed through an informative SMS about such rejection.
- k. In case of registration of clearing member for TRUST, an informative message will be sent to the BO.
- I. In case a BO registers for, both, TRUST as well as CM registration and the BO TRUST registration fails, then the CM TRUST registration will also fail and an informative message will be sent to the BO.

#### Modification of mobile number registered for TRUST

- a. On receipt of a request for modification of mobile number from a BO registered for TRUST, the DP shall enter the modification of mobile number. The system will send an informative message about de-registration on old mobile number followed by a responsive message for registration on new mobile number.
- b. The modification for SMS registration will be executed independent of the status of TRUST registration for the new mobile number.

#### **Cancellation of TRUST registration**

- a. The BO can cancel its TRUST registration or can de-register a mapped clearing member pertaining to a Stock Exchange using TRUST (mobile application) or by any other mode as informed by CDSL from time to time.
- b. If a BO cancels its TRUST registration for a BOID, all the CMs registered for TRUST through that BOID will stand de-registered.
- c. Alternatively, the DP shall receive a duly filled and signed Deregistration form or a letter containing all details as specified in the Deregistration form from the BO requesting deregistration.
- d. The DP shall verify signatures of account holder(s) on the TRUST De-registration form with signature(s) captured in the CDAS system.
- e. The DP shall enter the De-registration request in the CDSL system.
- f. The BO will receive a responsive message on the registered mobile number.
- g. On receipt of positive confirmation from the BO through SMS or non-receipt of response within specified time period, the de-registration process will be completed and the BO will receive informative message about the successful deregistration.

- h. The BO will continue to be treated as registered for TRUST till the expiry of the message or positive confirmation is received from the BO.
- i. On receipt of negative confirmation from the BO, the CDSL system will reject the de-registration and the BO will continue to be registered for TRUST. The BO will be informed about the cancellation of de-registration through an informative message.
- j. Similar procedure will be followed for de-registration of a mapped clearing member for a particular BOID.

To,

#### Depository participant name

#### Address

Dear Sir/Madam,

I/We wish to avail the following facility/ies provided by the depository on my/our mobile number as provided below subject to the terms and conditions as specified by CDSL

a. SM	ART-SMS alert facility			
b. TR	UST- TRansaction using Secur	ed Texting facility		
(please not	e that SMS alert facility is	mandatory if TRUST facilit	y is opted for)	
BOID				
	(Please write your	8 digit DPID)	(Please write	your 8 digit Client ID)
Sole / First H	older's Name :	-		-
Second Holde	er's Name :			
Third Holder's	s Name :			
Mobile Numb which message be sent				
	<del>-</del>	without prefixing country		
_	-	erts:- Please note that if th		
•	gistered mobile number fo	r SMS alert, the new mobi	le number will be u	pdated for SMS alert
also.)				
	umber is registered in the nar			
				<del></del>
Email ID:				<del></del>
(Please write	only ONE valid email ID on w	hich communication; if any, is	to be sent)	
I/ We conse	nt to CDSL providing to the	service provider such inform	ation pertaining to	account/transactions in
		pose of availing the said facility		account/ transactions in
myrodi decoe	ant as is necessary for the par	pose of availing the said raciii	.y.	
		s and conditions prescribed b	-	
=	-	eto made by the depository fr	rom time to time. I/ v	ve further undertake to
pay fee/ char	ges as may be levied by the o	lepository from time to time.		
Signatures	Sole / First Holder	Second holder	_	Third Holder
J				
Place:			Date:	

Form	for 1	registeri	ng Clearing Members o	on whose behal	If the secu	rities can l	be trans	ferred from	the accor	unt of
the B	0 on	the bas	is of SMS under TRUST	facility						
To,										
Depos	sitor	y partici	pant name							
Addre	ess									
Dear S	Sir/Ma	ıdam,								
I/We v	wish t	o registe	r the following clearing me	mbers / IDs unde	er my/our be	low mention	ned BO ID	registered fo	or TRUST	
BOID										
			(Please write you	ur 8 digit DPID)			(Pleas	e write your	8 digit Clier	nt ID)
Sole /	First	Holder's	Name :							
Second	d Hole	der's Nan	ne :							
Third I	Holde	r's Name	:							
	Cr.	Ctook F	vahanga Nama/ID		Clearing	Mambar Na	ma	Clearing	Mambar	
	Sr. No.	Stock E.	xchange Name/ID		Clearing	Member Na	me	Clearing (Optional)	Member	ID
	NO.							(Optional)		
L/wo	acki	nowledge	that transactions entered	d by the above	clearing me	mhare will k	ne evecut	ed on the h	acic of SM	S sant
		_	red mobile number under	_	=					
	_	-	ased on receipt/non-receipt		Shall be will	ony responsi	DIC TOT CA	ccution / noi	rexecution	or the
ou.u .		20110110 20	.cou ccoc.p.,	con outer onner						
Sign	nature	es	Sole / First Holder	Second hole	der	-	Third Ho	Ider		
_										
Plac	ce:				Date	e:				

Combined Registration Form for availing SMS Alert and /or TRUST facility and for registering Clearing Members on whose behalf the securities can be transferred from the account of BO on the basis of SMS under TRUST facility

To,

#### Depository participant name

#### Address

Dear Sir/Madam,

I/We wish to avail the following facility/ies provided by the depository on my/our mobile number as provided below subject to the terms and conditions as specified by CDSL

a. SMART-SMS alert facility

ar emiliar eme alert raemty						
b. TRUST- TRansaction using Secured Texting fa	cility					
(please note that SMS alert facility is mandatory i	if TRUST facility is opted for)					
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 :						
I/We wish to register the following clearing members TRUST  Sr.   Stock Exchange Name/ID	/ IDs under my/our above men  Clearing Member Name	tioned BO ID registered for  Clearing Member ID				
No.		(Optional)				
Mobile Number on which messages are to be sent +91						
(Please write only the mobile number without pro						
(Existing users registered for SMS alerts:- Please						
than the registered mobile number for SMS alert,	tne new modile number will	De upaatea for SMS aiert				
also.)						
The mobile number is registered in the name of:						
(Name)						
Email ID:						

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

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 purpose of availing the said facility.

execution of the said transactions based on receipt/non-receipt of such SMS.

I/We have read and understood the terms and conditions prescribed by CDSL for the said facility/ies 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 acknowledge that transactions entered by the above clearing members will be executed on the basis of SMS sent through our registered mobile number under TRUST and I/we shall be wholly responsible for execution / non-

Signatures	Sole / First Holder	Second holder	Third Holder
Place:			Date:

<Reference Number>

### **De-registration Form for TRUST**

To,			
Depository p	participant name		
Address			
Dear Sir/Mada	nm,		
I/we request y	you to		
a. De-	register my BO ID under TRUST /		
b. De-	register following clearing member IDs under 1	TRUST	
BOID	: (Please write your 8	digit DPID) (Please	se write your 8 digit Client ID)
Sole / First Ho	older's Name :		
Second Holder	r's Name :		
Third Holder's	Name :		
Details of Clea	aring Members to be de-registered		
Sr. No.	Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID
	<u> </u>	I	
Signatures	Sole / First Holder	Second holder	Third Holder
Place:			Date:

#### Terms And Conditions for availing Transaction Using Secured Texting (TRUST) Service offered by CDSL

#### 1 Definitions:

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

- i. "Depository" means Central Depository Services (India) Limited (CDSL)
- ii. TRUST means "Transactions Using Secured Texting" service offered by the Depository.
- iii. "Service Provider" means a cellular service provider(s) with whom the Depository has entered / shall enter into an arrangement for providing the TRUST service to the BO.
- iv. "Service" means the service of providing facility to receive/give instructions through SMS on best effort basis as per the following terms and conditions. The types of transaction that would normally qualify for this type of service would be informed by CDSL from time to time.
- v. "Third Party" means the operators with whom the Service Provider is having / will have an arrangement for providing SMS to the BO.
- 2. The service will be provided to the BO at his / her request and at the discretion of the depository provided the BO has registered for this facility with their mobile numbers through their DP or by any other mode as informed by CDSL from time to time. Acceptance of application shall be subject to the verification of the information provided by the BO to the Depository
- 3. The messages will be sent on best efforts basis by way of an SMS on the mobile no which has been provided by the BOs. However Depository shall not be responsible if messages are not received or sent for any reason whatsoever, including but not limited to the failure of the service provider or network.
- 4. The BO is responsible for promptly informing its DP in the prescribed manner any change in mobile number, or loss of handset on which the BO wants to send/receive messages generated under TRUST. In case the new number is not registered for TRUST in the depository system, the messages generated under TRUST will continue to be sent to the last registered mobile number. The BO agrees to indemnify the depository for any loss or damage suffered by it on account of messages sent on such mobile number.
- 5. The BO agrees that SMS received by the Depository from the registered mobile number of the BO on the basis of which instructions are executed in the depository system shall be conclusive evidence of such instructions having been issued by the BO. The DP / CDSL will not be held liable for acting on SMS so received.
- 6. The BO shall be responsible for submitting response to the 'Responsive SMS' within the specified time period. Transactions for which no positive or negative confirmation is received from the BO, will not be executed except for transaction for deregistration. Further, CDSL shall not be responsible for BOs not submitting the response to the said SMS within the time limit prescribed by CDSL.
- 7. The BO agrees that the signing of the TRUST registration form by all joint holders shall mean that the instructions executed on the basis of SMS received from the registered mobile for TRUST shall be deemed to have been executed by all joint holders.
- 8. The BO agrees to ensure that the mobile number for TRUST facility and SMS alert (SMART) facility is the same. The BO agrees that if he is not registered for SMART, the DP shall register him for SMART and TRUST. If the mobile number provided for TRUST is different from the mobile number recorded for SMART, the new mobile number would be updated for SMART as well as TRUST.
- 9. BOs are advised to check the status of their obligation from time to time and also advise the respective CMs to do so. In case of any issues, the BO/CM should approach their DPs to ensure that the obligation is fulfilled through any other mode of delivery of transactions as may be informed / made available by CDSL from time to time including submission of Delivery Instruction Slips to the DP.
- 10. The BO acknowledges that CDSL will send the message for confirmation of a transaction to the BO only if the Clearing Member (registered by the BO for TRUST) enters the said transaction in CDSL system for execution through TRUST within prescribed time limit.

- 11. The BO further acknowledges that the BO/CM shall not have any right to any claim against either the DP or Depository for losses, if any, incurred due to non receipt of response on the responsive SMS or receipt of such response after the prescribed time period. In the event of any dispute relating to the date and time of receipt of such response, CDSL's records shall be conclusive evidence and the Parties agree that CDSL's decision on the same shall be final and binding on both Parties.
- 12. The BO may request for deregistration from TRUST at any time by giving a notice in writing to its DP or by any other mode as specified by Depository in its operating instructions. The same shall be effected after entry of such request by the DP in CDSL system if the request is received through the DP.
- 13. Depository reserves the right to charge such fees from time to time as it deems fit for providing this service to the BO.
- 14. The BO expressly authorises Depository to disclose to the Service Provider or any other third party, such BO information as may be required by them to provide the services to the BO. Depository however, shall not be responsible and be held liable for any divulgence or leakage of confidential BO information by such Service Providers or any other third party.
- 15. The BO takes the responsibility for the correctness of the information supplied by him to Depository through the use of the said Facility or through any other means such as electronic mail or written communication.
- 16. The BO is solely responsible for ensuring that the mobile number is not misused and is kept safely and securely. The Depository will process requests originated from the registered Mobile as if submitted by the BO and Depository is not responsible for any claim made by the BO informing that the same was not originated by him.
- 17. Indemnity:

In consideration of providing the service, the BO agrees that the depository shall not be liable to indemnify the BO towards any damages, claims, demands, proceedings, loss, cost, charges and expenses whatsoever as a consequence of or arising out of interference with or misuse, improper or fraudulent use of the service by the BO.

18. Disclaimer:

Depository shall be absolved of any liability in case:-

- a. There is loss of any information during processing or transmission or any unauthorized access by any other person or breach of confidentiality.
- b. There is any lapse or failure on the part of the service providers or any third party affecting the said Facility and that Depository makes no warranty as to the quality of the service provided by any such service provider.
- c. There is breach of confidentiality or security of the messages whether personal or otherwise transmitted through the Facility. .

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 DP Internal Reference No. Client ID DP 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** PAN Sole / First Holder's Name **UID** PAN Second Holder's Name UID PAN Third Holder's Name 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) Sub - Status ■ Individual ■ Individual Resident ■ Individual-Director ☐ Individual Director's Relative ☐ Individual HUF / AOP ■ Individual Promoter ■ Minor ☐ Individual Margin Trading A/C (MANTRA) □ Others(specify) \_ ☐ NRI ■ NRI Repatriable ■ NRI Non-Repatriable ■ NRI Repatriable Promoter ■ NRI Non-Repatriable Promoter □ 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) PAN Guardian's Name Relationship with the applicant I / We instruct the DP to receive each and every credit in my / our account [Automatic Credit] (If not marked, the default option would be `Yes') Yes ■ No I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further ☐ Yes
☐ No instruction from my/our end ( If not marked, the default option would be 'No') Account Statement Requirement □ As per SEBI Regulation
□ Daily ■ Weekly **□**Monthly □ Fortnightly I / We request you to send Electronic Transaction-cum-Holding Statement at the email ☐ Yes ■ No I/ We would like to share the email ID with the RTA Yes ■ No

Do you wish to receive dividend / interest directly in to your 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	
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I / We would like to receive the Annual Report □ Physical / □ Electronic / □ Both Physical and

(Tick the applicable box. If not marked the default option would be in Physical)

Bank Code (9 digit MICR code)											
IFS Code (11 character)											
Account number											
Account type	☐ Savi	ing	☐ Curre	ent	Other	s (specify)					
Bank Name											
Branch Name											
Bank Branch Address											
City			State		(	Country	PIN cod	le			

- (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.

	MOBILE NO. +91						
SMS Alert Facility Refer to Terms & Conditions	[(Mandatory , if you are giving Power of Attorney ( POA)]						
given as <b>Annexure - 2.4</b>	(if POA is not granted & yo option).	ou do not wish to avail of	this facility, cancel this				
	I wish to avail the TRU	JST facility using the I	<u>Mobile number regist</u>	ered for SMS			
Transactions Hains	Alert Facility. I have re	ead and understood the	e Terms and Condition	ns prescribed			
Transactions Using Secured Texting Facility (TRUST).	by CDSL for the same. Yes No						
Refer to Terms and	I/We wish to register the following clearing member IDs under my/our below						
<u>Conditions Annexure –</u> 2.6	mentioned BO ID registered for TRUST						
	Stock Exchange Name/ID	Clearing Member Name	Clearing Membe (Optional)	<u>r ID</u>			
	<u>Name/1D</u>	<u>ivame</u>	(Optional)				
Easi	To register for <b>e</b> asi, please <b>E</b> asi allows a BO to view be portfolio online.						
Nomination Details							
I /We the sole holder / Joint h	oldors / Cuardian (in case of			Dated			
	to nominate any one for t	, ,	at.				
I/We <b>nominate</b> the following person who is entitled to receive security balances lying in my/our account, particulars whereof are given below, in the event of my / our death.							

Full Name of the Nominee		
Address		
City	State	
Country	PIN code	
Telephone No.	Fax No.	
PAN	<u>UID</u>	
E-mail ID		
Relationship with BO (If any)		
Date of birth (mandatory If		
nominee is a minor)		

As the second		an data ta 11 ti			h al6 ac ''		- 1 11		
		on date, to receive the all Joint holders, I/We ap					e in the	event of	
Full name of Guardia	an of Nomir	nee							
Address									
O'th.			Chata						
City			State PIN					$\overline{}$	
Telephone No.			Fax N	0.					
E-mail ID			Tax IV	J.					
Relationship of Guar	dian with N	lominee							
me / us.	nesses shall	de any prior nomination rattest signature(s) / thur	-						
		First Wit	iness		Second Witness				
Name of witness									
Address of witness									
Signature of witness									
Bye Laws as are in best of my/our kno change(s) in the de	force from owledge as etails / Part by me / us o	time to time. I / We der on the date of making t ticulars mentioned by mo or suppression of any ma	clare that the particu this application. I/W e / us in this form. aterial information w	ulars given be agree and I/We furthe ill render m	by me/us ab d undertake r agree tha y account li	to intint to intintint to any fa able for	e true ar mate the alse / m termina	nd to the e DP any iisleading	
		t/Sole Holder or n (in case of Minor)	Second Ho	ider		Third F	lolder		
Name		,,							
Signatures									
(S <i>ignatures shou</i>	ıld be pref	erably in black ink).							
		Acknow	ledgement Receip	t					
Application No.:			Date	:					
We hereby acknow	ledge the re	eceipt of the Account Ope	ening Application Fo	rm:					

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

Additional KYC Form for Opening a Demat Account										Annexure 2.2									
For Non-indiv	iduals																		
		Depository	/ Participant Nai	ne / Add	ress /	DP ID									_				
(To be filled by	the Depository	Participant)																	
Application No.			Date	D	D	M	$\mathbb{N}$	/	Υ		Υ	,	Υ	Υ					
DP Internal Ref	erence No.		Client ID						1						_				
(To be filled by	the applicant in	BLOCK LETT				1			1										
				nor fallo	uipa da	taila .													
Holders Detail		illat account in	my/ our name as	per rollov	wing de	lalis													
Sole / First Holde	er's		Search		F	PAN													
Name			Name																
Second Holder's					F	PAN				+	+	+							
Name																			
Third Holder's N	ame				F	PAN													
Name *															_				
* In case of Fir	ms, Association	of Persons (A	OP), Partnership F	rm, Unreg	jistered	Trust,	etc.	, al	thou	ugh 1	the a	acco	unt i	is	_				
		natural persons, ould be mentio	the name of the lead above.	Firm, Asso	ciation	of Pers	sons	(A(	OP),	Par	tner	ship	Firm	١,					
Type of Accou	<b>nt</b> (Please tick	whichever is a	oplicable)																
			tus									– Sta							
<ul><li>□ Body Corporat</li><li>□ CM</li></ul>	□ FI □		■ Mutual Fundare ■ Other (Spe	cify)	OCB		FII		To	be	fille	ed b	y th	e D	Ρ				
SEBI Registration (If Applicable)	n No.			SEBI R	egistrat	ion		D	D	M	M	Υ	Υ	Υ	)				
RBI Registration	No.				proval c	late		D	D	M	M	Υ	Υ	Υ	\				
(If Applicable)																			
Nationality		□ Indian	□ Others (specify	)															
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Requirement	nt				1									ightly \(\begin{array}{c} \Boxed{\text{Monthly}} \end{array}					
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Do you wish to receive dividend / interest directly in to your bank account given below through ECS? (If not marked, the default option would be `Yes')

☐ Yes

☐ No

Clearing Member Details (To be filled by CMs only)

Name of Stock Exchange
Name of CC / CH

Clearing Member Id

Trading member ID

Do you wish to receive dividend / interest directly in to your 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]

Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR code)

IFS Code (11 character)

Account number

Bank Code (9 digit MICR code)										
IFS Code (11 character)			•							
Account number										
Account type	□ Savi	ng [	☐ Curre	nt	Others	(specify)				-
Bank Name										
Branch										
Bank Address										
City		State	<b>;</b>		Coun	try	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 option (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

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).
Transactions Using Secured Texting Facility (TRUST) Refer to Terms and Conditions Annexure 2.6	Alert Facility. I have read and understood the Terms and Conditions  prescribed by CDSL for the same.  Yes  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 Name Name (Optional)
<b>E</b> asi	To register for <i>e</i> asi, please visit our website <u>www.cdslindia.com</u> . <i>Easi</i> allows a BO to view his ISIN balances, transactions and value of the portfolio online.

I/We have read the DP-BO agreement (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).

#### Acknowledgement Receipt

Application No.: Date:

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

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

**Depository Participant Seal and Signature** 

#### **Nomination Form**

To, The Depository Participant Name **Address** Dear Sir/ Madam, I/We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that: I/We do not wish to nominate any one for this demat account. [Strike out what is not applicable.] [Signatures of all account holders should be obtained on this form]. I/We nominate the following person who is entitled to receive security balances lying in my/our account, particulars whereof are given below, in the event of the death of the Sole holder or the death of all the Joint Holders. **BO Account Details** DP ID Client ID Name of the Sole / First Holder Name of Second Holder Name of Third Holder Nominee details First Name Middle Name Last Name Address City State PIN Country Telephone No. Fax No. PAN UID E-mail ID Relationship with BO (If any) Date of birth (If nominee is a minor) As the nominee is a minor as on date, I/We appoint following person to act as Guardian: First name Middle name Last name Address City State Country PIN

to receive the securities in this account on behalf of the nominee in the event of the death of the Sole holder / all Joint holders.

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

Place:	Place: Date:  First/Sole Holder Second Holder Third Holder																	
	ı	irst/S	ole l	Holde	er			Seco	ond Holder									
Name																		
Signature																		
Note: Two witnesses shall attest signature(s) / Thumb impression(s).																		
Details of the Witr	ness									ı								
					Fi	rst W	/itne	ss				Se	cond	Wit	ness			
Names of Witness																		
Address of witness	S																	
Signature of Witne	ess																	
(To be filled by	DP)																	
Nomination Form	accepted	and re	gister	ed wi	de Re	egistra	ation	No				date	d				·	
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Received nominati	ion form	from :			HON		cugo		n Receipt									
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No Nomination			Does	not v	vish t	to non	ninate	<u>-</u>									_	
Registration No.									Registered of	n	D	D	М	М	Υ	Υ	Υ	Υ

**Depository Participant Seal and Signature**