



AUTUS SECURITIES PVT. LTD.
DEPOSITORY PARTICIPANT - CDSL
DP ID 12098200



SEBI Registration No. IN-DP-734-2022 : 9th December 2022

GSTIN NO.:27AADCV2719B1ZM

Registered Office and Corporate Office

C-6, Dr. Herekar Park, Near Kamala Neharu Park,
Off Bhandarkar Road, Pune – 411 004. Phone: 020- 25666080/1/2
E-mail : operations@autusindia.co.in

Compliance Officer : Sameer Kulkarni Phone :020 – 25666082
Compliance Officer Email : sameer.k@autusindia.co.in
Grievances/Dispute Email: compliance@autusindia.co.in

CEO Name : Mr.G.B.Laddha Phone:020- 25666080/1/2

Email : gb.laddha@autusindia.co.in

CLIENT REGISTRATION APPLICATION FORM

Application No. :

Client Code : _____

Client Name : _____

Date of Opening : _____

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Instructions to the Applicants (Bos) For account opening

1. Signatures can be in English or Hindi or any of 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)
5. In case of application 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.

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

Important Instructions :

- A) Fields marked with (*) are mandatory fields.
- B) Please fill the form in English & in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T. code as per Indian Motor Vehicle Act. 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike of the sections not required to be updated.

For office use only
(To be filled by financial institution)

Application Type* New Update
KYC Number (Mandatory for KYC update request)
Account Type* Normal Simplified (for low risk customers) Small

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

1st Holder
 Name* (same as ID proof)
Maiden Name (If any*)
Father / Spouse Name*
Mother Name*
Date of Birth* DD MM YYYY
Gender* M-Male F-Female T - Transgender
Marital Status* Married Unmarried Others
Citizenship* IN-Indian Others (ISO 3166 Country Code)
Residential Status* Resident Individual Non Resident Indian
 Foreign National Person of Indian Origin
Occupation Type* S-Service (Private Sector Public Sector Government Sector)
 O-Other (Professional Self Employed Retired Housewife Student)
 B-Business X-Not Categorised

Prefix First Name Middle Name Last Name

PHOTO

2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSE IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)
ISO 3166 Country Code of Jurisdiction of Residence*
Tax Identification Number or equivalent (If issued by Jurisdiction)*
Place / City of Birth* ISO 3166 Country Code of Birth*

3. PROOF OF IDENTITY (PoI)*

A - Passport Number Passport Expiry Date DD MM YYYY
 B - PAN Card
 C - UID (Aadhaar)

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS (Please see instruction D at the end)
(Certified copy of any one of the following proof of address [PoA] needs to be submitted)

Address Type* Residential / Business Residential Business Registered Office Unspecified
Proof of Address* Passport Driving Licence UID (Aadhaar)
 Voter Identity Card NREGA Job Card Others
 Simplified Measures Account - Document Type code

Address

Line 1*
Line 2*
Line 3*
District* Pin / Post Code* State / U.T. Code* ISO 3166 Country Code*

4.2 CORRESPONDENCE / LOCAL ADDRESS (Please see instruction E at the end)
 Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local address, Please fill 'Annexure A1')

Line 1*
Line 2*
Line 3*
District* Pin / Post Code* State / U.T. Code* City / Town / Village* ISO 3166 Country Code*

5. CONTACT DETAILS (All communication will be sent on provided Mobile No. / Email ID) (Please refer instruction F at the end)

Tel. (Off.) Tel. (Res.) Mobile
FAX Email ID

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

Important Instructions :

- A) Fields marked with (*) are mandatory fields.
 B) Please fill the form in English & in BLOCK letters.
 C) Please fill the date in DD-MM-YYYY format.
 D) Please read section wise detailed guidelines / instructions at the end.
 E) List of State / U.T. code as per Indian Motor Vehicle Act. 1988 is available at the end.
 F) List of two character ISO 3166 country codes is available at the end.
 G) KYC number of applicant is mandatory for update application.
 H) For particular section update, please tick (✓) in the box available before the section number and strike of the sections not required to be updated.

For office use only

(To be filled by financial institution) Application Type* New Update
 KYC Number (Mandatory for KYC update request)
 Account Type* Normal Simplified (for low risk customers) Small

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

<p>2nd Holder</p> <p><input type="checkbox"/> Name* (same as ID proof)</p> <p>Maiden Name (If any*)</p> <p>Father / Spouse Name*</p> <p>Mother Name*</p> <p>Date of Birth* DD MM YYYY</p> <p>Gender* <input type="checkbox"/> M-Male <input type="checkbox"/> F-Female <input type="checkbox"/> T - Transgender</p> <p>Marital Status* <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others</p> <p>Citizenship* <input type="checkbox"/> IN-Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> <input type="text"/>)</p> <p>Residential Status* <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian</p> <p><input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin</p> <p>Occupation Type* <input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector)</p> <p><input type="checkbox"/> O-Other (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student)</p> <p><input type="checkbox"/> B-Business</p> <p><input type="checkbox"/> X-Not Categorised</p>	<p>Prefix</p> <p><input type="text"/></p> <p>First Name</p> <p><input type="text"/></p> <p>Middle Name</p> <p><input type="text"/></p> <p>Last Name</p> <p><input type="text"/></p> <div style="border: 1px solid gray; padding: 5px; width: 100px; margin-left: auto; margin-right: auto;"> <p style="text-align: center; font-weight: bold;">PHOTO</p> </div>
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2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSE IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (If issued by Jurisdiction)*

Place / City of Birth* ISO 3166 Country Code of Birth*

3. PROOF OF IDENTITY (PoI)*

A - Passport Number Passport Expiry Date DD MM YYYY

B - PAN Card

C - UID (Aadhaar)

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS (Please see instruction D at the end)

(Certified copy of any one of the following proof of address [PoA] needs to be submitted)

Address Type* Residential / Business Residential Business Registered Office Unspecified

Proof of Address* Passport Driving Licence UID (Aadhaar)

Voter Identity Card NREGA Job Card Others

Simplified Measures Account - Document Type code

Address

Line 1*

Line 2*

Line 3*

District* Pin / Post Code* State / U.T. Code* ISO 3166 Country Code*

4.2 CORRESPONDENCE / LOCAL ADDRESS (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local address, Please fill 'Annexure A1')

Line 1*

Line 2*

Line 3* City / Town / Village*

District* Pin / Post Code* State / U.T. Code* ISO 3166 Country Code*

5. CONTACT DETAILS (All communication will be sent on provided Mobile No. / Email ID) (Please refer instruction F at the end)

Tel. (Off.) Tel. (Res.) Mobile

FAX Email ID

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual**Important Instructions :**

- A) Fields marked with (*) are mandatory fields.
 B) Please fill the form in English & in BLOCK letters.
 C) Please fill the date in DD-MM-YYYY format.
 D) Please read section wise detailed guidelines / instructions at the end.
 E) List of State / U.T. code as per Indian Motor Vehicle Act, 1988 is available at the end.
 F) List of two character ISO 3166 country codes is available at the end.
 G) KYC number of applicant is mandatory for update application.
 H) For particular section update, please tick (✓) in the box available before the section number and strike of the sections not required to be updated.

For office use only Application Type* New Update
 (To be filled by financial institution) KYC Number (Mandatory for KYC update request)
 Account Type* Normal Simplified (for low risk customers) Small

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

3rd Holder Name* (same as ID proof)
 Maiden Name (If any*)
 Father / Spouse Name*
 Mother Name*
 Date of Birth* DD MM YYYY
 Gender* M-Male F-Female T - Transgender
 Marital Status* Married Unmarried Others
 Citizenship* IN-Indian Others (ISO 3166 Country Code)
 Residential Status* Resident Individual Non Resident Indian
 Foreign National Person of Indian Origin
 Occupation Type* S-Service (Private Sector Public Sector Government Sector)
 O-Other (Professional Self Employed Retired Housewife Student)
 B-Business X-Not Categorized

PHOTO

2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSE IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)
 ISO 3166 Country Code of Jurisdiction of Residence*
 Tax Identification Number or equivalent (If issued by Jurisdiction)*
 Place / City of Birth* ISO 3166 Country Code of Birth*

3. PROOF OF IDENTITY (PoI)*

A - Passport Number Passport Expiry Date DD MM YYYY
 B - PAN Card
 C - UID (Aadhaar)

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS (Please see instruction D at the end)
 (Certified copy of any one of the following proof of address [PoA] needs to be submitted)
 Address Type* Residential / Business Residential Business Registered Office Unspecified
 Proof of Address* Passport Driving Licence UID (Aadhaar)
 Voter Identity Card NREGA Job Card Others
 Simplified Measures Account - Document Type code

Address
 Line 1*
 Line 2*
 Line 3*
 District* Pin / Post Code* State / U.T. Code* ISO 3166 Country Code*

4.2 CORRESPONDENCE / LOCAL ADDRESS (Please see instruction E at the end)
 Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local address, Please fill 'Annexure A1')
 Line 1*
 Line 2*
 Line 3* City / Town / Village*
 District* Pin / Post Code* State / U.T. Code* ISO 3166 Country Code*

5. CONTACT DETAILS (All communication will be sent on provided Mobile No. / Email ID) (Please refer instruction F at the end)

Tel. (Off.) Tel. (Res.) Mobile
 FAX Email ID

6. PERSONAL DETAILS (Please refer instruction A at the end)

Addition of Related Person Deletion of Related Person KYC Number of Related Person (If available*)

Related Person Type* Guardian / Minor Assignee Authorised Representative

Name* Prefix First Name Middle Name Last Name

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction **(H)** at the end)

A - Passport Number Passport Expiry Date

B - PAN Card

C - UID (Aadhaar)

7. REMARKS IF ANY

8. APPLICATION DECLARATION

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

I hereby consent to receiving information from central KYC Registry through SMS/Email on the above registered number/Email address.

Date : _____ Place : Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Document Received Certified Copies

KYC VERIFICATION CARRIED OUT BY

INSTITUTION DETAILS

Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

Name

Code

Autus Securities Pvt Ltd

C6, Dr. Herekar Park, Near Kamala Nehru Park, Off. Bhandarkar Road, Pune - 411004

(To be filled by the Depository Participant)

Application No.		Date													
DP Internal Reference No.															
DP ID	1	2	0	9	8	2	0	0	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	
<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 Director <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Minor <input type="checkbox"/> Other (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 Pramoter <input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National - Depository Receipts <input type="checkbox"/> Other (Specify) _____

Details of Guardian (In case the account holder is minor)

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
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
I / We request you to send Electronic Transaction-cum-Holding Statement 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 (Tick the applicable box. If not marked, the default option would be 'Physical')	<input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical and Electronic
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]	<input type="checkbox"/> Yes <input type="checkbox"/> No

Bank Details [Dividend Bank Details]

Bank Code (9 Digit MICR code)																			
IFS Code (11 character)																			
Account Number																			

Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Other (Specify) _____									
Bank Name										
Branch Name										
Bank Branch Address										
City	State						Country	Pin code		

- (I) Photocopy of the cancelled cheque having the name of account holder Photo 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 :									
	<input type="checkbox"/> Up to Rs. 1,00,000			<input type="checkbox"/> Rs. 1,00,000 to Rs. 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>										
Occupation	<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"/> Other (Specify) _____			
Please tick, if applicable	<input type="checkbox"/> Politically Exposed Person (PEP)					<input type="checkbox"/> Related to Politically Exposed Person (RPEP)				
Any other Information :										

SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4	MOBILE NO. +91 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	[(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 EASI, please visit our website www.cdslindia.com EASI allows aBO to view his ISIN balances, transactions and value if the portfolio online	

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 issue involved in non-appointment of nominee(s) and further are aware that in case of death of all 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			
Signatures			

Note :

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature
[in both the cases i.e. nomination / opt out nomination -

- I/We nominate the following persons who is/are entitled to receive security balances lying in my/our account, particulars where of are given below, in the event of my/our death.

Nominee Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name *First Name Middle Name *Last Name
*Percentage of allocation of securities <input type="checkbox"/> Equally <small>[If not equally, please specify percentage]</small> or <input type="checkbox"/> Share of each nominee			
<i>Any odd lot after division shall be transferred to the first nominee mention in the form</i>			
Nominee Identification Details - [Please tick any one of following and provide details of same]	Nominee 1	Nominee 2	Nominee 3
<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 Demat Account ID [Optional Fields]	<h1>Photo</h1> <p>(Sign Across)</p>	<h1>Photo</h1> <p>(Sign Across)</p>	<h1>Photo</h1> <p>(Sign Across)</p>
*Address :			
*City			
*State			
*Pin			
*Country			
Mobile No / Telephone No. [Optional Fields]			
Email ID : [Optional Fields]			
*Relationship with the BO:			
To be filled only if nominee(s) is a mineor			
Date of birth (mandatory if nomenee is a minor) dd-mm-yyyy			

Name of the Guardian of Nominee (if nominee is minor) *First Name Middle Name *Last Name
*Address of the Guardian of nominee			
*City			
*State			
*Country			
*Pin			
Age			
Mobile No / Telephone No. [Optional Fields]			
Email ID : [Optional Fields]			
*Relationship of the Guardian with the Nominee			
Guardian Identification details - [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN Aadhaar <input type="checkbox"/> Saving Bank Account No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID [Optional Fields]			

Note : Residual of witness, in case of multiple nominees remaining after distribution of securities as per percentage of allocation shall be transferred to the first nominee.

*** Marked is Mandatory field**

Note :

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instade of signature [in both the cases i.e. nomination / negative nomination

Details of the Witness	
Witness Details	
Name of witness	
Address of witness	
Signature of witness	

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

I/We have received and read the Rights and Obligations document and term & 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 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 giving 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).

----- Please tear here -----

Acknowledgement Receipt

Application No.

Date :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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 -----

Additional KYC Form for Opening a Demat Account

For Non-individuals

Name of the DP - Autus Securities Private Limited **DP ID - 1 2 0 9 8 2 0 0**

(To be filled by the Depository Participant)

Application No.	Date
DP Internal Reference No.	
DP ID 1 2 0 9 8 2 0 0	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 *	
<p>*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.</p>	

Type of Account (Please tick whichever is applicable)	
Status	Sub-Status
<input type="checkbox"/> Body Corporate <input type="checkbox"/> Banks <input type="checkbox"/> Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> OCB <input type="checkbox"/> CM <input type="checkbox"/> FI <input type="checkbox"/> ClearingHouse <input type="checkbox"/> Other (specify)	To be filled by the DP
SEBI Registration No. (if Applicable)	SEBI Registration Date
RBI Registration No. (if Applicable)	RBI Approval Date
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Other (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) <input type="checkbox"/> Yes <input type="checkbox"/> 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')	
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
I / We request you to send Electronic Transaction-cum-Holding Statement 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 (Tick the applicable box. If not marked, the default option would be 'Physical')	<input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical and Electronic

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	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Bank Details (Dividend Bank Details)

Bank Code (9 digit MICR code)												
IFS Code (11 character)												
Account number												
Account type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Other (specify) _____											
Bank Name												
Branch Name												
Bank Branch Address												
City		State		Country	PIN code							

- (i) Photo copy of the cancelled cheque having the name of the account holder where the cheque book is issued, or
 (ii) Photo copy of the Bank Statement having Name and address of the BO
 (iii) Photo copy 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 / mention on the document.

Other Details

Gross Annual Income Details	Income Range per annum :	<input type="checkbox"/> Up to Rs. 1,00,000 <input type="checkbox"/> Rs. 1,00,000 to Rs. 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"/> Rs. 25,00,000 to Rs. 1,00,00,000 <input type="checkbox"/> More than Rs. 1,00,00,000										
	Net worth as on (Date)											Rs.

[Net worth should not be older than 1 year]

Please tick if any of the authorised 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 2.2A

Any other Information :

SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4	MOBILE NO. +91 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [(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 EASI, please visit our website www.cdslindia.com EASI allows aBO to view his ISIN balances, transactions and value if 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 the Second Holder	
Name of the 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 if the Authorised signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors	Relation with the holder (i.e. promoters, whole time directors, etc).	Please tick the relevant option.
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP

Name & Signature of the
Authorised Signatories

Date / / 20

PEP Politically Exposed Person
RPEP Related to Politically Exposed Person

OPTION FORM FOR ISSUE OF DIS BOOKLET

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

(To be filled by the Depository Participant)

DP ID	1	2	0	9	8	2	0	0	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 option given below]

OPTION 1 :

I / We require you to issue Delivery Instruction Slip (DIS) booklet to me / us immediattely on opening of my / our CDSL account through 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 setting 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 setting 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 immediattely 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 OPTIONFROM 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

POWER OF ATTORNEY

To all to whom these presents shall come I / we _____,
_____ residing at / having its registered office at _____,
_____, send greetings.

Whereas I/ we hold beneficial owner account number **12098200** _____ with Central Depository Services (India) Limited (CDSL), through **AUTUS SECURITIES PVT. LTD.** registered with Securities and Exchange Board of India (SEBI) registration no. **INZ000104034**. Under a Unique Client Code No. _____.

And Whereas I/ we am/ are desirous to buy and sell securities through **AUTUS SECURITIES PVT. LTD.** who is a stock broker registered with SEBI and member of recognized stock exchange/s.

And Whereas I/ we am/ are desirous of appointing **AUTUS SECURITIES PVT. LTD.** as my/our constituted attorney to operate my/ our beneficial owner account on my/ our behalf for a limited purpose in the manner hereinafter appearing and subject to conditions as provided herein.

Now know you all and these present witness that I / we do hereby nominate, constitute and appoint **AUTUS SECURITIES PVT. LTD.** (hereinafter referred to as "the stock broker") as my true and lawful attorney and authorise it to perform the following functions on my behalf:

I) To transfer securities held in my/our aforementioned beneficial owner account(s) or any other account informed by me in writing to the stock broker from time to time to the demat account nos. **12098200** _____ & **12098200** (**Principle A/c**), **12098200** (**CUSA A/c**) and _____ & _____ (**Earlypay-in A/c**), _____ (**TM MPRP A/C**), _____ (**TM/CM MPRP A/C**) of the stock broker maintained for the purpose of settlement of trades and margin obligations arising out of trades executed by me / us on any recognized stock exchange through the stock broker. However, the said power will be restricted to only transfer of securities to the Clearing Member ID allotted to the stock broker by any existing or future exchange that the stock broker has joined/ will join as a member or to any demat accounts linked to the said Clearing Member ID provided that I/we have executed a Client Member Agreement with the stock broker for such exchanges.

II) To return to me/us, the securities or funds that may have been received by the stock broker erroneously or those securities or funds that the stock broker was not entitled to receive from me/us;

III) To send consolidated summary of my/our scrip-wise buy and sell positions taken with average rates to me/us by way of SMS / email on a daily basis, notwithstanding any other document to be disseminated as specified by SEBI from time to time.

I/We ratify the instructions given by the aforesaid stock broker to the depository participant named here in above in the manner specified herein.

I/We further agree and confirm that the powers can be revoked without notice of M/s AUTUS SECURITIES PVT LTD by Registered Post address at the registered office of **M/S AUTUS SECURITIES PVT. LTD.**

C-6, DR, HEREKAR PARK, NEAR KAMALA NEHRU PARK OFF BHANDARKAR ROAD PUNE – 411004

DP ID	1	2	0	9	8	2	0	0	BO ID								
(Signed, sealed and delivered By the within named beneficial Owner/s)																	
	Sole / First Holder					Second holder					Third Holder						
Name																	
Specimen Signature																	
<div style="display: flex; justify-content: space-around;"> <div style="width: 45%; text-align: center;"> <hr style="width: 80%; margin: 0 auto;"/> <p>(Signature)</p> </div> <div style="width: 45%; text-align: center;"> <hr style="width: 80%; margin: 0 auto;"/> <p>(Signature)</p> </div> </div>																	
In the presence of (Name & Address of Witness)																	
Date :									Place :								

IN CASE OF HUF :

	(Name of Co-parceners)	Signature of Co-parceners No.
1.		
2.		
3.		
4.		

We Accept
For **AUTUS SECURITIES PVT. LTD.**

Director / Authorised Signatories

§Date :

BO ID (16 digits) -

BO Name/s -

Demat Debit and Pledge Instruction

Sr. No.	Purpose	Signature of Client / s *
1.	Transfer of securities held in the beneficial owner accounts of the client towards Stock Exchange related deliveries / settlement obligations arising out of trade executed by clients on the Stock Exchange through the same stock broker	
2.	Pledging / re-pledging of securities in favour of trading member (TM) / clearing member (CM) for the purpose of meeting margin requirements of the clients in connection with the trades executed by the clients on the Stock Exchange.	
3.	§Mutual Fund transactions being executed on Stock Exchange order entry platforms	
4.	§Tendering shares in open offers through Stock Exchange platformes	

*The same may be e-Signed or signed physically

DP Name :

DP Signature, Seal & Stamp

Instruction Form for Purchase Waiver

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

DP ID	1	2	0	9	8	2	0	0	Client ID								
First Holder Name																	

To,
Depository Participant Name _____
Address _____

Dear Sir / Madam,

I/We hereby authorize you to accept all credits in my / our Beneficial Owner/s account number given above.
 The instruction will be irrevocable until and unless otherwise inform to you.

Thanking you,

Yours Faithfully,

	First / Sole Holder	Second Holder	Third Holder
Name			
Signatures			

----- Please tear here -----

Acknowledgement Receipt

Received Waiver for Purchase Transactions instruction form :

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

To,
M/s. AUTUS SECURITIES PVT. LTD.
Member CDSL
C - 6, Dr. Herekar Park,
Near Kamala Neharu Park,
Off. Bhandarkar Road,
Pune - 411 004.

Kindly note the following details for my Demat A/c No. **12098200** / our UCC No. _____ maintained with you.

FATCA / CRS DETAILS

Place and country of Birth	
Are you assessable to tax in any country other than India (yes / no)	
If no, we declare that	I/We are Indian citizens, my/our residence for tax purpose is India and I/we am/are not a "US person" as define in rule 114F of the Income Tax Rules, 1962
If yes, than kindly provide the Tax Payer Identification Number (TIN) or functional equivalent as issued in the specific country (In case of multiple countries, kindly give for all the countries)	

I/We understand that you are relying on this information inter alia for the purpose of determining my/our status in compliance with FATCA/CRS regulations. You are not able to offer any tax advice on CRS or FATCA or its impact on me/us. I/We shall seek advice from any professional / tax advisor for any tax question regarding the same. I/We agree to submit anew form within 30 days if any information or clarification provided in this form becomes incorrect. I/We agree that as may be required by domestic regulators / tax authorities, you may be required to provide report / information of the reportable details to CBDT & on the basis of their feedback you may close or suspend my / our account if required.

I / We certify that the information provided on this form to the best of my / our knowledge and belief is true, correct and complete. Kindly update the above data in your systems and other places as desired by you.

Sign of Client

Client Name : _____

PAN No. : _____

Place : _____

Date : _____

DECLARATION FOR AVAILING OF BASIC SERVICES DEMAT ACCOUNT (BSDA) FACILITY

To,	From,
AUTUS SECURITIES PRIVATE LIMITED	BO NAME :
DP ID : 12098200	BO ID :

Dear Sir / Madam,

I / We wish to avail the BSDA facility for the new account for which we have submitted my / our account opening form.

I / We do NOT wish to avail BSDA facility.

I / We wish to avail BSDA facility for my / our below mentioned demat account number.

	NAME	PAN									
Sole/First Holder											
Second Holder											
Third Holder											

I / We have read and understand the regulatory (SEBI) guidelines for opening a Basic Services Demat Account and undertake to comply with a aforesaid guidelines from time to time. I/We also undertake to comply with the guidelines issued by any such authority for BSDA facility from time to time. I/We also agree that in case our demat account opened under BSDA facility does not meet the eligibility for BSDA facility as per guideline issued by SEBI or any such authority at any point of time, my / our BSDA account will be converted to regular demat account without further reference to me / us and will be levied charges as applicable to regular accounts as informed by the DP.

	NAME	Specimen Signature
Sole/First Holder		
Second Holder		
Third Holder		

TARIFF SHEET

DP ID:	12098200
Address :	C - 6, Dr. Herekar Park, Near Kamala Neharu Park, Off. Bhandarkar Road, Pune - 411 004.
Tel. No. :	020- 25666080/1/2
Email ID :	operations@autusindia.co.in
Services:	Account Opening, Dematerialisation, Rematerialisation, Transaction SELL/BUY Pledge Services

TARIFFS

Statutory charges at the time of Account Opening	510/- [POA Franking charges]
Advance / Deposit / Purchase (Credit In)	Nil
Account Maintenance :	Rs. 400/- for Individuals + GST & Rs. 1000/- for Corporate Account + GST

Market / Off Market Transfer / Inter Depository

Transaction (Debit)	Rs. 12/- per transaction + GST
----------------------------	--------------------------------

Pledge / Hypothecation

a) Pledge Creation confirmation	0.05% of the transaction value or Min. Rs. 25/- per transaction, whichever is higher + GST
b) Pledge Creation	Rs. 12 per ISIN
c) Invocation	Nil
Demat Charges	Rs. 3/- per Certificate + Rs. 25/- for Postage + GST
Remat Charges	Rs. 25/- per Transaction + Rs. 3/- per Certificate + Rs. 30/- for Postage + GST
Account Closing	Nil
Failed instruction charges	Nil
* BSDA ACCOUNT	Rs. 35/- Per Transaction + GST

	Sole/First Holder	Second Holder	Third Holder
Name			
Specimen Signature	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>
	(Signature)	(Signature)	(Signature)

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 includes its successors and assigns.
2. 'DP' means Depository Participants 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 depository. The terms covers all types of demat accounts, which can be open with a depository as satisfied 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 depository. The service will be available to those account holders 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 are or within the range of forming part of the roaming network of the service provider.
4. In case of joints accounts and non-individules 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 ti the depository, the SMS alerts will continue to be sent to the last registered mobile number. The BO agrees to indemnify the depository for any loss or damage suffered by it on account of SMS alerts sent to such mobile number.

Receiving alerts :

1. The depository shall sent the alerts to the mobile phone number by the BO while registering the service or to any such number replaced and inform 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 of 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 observed any error in 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 effort 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 opening to avail SMS alert facility.
5. The BO authorizes the depository to sent 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 sent 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 is BO account by sending a SMS back to the service provider as there is not reverse communication between the service provider and depository.**
7. The information sent as alert on the mobile phone number shell 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 effort to provide the service. The BO can not 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 change 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 alert 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 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 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 BO.

Amendments :

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

Governing Law and Jurisdiction :

Providing the service as outlined above shall be governed by the law of India and will be subject to the exclusive Jurisdiction of court in Mumbai.

I/We wish to avail the SMS alert 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 purpose of generating SMS alert by service provider, to be send 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 then 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 empty in any way that the request has been accepted by the depository by providing the service.

[I / We provide the following information for the purpose of registration / modification (Please cancel out what is not applicable)

BO ID	1	2	0	9	8	2	0	0											
-------	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

(Please write your 8 digit DPID)

(Please write your 8 digit Client ID)

Sole / First Holder Name : _____

Second Holder Name : _____

Third Holder 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:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Right and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories

General Cause

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

Beneficial Owner Information

3. The DP shall maintain all the details of the beneficial owner(s) as mention in the account opening form, supporting document 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 the 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 to 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 / Opening 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 on an order, instruction / direction or mandate duly authorized by the Beneficial Owner and DP shall maintain the original documents and the audit trail of such authorizations.
12. The Beneficial Owner reserve the right to give standing instructions to regard to the crediting of securities in his demat account and the DP shall act according o such instructions.
13. ***The stock broker / stock broker and depository participant shall not directly / indirectly compel th clients to execute Power of Attorney (PoA) or Demat Debit and Pledge Instructions (DDPI) or deny services to the client if the client refuses to execute PoA or DDPI.**

Statement of Account

14. The DP shall provide statement of accounts to the beneficial owner in such form and manner and at such time as agreed with the beneficial owner and as specified by SEBI / depository in this regard.
15. 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 BO's and shall resume sending the transaction statement as and when there is a transaction in the account.
16. The DP may provide the service of issuing the statement of demat account in the electronic mode of the Beneficial Owner so desires. The DP will furnish to the Beneficial Owner the statement of demat account under its digital signature, as governed under the Information Technology Act, 2000. However if the DP does not have the facility of providing the statement of demat account in the electronic mode, then the participant shall be obliged to forward the statement of demat accounts in physical form.
17. In case of Basic Services Demat Accounts, the DP shall send the transaction statement as mandated by SEBI and / or Depository from time to time.

Manner of closure of Demat Account

18. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given an 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.
19. 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 either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

Default in payment of charges

20. 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 rate as specified by the Depository from time to time for the period of such default.
21. In case the Beneficial Owner has failed to make the payment of any of the amounts as provided in Clause 5 & 6 specified above, the DP after giving two days notice to the Beneficial Owner shall have the right to stop processing of instructions of the Beneficial Owner till such time he makes the payment along with interest, if any.

Liability of Depository

22. 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 right to recover the same from such participant.

Freezing / Defreezing of account

23. The Beneficial Owner may exercise the right to freeze / defreeze his / her demat account maintained with the DP in accordance with the procedure and subject to the restrictions laid down under the Buy Laws and Business Rules / Operating Instructions.

24. The DP or the Depository shall have the right to freeze / defreeze the account of the Beneficial Owners on receipt of instructions received from any regulator or court or any statutory authority.

Redressal of Investor grievance

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

Authorised representative

26. If the Beneficial Owner is a body corporate or a legal entity, it shall, along with the account opening form, furnish to the DP, a list of officials 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.

Law and Jurisdiction

27. In addition to the specific rights set out in this document, the DP and the Beneficial Owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Rules, Bye Laws and Regulations of the respective Depository in which the demat account is opened and circulars / notices issued there under or Rules and Regulations of SEBI.
28. The provision of this document shall always be subject to government notification, any rules, regulation, 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 also be brought to the notice of the client at once.
32. If the rights and obligations of the parties hereto are altered by virtue of change in Rules and Regulations of SEBI or Bye-Laws, Rules and Regulations of 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.