

Serial No.



SKP SECURITIES LTD

creating prosperity

DEPOSITORY SERVICES

ACCOUNT OPENING FORM

Depository Participant
National Securities Depositories Ltd.

Client Name


Client Code

Group Head / Branch

Registration Date

E.mail ID

NSDL ACCOUNT OPENING KIT

SKP SECURITIES LTD. DP ID : IN302646		Name / Details of Branch / Service Centres _____	
Details of the person, who has carried out “in-person” verification			
Name	Employee Code	Signature	
Date and place where “in-person” verification was carried out		Date	Place
Signature of the applicant(s)			
1st holder’s signature	2nd holder’s signature	3rd holder’s signature	
			

Filing compliant on SCORES - Easy & Quick

- a. Register on SCORES portal
- b. Mandatory details for filing complaints on SCORES
 - i. Name, PAN, Address, Mobile Number, E-mail ID
- c. Benefits:
 - i. Effective Communication
 - ii. Speedy redressal of the grievances



Acknowledgement

SKP Securities Ltd.

Regd. Office : Level 21, "Chatterjee International Centre"

33-A, Jawaharlal Nehru Road, Kolkata - 700 071

Phone : 4007-7000, Fax : (033) 4007-7007

E.mail : contact@skpsecurities.com, Website : www.skpsecurities.com

CIN : L74140WB1990PLC049032

DP ID : IN302646 ❖ SEBI REGN. NO. : IN-DP-155-2015

E.mail ID for Investor Complaint : grievance.cell@skpsecurities.com

Serial No. :

Received the application from Mr/Ms/M/s _____ as the sole/first holder alongwith _____ and _____ as the second and third holders respectively for opening of a depository account. Please quote the DP ID & Client ID allotted to you (CM-BP-ID in case of Clearing Members) in all your future correspondence.

For SKP Securities Ltd.

Seal and Signature

Date :

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

Authorised Signatory

Acknowledgement Receipt

Received Nomination Form from :

DP ID	I	N	3	0	2	6	4	6	Client ID																	
Name																										
Address																										
Nomination in favour of																										
<u>No Nomination</u>									<input type="checkbox"/> Does not wish to nominate																	
Registration No.									Registered on									<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																			

For SKP Securities Ltd.

Seal and Signature

Authorised Signatory

Acknowledgement Receipt

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

DP ID	I	N	3	0	2	6	4	6	Client ID								
Name of the Sole / First Holder																	
Name of Second joint Holder																	
Name of Third joint Holder																	

For SKP Securities Ltd.

Seal and Signature

Authorised Signatory

PART II - ACCOUNT OPENING FORM (FOR INDIVIDUALS)



SKP Securities Ltd.

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E.mail : contact@skpsecurities.com, Website : www.skpsecurities.com

CIN : L74140WB1990PLC049032

DP ID : IN302646 ❖ SEBI REGN. NO. : IN-DP-155-2015


E.mail ID for Investor Complaint : grievance.cell@skpsecurities.com

CLIENT ID		Date	D	D	M	M	Y	Y	Y	Y	
(To be filled by Participant)											
I/We request you to open a Depository Account in my/our name as per the following details :											
(Please fill all the details in CAPITAL LETTERS only)											
A) DETAILS OF ACCOUNT HOLDER(S) :											
Account Holder(s)											
Sole/ First Holder Name											
Second Holder Name											
Third Holder Name											
	Sole/ First Holder				Second Holder				Third Holder		
PAN											
Occupation (please tick any one and give brief details)	<input type="checkbox"/> Private Sector				<input type="checkbox"/> Private Sector				<input type="checkbox"/> Private Sector		
	<input type="checkbox"/> Agriculturist				<input type="checkbox"/> Agriculturist				<input type="checkbox"/> Agriculturist		
	<input type="checkbox"/> Public Sector <input type="checkbox"/> Retired				<input type="checkbox"/> Public Sector <input type="checkbox"/> Retired				<input type="checkbox"/> Public Sector <input type="checkbox"/> Retired		
	<input type="checkbox"/> Government Service				<input type="checkbox"/> Government Service				<input type="checkbox"/> Government Service		
	<input type="checkbox"/> Housewife <input type="checkbox"/> Business				<input type="checkbox"/> Housewife <input type="checkbox"/> Business				<input type="checkbox"/> Housewife <input type="checkbox"/> Business		
	<input type="checkbox"/> Student <input type="checkbox"/> Professional				<input type="checkbox"/> Student <input type="checkbox"/> Professional				<input type="checkbox"/> Student <input type="checkbox"/> Professional		
	<input type="checkbox"/> Others (Please specify; _____)				<input type="checkbox"/> Others (Please specify; _____)				<input type="checkbox"/> Others (Please specify; _____)		
Brief details											
B) For Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name & PAN of the Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc. should be mentioned below :											
Name					PAN						
C) Type of account	<input type="checkbox"/> Ordinary Resident				<input type="checkbox"/> NRI-Repatriable				<input type="checkbox"/> NRI-Non Repatriable		
	<input type="checkbox"/> Qualified Foreign Investor				<input type="checkbox"/> Foreign National				<input type="checkbox"/> Promoter		
	<input type="checkbox"/> Margin				<input type="checkbox"/> Others (Please specify) _____						
D) Gross Annual Income Details - Income Range per annum (please tick any one)											
<input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> ₹ 1 - 5 Lac <input type="checkbox"/> ₹ 5 - 10 Lac <input type="checkbox"/> ₹ 10 - 25 Lac <input type="checkbox"/> More than ₹ 25 Lacs											
E) In case of NRIs/ Foreign Nationals											
RBI Approval Reference No.					RBI Approval date	D	D	M	M	Y	Y

F) BANK DETAILS :																							
Bank A/c Type	<input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify)_____																						
Bank A/c No.																							
Bank Name																							
Branch Address																							
City/town/village													Pin Code										
State													Country										
MICR Code													IFSC										
G) Please tick, if applicable <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)																							
H) STANDING INSTRUCTIONS :																							
I/We authorise you to receive credits automatically into my/our account.														<input type="checkbox"/> Yes <input type="checkbox"/> No									
Account to be operated through Power of Attorney (PoA)														<input type="checkbox"/> Yes <input type="checkbox"/> No									
I/We would like to share the e-mail Id with the RTA														<input type="checkbox"/> Yes <input type="checkbox"/> No									
SMS Alert facility : [Mandatory if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form]																							
Sole/First Holder				<input type="checkbox"/> Yes <input type="checkbox"/> No				Second Holder				<input type="checkbox"/> Yes <input type="checkbox"/> No				Third Holder				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Mode of receiving the standard document - Rights and Obligations of Beneficial Owner and Depository																							
Participant (<i>Tick any one</i>)												<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form											
Mode of receiving Statement of Account (<i>Tick any one</i>)												<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form											
<i>(Read Note 3 and ensure that email ID is provided in KYC Application Form)</i>																							
Type of Account opted for												<input type="checkbox"/> BSDA Account <input type="checkbox"/> Non-BSDA Account											
Auto Pledge Confirmation												<input type="checkbox"/> Yes <input type="checkbox"/> No											
I) Guardian Details (where sole holder is a minor) : [For account of a minor, two KYC Application Forms must be filled i.e. one for the guardian and another for the minor (to be signed by guardian)]																							
Guardian Name												PAN											
Relationship of guardian with minor																							
J) Nomination Option				<input type="checkbox"/> I/We wish to make a nomination. <input type="checkbox"/> I/We do not wish to make a nomination. [Details are provided at FORM 10]																			

DECLARATION

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/we hereby declare that the details furnished above are true and correct to the best of my /our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/ we are aware that I/we may be held liable for it. In case non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

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

NOTES :

1. All communication shall be sent at the address of the Sole/First holder only.
2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
3. For receiving Statement of Account in electronic form:
 - I. Client must ensure the confidentiality of the password of the email account.
 - II. Client must promptly inform the Participant if the email address has changed.
 - III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
4. Strike off whichever is not applicable.

SKP SECURITIES LTD creating prosperity		FORM 10 FORM FOR NOMINATION/ CANCELLATION OF NOMINATION (To be filled in by individual applying singly or jointly)												NSDL Technology, Trust & Reach																
Date	D	D	M	M	Y	Y	Y	Y	Y	Y	DP ID	I	N	3	0	2	6	4	6	Client ID										
<input type="checkbox"/> I/We wish to make a nomination. [As per details given below]																														
<input type="checkbox"/> I/We wish to cancel the nomination made by me/ us earlier and consequently all rights and liabilities in respect of beneficiary ownership in the securities held by me / us in the said account shall vest in me/ us. [Strike off the nomination details below]																														
Nomination Details																														
I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all securities held in the Depository by me / us in the said beneficiary owner account in the event of my / our death.																														
Nomination can be made upto three nominees in the account.												Details of 1 st Nominee				Details of 2 nd Nominee				Details of 3 rd Nominee										
1	Name of the nominee(s) (Mr./Ms.)																													
2	Share of each Nominee		Equally <input type="checkbox"/> [If not equally, please specify percentage]									%				%				%										
3	Relationship With the Applicant (If Any)																													
4	Address of Nominee(s)																													
	PIN Code																													
5	Mobile/Telephone No. of nominee(s)																													
6	Email ID of nominee(s)																													
7	Nominee Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID																													
Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:																														
8	Date of Birth {in case of minor nominee(s)}																													
9	Name of Guardian (Mr./Ms.) {in case of minor nominee(s)}																													
10	Address of Guardian(s)																													
	PIN Code																													
11	Mobile/Telephone no. of Guardian																													
12	Email ID of Guardian																													
13	Relationship of Guardian with nominee																													
14	Guardian Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID																													
												Name(s) of holder(s)								Signature(s) of holder										
Sole/ First Holder (Mr./Ms.)																				✓										
Second Holder (Mr./Ms.)																				✓										
Third Holder (Mr./Ms.)																				✓										
Signature of Witness for Nomination																														
Name of the Witness												Address								Signature of witness										
																				Date										
																				D										
																				D										
																				M										
																				M										
																				Y										
																				Y										
																				Y										
																				Y										

NOTES:

1. The Nomination can be made only by individuals holding Beneficiary Owner Accounts on their own behalf singly or jointly. Non-individuals including Society, Trust, Body Corporate, Partnership Firm and Hindu Undivided Family, holder of Power of Attorney cannot nominate. If the Account is held jointly, all joint-holders will sign the Nomination Form.
2. A minor can be nominated. In that event, the name and address of the Guardian of the Minor Nominee shall be provided by the Beneficial Owner.
3. Only individual / natural person(s) can be a Nominee(s). The Nominee(s) shall not be artificial person created /dressed by the law or by a fiction such as Trust, Society, Body Corporate, Partnership Firm, Hindu Undivided Family etc. A Non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
4. Nomination in respect of the Beneficiary Owner Account stands rescinded upon closure of the Beneficiary Owner Account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
5. Transfer of securities in favour of a Nominee(s) shall be valid discharge by the Depository and the Participant against the legal heir.
6. The cancellation of Nomination can be made by individuals only holding Beneficiary Owner Accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non-individuals including Society, Trust, Body Corporate, Partnership Firm and Hindu Undivided Family, holder of Power of Attorney cannot cancel the Nomination. If the Beneficiary Owner Account is held jointly, all joint-holders will sign the Cancellation Form.
7. On cancellation of the nomination, the nomination shall stand rescinded and the Depository shall not be under any obligation to transfer the securities in favour of the Nominee(s).
8. Nomination can be made upto three nominees in a Demat Account. In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total upto hundred percent. In the event of the Beneficiary Owner not indicating any percentage of allocation / share for each of the Nominees, the default option shall be to settle the claims equally amongst all the Nominees.
9. On request of substitution of existing nominees by the Beneficial Owner, the earlier nomination shall stand rescinded. Hence, details of Nominees as mentioned in the FORM 10 at the time of substitution will be considered. Therefore, please mention the complete details of all the Nominees.
10. Copy of any Proof of Identity must be accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure D.
11. Savings Bank Account details shall only be considered if the Account is maintained with the same Participant.
12. DP ID and client ID shall be provided where Demat details is required to be provided.

PART II - ACCOUNT OPENING FORM (FOR NON-INDIVIDUALS)



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CIN : L74140WB1990PLC049032

DP ID : IN302646 ❖ SEBI REGN. NO. : IN-DP-155-2015

E.mail ID for Investor Complaint : grievance.cell@skpsecurities.com






CLIENT ID										Date										D	D	M	M	Y	Y	Y	Y
(To be filled by Participant)																											
We request you to open a Depository Account in our name as per the following details :																											
(Please fill all the details in CAPITAL LETTERS only)																											
A) DETAILS OF ACCOUNT HOLDER(S) :																											
		Name										PAN															
Sole/ First Holder																											
Second Holder																											
Third Holder																											
B) Type of account		<input type="checkbox"/> Body Corporate <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> Qualified Foreign Investor <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Trust <input type="checkbox"/> Bank <input type="checkbox"/> CM <input type="checkbox"/> HUF <input type="checkbox"/> Others (Please specify) _____																									
C) For Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., although the account is opened in the name of the partner(s), trustee(es) etc., the name & PAN of the Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., should be mentioned below :																											
Name										PAN																	
D) Income Details (please specify) - Income Range per annum																											
<input type="checkbox"/> Below ₹ 20 Lac <input type="checkbox"/> ₹ 20 - 50 Lac <input type="checkbox"/> ₹ 50 Lac - 1 Crore <input type="checkbox"/> Above ₹ 1 Crore, and																											
Networth Amount ₹										as on (Date)										D	D	M	M	Y	Y	Y	Y
(Net worth should not be older than 1 year)																											
E) In case of FIIs/Others (as may be applicable)																											
RBI Approval Reference No.										RBI Approval date										D	D	M	M	Y	Y	Y	Y
SEBI Registration Number (for FIIs)																											

F) BANK DETAILS :																				
Bank A/c Type	<input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify)_____																			
Bank A/c No.																				
Bank Name																				
Branch Address																				
City/town/village											Pin Code									
State											Country									
MICR Code											IFSC									
G) Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:											<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)									
H) Clearing Member Details (to be filled up by Clearing Members only)																				
Name of Stock Exchange																				
Name of Clearing Corporation/ Clearing House																				
Clearing Member ID																				
SEBI Registration Number																				
Trade Name																				
CM-BP-ID (to be filled up by Participant)																				
I) STANDING INSTRUCTIONS :																				
1. We authorise you to receive credits automatically into our account											<input type="checkbox"/> Yes <input type="checkbox"/> No									
2. Account to be operated through Power of Attorney (PoA)											<input type="checkbox"/> Yes <input type="checkbox"/> No									
3. I/We would like to share the e-mail Id with the RTA											<input type="checkbox"/> Yes <input type="checkbox"/> No									
4. SMS Alert facility :																				
Sole/First Holder			<input type="checkbox"/> Yes <input type="checkbox"/> No			Second Holder			<input type="checkbox"/> Yes <input type="checkbox"/> No			Third Holder			<input type="checkbox"/> Yes <input type="checkbox"/> No					
5. Mode of receiving the standard document - Rights and Obligations of Beneficial Owner and Depository Participant (Tick any one)																				
											<input type="checkbox"/> Physical Form					<input type="checkbox"/> Electronic Form				
6. Mode of receiving Statement of Account (Tick any one)											<input type="checkbox"/> Physical Form					<input type="checkbox"/> Electronic Form				
(Read Note 3 and ensure that email ID is provided in KYC Application Form)																				
7. Auto Pledge Confirmation											<input type="checkbox"/> Yes <input type="checkbox"/> No									
J) LIST OF FAMILY MEMBERS (SEPARATE ANNEXURE MAY BE USED IN CASE NUMBER OF MEMBER IS HIGHER)																				
Sl. No.	Name of Coparcener / Member					Gender	Date of Birth	Relation with Karta	Whether Coparcener/ Member (Please specify)											

DECLARATION

The Rules and Regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by us and we have understood the same and we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, we are aware that we may be held liable for it. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

Authorised Signatories (Enclose a Board Resolution for Authorised Signatories. In case of HUF, details of Karta to be given)

Sole/First Holder	Name	Signature(s)
First Signatory / Karta of HUF		
Second Signatory		
Third Signatory		
Other Holders		
Second Holder		
Third Holder		
Mode of Operation for Sole/First Holder (In case of joint holdings, all the holders must sign. In case of HUF, this is not applicable.)		
<input type="checkbox"/> Any one singly		
<input type="checkbox"/> Jointly by		
<input type="checkbox"/> As per resolution		
<input type="checkbox"/> Others (please specify)		

NOTES:

1. In case of additional signatures, separate annexures should be attached to the application form.
2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
3. For receiving Statement of Account in electronic form:
 - I. Client must ensure the confidentiality of the password of the email account.
 - II. Client must promptly inform the Participant if the email address has changed.
 - III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
4. Strike off whichever is not applicable.

Option for issuance of DIS booklet alongwith account opening

(to be filled by persons seeking to open a depository account who have given Power of Attorney to operate the depository account to a stock broker/Participant/Portfolio Manager and do not intend to open a Basic Services Demat Account)



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CIN : L74140WB1990PLC049032

DP ID : IN302646 ❖ SEBI REGN. NO. : IN-DP-155-2015

Name(s) of account holder(s)	
Sole / First Holder	
Second Holder	
Third Holder	

Option for Issue of DIS booklet (please tick any one)

Option 1 ☐

I/We wish to receive the Delivery Instruction Slip (DIS) booklet with account opening.

Option 2 ☐

I/We do not wish to receive the DIS booklet with account opening. However, the DIS booklet should be issued to me/ us immediately on my/ our request at any later date.

Beneficial Owner	Name	Signature with date
Sole/First Holder		
Second Holder		X
Third Holder		X

FORMAT OF BOARD RESOLUTION (ONLY FOR CORPORATES)

on Company Letterhead & duly certified to be true

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED AT THE MEETING OF THE BOARD OF DIRECTORS OF HELD AT _____

RESOLVED that a depository account of the Company be opened with SKP Securities Ltd. and Mr. _____, Director and Mr. _____, Director are hereby authorized singly / jointly to complete all account opening formalities, sign receipts, delivery instructions, demat, remat requests, inter-settlement, transfers, account closure, shifting, freeze / defreeze requests, pledge / unpledge instructions, cancellations of aforesaid, execute Power of Attorney in favour of SKP Securities Ltd. or revoke the Power of Attorney so executed and do all other acts as may be necessary for the operation of the account.


RESOLVED FURTHER the copy of this resolution be delivered to "SKP Securities Ltd.".


Date : _____


To
SKP Securities Ltd.
DP ID : IN302646
 Level 21, Chatterjee International Centre
 33A, Jawaharlal Nehru Road
 Kolkata - 700 071

DECLARATION IN CASE OF SAME MOBILE NUMBER AND / OR E.MAIL ID FOR DIFFERENT CLIENTS

[Please tick (✓) wherever applicable]

DP ID		Client ID		Date	
Name of Sole / First Holder					
<input type="checkbox"/> Mobile Number					
<input type="checkbox"/> Email ID					
I hereby declare that the aforesaid mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family (spouse, dependent children and dependent parents).					
Signature of Sole/First holder					
Name of Sole / First Holder					

DP ID		Client ID		Date	
Name of Second Holder					
<input type="checkbox"/> Mobile Number					
<input type="checkbox"/> Email ID					
I hereby declare that the aforesaid mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family (spouse, dependent children and dependent parents).					
Signature of Second holder					
Name of Second holder					

DP ID		Client ID		Date	
Name of Third Holder					
<input type="checkbox"/> Mobile Number					
<input type="checkbox"/> Email ID					
I hereby declare that the aforesaid mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family (spouse, dependent children and dependent parents).					
Signature of Third holder					
Name of Third holder					

AUTHORISATION FOR PROVIDING DP TRANSACTION STATEMENT BY EMAIL OR ON WEBSITE

Date : _____

To

SKP Securities Ltd.

Level 21, Chatterjee International Centre

33A, Jawaharlal Nehru Road

Kolkata - 700 071

Dear Sir,

You are requested to provide me/us holding/transaction statement including statement of account in the following manner :

1. I/we understand that I/we have a right to receive the Holding and Transaction Statement in physical form. I/we understand that I/we have the option to receive Holding & Transaction Statement by email, in lieu of physical form.
2. In case the DP sends the Holding and Transaction Statement through email at my/our registered Email Id _____, I/we hereby authorize them not to send physical form unless specifically requested by me.
3. I/we agree that the log reports of your dispatching software shall be a conclusive proof of dispatch of Holding and Transaction Statement to me/us and such dispatch shall be deemed to mean receipt by me/us and shall not be disputed by me/us on account of any non-receipt/delayed receipt for any reason whatsoever.
4. I/we also agree that non-receipt of bounced mail notification by you shall amount to delivery at my/our email ID.
5. I/we shall immediately inform the DP about change in email address.
6. I/we will take all the necessary means to ensure confidentiality and secrecy of the login name and password of the internet/email account.

Thanking you,

Yours faithfully,



Signature of the Client

AUTHORITY LETTER

Date : _____

To

SKP Securities Ltd.

Level 21, Chatterjee International Centre

33A, Jawaharlal Nehru Road

Kolkata - 700 071

Sub : Authority to debit the Demat Charges

Beneficiary Client ID	
Trading Account Code	

Dear Sir,

This is to inform you that,

1. I/we have a beneficiary account with you with client ID as mentioned above.
2. I/we have a trading account with SKP Securities Ltd. with trading code mentioned above.

With respect to the above mentioned subject and consideration, I/we hereby authorize you to debit the trading account maintained with SKP Securities Ltd. for the debit charges payable to SKP Securities Ltd., as Depository Participant for providing depository services. Any such amount debited to my/our Trading Account shall be binding on me/us.

Thanking You

Yours faithfully,

Signature of the Client :

First Holder

Second Holder

Third Holder

Option to receive Annual Reports, AGM notice and other communication from issuer in physical form

CLIENT ID											Date	D	D	M	M	Y	Y	Y	Y
Sole / First Holder Name																			
Second Holder Name																			
Third Holder Name																			

(Please tick any one)

- ☐ I / We hereby inform you that I/we wish to receive financial statements (i.e. annual reports), AGM notice and other communications from Issuers in physical form.
- ☐ I / We hereby inform you that I/we had earlier opted to receive the financial statements (i.e. annual reports), AGM notice and other communications from Issuers in physical form and now intend to remove the said option so that I/we can receive the same in electronic form.



**Signature of Sole / First Holder /
Authorised Signatory**

**Signature of 2nd Holder /
Authorised Signatory**



**Signature of 3rd Holder /
Authorised Signatory**

FATCA/CRS DECLARATION FORM - FOR INDIVIDUAL

Applicant Name _____

PART I - Please fill in the country for each of the following :

1. Country of :

- a) Birth _____ b) Citizenship _____
c) Residence for Tax Purposes _____

2. US Person* : ☐ Yes ☐ No

PART II - Please note :

- a. If in all fields above, the country mentioned by you is India and if you do not have US person status, please proceed to **Part III** for signature.
- b. If for any of the above field, the country mentioned by you is not India and/or if your US person status is Yes, please provide the Tax Payer Identification Number (TIN) or functional equivalent** as issued in the specific country in the table below :
- | | |
|----------------|------------------------|
| i) TIN _____ | Country of Issue _____ |
| ii) TIN _____ | Country of Issue _____ |
| iii) TIN _____ | Country of Issue _____ |
- a. In case any of the parameters in **Part I** indicates that you are a US person or a person resident outside of India for tax purpose and you do not have Taxpayer Identification Numbers/functional equivalent, please complete and sign the Self-Certification section given in **Part IV**.
- b. In case you are declaring US person status as 'No' but your Country of Birth is US, please provide document evidencing Relinquishment of Citizenship. If not available provide reasons for not having relinquishment certificate
- _____

Please also fill **Part IV** Self-Certification.

PART III - Customer Declaration (Applicable for all customers)

(i) Under penalty of perjury, I/we certify that :

1. The applicant is (i) an applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof.
(This clause is applicable only if the account holder is identified as a US person)
2. The applicant is an applicant taxable as a tax resident under the laws of country outside India. **(This clause is applicable only if the account holder is a tax resident outside of India)**

- (ii) I/We understand that SKP Securities Ltd. is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. SKP Securities Ltd. is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.
- (iii) I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- (iv) I/We agree that as may be required by domestic regulators/tax authorities SKP Securities Ltd. may also be required to report, reportable details to CBDT or close or suspend my account.
- (v) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.



Signature : _____

Name : _____ Date (DD/MM/YYYY) : _____

PART IV - Self-Certification :

To be filled only if-

- (a) Name of the country in Part I is other than India and TIN or functional equivalent is not available, or
- (b) US person is mentioned as Yes in Part I, and TIN is not available

I confirm that I am neither a US person nor a resident for Tax purpose in any country other than India, though one or more parameters suggest my relation with the country outside India. Therefore, I am providing the following document as proof of my citizenship and residency in India.

Signature

Document Proof submitted (Please tick document being submitted)

☐ Passport ☐ Election Id Card ☐ PAN Card ☐ Driving License ☐ UIDAI Letter ☐ NREGA Job Card ☐ Govt. Issued ID Card

*** U.S. Person** means,

- (a) an individual, being a citizen or resident of the United States of America;
- (b) a partnership or corporation organized in the United States of America or under the laws of the United States of America or any State thereof;
- (c) a trust if,-
 - (i) a court within the United States of America would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust; and
 - (ii) one or more U.S. persons have the authority to control all substantial decisions of the trust; or
- (d) an estate of a decedent who was a citizen or resident of the United States of America;

**** Functional Equivalent of TIN**

Many countries do not issue TIN to their taxpayers. However, such countries issue some other high integrity number with an equivalent level of identification (a functional equivalent). Examples of such numbers are-

- Social Security Number
- National Insurance Number
- Citizen Or Personal Identification Code Or Number
- Resident Registration Number

FATCA/CRS DECLARATION FORM - FOR NON-INDIVIDUAL

Applicant Name _____

PART I

A. Is the account holder a Government body/International Organization/listed company on recognized stock exchange:

☐ Yes ☐ No

If "No", then proceed to point B. If "yes" please specify name of stock exchange, if you are listed company _____ and proceed to sign the declaration.

B. Is the account holder a (Entity/Financial Institution) tax resident of any country other than India : ☐ Yes ☐ No

If "yes", then please fill of FATCA/ CRS Self certification Form. If "No", proceed to point C.

C. Is the account holder an Indian Financial Institution : ☐ Yes ☐ No

If "yes", please provide your GIIN, if any _____. If "No", proceed to point D.

D. Are the Substantial owners or controlling persons in the entity or chain of ownership resident for tax purpose in any country outside India or not an Indian citizen : ☐ Yes ☐ No

If "yes", (then please fill FATCA/ CRS self-certification form)). If "No", proceed to sign the declaration.

CUSTOMER DECLARATION

() Under penalty of perjury, I/we certify that :

1. The applicant is:

- (i) An applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District to Columbia or any other states of the U.S.,
- (ii) An estate the income of which is subject to U.S. federal income tax regardless of the source thereof. **(This clause is applicable only if the account holder is identified as a US person)**

2. The applicant is an applicant taxable as a tax resident under the laws of country outside India.

- (i) I/We understand that SKP Securities Ltd. is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. SKP Securities Ltd. is not able to offer any tax advice on FATCA/CRS or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.
- (ii) I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- (iii) I/We agree that as may be required by domestic regulators/tax authorities SKP Securities Ltd. may also be required to report, reportable details to CDBT or close or suspend my account.
- (iv) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.

Name of the Entity _____

Signature 1 _____ Signature 2 _____

Signature 3 _____ (As per MOP)

Date : _____

PART II

Self-Certification Form (Entity) for Foreign Account Tax Compliance Act ("FATCA") and Common Reporting Standards (CRS)

Section 1 : Entity information

Name of Entity _____

Customer id (if existing) _____ Entity Constitution Type _____

Entity Identification type : ☐ Tax Identification Number (TIN) ☐ US GIIN ☐ Company Identification Number
☐ Global Entity Identification Number (EIN) ☐ Other

Entity Identification No. _____

Entity Identification issuing country _____ Country of Residence for tax purpose _____

Section 2 : Classification of Non-Financial entities

I/We (on behalf of the entity) certify that the entity is:

a) An entity incorporated and taxable in US (Specified US person) : ☐ Yes ☐ No

If "Yes", please provide your U.S. Taxpayer Identification Number (TIN) _____

b) An entity incorporated and taxable outside of India (other than US) : ☐ Yes ☐ No

If "Yes", please provide your TIN or its functional equivalent _____

Provide your TIN issuing country _____

c) Please provide the following additional details if you are not a Specified US Person :

FATCA / CRS classification for Non-financial entities (NFFE)

☐ Active NFFE ☐ Passive NFFE without any controlling Person

☐ Passive NFFE with Controlling Person(s) : US ☒ ~~ABC~~ Others ☐

☐ Direct Reporting NFFE (Choose this if any entity has registered itself for direct reporting for FATCA and thus SKP Securities Ltd. is not required to do the reporting)

Please provide GIIN number : _____

Section 3 : Classification of financial institutions (including Banks)

I/We (on behalf of the entity) certify that the entity is :

a. An entity is a U.S. financial institution : ☐ Yes ☐ No

If "Yes", (i) Please provide your Taxpayer Identification Number (TIN)

(ii) Please provide GIIN, if any _____

If "No", please tick one of the following boxes below :

FATCA classification

Please provide the Global Intermediary Identification number (GIIN) or other information where

☐ Reporting Foreign Financial Institution in a Model 1 Inter-Governmental Agreement ("IGA") Jurisdiction

☐ Reporting Foreign Financial Institution in a Model 2 IGA Jurisdiction

☐ Participating FFI in a Non-IGA Jurisdiction

☐ Non-reporting FI

☐ Non-Participating FI

☐ Owner-Documented FI with specified US owners

Section 4 : Controlling person declaration

If you are classified as “**Passive NFFE with Controlling Person(s)**” or “**Owner documented FFI**” or “**Specified US person**”, please provide the following details:

Name of controlling person	Correspondence Address	Country of residence for tax purpose	TIN	TIN issuing country	Controlling person type

Details	Controlling person 1	Controlling person 2	Controlling person 3	Controlling person 4	Controlling person 5
Identification Type					
Identification Number					
Occupation Type					
Occupation					
Birth Date					
Nationality					
Country of Birth					

Section 5 : Declaration

(i) Under penalty of perjury, I/we certify that :

1. The number shown on this form is the correct taxpayer identification number of the applicant, and
2. The applicant is (i) an applicant taxable as a US person under the laws of the United States of America (“U.S.”) or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof, or
3. The applicant is an applicant taxable as a tax resident under the laws of country outside India.

(ii) I/We understand that SKP Securities Ltd. is relying on this information for the purpose of determining the status of the applicant named above in compliance with CRS/FATCA. SKP Securities Ltd. is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.

(iii) I/We agree to submit a new form within 30 days if any information or certification on this form gets changed.

(iv) I/ We agree as may be required by Regulatory authorities, SKP Securities Ltd. shall be required to comply to report, reportable details to CDDT or close or suspend my account.

(v) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct and complete including the tax payer identification number of the applicant.

I/We hereby confirm that details provided are accurate, correct and complete

Authorized Signatories and Company Seal (if applicable)

Name_____

Date (DD/MM/YYYY)_____

SKP Securities Limited

SKP

Regd. Off. : Level 21 | Chatterjee International Centre | 33A, Jawaharlal Nehru Road | Kolkata – 700071

Phone: 033 4007 7000; FAX: 033 4007 7007; Email: contact@skpsecurities.com Website: www.skpsecurities.com

CIN:L74140WB1990PLC049032; DP ID:IN 302646(NSDL)& DP ID:21800(CDSL); SEBI Reg. No. :IN-DP-155-2015

Email for Investor Complaint: grievance.cell@skpsecurities.com



SCHEDULE - A

PARAMETER	CLIENT HAVING TRADING A/C WITH SKP	CLIENT NOT HAVING TRADING A/C WITH SKP
Account Opening	Nil	Nil
Annual Maintenance Charges :		
-- For Individual A/C	Rs.500/- --for Basic Service Demat A/C (BSDA) as per actual	Rs.500/- --for Basic Service Demat A/C (BSDA) as per actual
-- For Corporate A/C	Rs. 1000/-	Rs. 1000/-
Transaction Charges :		
Buy	NIL	NIL
Sell (SKP Market Delivery)	Rs. 25/-or 0.01% of transaction value (which ever is higher)	Rs. 25/-or 0.01% of transaction value (which ever is higher)
Sell (Others transactions)	Rs. 25/- or 0.01% of transaction value (which ever is higher)	Rs. 30/- or 0.01% of transaction value (which ever is higher)
Pledge Creation	0.02% of Value (Min Rs.25/-)	0.02% of Value (Min Rs.25/-)
Pledge Invocation	NIL	NIL
Pledge Closure	0.02% of Value (Min Rs.25/-)	0.02% of Value (Min Rs.25/-)
Lending/Borrowing	Rs. 25/- per ISIN	Rs. 25/- per ISIN
Dematerialisation	Rs. 3/- per Certificate (Min. Rs. 50/-) Plus Courier Charges Rs.50/-	Rs. 3/- per Certificate (Min. Rs. 50/-) Plus Courier Charges Rs.50/-
Rematerialisation	Rs.10/- per 100 Qty (Min. Rs.40/-) Plus Courier Charges Rs. 50/-	Rs.10/- per 100 Qty (Min. Rs.40/-)Plus Courier Charges Rs. 50/-
Conversion of MF units represented by SOA into demat	Rs.50/- per instruction plus courier charges Rs.50/-	Rs.50/- per instruction plus courier charges Rs.50/-
Reconversion of MF units into SOA	Rs.50/- per instruction plus courier charges Rs.50/-	Rs.50/- per instruction plus courier charges Rs.50/-
Redemption of MF units	Rs.50/- per instruction	Rs.50/- per instruction
Instruction Failure	Rs. 50/- per ISIN	Rs. 50/- per ISIN
Mailing charges for non periodic statement & other communication	Rs.25/- per request for inland address & Rs.250/- for foreign Address	Rs.25/- per request for inland address & Rs.250/- for foreign Address
Client Master Modification	Rs.25/- per modification (except Email & Mobile changes)	Rs.25/- per modification (except Email & Mobile changes)
Additional DIS Booklet	Rs. 25/- per Booklet	Rs. 25/- per Booklet
Transacted BO demat A/C:		
-- For physical CAS	Rs. 10/- each	Rs. 10/- each
-- For email CAS	Rs. 1/- each	Rs. 1/- each
Fees for hold on securities for Non Disposal Undertakings/Agreement (NDU)	0.02% of the value of securities minimum of Rs.50/-	0.02% of the value of securities minimum of Rs.50/-
Margin pledge initiation from client a/c to TM/CM	Rs. 10/- per ISIN	Rs. 25/- per ISIN
Re-pledge from TM a/c to CM a/c	Rs. 10/- per ISIN	Rs. 25/- per ISIN
Re-pledge from CM a/c to CC a/c	Rs. 6/- per ISIN	Rs. 25/- per ISIN
Re-pledge release by CM to TM a/c	Rs. 6/- per ISIN	Rs. 25/- per ISIN
Margin pledge release by TM/CM to client a/c	Rs. 10/- per ISIN	Rs. 25/- per ISIN
Invocation by CM or TM	Rs. 50/- per ISIN	Rs. 50/- per ISIN

Note: GST and other levies as may be applicable from time to time; Charges are subject to revision at the sole discretion of SKP Securities Ltd.; Charges are calculated on the basis of the rates provided by DP; Instructions will not be accepted in case of debit balance & upfront payment required in case of transferring all shares.

1st/Sole Holder Signature

Second Holder Signature

Third Holder Signature

DULY STAMPED

**POWER OF ATTORNEY FOR PAY-IN OF SECURITIES FOR
THE PURPOSE OF SETTLEMENT, EARLY PAY-IN AND MARGIN OBLIGATION**

TO ALL TO WHOM THESE PRESENTS SHALL COME I/WE _____
_____ residing at _____
_____ India, Indian inhabitant SEND GREETINGS.

Whereas I/we hold a Beneficiary Account No. _____ (BO-ID) through **SKP Securities Limited** with National Securities Depositories Ltd. (**bearing DP ID IN302646**) / with Central Depository Services (India) Ltd. (**bearing DP ID 12021800**).

And Whereas I am/we are an investor engaged in buying and selling of securities through **SKP Securities Limited**, a Member of National Stock Exchange of India Ltd. and BSE Limited having SEBI Regn. No. INZ000199335.

And Whereas due to exigency and paucity of time, I am/we are desirous of appointing an agent/attorney to operate the aforesaid beneficiary account on my/our behalf for a limited purpose in the manner hereinafter appearing:

NOW KNOW WE ALL AND THESE PRESENTS WITNESSETH THAT I/WE THE ABOVE NAMED DO HEREBY NOMINATE, CONSTITUTE AND APPOINT **SKP Securities Limited** an Indian Company registered under the Companies Act, 1956, having its Regd. Office at Chatterjee International Centre, Level 21, 33A, Jawaharlal Nehru Road, Kolkata - 700 071, India acting through its Directors and/or Officers authorized for the purpose, as my/our true and lawful attorney (hereinafter referred to as "**the attorney**") for me/us and on my/our behalf and in my/our name for the limited purpose in the manner hereinafter provided and to do instruct the aforesaid Depository Participant to debit securities and/or to transfer securities from the aforesaid account for the purpose of delivering the same to the pool account of "attorney" bearing DP ID - 12021800 Client ID - 00000518 & 00004472 and DP ID - IN302646 Client ID - 10000020 & 10016701 maintained for the purpose of settlement of trades and to accept collateral from clients in the form of securities, only by way of 'margin pledge', created in the Depository system in DP ID - IN302646 Client ID - 10117281, DP ID - 12021800 Client ID - 00103465 maintained for the margin obligations arising out of trades executed by me/us in any Segment of any of the recognized Stock Exchange and DP ID - IN302646 Client ID - 10117273, DP ID - 12021800- 00103471 maintained for the margin obligations arising out of trades executed by me/us on Margin Trading Facility availed by me and DP ID - IN302646 and Client ID 10117257 - maintained for the Funded stock funded by the attorney on any of the recognized Stock Exchange through the "attorney."

This authority is restricted to the pay - in obligations arising out of the transactions of sale effected by me / us through **SKP Securities Limited** under Client Code _____ and accept collateral from clients in the form of securities, only by way of 'margin pledge', created in the Depository system in accordance with Section 12 of the Depositories Act, 1996 read with Regulation 79 of the SEBI (Depositories and Participants) Regulations, 2018 and the relevant Bye Laws of the Depositories. and I/we ratify the instructions given by the aforesaid Clearing Member to the Depository Participant named hereinabove in the manner specified herein. The attorney shall return the securities that may have been received by them erroneously or those securities that they were not entitled to receive from me/us.

Third Joint Holder

Second Joint Holder

First/Sole Holder



✓

First/Sole Holder

✓

Second Joint Holder

✓

Third Joint Holder

I/We authorize the attorney to sent consolidated summary of my/our script-wise buy and sell positions taken with average rates to me/us by way of SMS/email on daily basis, notwithstanding any other document to be disseminated as specified by SEBI from time to time.

I/We authorize the attorney to create margin pledge of the securities in favor of the attorney for the limited purpose of meeting my/our margin requirements in connection with the trades executed by me/us in any segment of any of the recognized stock Exchange through the attorney and to apply for various products like Mutual Funds, Public Issues (shares as well as debentures), rights, offer for sale (OFS), buy-back of shares / tendering shares in open offers etc. pursuant to oral/written/electronic instructions given by me/us to the attorney.

I/We do hereby further confirm and declare that my/our DP account shall at all times make available sufficient securities in the DP account for the purpose mentioned above and the Attorney shall have no responsibility and liability for failed instructions or cancelled delivery instructions of clients due to reason "insufficient balance".

I/we further agree and confirm that the powers and authorities conferred by this Power of Attorney shall continue until it is revoked (without notice) in writing by me and that the said revocation shall be effective from the date on which the revocation notice is received by the "attorney".

This document shall be subject to the jurisdiction of the courts in Kolkata.

SIGNED AND DELIVERED : By the withinnamed Beneficial Owner

Name1. _____ ✓ _____



Name2. _____ ✓ _____

Name3. _____ ✓ _____

IN THE PRESENCE OF WITNESS

Signature : _____

Name : _____

Address : _____

**We Accept
SKP Securities Limited**

(Signature of Attorney)
Chatterjee International Centre, Level - 21
33A, Jawaharlal Nehru Road, Kolkata – 700 071

Place : _____

Date : _____

Dated : _____

From :

To

SKP Securities Ltd.

DP ID : IN302646

Level 21, Chatterjee International Center

33A, Jawaharlal Nehru Road

Kolkata - 700 071

Ref. : Acknowledgement for the receipt of documents

Dear Sir,

This is to acknowledge and declare that

- ☐ I/We have received a photocopy of the KYC (full booklet), duly executed with you, to my/our satisfaction including my / our Client ID.
- ☐ I/We have (☐ Physically ☐ Electronically) received, read and understood the Rights and Obligations of Beneficial Owner and Depository Participant” as prescribed by SEBI and Depositories.
- ☐ I/We have received a photocopy of Power of Attorney.
- ☐ I/We have received Charge Structure & Client Master Report.

Thanking you,

Yours truly,

✓ 

Signature of the Client

Client Code _____

SKP Securities Limited

Regd. Office : Level 21, Chatterjee International Centre

33A, Jawaharlal Nehru Road, Kolkata - 700 071

Phone : 4007-7000, Fax : (033) 4007-7007

E.mail : contact@skpsecurities.com, Website : www.skpsecurities.com

CIN : L74140WB1990PLC049032

E.mail ID for Investor Complaint : grievance.cell@skpsecurities.com