

**Know Your Client (KYC)
Application Form (For Individuals Only)**

Please fill in ENGLISH and in BLOCK LETTERS



Application No. :

A. Identity Details (please see guidelines overleaf)

1. Name of Applicant (As appearing in supporting identification document).

Name

Father's/Spouse Name

2. Gender ☐ Male ☐ Female

B. Marital status ☐ Single ☐ Married

C. Date of Birth d d / m m / y y y y

3. Nationality ☐ Indian ☐ Other (Please specify)

4. Status Please tick (✓) ☐ Resident Individual ☐ Non Resident ☐ Foreign National (Passport Copy Mandatory for NRIs & Foreign Nationals)

5. PAN Please enclose a duly attested copy of your PAN Card

Aadhaar Number, if any:

6. Proof of Identity submitted for PAN exempt cases Please Tick (✓)

☐ UID (Aadhaar) ☐ Passport ☐ Voter ID ☐ Driving Licence ☐ Others

PHOTOGRAPH

Please affix
the recent passport
size photograph and
sign across it

B. Address Details (please see guidelines overleaf)

1. Address for Correspondence

City / Town / Village

State

Country

Pin Code

2. Contact Details

Tel. (Off.) (ISD) (STD)

Tel. (Res.) (ISD) (STD)

Mobile (ISD) (STD)

Fax (ISD) (STD)

E-Mail Id.

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

☐ Passport ☐ Ration Card ☐ Registered Lease/Sale Agreement of Residence ☐ Driving License ☐ Voter Identity Card ☐ *Latest Bank A/c Statement/Passbook
☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Gas Bill ☐ Others (Please specify)

*Not more than 3 Months old. Validity/Expiry date of proof of address submitted d d / m m / y y y y

4. Permanent Address of Resident Applicant if different from above B1 OR Overseas Address (Mandatory) for Non-Resident Applicant

City / Town / Village

State

Country

Pin Code

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

☐ Passport ☐ Ration Card ☐ Registered Lease/Sale Agreement of Residence ☐ Driving License ☐ Voter Identity Card ☐ *Latest Bank A/c Statement/Passbook
☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Gas Bill ☐ Others (Please specify)

*Not more than 3 Months old. Validity/Expiry date of proof of address submitted d d / m m / y y y y

6. Any other information:

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I 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.

Place:

Date:

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

AMC/Intermediary name OR code

1200003050

☐ (Originals Verified) Self Certified Document copies received

☐ (Attested) True copies of documents received

Main Intermediary

Seal/Stamp of the intermediary should contain

Staff Name

Designation

SKP SECURITIES LTD

Signature

Date

IPV Done ☐ on d d / m m / y y y y

Seal/Stamp of the intermediary should contain

Staff Name

Designation

SKP SECURITIES LTD

Signature

Date

INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

1. Self attested copy of PAN card is mandatory for all clients.
2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCI Card and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
10. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
11. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.

B. Proof of Identity(POI): List of documents admissible as Proof of Identity:

1. PAN card with photograph. This is a mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
2. Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving license.
3. Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

C. Proof of Address (POA): List of documents admissible as Proof of Address: (*Documents having an expiry date should be valid on the date of submission.)

1. Unique Identification Number (UID) (Aadhaar)/Passport/Voters Identity Card/Ration Card/Registered Lease or Sale

Agreement of Residence/Driving License/Flat Maintenance bill/Insurance Copy.

2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
3. Bank Account Statement/Passbook - Not more than 3 months old.
4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
6. Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
7. For FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostilled or consularised) that gives the registered address should be taken.
8. The proof of address in the name of the spouse may be accepted.

D. Exemptions/clarifications to PAN

(*Sufficient documentary evidence in support of such claims to be collected.)

1. In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
2. Investors residing in the state of Sikkim.
3. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
4. SIP of Mutual Funds upto Rs 50,000/- p.a.
5. In case of institutional clients, namely, FIIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

E. List of people authorized to attest the documents:

1. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
2. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
 B) Please fill the form in English and 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 off 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)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector)	
	<input type="checkbox"/> O-Others (<input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student)	
	<input type="checkbox"/> B-Business			
	<input type="checkbox"/> X- Not Categorised			

PHOTO

 Signature / Thumb Impression

☐ **2. TICK IF APPLICABLE** ☐ RESIDENCE FOR TAX PURPOSES 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)*** (Please refer instruction **C** at the end)(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input type="text"/>

4. PROOF OF ADDRESS (PoA)*☐ **4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS** (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*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhaar)		
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others	<input type="text"/>	
	<input type="checkbox"/> Simplified Measures Account - Document Type code				

Address

Line 1*	<input type="text"/>			
Line 2	<input type="text"/>			
Line 3	<input type="text"/>			
District*	<input type="text"/>	Pin / Post Code*	<input type="text"/>	State / U.T Code*
			<input type="text"/>	ISO 3166 Country Code*
			<input type="text"/>	<input type="text"/>

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received

☐ Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date

DD

MM

YY

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name

Code

[Institution Stamp]



CDSL
Your Depository

Serial No.

SKP Securities Limited

DEPOSITORY SERVICES

ACCOUNT OPENING FORM



Client Name

Client Code

Group Head / Branch

Registration Date

E.mail ID



moneywise[®]
creating prosperity

ISO 9001 : 2008



CDSL ACCOUNT OPENING KIT

SKP SECURITIES LTD. DP ID : 12021800		Name / Details of Branch / Service Centres _____	
Details of the DP Staff, 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) (signed in the presence of the DP staff)			
1st holder’s signature	2nd holder’s signature	3rd holder’s signature	



SKP Securities Ltd.

Regd. Office : "Chatterjee International Centre"

33-A, J. L. Nehru Road, Level 21, Kolkata - 700 071

Phone : 4007-7000, Fax : (033) 4007-7007, CIN : L74140WB1990PLC049032

E.mail : cs@skpmoneywise.com, Website : www.skpmoneywise.com

Email ID for Investor Complaint : grievance.cell@skpmoneywise.com

DP ID 12021800 ❖ DP SEBI Regn. No. IN-DP-155-2015



CDSL
Your Depository

(To be filled by the Depository Participant)

Acknowledgement Receipt

Application No. :

Date :

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

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

For **SKP Securities Ltd.**

Seal and Signature

Authorised Signatory

Acknowledgement Receipt

Received Nomination Form from :

DP ID	1	2	0	2	1	8	0	0	Client ID								
Name																	
Address																	
Nomination in favour of																	
No Nomination	<input type="checkbox"/> Does not wish to nominate																
Registration No.									Registered on	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	1	2	0	2	1	8	0	0	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

ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT (FOR INDIVIDUALS)



SKP Securities Ltd.

Regd. Office : "Chatterjee International Centre"

33-A, J. L. Nehru Road, Level 21, Kolkata - 700 071

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

E.mail : cs@skpmoneywise.com, Website : www.skpmoneywise.com

CIN : L74140WB1990PLC049032

DP ID 12021800 ❖ DP SEBI Regn. No. IN-DP-155-2015

(To be filled by the Depository Participant)

Application No.														Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.																						
DP ID	1	2	0	2	1	8	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 the following details: -

Holders Details																
Sole/ First Holder's Name		PAN														
		UID														
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										
	<input type="checkbox"/> Individual Director's Relative					<input type="checkbox"/> Individual HUF / AOP										
	<input type="checkbox"/> Individual Promoter					<input type="checkbox"/> Minor										
	<input type="checkbox"/> Individual Margin Trading A/C (MANTRA)					<input type="checkbox"/> Others (Specify)_____										
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable					<input type="checkbox"/> NRI Non - Repatriable										
	<input type="checkbox"/> NRI Repatriable Promoter					<input type="checkbox"/> NRI Non - Repatriable Promoter										
	<input type="checkbox"/> NRI - Depository Receipts					<input type="checkbox"/> Others (Specify)_____										
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National - Depository Receipts <input type="checkbox"/> Others (Specify)_____															

Details of Guardian (in case the account holder is minor)												
Guardian's Name							PAN					
Relationship with the applicant												
I / We instruct the DP to receive each and every credit in my / our account (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	<input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical and Electronic											
(Tick the applicable box. If not marked the default option would be in Physical)												
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						
I / We wish to receive dividend / interest directly in to my bank account as given below through ECS? (If not marked, the default option would be 'Yes')								<input type="checkbox"/> Yes <input type="checkbox"/> No				
[ECS is mandatory for locations notified by SEBI from time to time]												
Bank Details [Dividend Bank Details]												
Bank Code (9 digit MICR Code)												
IFS Code (11 character)												
Account Number												
Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify)_____											
Bank Name												
Branch Name												
Bank Branch Address												
City							State					
Country							PIN code					
(i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or) (ii) Photocopy of the Bank Statement having name and address of the BO (iii) Photocopy of the Passbook having name and address of the BO, (or) (iv) Letter from the Bank. ➤ In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present/mentioned on the document.												
OTHER DETAILS - Gross Annual Income Details												
Income Range per annum	<input type="checkbox"/> Upto ₹ 1 Lac <input type="checkbox"/> ₹ 1 Lac to ₹ 5 Lac <input type="checkbox"/> ₹ 5 Lac to ₹ 10 Lac <input type="checkbox"/> ₹ 10 Lac to ₹ 25 Lac <input type="checkbox"/> More than 25 Lacs											
Net-worth as on (Date)	D	D	M	M	Y	Y	Y	Y	₹			
(Net worth should not be older than 1 year)												
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"/> Others _____											

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		MOBILE NO. +91_____										
Refer to Terms & Conditions given as Annexure - 2.4		[(Mandatory , if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).										
Transactions Using Secured Texting Facility (TRUST). Refer to Terms and Conditions Annexure – 2.6												
I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility.												
I have read and understood the Terms and Conditions prescribed by CDSL for the same.										<input type="checkbox"/> Yes <input type="checkbox"/> No		
I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST.												
Stock Exchange Name/ID												
Clearing Member Name												
Clearing Member ID (Optional)												
Easi		To register for <i>easi</i> , please visit our website www.cdslindia.com . <i>Easi</i> allows a BO to view his ISIN balances, transactions and value of the portfolio online.										
Nomination Details												
Nomination Registration No.				Dated		D	D	M	M	Y	Y	Y
I/We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:												
<input type="checkbox"/> I/We do not wish to nominate any one for this demat account. <input type="checkbox"/> I/We nominate the following persons, who is / are entitled to receive security balances lying in my/our account, particulars whereof are given below, in the event of my / our death.												
Nomination Details		Nominee 1			Nominee 2			Nominee 3				
Nominee Name												
*First Name												
Middle Name												
*Last Name												
*Address												
*City												
*State												
*Pin												
*Country												
Telephone No.												
Fax No.												
PAN												
UID												
Email ID												

Nomination Details	Nominee 1	Nominee 2	Nominee 3
*Relationship with the BO			
Date of birth (dd-mm-yyyy) (mandatory if Nominee is a minor)			
Name of the Guardian of Nominee (if nominee is a minor)			
*First Name			
Middle Name			
*Last Name			
*Address of the guardian of nominee			
*City			
*State			
*Country			
*PIN			
Age			
Telephone			
Fax No.			
Email ID			
*Relationship of the Guardian with the Nominee			
*Percentage of allocation of securities			
*Residual Securities [please tick any one nominee, if tick not marked the default will be first nominee]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Note : Residual securities : in case of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be marked as nominee entitled for residual shares, if any.</p> <p>* Marked is Mandatory field</p> <p>This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.</p>			

Note : One witness shall attest signature(s) / thumb impression(s)	
Details of the Witness	
Name of witness	
Address of witness	
Signature of witness	

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

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

(Signatures should be preferably in black ink).

ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT (FOR NON-INDIVIDUALS)



SKP Securities Ltd.

Regd. Office : "Chatterjee International Centre"

33-A, J. L. Nehru Road, Level 21, Kolkata - 700 071

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

E.mail : cs@skpmoneywise.com, Website : www.skpmoneywise.com

CIN : L74140WB1990PLC049032

DP ID 12021800 ❖ DP SEBI Regn. No. IN-DP-155-2015

(To be filled by the Depository Participant)

Application No.	Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.									
DP ID	1	2	0	2	1	8	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 the following details: -

Holders Details									
Sole/ First Holder's Name	PAN								
Search Name									
Second Holder's Name	PAN								
	UID								
Third Holder's Name	PAN								
	UID								
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"/> FII <input type="checkbox"/> CM <input type="checkbox"/> FI <input type="checkbox"/> Clearing House <input type="checkbox"/> Other (Specify)						To be filled by the DP			
SEBI Regn. No. (If Applicable)		SEBI Regn. Date	D	D	M	M	Y	Y	Y
RBI Regn. No. (If Applicable)		RBI Approval Date	D	D	M	M	Y	Y	Y
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) _____								
I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes')						[Automatic Credit] <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				<input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in Physical)					
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					
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]							<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"/> Others (specify)_____							
Bank Name									
Branch Name									
Bank Branch Address									
City				State					
Country				PIN code					
(i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or) (ii) Photocopy of the Bank Statement having name and address of the BO (iii) Photocopy of the Passbook having name and address of the BO, (or) (iv) Letter from the Bank. ➤ In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.									
OTHER DETAILS - Gross Annual Income Details									
Income Range per annum		<input type="checkbox"/> Upto ₹ 1 Lac <input type="checkbox"/> ₹ 1 Lac to ₹ 5 Lac <input type="checkbox"/> ₹ 5 Lac to ₹ 10 Lac <input type="checkbox"/> ₹ 10 Lac to ₹ 25 Lac <input type="checkbox"/> ₹ 25 Lac to ₹ 1 Crore <input type="checkbox"/> More than ₹ 1 Crore							
Net-worth as on (Date)		D	D	M	M	Y	Y	Y	Y
									₹
(Net worth should not be older than 1 year)									
Please tick If any of the authorized signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors is either Politically Exposed Person (PEP) or Related to Politically Exposed Person (RPEP). Please provide details as per Annexure 2.2 A.								<input type="checkbox"/>	
Any other information									
SMS Alert Facility		MOBILE NO. +91_____							
Refer to Terms & Conditions given as Annexure - 2.4		[(Mandatory , if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).							

Transactions Using Secured Texting Facility (TRUST). Refer to Terms and Conditions Annexure – 2.6	
I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility.	
I have read and understood the Terms and Conditions prescribed by CDSL for the same.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST.	
Stock Exchange Name/ID	
Clearing Member Name	
Clearing Member ID (Optional)	
Easi	To register for easi , please visit our website www.cdslindia.com . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.

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

	Name	Designation	Signature
Sole / First Authorised Signatory			✓
Second Authorised Signatory			✓
Third Authorised Signatory			✓

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

(Signatures should be preferably in black ink).

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."

FOR NON-INDIVIDUALS
Details of Politically Exposed Persons (PEP) / Related to Politically Exposed Persons (RPEP)

Name of Holder

PAN of the Holder

Sr. No.	Name of 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
			<input type="checkbox"/> PEP
			<input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP
			<input type="checkbox"/> RPEP

Name & Signature of the Authorised Signatory(ies)

Date :

PEP : Politically Exposed Persons **RPEP** : Related to Politically Exposed Persons

Annexure 2.4

Terms And Conditions-cum-Registration / Modification Form for receiving SMS Alerts from CDSL [SMS Alerts will be sent by CDSL to BOs for all debits]

Definitions:

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

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

Availability:

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

Receiving Alerts:

1. The depository shall send the alerts to the mobile phone number provided by the BO while registering for the service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
2. The BO acknowledges that the alerts will be received only if the mobile phone is in 'ON' and in a mode to receive the SMS. If the mobile phone is in 'Off' mode i.e. unable to receive the alerts then the BO may not get / get after delay any alerts sent during such period.

3. The BO also acknowledges that the readability, accuracy and timeliness of providing the service depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.
4. The BO further acknowledges that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/ or inaccuracy. In case the BO observes any error in the information provided in the alert, the BO shall inform the depository and/ or the DP immediately in writing and the depository will make best possible efforts to rectify the error as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred/ suffered by the BO on account of opting to avail SMS alerts facility.
5. The BO authorizes the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity.
6. **The BO agrees to inform the depository and DP in writing of any unauthorized debit to his BO account/ unauthorized transfer of securities from his BO account, immediately, which may come to his knowledge on receiving SMS alerts. The BO may send an email to CDSL at complaints@cdslindia.com. The BO is advised not to inform the service provider about any such unauthorized debit to/ transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse communication between the service provider and the depository.**
7. The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.
8. The depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
9. If the BO finds that the information such as mobile number etc., has been changed with out proper authorization, the BO should immediately inform the DP in writing.

Fees:

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

Disclaimer:

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

Liability and Indemnity:

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

Amendments:

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

Governing Law and Jurisdiction:

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

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

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

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

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

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

BOID

1	2	0	2	1	8	0	0
---	---	---	---	---	---	---	---

(Please write your 8 digit DPID)

--	--	--	--	--	--	--	--

(Please write your 8 digit Client ID)

Sole / First Holder's Name : _____

Second Holder's Name : _____

Third Holder's Name : _____

Mobile Number on which messages are to be sent +91

--	--	--	--	--	--	--	--	--	--

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

The mobile number is registered in the name of : _____

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

Signatures

--	--	--	--

Sole / First Holder Second holder Third Holder

Place : _____

Date : _____

OPTION FORM FOR ISSUE OF DIS BOOKLET

										Date		D	D	M	M	Y	Y	Y	Y
DP ID	1	2	0	2	1	8	0	0			Client ID								
First Holder Name																			
Second Holder Name																			
Third Holder Name																			

To
SKP Securities Ltd.
 Level 21, Chatterjee International Center
 33A, Jawaharlal Nehru Road
 Kolkata - 700 071

Dear Sir / Madam,

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

☐ OPTION 1 :

I / We require you to issue Delivery Instruction Slip (DIS) booklet to me / us immediately on opening my / our CDSL account though I / we have issued a Power of Attorney (POA) in favour of **SKP Securities Ltd.** for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through such Clearing Member.

Yours faithfully

	First / Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signature	✓	✓	✓

OR

☐ OPTION 2 :

I / We do not require the Delivery Instruction Slip (DIS) for the time being, since I / We have issued a POA in favour of **SKP Securities Ltd.** for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through such Clearing Member. However, the Delivery Instruction Slip (DIS) booklet should be issued to me / us immediately on my / our request at any later date.

Yours faithfully

	First / Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signature	✓	✓	✓

Annexure-2.6

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

1. Definitions:

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

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

9. BOs are advised to check the status of their obligation from time to time and also advise the respective CMs to do so. In case of any issues, the BO/CM should approach their DPs to ensure that the obligation is fulfilled through any other mode of delivery of transactions as may be informed / made available by CDSL from time to time including submission of Delivery Instruction Slips to the DP .
10. The BO acknowledges that CDSL will send the message for confirmation of a transaction to the BO only if the Clearing Member (registered by the BO for TRUST) enters the said transaction in CDSL system for execution through TRUST within prescribed time limit.
11. The BO further acknowledges that the BO/CM shall not have any right to any claim against either the DP or Depository for losses, if any, incurred due to non receipt of response on the responsive SMS or receipt of such response after the prescribed time period. In the event of any dispute relating to the date and time of receipt of such response, CDSL's records shall be conclusive evidence and the Parties agree that CDSL's decision on the same shall be final and binding on both Parties.
12. The BO may request for deregistration from TRUST at any time by giving a notice in writing to its DP or by any other mode as specified by Depository in its operating instructions. The same shall be effected after entry of such request by the DP in CDSL system if the request is received through the DP.
13. Depository reserves the right to charge such fees from time to time as it deems fit for providing this service to the BO.
14. The BO expressly authorises Depository to disclose to the Service Provider or any other third party, such BO information as may be required by them to provide the services to the BO. Depository however, shall not be responsible and be held liable for any divulgence or leakage of confidential BO information by such Service Providers or any other third party.
15. The BO takes the responsibility for the correctness of the information supplied by him to Depository through the use of the said Facility or through any other means such as electronic mail or written communication.
16. The BO is solely responsible for ensuring that the mobile number is not misused and is kept safely and securely. The Depository will process requests originated from the registered Mobile as if submitted by the BO and Depository is not responsible for any claim made by the BO informing that the same was not originated by him.
17. Indemnity:

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


18. Disclaimer:

Depository shall be absolved of any liability in case:-

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

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 Account 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 account holder					
Name of account holder					

INSTRUCTIONS TO THE APPLICANTS (BOS) FOR ACCOUNT OPENING

1. Signatures can be in English or Hindi or any of the other languages contained in the 8th Schedule of the Constitution of India. Thumb impressions and signatures other than the above mentioned languages must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate / Special Executive Officer under his/her official seal.
2. Signatures should be preferably in black ink.
3. Details of the Names, Address, Telephone Number(s), etc., of the Magistrate / Notary Public / Special Executive Magistrate / Special Executive Officer are to be provided in case of attestation done by them.
4. In case of additional signatures (for accounts other than individuals), separate annexures should be attached to the account opening form.
5. In case of applications containing a Power of Attorney, the relevant Power of Attorney or the self-certified copy thereof, must be lodged along with the application.
6. All correspondence / queries shall be addressed to the first / sole applicant.
7. Strike off whichever option, in the account opening form, is not applicable.

Common Registration Form for availing SMS Alert and /or TRUST facility

To

SKP Securities Ltd.

Level 21, Chatterjee International Center

33A, Jawaharlal Nehru Road

Kolkata - 700 071

Dear Sir/Madam,

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

a. SMART-SMS alert facility ☐

b. TRUST- TRansaction using Secured Texting facility ☐

(please note that SMS alert facility is mandatory if TRUST facility is opted for)

BOID

--	--	--	--	--	--	--	--

(Please write your 8 digit DPID)

--	--	--	--	--	--	--	--

(Please write your 8 digit Client ID)

Sole / First Holder's Name : _____

Second Holder's Name : _____

Third Holder's Name : _____

Mobile Number on which messages are to be sent +91

--	--	--	--	--	--	--	--	--	--

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

(Existing users registered for SMS alerts:- Please note that if the mobile number for TRUST is different than the registered mobile number for SMS alert, the new mobile number will be updated for SMS alert also.)

The mobile number is registered in the name of:

(Name) _____

Email ID: _____

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

I/ We consent to CDSL providing to the service provider such information pertaining to account/ transactions in my/our account as is necessary for the purpose of availing the said facility.

I/We have read and understood the terms and conditions prescribed by CDSL for the said facility/ies and agree to abide by them and any amendments thereto made by the depository from time to time.

I/ we further undertake to pay fee/ charges as may be levied by the depository from time to time.

Signatures ☒ _____ ☒ _____ ☒ _____
Sole / First Holder Second holder Third Holder

Place : _____

Date : _____

AUTHORITY LETTER

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

Name of the client : _____

Address : _____

DECLARATION OF ULTIMATE BENEFICIAL OWNERSHIP

(Mandatory For Non-Individuals)

Investor Name _____ PAN _____

Part I - LISTED COMPANY / ITS SUBSIDIARY COMPANY [If applicable, Part II Not Applicable]

We hereby declare that the Applicant/ Owner of the controlling interest in the applicant

☐ is a Company listed on a Stock Exchange

☐ is a majority-owned subsidiary of a Company listed on a Stock Exchange

Name of the holding/ parent company (with % share) _____

Name of such Listed Company (if not the Applicant itself) _____

Stock Exchange where listed _____ Security ISIN _____

Part II - OTHER THAN LISTED COMPANY / ITS SUBSIDIARY COMPANY

Name & Address of the Ultimate Beneficial Owner [UBO]	PAN or any other identification proof where PAN not applicable	Country of tax residency	% of beneficial interest in the Applicant	Whether Politically Exposed?	UBO Code (see instruction next page)
(1)					
(2)					
(3)					

If UBO is already KYC compliant, KYC complied proof to be enclosed. Else PAN or any other valid identity proof and address proof must be attached (self certified by the UBO and certified by the Applicant)

Part III - DECLARATION

We understand that SKP Securities Ltd. is relying on this information for the purpose of determining the beneficial ownership of the account. We certify that the information we provided on this form is true and complete to the best of our knowledge and belief. We agree to submit a new form within 30 days if any information or certification on this form gets changed.	<div>_____</div> <div>Authorised Signatory [with seal]</div> <div>Date : Place :</div>
--	---

In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit.

GENERAL INFORMATION & INSTRUCTIONS

As per SEBI Master Circular No. CIR/ISD/AML/3/2010 dated December 31, 2010 regarding Client Due Diligence policy, related circulars on anti-money laundering and SEBI circular No. CIR/MIRSD/2/2013 dated January 24, 2013, non-individuals and trusts are required to provide details of ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such UBOs. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own control or influence a client and/or persons on whose behalf a transaction is being conducted, and includes a person who exercises ultimate effective control over a legal person or arrangement.

Ultimate Beneficiary Owner [UBO]:

A. For Investors other than individuals or trusts:

- (i) The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to:
 - more than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
 - more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership;
 - more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.
- (ii) In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.
- (iii) Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

B. For Investors which is a trust:

The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

C. Exemption in case of listed companies/foreign investors

The client or the owner of the controlling interest is a company listed on a stock exchange, or is a majority-owned subsidiary of such a company, it is not necessary to identify and verify the identity of any shareholder or beneficial owner of such companies Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/ MIRSD/ 11/2012 dated September 5, 2012, for the purpose of identification of beneficial ownership of the client.

UBO Code Description

• UBO-1 : Controlling ownership interest of more than 25% of shares or capital or profits of the Applicant, where the Applicant is a company • UBO-2 : Controlling ownership interest of more than 15% of the capital or profits of the Applicant, where the Applicant is a partnership • UBO-3 : Controlling ownership interest of more than 15% of the property or capital or profits of the Applicant, where the Applicant is an unincorporated association or body of individuals • UBO-4 : Natural person exercising control over the Applicant through other means i.e., exercised through voting rights, agreement, arrangements or in any other manner [In cases where there exists doubt under UBO-1 to UBO-3 above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests] • UBO-5 : Natural person who holds the position of senior managing official [In case no natural person could be identified as above] • UBO-6 :The settler(s) of the trust • UBO-7 :Trustee(s) of the Trust • UBO-8 :The Protector(s) of the Trust [if applicable]. • UBO-9 :The beneficiaries with 15% or more interest in the trust if they are natural person(s) • UBO-10 : Natural person(s) exercising ultimate effective control over the Trust through a chain of control or ownership.

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 ☐ 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 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 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) _____

Regd. Office : "Chatterjee International Centre"
33-A, J. L. Nehru Road, Level 21, Kolkata - 700 071
Phone : 4007-7000, Fax : (033) 4007-7007

E.mail : cs@skpmoneywise.com, Website : www.skpmoneywise.com

CIN : L74140WB1990PLC049032

DP ID : 12021800 ❖ DP SEBI Regn. No. : IN-DP-155-2015

SCHEDULE - A

PARAMETER	SKP SECURITIES LTD. CLIENTS	OTHER CLIENTS
Account Opening	Nil	Nil
Account Maintenance		
- Individuals	₹ 375/-	₹ 375/-
- Corporate	₹ 750/-	₹ 750/-
Custody Charges	Nil	Nil
Transaction Charges		
- Buy	Nil	Nil
- Sell (SKP MKT Delivery)	₹ 18/- Flat	0.01% (Min. ₹ 18/-)
- Sell (Other transfers)	0.01%(Min. ₹ 18/-)	0.01% (Min. ₹ 18/-)
Pledge Creation	0.02% (Min. ₹ 25/-)	0.02% (Min. ₹ 25/-)
Pledge Invocation	Nil	Nil
Pledge Closure	0.02% (Min. ₹ 25/-)	0.02% (Min. ₹ 25/-)
Lending / Borrowing	₹ 25/- per ISIN	₹ 25/- per ISIN
Dematerialisation	₹ 3/- per Certificate (Min. ₹ 50/-)	₹ 3/- per Certificate (Min. ₹ 50/-)
Rematerialisation	₹ 10/- per 100 Qty. (Min. ₹ 40/-)	₹ 10/- per 100 Qty. (Min. ₹ 40/-)
Instruction Failure	₹ 50/- per ISIN	₹ 50/- per ISIN
Mailing charges for non-periodic statement & other communications	₹ 25/- per request for inland address & ₹ 250/- for foreign address	₹ 25/- per request for inland address & ₹ 250/- for foreign address
Client Master Modification	₹ 25/-	₹ 25/-
Additional DIS Booklet	₹ 25/- per Booklet	₹ 25/- per Booklet

- ❖ Service Tax and other levies as may be notified by the Authorities 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 NSDL.
- ❖ Any Charges not mentioned above will be charged separately as and when required.
- ❖ Instructions will not be accepted in case of debit balance & upfront payment required in case of transferring all shares.

X _____ X _____ X _____
First/Sole Holder Second Joint Holder Third Joint Holder

DULY STAMPED

**POWER OF ATTORNEY FOR PAY- IN OF SECURITIES
FOR THE PURPOSE OF SETTLEMENT AND EARLY PAYIN**

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 _____ (B.O-ID)
with Central Depository Services (India) Ltd., through **SKP Securities Limited 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. having
SEBI Regn. Nos. INB/INF 230707532, BSE Limited having SEBI Regn. No. INB 010707538
and MCX Stock Exchange Ltd. having SEBI Regn. Nos. INB/INF260707535.

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
ABOVENAMED DO HEREBY NOMINATE, CONSTITUTE AND APPOINT **SKP Securities
Limited** an Indian Company registered under the Companies Act, 1956, having its registered
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
& 00096461 and DP ID – IN 302646 Client ID - 10000020, 10016701 & 10089952
maintained for the purpose of settlement of trades and DP ID – 12021800 Client ID -
00002080 maintained for the margin obligations arising out of trades executed by me/us
on any of the recognized Stock Exchange towards any segment 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
I/we ratify the instructions given by the aforesaid Clearing Member to the Depository Participant
named hereinabove in the manner specified herein and transfer of securities held in my/our
aforesaid beneficial owner account towards stock exchange related margin obligations. The
attorney shall return the securities or funds that may have been received by them erroneously
or those securities or funds that they were not entitled to receive from me / us.

✓ _____ ✓ _____ ✓ _____
First/Sole Holder Second Joint Holder Third Joint Holder

Third Joint Holder

Second Joint Holder

First/Sole Holder

I/We authorize the Stock Broker/Depository Participant 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 Stock Broker/Depository Participant to pledge 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 on any of the recognized stock Exchange in any segment through the attorney and to apply for various products like Mutual Funds, Public Issues (shares as well as debentures), rights, offer 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. _____) x _____

Name2. _____) x _____

Name3. _____) x _____

IN THE PRESENCE OF WITNESS

Signature : _____

Name : _____

Address : _____

**We Accept
SKP Securities Ltd.**

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

Place : _____

Date : _____

**REQUEST FOR NON-CONVERSION OF REGULAR DEMAT ACCOUNT
INTO BASIC SERVICES DEMAT ACCOUNT (BSDA)**

From :

Date : _____

To
SKP Securities Ltd.
DP ID 12021800
Level 21, Chatterjee International Center
33A, Jawaharlal Nehru Road
Kolkata - 700 071

Dear Sir,

With reference to my/our application for opening a Demat Account with you as per the following details,

	Name	PAN
Sole/First Holder	_____	_____
Second Holder	_____	_____
Third Holder	_____	_____

Please note that I/We have read and understood the SEBI Guidelines for facility for a BSDA. I/We hereby declare that I/we am/are do not wish to open a Depository Account as a BSDA holder and undertake to comply with the requirements specified by SEBI or any such Authority for such facility from time to time. Further, at any point of time in future, even if my/our account do meet the eligibility of a BSDA, my/our aforesaid Account should always be a Regular Account & never be converted into BSDA Account.

Thanking you,

Yours truly,

✓ _____
Signature of the Client

Client ID _____

Dated : _____

From :

To
SKP Securities Ltd.

DP ID 12021800

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 : "Chatterjee International Centre"

33-A, J. L. Nehru Road, Level 21, Kolkata - 700 071

Phone : 4007-7000, Fax : (033) 4007-7007, CIN : L74140WB1990PLC049032

E.mail : cs@skpmoneywise.com, Website : www.skpmoneywise.com

Email ID for Investor Complaint : grievance.cell@skpmoneywise.com

DP ID 12021800 ❖ DP SEBI Regn. No. IN-DP-155-2015



ISO 9001 : 2008

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

General Clause

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Rules and Regulations of Securities and Exchange Board of India (SEBI), Circulars/Notifications/Guidelines issued there under, Bye Laws and Business Rules/Operating Instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.
2. The DP shall open/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 mentioned in the account opening form, supporting documents submitted by them and/or any other information pertaining to the beneficial owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.
4. The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of opening the demat account or furnished to the DP from time to time.

Fees/Charges/Tariff

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

Dematerialization

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

Separate Accounts

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

Transfer of Securities

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

Statement of account

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

Manner of Closure of Demat account

17. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository. Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided no charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall

specify whether the balances in their demat account should be transferred to another demat account of the Beneficial Owner held with another DP or to rematerialize the security balances held.

18. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of thirty days as per procedure specified from time to time by the depository. Provided further, closure of demat account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

Default in payment of charges

19. In event of Beneficial Owner committing a default in the payment of any amount provided in Clause 5 & 6 within a period of thirty days from the date of demand, without prejudice to the right of the DP to close the demat account of the Beneficial Owner, the DP may charge interest at a rate as specified by the Depository from time to time for the period of such default.
20. In case the Beneficial Owner has failed to make the payment of any of the amounts as provided in Clause 5&6 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 the Depository

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

Freezing/ Defreezing of accounts

22. 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 Bye Laws and Business Rules/Operating Instructions.
23. The DP or the Depository shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any regulator or court or any statutory authority.

Redressal of Investor grievance

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

Authorized representative

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

26. 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.
27. The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars/ notices issued by SEBI and Rules, Regulations and Bye-laws of the relevant Depository, where the Beneficial Owner maintains his/ her account, that may be in force from time to time.
28. 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.
29. 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
30. Any changes in the rights and obligations which are specified by SEBI/Depositories shall also be brought to the notice of the clients at once.
31. 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 the relevant Depository, where the Beneficial Owner maintains his/her account, such changes shall be deemed to have been incorporated herein in modification of the rights and obligations of the parties mentioned in this document.
