

Reference No. _____

Application Form for Opening a Demat Account

NSDL

NON-INDIVIDUAL

NAME : _____

ACCOUNT NO. : _____



SS CORPORATE SECURITIES LIMITED

NDM 2, Block D, 3rd Floor, Netaji Subhash Place,
Pitam Pura, Delhi-110034

Tele : 91 11 4700 3600 (30 Lines), Fax : 91 11 47003601


DP ID : IN303108

DP SEBI Reg. No. : IN-DP-NSDL-256-2006

DP ID : 12062000

DP SEBI Reg. No. : IN-DP-CDSL-521-2009

INSTRUCTIONS FOR FILLING UP THE ACCOUNT OPENING FORMS

1. Please provide all the information asked for in the form and attach self attested copies of the documents required along with the form.
2. Please provide clear, legible copies of the documents.
3. Please bring original documents for verification at the time of KYC Form submission to member.
4. All proofs, photographs and signatures on the form should be clearly visible and legible.
5. The account opening form, should be filled properly and completely and signed on all pages wherever required/ instructed.
6. You are advised to read and understand each and every document before signing it. (please sign all and/or the relevant document in accordance with the service required by you).
7. Please note that pincode, Telephone/Mobile No., Email address must be provided in the address details by you.
8. Please ensure that your name among other information, are the same at all places are appearing on your PAN Card and address proof, and in case of any difference of name appearing on PAN card, then Additional ID Proof with same name shall be provided.
9. Permanent and Correspondence address given in the form should be same as it appears on the address proof. In case permanent and correspondence addresses are different make sure to provide address proof for both of them.
10. Witness name, address must be provided wherever required.
11. All fields are to be filled /answered. Not applicable (N.A.) to be mentioned in the columns not applicable to the clients. Wherever applicable, relevant columns should be tick marked and strike the portion of KYC forms which is not applicable.
12. Please avoid overwriting, corrections. If any, in the documents should be countersigned with full signature. White (correction) ink is not allowed on the form.
13. In case the investor is a spouse where proof of address is in the name of spouse then the documents such as ration card, school certificate etc. evidencing their relationship should be submitted or as advised by the Member.
14. The information given here would be kept confidential. However if the information is required by SEBI, by any Depository Stock Exchange or by any government agency it may be given to them.
15. Sign on all places marked as 

PAGES TO BE READ AND FILLED		PAGES TO BE SIGNED
NSDL		
FOR INDIVIDUAL	(i),(ii),(iii),(iv),1,2,3,15,16,17,18,19,21,23	(i), (ii), (iii), 3, 17, 18, 19, 21
(FOR HUF)		(i) - (x), 4, 5, 17, 19, 21
FOR NON INDIVIDUAL (CORPORATE)	(v),(vi),(vii),(viii),(ix),(x),4,5,15,16,17,18,19,21	(v),(vi),(vii),(viii),(ix),(x),5,17,18,19,21
CDSL		
FOR INDIVIDUAL	(i),(ii),(iii),(iv),6,7,8,11,12,13,14,15,16,17,18,19,21	(i),(ii),(iii), 8, 12, 17, 18, 19, 21
FOR HUF	(v),(vi),(vii),(viii),(ix),(x),6,7,8,11,12,13,14,15,16,17,18,19,21	(v),(vi),(vii),(viii),(ix),(x),8,12,17,18,19,21
FOR NON INDIVIDUAL (CORPORATE)	(v),(vi),(vii),(viii),(ix),(x),9,10,11,12,13,14,15,16,17,18,19,21	(v), (vi), (vii), (viii), (ix), (x), 10,12,17, 18, 19, 21

Exclusive Email Id for Redressal of Investor Grievances : investorgrievance@sscoperate.com

For any grievance/ dispute please contact DP SS Corporate Securities Limited on 011-47003600 (30 Lines) following (Extn. 124,125,126) or Email id info@sscoperate.com, dp@sscoperate.com, investorgrievance@sscoperate.com.

In Case not satisfied with the response, please contact the concerned Depositories at :

Depository	Email Id	Phone No.
National Securities Depository Ltd	relations@nsdl.co.in	011-23459291/49393091
Central Depository Services India Ltd	complaints@cdsl.co.in	022-22721233

PLEASE DO NOT USE CORRECTION FLUID ON THE FORM

SS CORPORATE SECURITIES LTD.

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

Acknowledgement No. _____

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

Name* (Same as ID proof) _____

Maiden Name (If any*) _____

Father / Spouse Name* _____

Mother Name* _____

Date of Birth*

Gender*

M- Male F- Female T-Transgender

Marital Status*

Married Unmarried Others

Citizenship*

IN- Indian Others (ISO 3166 Country Code)

Residential Status*

Resident Individual Non Resident Indian
 Foreign National Person of Indian Origin

Occupation Type*

S-Service (Private Sector Public Sector Government Sector)
 O-Others (Professional Self Employed Retired Housewife Student)
 B-Business X- Not Categorized

PHOTOGRAPH

Please affix
your recent passport
size photograph and
sign across it

2. CONTACT DETAILS (All communications will be sent on provided)

Tel. (Off) _____ Tel. (Res) _____ Fax _____

Mobile _____ Self Spouse Dependent Child Dependent Parent

Email ID _____ Self Spouse Dependent Child Dependent Parent

I hereby declare that the aforesaid Mobile Number and E-Mail ID belongs to me or my family members and My relationship with the holder of above

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)

A- Passport Number

Passport Expiry Date

B- Voter ID Card

C- PAN Card

D- Driving Licence

Driving Licence Expiry Date

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document notified by the central government)

Identification Number

S- Simplified Measures Account - Document Type code

Identification Number

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* Residential / Business Residential Business Registered Office Unspecified

Proof of Address* Passport Driving Licence UID (Aadhaar)
 Voter Identity Card NREGA Job Card Others please specify
 Simplified Measures Account - Document Type code

Address

Line 1* _____

Line 2 _____

Line 3 _____ City / Town / Village* _____

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

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

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

Line 1* _____

Line 2 _____

Line 3 _____ City / Town / Village* _____

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

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

Same as Current / Permanent / Overseas Address details

Same as Correspondence / Local Address details

Line 1* _____

Line 2 _____

Line 3 _____ City / Town / Village* _____

State* _____ ZIP / Post Code* _____ ISO 3166 Country Code* _____

5. 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* _____

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

Addition of Related Person

Deletion of Related Person

KYC Number of Related Person (if available*) _____

Related Person Type*

Guardian of Minor

Assignee

Authorized Representative

Prefix

First Name

Middle Name

Last Name

Name* _____

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

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

A- Passport Number _____ Passport Expiry Date _____

B- Voter ID Card _____

C- PAN Card _____

D- Driving Licence _____ Driving Licence Expiry Date _____

E- UID (Aadhaar) _____

F- NREGA Job Card _____

Z- Others (any document notified by the central government) _____ Identification Number _____

S- Simplified Measures Account - Document Type code _____ Identification Number _____

7. REMARKS (If any)

Mobile no. / Email-ID) (Please refer instruction F at the end)

8. APPLICANT DECLARATION

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

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

Date : _____

Place : _____

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

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 / UT 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.

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received

Certified Copies

KYC VERIFICATION CARRIED OUT BY

INSTITUTION DETAILS

Date _____

Emp. Name _____

Emp. Code _____

Emp. Designation _____

Emp. Branch _____

Name **SS CORPORATE SECURITIES LTD.**

Code _____

[Employee Signature]

[Institution Stamp]

FATCA & CRS Declaration -Individual

PAN NO:

DP ID: Client ID:

Name:

Place of Birth: Country of Birth:

Nationality:

Annual Income: Below 1 Lac 1 Lac to 5 Lac 5 Lac to 10 Lac
 10 Lac to 25 Lac 25 Lac to 1 Crore Above 1 Crore

Net Worth Amount Net Worth as on

(Net worth should not be older than 1 year)

Occupational Detail Business Private Sector Service Professional Govt. Service
 Agriculturist Public Sector Service Housewife
 Retired Forex Dealer Other _____ (PI Specify)

Politically Exposed person (PEP) Related to Politically Exposed person
 (RPEP) Are you a tax resident of any country other than India Yes No

If yes please indicates the all countries in which you are resident for tax purpose and the associated Tax ID number below:

Sr. No.	Country	Tax Identification Number	Identification Type (TIN or Other, please specify)
1			
2			
3			
4			

DECLARATION

I have read and understood the information requirements and the Terms & Conditions mentioned in this form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this form is true, correct and complete. I hereby agree and confirm to inform SS Corporate Securities Limited for any modification to this information promptly.

I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI)

 Signature here:

Date: / /

Place:

ACKNOWLEDGEMENT

SS CORPORATE SECURITIES LIMITED

Depository Participant

NDM 2, Block D, 3rd Floor, Netaji Subhash Place, Pitam Pura, Delhi-110034 Tele : 91 11 4700 3600 (30 Lines) Fax : 91 11 47003601

Received the application from Mr./Ms.....as the sole/first holder alongwith.....and.....as the second and third holder respectively for opening of a depository account. Your Client ID will be intimated to you shortly. Please quote the DP Id & Client ID allotted to you in all your future correspondence.

For SS CORPORATE SECURITIES LIMITED

Date :.....

Authorised Signatory

INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

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 / PIO Card / 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 POI :**
1. PAN card with photograph. This is 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 with photographs
- 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. Passport/Voters I-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 apostiled 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.
- 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:**
- 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).In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, and Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.

DOCUMENTS REQUIRED FOR INDIVIDUAL ACCOUNTS :-

1. COPY OF PAN CARD & ADDRESS PROOF (NAME SHOULD BE SAME IN ALL PROOFS)
2. SIGNED CANCELLED CHEQUE WITH NAME PRINTED ON IT.
(NAME SHOULD BE PRINTED ON CANCELLED CHEQUE, IF NO NAME ON CHEQUE, BANK STATEMENT (BANK ROUND STAMP REQD.) OR PASSBOOK

(ALL DOCUMENTS SHOULD BE SELF CERTIFIED)

DOCUMENTS REQUIRED FOR MINOR ACCOUNTS :-

1. COPY OF PAN CARD & ADDRESS PROOF OF MINOR (NAME SHOULD BE SAME IN ALL PROOFS)
2. COPY OF PAN CARD & ADDRESS PROOF OF GUARDIAN (NAME SHOULD BE SAME IN ALL PROOFS)
3. DATE OF BIRTH CERTIFICATE OF MINOR
2. SIGNED CANCELLED CHEQUE WITH NAME PRINTED ON IT.
(NAME SHOULD BE PRINTED ON CANCELLED CHEQUE, IF NO NAME ON CHEQUE, BANK STATEMENT (BANK ROUND STAMP REQD.)

(ALL DOCUMENTS SHOULD BE SELF CERTIFIED)

**SS CORPORATE SECURITIES LIMITED****CIN No. : U74899DL1994PLC062572**

NDM 2, Block D, 3rd Floor, Netaji Subhash Place, Pitam Pura, Delhi-110034

**KNOW YOUR CLIENT (KYC)
Application Form - For Non-Individual** NEW CHANGE REQUEST (Please tick the appropriate)

Application No. : _____

Please fill this form in **ENGLISH** and in **BLOCK LETTERS**(Please tick the box on left margin of appropriate row where **CHANGE/CORRECTION** is required and provide the details in the corresponding row)**A. Identity Details (please see guidelines overleaf)**1. Name of Applicant (Please write complete name as per Certificate of Incorporation / Registration ; leaving one box blank between 2 words. Please do not abbreviate the Name).
_____2. Date of Incorporation / /

Place of Incorporation _____

3. Registration No. (e.g. CIN) _____

Date of commencement of business / / 4. Status Please tick () Private Ltd. Co. Public Ltd. Co. Body Corporate Partnership Trustt/ Charities / NGOs FI FII HUF AOP Bank Government Body Non-Government Organisation Defence Establishment Body of Individuals Scoeity LLP Others (Please specify) _____

5. Permanent Account Number (PAN) (MANDATORY) _____

PHOTOGRAPHPlease affix
the recent passport
size photograph of
Authorised Signatory
and sign across it**B. Address Details (please see guidelines overleaf)**1. Address for Correspondance

City / Town / Village _____

Postal Code _____

State _____

Country _____

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.

 * Lates Telephone Bill (only Land Line) *Latest Electricity Bill * Latest Bank Account Statement Registered Lease/Sale Agreement of Office Premises Any other proof of address document (as listed overleaf). (Please specify) _____* Not more than 3 Months old. Validity/Expiry date of proof of address submitted / / 4. Registered Address (if different from above)

City / Town / Village _____

Postal Code _____

State _____

Country _____

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

 * Lates Telephone Bill (only Land Line) *Latest Electricity Bill * Latest Bank Account Statement Registered Lease/Sale Agreement of Office Premises Any other proof of address document (as listed overleaf). (Please specify) _____* Not more than 3 Months old. Validity/Expiry date of proof of address submitted / / **OTHER DETAILS**

1. Gross Annual Income Details Please Tick ()

 Below ₹ 1 Lac ₹ 1-5 Lac ₹ 5-10 Lac ₹ 10-25 Lac ₹ 25 Lac - 1 Crore ₹ More than 1 Crore2. Net-worth (Net worth should not be older than 1 year) Amount ₹ _____ as on (date) / / 3. Name, PAN, DIN/UID, residential address and photographs of Promoters /Partners / Karta / Trustees / Whole Time Directors
Please use Annexure to fill in details). _____

4. Is the entity involved providing any of the following services

- For Foreign Exchange Money Changer Services Yes No - Gaming / Gambling / Lottery Services Yes No- Money Lending / Pawning Yes No (e.g. casinos, betting syndicate) Yes No

5. Any other information: _____

DECLARATION

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

Date: / /

NAME & SIGNATURE(S) OF AUTHORISED PERSON (S)

FOR OFFICE USE ONLY**In Person Verification (IPV) Details:**

Name of the person who has done the IPV : _____

Designation: _____ Employee ID: _____

Name of the Organization: **SS Corporate Securities Ltd.** _____Date of IPV: / /

Signature of the person who has done the IPV _____

Seal/Stamp of the Intermediary _____

 (Originals Verified) True copies of Documents received (Self Attested) Self Certified Document copies received

For instruction - P. T. O

INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

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 / PIO Card / 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 POI :**
1. PAN card with photograph. This is 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. Passport/Voters I-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 apostiled 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.
- 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:**
- 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).In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, and Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.

DOCUMENTS REQUIRED FOR HUF ACCOUNTS:-

1. COPY OF PAN CARD ,ADDRESS PROOF OF HUF FIRM AND KARTA (BOTH) (NAME SHOULD MATCH IN ALL PROOFS)
2. ORIGINAL SIGNED CANCELLED CHEQUE OF HUF FIRM AND KARTA (BOTH)
3. BANK STATEMENT OF HUF FIRM AND KARTA (BOTH) (NAME SHOULD BE PRINTED ON CANCELLED CHEQUE, IF NO NAME ON CHEQUE, BANK STATEMENT DULY STAMPED BY BANK REQD)
4. IN ANNEXURE DETAIL PAGE KARTA'S DETAILS ALONG WITH HIS PHOTO, PAN CARD AND ADDRESS.
5. PAN CARDS AND ADDRESS PROOFS OF ALL CO-PARCENERS. IF CO-PARCENOR IS MINOR, THEN DOB CERTIFICATE.
6. HUF DECLARATION

DOCUMENTS REQD FOR PARTNERSHIP FIRM ACCOUNTS:-

1. COPY OF PAN CARD , ADDRESS PROOF OF PARTNERSHIP FIRM AND ITS ALL PARTNERS
2. ORIGINAL SIGNED CANCELLED CHEQUE OF PARTNERSHIP FIRM AND ITS ALL PARTNERS
3. BANK STATEMENT OF FIRM AND ITS ALL PARTNERS (DULY STAMPED BY BANK)
4. COPY OF PARTNERSHIP DEED DULY SIGNED BY ALL PARTNERS.
5. AUTHORISATION LETTER BY ALL PARTNERS TO DEAL IN SECURITIES MARKET.
6. IN ANNEXURE DETAIL PAGE , PHOTOGRAPHS OF ALL PARTNERS DULY CROSS SIGNED ON PHOTO.
7. NETWORTH DETAILS OF PARTNERSHIP FIRM.

DOCUMENTS REQD FOR CORPORATE ACCOUNTS:-

1. COPY OF PAN CARD, ADDRESS PROOF OF COMPANY & ITS DIRECTORS (NAME SHOULD MATCH IN ALL PROOFS)
2. ORIGINAL SIGNED CANCELLED CHEQUE OF COMPANY AND ITS DIRECTORS
3. BANK STATEMENT OF COMPANY AND ITS DIRECTORS (DULY STAMPED BY BANK) (TWO SET)
4. SIGNED CANCELLED CHEQUE OF ITS DIRECTORS (ORIGINAL) (NAME SHOULD BE PRINTED ON CANCELLED CHEQUE, IF NO NAME ON CHEQUE, BANK STATEMENT DULY STAMPED BY BANK REQD)
5. BOARD RESOLUTION TO DEAL IN SECURITIES MARKET AND AUTHORISATION TO SIGN THE DOCUMENTS ON BEHALF OF THE COMPANY TO ITS DIRECTOR/S.
6. PHOTOGRAPHS OF ITS DIRECTORS IN ANNEXURE SHEET DULY CROSS SIGNED.
7. NETWORTH CERTIFICATE OF COMPANY CERTIFIED BY CA.
8. LIST OF DIRECTORS
9. SHARE HOLDING PATTERN INCLUDING PROMOTERS HOLDING.
10. LIST OF AUTHORISED SIGNATORIES DULY SIGNED BY DIRECTORS.
11. LAST TWO YEARS AUDITED FINANCIAL ACCOUNTS (TWO SETS)
12. MEMORANDUM & ARTICLE OF ASSOCIATION (TWO SETS)

(ALL DOCUMENTS SHOULD BE SELF CERTIFIED AND PHOTOS SHOULD BE CROSS SIGNED)

**Details of Promoters / Partners / Karta / Trustees and Whole time directors forming a part of
Know Your Client (KYC) Application Form for Non - Individuals**

Name of Applicant _____

PAN of the Applicant

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Sr. No	PAN	Name	DIN for Directors / UID (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time Directors etc.	Whether Politically Exposed	Photograph
	Please Attach a copy of your PAN Card			Please attach proof of your residential address		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	Please Attach a copy of your PAN Card			Please attach proof of your residential address		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	Please Attach a copy of your PAN Card			Please attach proof of your residential address		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	Please Attach a copy of your PAN Card			Please attach proof of your residential address		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	Please Attach a copy of your PAN Card			Please attach proof of your residential address		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	Please Attach a copy of your PAN Card			Please attach proof of your residential address		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	

 (Signature)

Name & Signature of the Authorised Signatory (ies)

Date DD / MM / YYYY

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

DECLARATION TO BE SIGNED BY ALL THE MEMBERS OF HUF (FOR HUF ACCOUNT ONLY)

To,
 SS CORPORATE SECURITIES LIMITED,
 NDM 2, Block D, 3rd Floor, Netaji Subhash Place,
 Pitam Pura, Delhi-110034

Dear Sir,

We, all the co-parceners (members) detailed below of the Hindu Undivided Family having PAN No.....do hereby authorise Karta of the family Mr.....to open / operate in the name of the HUF a dealing / trading account and inter-alia to open and / or operate accounts with a Depository Participant and to issue notices and instructions relating to transfer pledging, dematerializing or Rematerializing, orders, execute deals through you for and on behalf of the above named HUF and the state that we are and shall always be jointly and severally responsible for the dealings /orders / trades/transactions that are executed by the Karta Mr.....and all his orders/deals shall be binding on the HUF and all its members jointly as well as severally.

In the eventuality of change of Karta or change in the constitution of HUF we shall inform you in writing and understand that we are required to collect from you as acknowledgement of having taken in the same record.

The specimen signature of the Karta Mr.is given below :

Name of the Co-Parceners	Sex	Date of Birth	Relationship with the Karta	Signature of Co-parceners

DETAILS OF MINOR

Name of the Minor	Sex	Date of Birth	Relationship with the Karta	Signature of Karta

Thanking you,
 Your faithfully

 Sole / First Holder Signature

 Second Holder Signature

 Third Holder Signature

SS CORPORATE SECURITIES LIMITED

FATCA & CRS Declaration - Non Individual

PAN Trading DP Code
 Name

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India Yes No

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Sr. No.	Country	Tax Identification Number	Identification Type (TIN or Other, please specify)
1.			
2.			

In case Tax Identification Number is not available, kindly provide its functional equivalent.

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a, Financial institution (Refer 1 of Part C) or Direct reporting NFE (Refer 3(vii) of Part C) (please tick as appropriate)

GIIN

Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

Name of sponsoring entity

GIIN not available (please tick as applicable) **Applied for** **Not obtained – Non-participating FI**
 Not required to apply for - please specify 2 digits sub-category (Refer 1 A of Part C)

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1. Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C) Yes (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange

2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C) Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company
 Nature of relation: Subsidiary of the Listed Company or Controlled by a Listed Company Name of stock exchange

3. Is the Entity an active NFE (Refer 2c of Part C) Yes Nature of Business
 Please specify the sub-category of Active NFE (Mention code – refer 2c of Part C)

4. Is the Entity a passive NFE (Refer 3(ii) of Part C) Yes Nature of Business

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category): Unlisted Company Partnership Firm Limited Liability Partnership Company
 Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust
 Others (please specify)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
PAN #			
Address	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Tax ID ⁶			
Tax ID Type			
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Holding (%) ⁵			

* To include US, where controlling person is a US citizen or green card holder

⁶ If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.

⁵ In case Tax Identification Number is not available, kindly provide functional equivalent

⁵ Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

DECLARATION

I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform SS Corporate Securities Limited for any modification to this information promptly. I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

Name

Designation

Sign here : (I) 

Date :

Place :

For Investor convenience, SS Corporate Securities Limited collecting this mandatory information for updating across all Group Companies of SS Corporate Securities Limited whether you are already an investor or would become an investor in future.

Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest SS Corporate Securities Limited branch or you can dispatch the hard copy to-

SS Corporate Securities Limited
NDM 2, Block D, 3rd Floor, Netaji Subhash Place,
Pitam Pura, Delhi- 110034

ADDITIONAL INFORMATION RELATED TO DEMAT ACCDOUNT (FOR NON-INDIVIDUAL INCLUDING HUF)



SS CORPORATE SECURITIES LIMITED

CIN No. : U74899DL1994PLC062572

NDM 2, Block D, 3rd Floor, Netaji Subhash Place, Pitam Pura, Delhi-110034

Date																DP ID	I	N	3	0	3	1	0	8	Client ID												
------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	-------	---	---	---	---	---	---	---	---	-----------	--	--	--	--	--	--	--	--	--	--	--	--

Please fill all the details in CAPITAL LETTER only) I/We request you to open a depository account in my/our name as per the following details

A DETAILS OF ACCOUNT HOLDER (S)

NAME		PAN	
Sole / First Holder			
Second Holder			
Third Holder			

B	Type of Account	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> HUF	<input type="checkbox"/> FI	<input type="checkbox"/> FII	<input type="checkbox"/> Qualified Foreign Investor
		<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> Trust	<input type="checkbox"/> Bank	<input type="checkbox"/> CM	<input type="checkbox"/> Other (Please specify _____)

C For Partnership Firm , Unregistered Trust, Association of Persons (AOP), etc, although the account is opened in the name of Partner(s) Trustee(es) etc. the name & PAN of the Partnership Firm, Unregistered Trust Association of Persons (AOP) etc,, should be mentioned below.

Name		PAN											
------	--	-----	--	--	--	--	--	--	--	--	--	--	--

D GROSS INCOME DETAILS

Income Range per annum	<input type="checkbox"/> <20 Lac	<input type="checkbox"/> 20-50 Lac	<input type="checkbox"/> 50 Lac-1Crore	<input type="checkbox"/> Above 1 Crores
AND Net worth in Rs. _____	as on (date)			
(*Net worth should not be older than 1 Year)	d d / m m / y y y y			

E In Case of FIIs / Others (as may be applicable)

RBI Approval Reference Number		RBI Approval Date									
SEBI Registration Number (for FIIs)		SEBI Registration Date									

F Bank Details (Dividend Bank Details)

Bank A/c No.		Bank A/c Type	<input type="checkbox"/> Saving	<input type="checkbox"/> Current	<input type="checkbox"/> Others _____					
Bank Name		Branch Name								
Bank Branch Address	City/town/village		PIN Code							
	State		Country							
MICR Code										

G	Please Tick, if applicable, for any of your authorised signatories /promoters/Karta/Trustee/whole time directors	<input type="checkbox"/> Politically Exposed Person (PEP)
		<input type="checkbox"/> Related to Politically Exposed Person (PEP)

H Clearing Member Details (to be filled up by Clearing Members only)

Name of Stock Exchange											
Name of Clearing Corporation Clearing House											
Clearing Member ID											
SEBI Registration No.											
Trader Name											
CM - BP-ID (To be filled by the participants)											

I Standing Instructions

We authorise you to receive credits automatically into our account.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account to be operated through Power of Attorney (PoA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I wish to receive e-statement	<input type="checkbox"/> Yes <input type="checkbox"/> No
SMS Alert Facility :	
Sole/First Holder <input type="checkbox"/> Yes <input type="checkbox"/> No	Second Holder <input type="checkbox"/> Yes <input type="checkbox"/> No Third Holder <input type="checkbox"/> Yes <input type="checkbox"/> No

Mode of Receiving Statement of Account (Tick any one)




Physical Form Electronic Form (Read Note 4 and ensure that email ID is provided in KYC Application form)

DECLARATION

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

I hereby declare that the Mobile No. & Email ID given in KYC Form / Demat Account Opening Form belongs to me or my family member (spouse, dependent children and dependent parents).

Authorised Signatory (Enclose Board Resolution)

Sole /First holder(s)	Name	Signatures(s)
First Signatory		
Second Signatory		
Third Signatory		

Mode of Operation for Sole/First Holder (in case of Joint Holdings, all the holder must sign)

<input type="checkbox"/> Any one Singly	<input type="checkbox"/> Jointly by
<input type="checkbox"/> As per resolution	<input type="checkbox"/> Others (please Specify)

NOTE :

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

INTRODUCTION

(by an existing account holder / applicant's bank)

DP-ID IN _____ Client ID _____ (In case of existing account holder)

I confirm the identity and address of the applicant (s)

Signature of Introducer / Signature and Seals in case of Bank (To be verified by DP Officials)

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.

NSDL & CDSL

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.

32. Additional Rights And Obligations' of the Rights and Obligations Document

"The stock broker/depository participant shall not directly /indirectly compel clients to execute Power of Attorney (POA) or Demat Debit and Pledge Instruction (DDPI) or deny services to client if client refuses to execute PoA or DDPI."

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.

AUTHORISATION FOR PROVIDING DP TRANSACTION STATEMENT BY EMAIL OR ON WEBSITE

To,
 SS CORPORATE SECURITIES LIMITED,
 NDM 2, Block D, 3rd Floor, Netaji Subhash Place,
 Pitam Pura, Delhi-110034

Dear Sir,

1. I/we understand that, I/we have the option to receive transaction statement by email or on website, in pursuance of the same. I/We hereby opt for receipt of transaction statement (including but not limited to statement of account holding statement or any other communication) through email.....or on website.
2. I/we is/are aware that I/we will not receive the transaction statement in paper form.
3. I/we will take all the necessary means to ensure confidentiality and secrecy of the login name and password of the internal/email.
4. I/we/you shall have the right to terminate this service by giving in 10days written notice in advance.

Thanking you

Your faithfully



Sole / First Holder Signature



Second Holder Signature



Third Holder Signature

Option for issuance of DIS booklet alongwith account opening

SS Corporate Securities Ltd NDM-2, Block-D, 3 rd Floor, Netaji Subhash Place, Pitampura, Delhi-34		DP ID										
		Client ID										
Name (s) of account holders	Sole /First Holder											
	Second Holder											
	Third Holder											
Option for issue of DIS booklet (Please tick any one)												
Option 1 <input type="checkbox"/>	I/we wish to receive the Delivery Instruction Slip (DIS) booklet with account opening											
Option 2 <input type="checkbox"/>	I/We do not wish to receive the DIS booklet with account opening. However the DIS booklet should be issued to me / us immediately on my / our request at any later date											
<hr/>												
<u>Beneficial Owner</u>	<u>Name</u>										<u>Signature with date</u>	
Sole / First Holder											X	
Second Holder											X	
Third Holder											X	

SPECIMEN OF BOARD RESOLUTION OF CORPORATE ACCOUNT

Board Resolution for opening a Demat Account with SS Corporate Securities Limited, a Depository Participant with NSDL and CDSL.

"RESOLVED THAT the Company be and is hereby authorised to open a Demat Account with SS Corporate Securities Limited, Depository Participant with NSDL & CDSL having NSDL DP Id : IN303108 and CDSL DP Id : 12062000 and having Registered Office at NDM 2, Block D, 3rd Floor, Netaji Subhash Place, Pitam Pura, Delhi-110034.

"RESOLVED FURTHER THAT Mr. _____
Mr. _____ Directors of the Company be and are hereby authorized, jointly or anyone, to execute, sign and issue all / any such agreements, documents writings and instruments and all delivery instruction that SS Corporate Securities Limited may require for the purpose of operating the Demat Account of _____".

"RESOLVED FURTHER THAT a copy of the following resolution certified as True Copy by Mr. _____, Director be given to SS Corporate Securities Limited for its record and SS Corporate Securities Limited is authorized to act and rely on those resolutions and that the Company Seal in the said documents be affixed in the presence of Mr. _____, Director of the Company".

For : _____

Specimen Signature of :

Mr. _____

Mr. _____

Director : _____

Attested by

Director

Declaration for Name difference in PAN CARD and / or Bank Pass Book

I _____ S/o, D/o, W/o _____ residing at _____ do hereby state as under:-

I refer to my account opening application for a Demat Account with SS Corporate Securities Limited in the name of _____.

I do hereby affirm, declare and undertake as under:-

1. That my name as it appears on the PAN CARD is _____ and on Driving License is _____.
2. That my name as it appears on the IT website [http://incometaxindiaefiling.gov.in/challan/ enterpanforchallan.jsp](http://incometaxindiaefiling.gov.in/challan/enterpanforchallan.jsp) is _____.
3. That my name as it appears on the Bank Pass Book is _____.
4. That all the names mentioned above, i.e. the name mentioned on the PAN CARD, the name mentioned on the Bank pass Book and the name as it appears on the I T website pertains to me. Any losses, claims, liabilities, obligations, damages, deficiencies, judgments, actions, suits, proceedings due to these name differences will be mine and I only will be solemnly responsible for the same.
5. That I shall indemnify & keep indemnified SS Corporate Securities Limited, its directors, officers, employees and agents from and against any and all losses, claims, liabilities, obligations, damages, deficiencies, judgments, actions, suits, proceedings or any liability suffered or incurred or fastened on to SS Corporate Securities Limited due to SS Corporate Securities Limited accepting this Declaration cum Undertaking and acting on the same.

That the contents of this Declaration have been explained to me in vernacular and I have understood the same before signing it.

That this Declaration given by me to SS Corporate Securities Limited is given by me without any force, undue influence and at present I am having sound health and mind.

Customer Signature :

Customer Name :

Client Id : _____

Place :

Date :

(1st / 2nd / 3rd Holder has to submit separately in case of Joint Accounts)



MANDATE FORM FOR NACH/ECS/DIRECT DEBIT

UMRN FOR OFFICE USE ONLY Date

Sponsor Bank Code Utility Code

Tick(✓) CREATE [x] MODIFY [x] CANCEL [x] I/We hereby authorize SS CORPORATE SECURITIES LTD to debit tick (✓) SB CA CC SB-NRE SB-NRO Others

Bank A/c number

with Bank IFSC or MICR

an amount of Rupees ₹

FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 Mobile No.

Reference 2 Email ID

I agree for the debit mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule for charges of the bank.

PERIOD

Table with 2 rows (From, To) and 8 columns (DD, MM, YYYY)

Or [x] Until Cancelled

Signature of Primary Account Holder Signature of Account Holder Signature of Account Holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

- This is to confirm the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed & signed by me.
I have understood that I am authorized to cancel/amend this mandate by a appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.



MANDATE FORM FOR NACH/ECS/DIRECT DEBIT

UMRN FOR OFFICE USE ONLY Date

Sponsor Bank Code Utility Code

Tick(✓) CREATE [x] MODIFY [x] CANCEL [x] I/We hereby authorize SS CORPORATE SECURITIES LTD to debit tick (✓) SB CA CC SB-NRE SB-NRO Others

Bank A/c number

with Bank IFSC or MICR

an amount of Rupees ₹

FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 Mobile No.

Reference 2 Email ID

I agree for the debit mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule for charges of the bank.

PERIOD

Table with 2 rows (From, To) and 8 columns (DD, MM, YYYY)

Or [x] Until Cancelled

Signature of Primary Account Holder Signature of Account Holder Signature of Account Holder

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TARIFF SHEET FOR DEMAT ACCOUNTS OF NSDL AND CDSL

Tick any one	<input type="checkbox"/> Regular Scheme	<input type="checkbox"/> Corporate Account	<input type="checkbox"/> Life Time
Description	Individual and HUF	Corporate	Individual and HUF
Account Maintenance Cycle	Quarterly -- Four Quarters (One Year)		N.A.
Maintenance Charges	Rs.250/- for First Quarter, Remaining three Quarters are free	Rs. 800/- for First Quarter, Remaining three Quarters are free	Rs. 999/-

Common Charges Applicable to All Schemes :-

Transaction Charges :-

On Market Transaction:- Through Speed-e Through DIS Slip	Rs. 15/- per Instruction Rs. 20/- per Instruction
Off Market Transaction :- Through Speed-e Through DIS Slip	Rs. 25/- per Instruction Rs. 30/- per Instruction
Dematerialization Charges*	Rs. 6/- per certificate Subject to Min. Rs. 50/- Plus courier charges
Dematerialization Rejection Charges*	Rs. 20/- per Rejection Plus courier charges
Rematerialization Charges*	Rs. 100/- per request or Rs. 25/- for every 100 securities or part thereof, whichever is higher Plus courier charges
Pledge Creations	Rs. 50/- per instruction or 0.01% of value, whichever is higher
Securities Borrowings ,	Rs. 50/- per instruction
Hold on Securities for NDU	Rs. 100/- per instruction or 0.02% of value whichever is higher
Closure/ Invocation of Pledge	Rs. 50/- per instruction
Conversion of MF units* (SOA to Demat)	Rs. 50/- per ISIN
Reconversion of MF units* (Demat to SOA)	Rs. 100/- per ISIN
Redemption of MF Units*	Rs. 15/- per ISIN
Speed-e and Easiest (For Password Users)	Rs. 100/- per Annum
Speed-e and Easiest (DSC based user)	Rs. 500/- per Quarter
Speed-e & Easiest Activation Charges / Reset of Password	Rs. 100/- per Request
Account / ISIN (Freezing/Unfreezing)	Rs. 50/- per request
Issue of Client Master(additional)	Rs. 20/- per Client Master Plus courier Charges, if sent by courier
POA Charges including Stamp paper	Rs. 100/-
DIS Book*(20 Leaves)	Rs. 30/- per Book Plus courier Charges
DIS Book Issue through letter	Rs. 100/- per Book / Instance Plus courier Charges
DIS Rejection/ Failed Instruction Charges*	Rs. 10/- per instruction Plus courier Charges
Modification in Client master	Rs. 50/- per instance
Non -Periodic Statement	Nil by Email. Rs. 30/- per instance for physical.
CAS Charges (Email / Physical)	As per NSDL / CDSL

*Courier Charges Extra :- Rs. 30/- with in Delhi, Rs. 40/- outside Delhi or Actual Charges

For BSDA Accounts :- (For Debt Securities Value up to Rs. 1 Lac - NIL, 1 Lac to 2 Lacs Rs. 100/- p.a. , More than 2 Lacs Rs. 250/- Per Annum) (For Other Than Debt Securities Up to 50,000 - Nil, 50,000 to 2 Lacs Rs. 100 per Annum, Above 2 Lacs Rs. 250/- p.a.)

Transaction Charges :- For On Market Transaction :- Rs. 35/- per Instruction or 0.02% of value, whichever is higher

For Off Market Transaction :- Rs. 40/- per Instruction or 0.02% of value, whichever is higher

- In case Bank Mandate for Debit through ECS is not give, minimum credit of Rs. 500/- shall be maintained.
- In case of non-payment of dues within 30 days of due date, interest will be charged @2% per month on the outstanding dues and the depository services are liable to be discontinued. Restoration charges will be Rs.100/-.
- Any service not listed above will be charged extra.
- Govt. Taxes, Stamp Duty and other government levies are extra as applicable from time to time.

(First Holder)

(Second Holder)

(Third Holder)