# SS CORPORATE SECURITIES LTD.

CENTRAL KYC RE	GISTRY   Know Your Custor	Know Your Customer (KYC) Application Form   Individual						
For office use only (To be filled by financia	Application Type* al institution) KYC Number Account Type*	New     Update       Image: Normal     Simplified (for low risk cust)	(Mandatory for KYC update request) omers)					
1. PERSONAL	DETAILS (Please refer instruction	A at the end)						
		irst Name Middle Name	e Last Name					
	D proof)							
1								
Rectore and deve								
Mother Name*			<i></i>					
Date of Birth*								
Gender*	M- Male	F- Female  T-Transgender	PHOTOGRAPH					
Marital Status*	Married							
Citizenship*	IN- Indian	Others (ISO 3166 Country Code						
	Resident Individual Foreign National	☐ Non Resident Indian ☐ Person of Indian Origin	Please afix your recent passport size photograph and					
	S-Service ( Private Sector O-Others ( Professional B-Business	or Public Sector Government Sector Self Employed Retired House X- Not Categorised	or) sign across it					
2. CONTACT DE	TAILS (All communications will be ser	t on provided						
		Tel. (Res)	Fax					
		Self Spou						
I hereby declare that the	ne 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 I	DENTITY (Pol)* (Please refer ins	truction C at the end)						
(Certified copy of <u>any or</u> A- Passport Num B- Voter ID Card C- PAN Card	ne of the following Proof of Identity[H	ol] needs to be submitted) Passport Expi	ry Date					
C- PAN Card D- Driving Licence E- UID (Aadhaar F- NREGA Job C		Driving Licence	e Expiry Date DD-MM-YYYY					
	cument notified by the central gover asures Account - Document Ty		cation Number					
4. PROOF OF	ADDRESS (PoA)*							
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		S DETAILS (Please see instruction D at the end)						
(Certified copy of <u>any or</u>	ne of the following Proof of Address	PoAj needs to be submitted)						
Address Type*	Residential / Business	Residential Business	Registered Office					
Proof of Address*	Passport Voter Identity Card	Driving Licence UID (Aadhaar	please specify					
Address	Simplified Measures Accou							
Line 1*								
and the second states of the		C	ity / Town / Village*					
Line 2 Line 3								
Line 2 Line 3 District*	Pin /	Post Code* State / U.T C	Code* ISO 3166 Country Code*					
Line 2 Line 3 District* 4.2 CORRESPONDE	Pin /	Post Code* State / U.T ( * (Please see instruction E at the end)						
Line 2 Line 3 District* ] 4.2 CORRESPONDED ] Same as Current / Pe	Pin /	Post Code* State / U.T C						
Line 2 Line 3 District* ] 4.2 CORRESPONDE ] Same as Current / Pe .ine 1*	Pin /	Post Code* State / U.T ( * (Please see instruction E at the end) (In case of multiple correspondence / local address						
Line 2 Line 3 District* ] 4.2 CORRESPONDE: ] Same as Current / Pe	Pin / NCE / LOCAL ADDRESS DETAILS rmanent / Overseas Address details	Post Code* State / U.T ( * (Please see instruction E at the end) (In case of multiple correspondence / local address						

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	S IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)
ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)	)
SO 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 person	ns, ple ase fill 'Annexure B1') (please refer instruction G at the end)
Addition of Related Person	KYC Number of Related Person (if available*)
Related Person Type* Guardian of Minor Assignment Prefix First Name	ee Authorized Representative Middle Name Last Name
Name*	
(If KYC number and name are provided, below deta	
PROOF OF IDENTITY [Pol] OF RELATED PERSON* (Please see instruction (H	
A-Passport Number	
B-Voter ID Card	
C-PAN Card	
D- Driving Licence	
E-UID (Aadhaar)	
F-NREGA Job Card	
Z- Others (any document notified by the central government)	
S- Simplified Measures Account - Document Type code	Identification Number
8. APPLICANT DECLARATION	
<ul> <li>I hereby declare that the details furnished above are true and correct to the best of my knowledge ar therein, immediately. In case any of the above information is found to be false or untrue or misleading of for it.</li> <li>I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above</li> </ul>	or misrepresenting, I am aware that I may be held liable [Signature / Thumb Impression]
Date :         D         M         Y         Y         Y         Place :	a contraction of the second se
B) Please fill the form in English and in BLOCK letters.       F) List of two characters.         C) Please fill the date in DD-MM-YYYY format.       G) KYC number of D) Please read section wise detailed guidelines / instructions         H) For particular section wise detailed guidelines / instructions       H) For particular section	U.T code as per Indian Motor Vehicle Act, 1988 is available at the end. aracter ISO 3166 country codes is available at the end. of applicant is mandatory for update application. section update, please tick (✓) in the box available before the r 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
	Name SS CORPORATE SECURITIES LTD.
Emp. Name	Code
Emp. Code	
Emp. Designation	
Emp. Branch	
[Employee Signature]	[Institution Stamp]

SS CORPORATE SECURITIES LIMITED	FAILA & LBS Declaration - Individual										
PAN       Trading       DP Code         Name       DP Code         Name       DP Code         Place of Birth       DP Code         Place of Birth       DP Code         Nationality       Country of Birth         Nationality       DP Code         Annual Income       Below Rs. I Lac         Rs. 1 Lac       Rs. 1 Lac to 5 Lac         Rs. 10 Lac to 25 Lac       Rs. 25 Lac to 1 Crore         Net Worth Amount Rs       Net Worth as on D M M Y Y Y         (Net worth should not be older than 1 year)       Net Worth as on D M M Y Y Y         Occupational       Business         Private Sector       Professional         Government Service       Public Sector         Detail       Agriculturist         Housewife       Student         Retired       Forex Dealer         Others       PL 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. Country	below.										
No.	Tax Identification Number	(TIN or Other, please specify)									
1. 2.											
3.											
5.											
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).         Sign here : (I) Image											
<b>Date</b> : D D M M Y Y Y Y	Plac	e :									
across all Group Companies of SS become an investor in future.	d	are already an investor or would									

### General Instructions:

- 1 Fields marked with '\*' are mandatory fields.
- 2 Tick '√' wherever applicable.
- 3 Self-Certification of documents is mandatory.
- 4 Please fill the form in English and in BLOCK Letters.
- 5 Please fill all dates in DD-MM-YYYY format.
- 6 Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- 7 KYC number of applicant is mandatory for updation of KYC details.
- 8 For particular section update, please tick ( /) in the box available before the section number and strike off the sections not required to be updated.
- In case of 'Small Account type' only personal details at section number 1 and 2, photograph, signature and self-certification required. 9

#### A Clarification / Guidelines on filling 'Personal Details' section

- 1 Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory. 2

### B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity 1 number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

## C Clarification / Guidelines on filling 'Proof of Identity [Pol]' section

- 1 If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked. 2
- 3 In case of Simplified Measures Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 3 (S)

Document Code	Description
01	Identity card with applicant's photograph issued by Central/ State Government Departments, Statutory/ Regulatory Authorities, Public Secto
	Undertakings, Scheduled Commercial Banks, and Public Financial Institutions.
02	Letter issued by a gazetted officer, with a duly attested photograph of the person.

### D Clarification / Guidelines on filling 'Proof of Address [PoA] - Current / Permanent / Overseas Address details' section

- 1 PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
- 2 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 3 In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 4.1.
- Document Code Description

#### 1. Gross Annual Income Details PleaseTick (

Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill). 01

□ Below ₹ 1 Lac □ ₹ 1-5 Lac □ ₹ 5-10 Lac □ ₹ 10-25 Lac □ ₹ 25 Lac - 1 Crore □ ₹ More than 1 Crore as on (date) D D / M M / Y Y Y

2. Net-worth (Net worth should not be older than 1 year) Amount ₹

- 02 Property or Municipal Tax receipt.
- 03 Bank account or Post Office savings bank account statement.
- Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if 04 they contain the address.
- 05 Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation.
  - Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.

### E Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

- 1 To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- 2 In case of multiple correspondence / local addresses, Please fill 'Annexure A1'

#### Clarification / Guidelines on filling 'Contact details' section F

06

- 1 Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-999999999).
- 2 Do not add '0' in the beginning of Mobile number.

### G Clarification / Guidelines on filling 'Related Person details' section

Provide KYC number of related person if available.

### H Clarification / Guidelines on filling 'Related Person details - Proof of Identity [PoI] of Related Person' section

Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

Know Your Client (KYC) Application Form (For In	CDSL VENTURES LIMITED							
Please fill the form in ENGLISH and in BLOCK Fields marked * are mandatory	( letters	Applicatio	n Number:					
Fields marked $^{\scriptscriptstyle +}$ are pertaining to CKYC and r also	mandatory only if processing CKYC	Applicatio	n Type*:	□ New KYC		S Corporate Securities Limited ication KYC		
KYC Mode*:       Please Tick (✓)         □ Normal       □ EKYC C	OTP 🗌 EKYC Bio	ometric	Online K	/C 🗌 Off	line EKYC	Digilocker		
1. Identity Details (pleas	e refer guidelines over	rleaf)						
PAN*	Ple	ase enclose a dul	y attested copy of	your PAN Card				
Name* (same as ID proof)								
Maiden Name <sup>+</sup> (if any)								
Fathers/Spouse's Name*								
Date of Birth*								
Gender*	🗌 Male	🗌 Female		] Transgender	r			
Marital Status*	Single	Marrie	d			Recent passport size		
Nationality*	🗌 Indian	Other				Applicant Photo		
Residential Status*	🗌 Resident Individua	al	🗌 Non Res	ident Indian				
Please Tick (✔)	Foreign National		Person c	of Indian Origir	1 <sup>+</sup>	Cross Signature across photograph		
	(Passport mandatory for NRIs Select NRI or Foreign National				nd not for KRA KYC.	-		
Proof of Identity (POI) sub	-		,	,				
A — Aadhaar Card								
B — Passport Number				(E)	xpiry Date)			
C — Voter ID Card								
D — Driving License				(E)	xpiry Date)			
E —NREGA Job Card								
F — NPR								
Z —Others			(any	/ document notified	by Central Governme	ent)		
	ımber							
2. Address Details* (plea	ase refer guidelines ov	erleaf)						
A. Correspondence/ Local	Address*							
Line 1*								
Line 2								
Line3								
City/Town/Village*			strict+		Pin Co	ode*		
State*			untry*					
Address Type* 🗌 Reside	ntial/Business R	esidential	Busin	ess 🗌 Re	egistered Office	e Unspecified		
					A	opplicant e-SIGN		

B. Permanent residence address of applicant, if different from	m above A / Overse	eas Address* (Mandato	ory for NRI Applicant)					
Line 1*								
Line 2								
Line3								
City/ Town/Village* Dist	rict.	Pin Code						
State* Cour								
Address Type* Residential/Business Residential	Business	Registered Office	Unspecified					
Proof of Address* (attested copy of any 1 POA for correspondence and permane								
A — Aadhaar Card XXXX XXXX								
B — Passport Number		(Expiry Date)						
C — Voter ID Card								
D —Driving License		(Expiry Date)						
E —NREGA Job Card								
F — NPR Letter								
Z—Others	Z—Others (any document notified by Central Government)							
Identification Number								
3. Contact Details (in CAPITAL)								
Email ID*								
Mobile No. *								
Tel (Off)	Tel (Res)							
4. Applicant Declaration								
I/We hereby declare that the KYC details furnished by me are true and correct to	Applicant e-s	SIGN Apr	olicant Wet Signature					
the best of my/our knowledge and belief and I/we under-take 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.								
/We hereby consent to receiving information from CVL KRA through SMS/Email on								
the above registered number/Email address. I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be								
validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along								
with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.								
DATE:(DD-MM-YYY)								
PLACE:								
5. For Office Use Only								
In-Person Verification (IPV) carried out by*		Intermediary Details	S*					
IPV Date	Self certified	document copies recei	ved (OVD)					
Emp. Name	True Copies o	of documents received	(Attested)					
Emp. Code	AMC / Intermedi	ary Name :						
Emp. Designation	SS Corpo	orate Securit	ties Limited					
Employee Signature and Stamp		Institution Non						
Employee Signature and Stamp		Institution Name and Stamp						

# SSCorporate Securities Ltd. (NSE/BSE/DPID-IN303108 / IN303399/12062000)

# NDM2,Block-D,3rdFloor,Netaji Subhash Place, Pitampura, Delhi-110034

ContactNo.011-47003600(30Lines)

Instruction No:.....

Subject:Change In Bank Details/Address /MobileNo./Income/ EmailID

Date:..../...../.....

Demat No..... Trading Code.....in the Name of.....

# **CHANGE IN BANK DETAILS:**

PresentBankDetails	NewBankDetail							
Bank Name: Address:	Bank Name: Address:							
Account No:								
Type Of Account: IFSC:	Type Of Account:							
MICR: IFSC:	MICR: IFSC:							

<b>CHANGE IN ADDRESS:</b>	
PresentAddress	NewAddress
State: PinCode:	State: PinCode:

	CHANGE IN DEM	MAT ACCOUNT (FOR UPDATION IN	TRADING ACCOUNT ONLY
DP ID		DP Name	
Client ID		Client Names(As per DP Client Master)	
Mark abov	ve mentioned DP I	Details as Default in Trading Account	: Yes / No

## CHANGE IN MOBILE NUMBER/E-MAILID/INCOME:-

	1 <sup>st</sup> Holder	2 <sup>nd</sup> Holder	3 <sup>rd</sup> Holder						
AdhaarNo.									
AnnualIncome									
MobileNo.									
Relationship with person whose Mobile no. isprovided	<ul> <li>Self Spouse</li> <li>Dependentchildren</li> <li>Dependentparents</li> </ul>	Self     Spouse       Dependentchildren       Dependentparents	<ul> <li>Self Spouse</li> <li>Dependentchildren</li> <li>Dependentparents</li> </ul>						
EmailID									
Relationship with person whose Mobile no. isprovided	<ul> <li>Self Spouse</li> <li>Dependentchildren</li> <li>Dependentparents</li> </ul>	Self     Spouse       Dependentchildren       Dependentparents	<ul> <li>Self Spouse</li> <li>Dependentchildren</li> <li>Dependentparents</li> </ul>						
SMSFacilityFlag	Yes No	Yes No	Yes 🗌 No 🗌						
ModeofReceivingStat	tementofAccounts:	PhysicalMode   Electronic	cMode						
I wish to receivee-sta	atement:- 🗌 Yes 🛛 🗌 No								

I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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.I am aware of other modes of KYC which are available and I have chosen Aadhaar based method voluntarily. My Aadhaar record can be used by KRA only for the specific purpose of validating / maintaining / sharing my KYC record and as an audit evidence. I will have an option to request for deletion of my Aadhaar record. I/We hereby consent to receiving information from KRA through SMS/Email on the above registered number/Email address. I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

<i>Z</i>	×	X.	
(Sole/Firs (Proofof Bankdetailwithcance)	tHolder) (Secon elled Cheque/FreshCKYC formforChange	,	Third Holder) ailReqd)
For Office Use Only:- KRA/CKYC No. :	dated	_ CKYC Data Updatedby	:
CKYC Validated : Yes/ No	Updated in Trading : Yes / No	Updation in Trading done b	у :

### Termsandconditions

### Definition

Intheseterms and conditions the following terms shall have the following meanings:

"Alerts" of 'Facility means the customized messages with respect to specific events/transactions relating to an investor's Accounts entas Short Messaging Service (SMS) over mobile phone to the investor;

"Investor" meanstheperson who holds an Account;

"Account" means the demat account of the investor with NSDL maintained through its Depository

Participant;"ISIN"meansaninternationalSecuritiesIdentificationNumberassignedtoasecurity;

 $\label{eq:csp} ``meansthecellular service provider through whom the investor or NSDL receives the mobile services.$ 

#### Availability

NSDL atitssole discretion may discontinuethefacility atany timeby providing a priorintimation through its website or any other medium of communication. NSDL may atits discretion extend the facility to investors who register mobile phones originating outside India.

The alerts would be generated by NSDL and will be sent to the investors on the mobile number provided by the investor and the delivery of the Alert wouldbe entirely based on the service availability of the service provider and connectivity with other cellular circles of the CSPs or in circle forming part of the roamingGSM network agreement between such CSPs. The Alerts are dependent on various factors including connectivity and, therefore NSDL cannot assure final and timelydeliveryofthe Alerts.

The investor will be responsible for the security and confidently of his/herMobile phone and mobile phone number to be used for this facility.

#### Process

This facility provides alerts to investors over mobile phones for the debits (transfers) and for credits in respect of corporate actions for IPO and offer for sale thathave taken place in their accounts, a day after the debit (transfer) /credit.These Alerts will be sent to those investors who have requested such a facility and haveprovided their mobile numbers to their Depository Participants.Alerts will be sent for debits, if the debits (transfers) are up to five ISINs in a day. In case debits(transfers) are for more than five ISINs, Alerts will be sent with a message that debits for more than five ISINs have taken place and that the investor can check thedetails with DP or on IdeAS website, if the investor is an IdeAS subscriber. Investors who have provided their mobile numbers to Depository Participantsaccordingly.

The investor is duly bound to acquaint himself / herself with the detailed process for using the facility and interpreting the alerts for which NSDL is notresponsible for anyerror/omissionsbytheinvestor.

TheinvestoracknowledgesthatthealertswillbeimplementedinaphasedmannerandNSDLmayatalaterstage;asandwhenfeasible,addmorealerts.NSDL may, at its discretion, from time to time change the features of any Alert. The investor will be solely responsible for keeping himself/herself updated of theavailableAlerts, which shall, onbest-effortbasis, benotified by NSDL through its website or any other medium of communication.

#### ReceivingAlerts

The investor is solely responsible for intimating in writing to his/her Depository Participant any change in his/her mobile phone number and NSDL will notbeliable for sendingAlertsor otherinformationoverhis/hermobilephonenumber recordedwithNSDL.

The investor acknowledges that to receive Alerts, his/her mobile phone must be in an 'on' mode. If his/her mobile is kept 'off' for a specified period from thetime of delivery of an Alert message by NSDL, that particular message may not be received by the investor. The investor acknowledges that the facility is dependenton the infrastructure, connectivity and services provided by the CSPs within India. The investor accepts that timeliness; accuracy and readability of Alerts sent byNSDL will depend on factors affecting the CSPs and other service providers. NSDL shall not be liable for non-delivery or delayed delivery of Alerts, error, loss ordistortionintransmissionofAlertstothe investor.

NSDL will endeavor to provide the facility on a best effort basis and the investor shall not hold NSDL responsible/liable for non-availability of the facility ornon performance by any CSPs or other service providers or any loss or damage caused to the investor as a result of use of the facility (including relying on the Alertsfor his/her investment or business or any other purposes) for causes which are attributable to /and are beyond the control of NSDL.NSDL shall not be held liable inanymannertotheinvestor inconnectionwiththeuseofthe facility.

The investor accepts that each Alert may contain certain account information relating to the investor. The investor authorizes NSDL to send any otheraccount related information, thoughnot specifically requested, if NSDL deems that the same is relevant.

#### WithdrawalorTermination

NSDL may, in its discretion, withdraw temporarily or terminate the facility, either wholly or in part, at any time. NSDL may suspend temporarily the facilityat any time during which any maintenance work or repair is required to be carried out or incase of any emergency or for security reasons, which require the temporarysuspension of the facility.

Not withstanding the terms laid down in clause 1.5.1 above, either the investor or NSDL may, for any reason whatsoever, terminate this facility at any time. In casetheinvestor wishestoterminatethisfacility,he/shewillhavetointimatehis/herDepositoryParticipantaccordingly.

#### Fees

At present, NSDL levying no charge for this facility on the Depository Participants. The investor shall be liable for payment of airtime or other chargeswhich may be levied by the CSPs in connection with the receiving of the Alerts, as per the terms and conditions between the CSPs and investors, and NSDL is in nowayconcernedwiththesame.

### Disclaimer

ThisfacilityisonlyonAlertmechanism fortheinvestors and isnotinlieuof the TransactionStatements required to be provided by the Depository Participant to its clients.

shallnotbeconcernedwithanydisputethatmayarisebetweentheinvestorandhis/herCSPandmakesnorepresentationorgivesnowarrantywithrespecttothequalityoftheservicep rovidedbythe CSP or guarantee for timelydeliveryor accuracyofthecontentsofeachAlert.

The investors hall verify the transactions and the balances in his/heraccount from his/her Depository Participant and not rely solely on Alerts for any purpose.

NSDLwillnotbeliableforanydelayorinabilityofNSDLtosendtheAlert orforloss of anyinformationinthe Alertsintransmission.

#### Liability

NSDLshallnotbeliableforanylosses, claims and damages arising from negligence, fraud, collusion or violation of the terms here in on the part of the investor and / or a third party.

#### ForreceivingStatementofAccountinelectronicform:

Client must ensure the confidentiality of the password of the email

account. Client must promptly inform the Participant if the email address has changed.

Clientmayopttoterminatethisfacilitybygiving10dayspriornotice. Similarly, Participantmayalsoterminatethisfacilitybygiving10dayspriornotice.

### **Requirements**

#### ForChangeinBankDetails:

- CopyofCancelChequehavingNameandAccountNumberofAccountHolderprintedonit.IncaseofNonprintingofName&Account number oncancelledcheque, LatestBankStatement orBank PassBook.(NotolderthanthreeMonths)

### ForChangeinAddress:

KYC needs to be updated for change of Address. (Copy of Address Proof and Pan Cardwith KYC Form and Modification for mrequired) (Kindly Attach Proof of Identity for any type of modifications in demata ccount.)

# **Nomination Form**

# [Annexure A to SEBI circular No. SEBI/HO/MIRSD/MIRSD\_RTAMB/P/CIR/2022/23 dated February 24, 2022 on Nomination for Eligible Trading and Demat Accounts – Extension of timelines and relaxations for existing account holders]

TM / DP SS Corporate Securities Ltd NDM-2 Block –D, 3 <sup>rd</sup> Floor				FORM FOR NOMINATION																				
NI Neta	DM-2 Block –D, nji Subhash Place	3 <sup>rd</sup> Floor e Delhi-34					(To	be fille	ed ii	n by ir	divid	duai	l app	lying	singly	or joir	ıtly	<b>')</b>						
Da	ate D D	M M Y	Y	Y Y	UCC/	DP ID	Ι	N							Client II	,								Τ
I	/We wish to make	e a nomination.	[As per	details gi	ven below	v]																		
N	omination Detail	ls																						
I/ of	We wish to make my / our death.	a nomination an	ıd do he	reby non	inate the	following	g per	son(s)	who	o shall	rece	eive	all th	e ass	ets held	l in m	y/(	oura	acc	ount	in	the	even	ıt
	omination can be ominees in the acc		ree		Deta	ails of 1 <sup>st</sup>	Nom	inee		Ι	)etai	ls o	f 2 <sup>nd</sup> ]	Nom	inee		Ι	Deta	ils	of 3'	<sup>rd</sup> N	lomi	inee	
1	Name of the no	ominee(s) (Mr./	Ms.)																					
2	Share of each Nominee	Equally [If not equally,						%							%								0	%
	Tommee	please specify percentage]		Any	Any odd lot after division shall be transferred to the first nominee mentioned in the form.																			
3 Relationship With the Applicant( If Any)																								
4	Address of Nor	minee(s)																						
	City / Place: Sta & Country:	ate																						
		PIN Cod	e																					
5	Mobile / Telep nominee(s) #	phone No. of																						
6	Email ID of no	ominee(s) #																						
7	Nominee Iden [Please tick an and provide det	y one of follo																						
	<ul> <li>Photograph &amp; Signature PAN</li> <li>Aadhaar Saving Bank account no. Demat Account ID</li> </ul>																							
Sr N	Nos. 8-14 should b	he filled only if	nomina	(s) is a	minor:																			
8	Date of Birth nominee(s)}	{in case of min	nor																					
9	Name of Guar case of minor r		{in																					

10	Address of Guardian(s)		
	City / Place: State & Country:		
	PIN Code		
1 1	Mobile / Telephone no. Guardian#	f	
1 2	Email ID of Guardian #		
1 3	Relationship of Guardian with nominee		
1 4	Guardian Identification detail [Please tick any one of followi and provide details of same] Photograph & Signature PAN account no. Proof of Identity Demat Account ID		
		Name(s) of holder(s)	Signature(s) of holder*
Sole / First Holder (Mr./Ms.)			
S	econd Holder (Mr./Ms.)		
Т	hird Holder (Mr./Ms.)		

\* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature # Optional Fields (Information required at Serial nos. 5, 6, 7, 11, 12 & 14 is not mandatory)

Note:

This nomination shall supersede any prior nomination made by the account holder(s), if any.

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

Name and Signature of Holder(s)*					
	-				
1	2	3			

\* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature

## //ANNEXURE - REACTIVATION OF DORMANT ACCOUNT

Dear Sir,

l/we												(Client
Name	-	Individual/	Non	Indiv	idual)	having	trading	account	with	Unique	Client	Code
		allot	ted	to	me/u	ıs by	your	broking	g h	ouse	situated	at
(Branch Name) since (Date of Activation								ion of				
the Acc	cou	nt).										

I/we am/are not trading in Cash / Currency / F&O Segments on the NSE / BSE / MSEI Trading platform since \_\_\_\_/\_\_\_ (Last Trade Date). However, I/we am/are desirous to start trading in Cash / Currency / F&O Segments on the NSE / BSE / MSEI platform. In this regard, you are requested to reactivate my/our trading account and allow trading with immediate effect.

I/we hereby confirm that:-

- 1. I/We have completed all the KYC formalities and submitted all the required documents thereof (Proof of Identity, Address Proof, Bank Proof, PAN, etc.), at the time of opening the trading account originally and enrolling as a client with you.
- 2. There are no changes in respect of my/our Bank account provided to you earlier. Further, I confirm that the address and contact details recorded with you remain unchanged, and same is given below.

Address									
Telephone No:		Mobile No:							
Self	Spouse	Dependent children	ependent parents						
Email ID:									
Self	Spouse	Dependent children	ependent parents						

I/we declare that the information given above is true to my/our knowledge. I/we, therefore, request you that the requirement of fresh KYC may not be insisted upon.

Yours faithfully,

Signature

Date:

Note:

1. To be taken on the Letterhead in case of Non-Individual Account.

- 2. Affix company seal near to signature in case of Non-Individual Account.
- 3. Affix Karta seal near to signature in case of HUF Account.

4. In case of address change, please submit Account Modification Request along with self attested Identity & Address Proofs. Original documents to be produced for verification.