

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

Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also

**CDSL VENTURES LIMITED**

...Exploring New Horizons



Application Number: _____

SS Corporate Securities LtdApplication Type*: New KYC Modification KYC**1. Entity Details** (please refer guidelines)

PAN* _____ Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof) _____

Date of Incorporation* _____ Place of Incorporation* _____

Date of Commencement* _____ Registration Number* _____

Entity Type* Private Ltd. Co. Public Ltd. Co. Body Corporate Partnership

Please Tick (✓) Trust/Charity/NGO HUF FPI Category I FPI Category II

AOP Bank Government Body Defence Establishment

Body of Individuals Society LLP

Non-Government Organization

Others _____

2. Proof of Identity+ (please refer the guidelines)

- Officially Valid Document(s) in respect of person authorized to transact
- Certificate of Incorporation/Formation _____ Registration Certificate _____
- Memorandum of Articles and Association Partnership Deed Trust Deed
- Board Resolution Power of attorney granted to its manager, office, employees to transact on its behalf
- Activity Proof -1+ (For Sole Proprietorship Only) Activity Proof -2+ (For Sole Proprietorship Only)

3. Address Details* (please refer the guidelines)**A. Registered Address***

Line 1* _____

Line 2 _____

Line3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

B. Correspondence/Local Address in India (if different from above)*

Line 1* _____

Line 2 _____

Line3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Applicant Digital Signature (DSC)

Proof of Address* (attested copy of any one POA to be submitted—"Not more than 3 months old)

- Certificate of Incorporation/Formation Registration Certificate Other document _____
- Latest Telephone Bill* (Landline only) Latest Electricity Bill* Latest Bank Account Statement*
- Registered Lease/ Sale Agreement of Office Premises **Validity/Expiry Date of POA** (Expiry Date) _____
- Any other proof of address document (as listed overleaf) _____

4. Contact Details

Email ID _____ Mobile No. _____

Email ID _____ Mobile No. _____

Tel (off) _____ Fax _____

5. Annexures Submitted

Number of Related Persons -

6. Remarks / Additional Information

7. Applicant Declaration

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

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: ____ ____ ____ (DD-MM-YYYY)
PLACE: _____

Applicant Digital Signature (DSC)

Applicant Wet Signature

8. For Office Use Only

KYC carried out by*	Intermediary Details*
KYC Date _____ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input type="checkbox"/> Self certified document copies received (Originals Verified) <input type="checkbox"/> True Copies of documents received (Attested) AMC / Intermediary Name OR Code: SS Corporate Securities Ltd
Employee Signature and Stamp	Employee Signature and Stamp

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Know Your Client (KYC)
Annexure (For Non- Individuals Only)



CDSL VENTURES LIMITED
 ...Exploring New Horizons



SS Corporate Securities Ltd

Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

Fields marked * are pertaining to CKYC and mandatory only if processing CKYC also

Application Number: _____

Application Type*: New KYC Modification KYC

1. Identity Details of Related Person (please refer guidelines overleaf)

PAN* _____ Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof) _____

Maiden Name* (if any) _____

Fathers/Spouse's Name* _____

Date of Birth* ____-____-____

Gender* Male Female Transgender

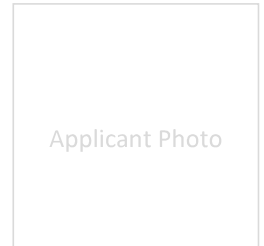
Nationality* Indian Other _____

Related Person Type*

Director Promoter Karta Trustee Partner Court Appointed Official Proprietor

Beneficiary Authorized Signatory Beneficial Owner Power of Attorney Holder

Others _____ (please specify) DIN: _____ (mandatory if the related person is Director)



Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

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 _____

Z — Others _____ (any document notified by Central Government)

Identification Number _____

2. Address Details* (please refer guidelines overleaf)

A. Correspondence/ Local Address*

Line 1* _____

Line 2 _____

Line 3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified

Blank area for stamp or signature.

Applicant e-SIGN

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1* _____
 Line 2 _____
 Line3 _____
 City/Town/Village* _____ District* _____ Pin Code* _____
 State* _____ Country* _____
 Address Type* Residential/Business Residential Business Registered Office Unspecified

Proof of Address* (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

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 _____ (any document notified by Central Government)
 Identification Number _____

3. Contact Details

Email ID _____
 Mobile No. _____
 Tel (Off) _____ Tel (Res) _____

4. Applicant Declaration

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it. I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address. DATE: ____ _ (DD-MM-YYYY) PLACE: _____	Applicant e-SIGN	Applicant Wet Signature

5. For Office Use Only

KYC carried out by*	Intermediary Details*
KYC Date ____ _ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested) <div style="text-align: center; font-size: 24px; font-weight: bold;">SS Corporate Securities Ltd</div>
Employee Signature and Stamp	Institution Name and Stamp

**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

F. In case of Non-Individuals, additional documents to be obtained from non-individuals, over & above the POI & POA, as mentioned below:

Types of entity	Documentary requirements
Corporate	<ul style="list-style-type: none"> • Copy of PAN CARD & Address Proof of Company • Original Signed cancelled cheque of Company • Bank Statement of Company (Duly Stamped) by Bank (Two Set) • Copy of Pan Card & Address Proof of all Directors. (Name should match in all proofs) • Signed cancelled cheque of all Directors (Original) (Name should be printed on Cancelled Cheque, if no name on Cheque, Bank Statement duly stamped by bank reqd.) • Board Resolution to deal in securities market and authorisation to sign the documents on behalf of the company to its Director/s. • Photographs of all Directors in Annexure Sheet duly cross signed on photo. • Networth Certificate of company certified by CA • List of Directors • Share Holding Pattern including Promoters Holding. • List of Authorised Signatories duly signed by Directors. • Last Two years Audited Financial Accounts (Two Sets) • Memorandum & Article of Association (Two Sets) <p>(ALL DOCUMENTS SHOULD BE SELF CERTIFIED.)</p>
Partnership firm	<ul style="list-style-type: none"> • Copy of the balance sheets for the last 2 financial years (to be submitted every year). • Certificate of registration (for registered partnership firms only). • Copy of partnership deed. • Authorised signatories list with specimen signatures. • Photograph, POI, POA, PAN of Partners.
Trust	<ul style="list-style-type: none"> • Copy of the balance sheets for the last 2 financial years (to be submitted every year). • Certificate of registration (for registered trust only). • Copy of Trust deed. • List of trustees certified by managing trustees/CA. • Photograph, POI, POA, PAN of Trustees.
HUF	<ul style="list-style-type: none"> • Copy of PAN CARD & Address Proof of HUF Firm • Original Signed cancelled cheque of HUF Firm • Bank Statement of HUF Firm • Copy of Pan Card & Address Proof of all Karta (Name should match in all proofs) • Original Signed cancelled cheque of Karta • Bank Statement of Karta • Karta's Details, Co-Parceners detail along with their photo (duly cross signed), their Pan card and address proofs in annexure detail page. • If Co-parcener are minor, then DOB certificate • HUF declaration <p>(ALL DOCUMENTS SHOULD BE SELF CERTIFIED.)</p>
Unincorporated association or a body of individuals	<ul style="list-style-type: none"> • Proof of Existence/Constitution document. • Resolution of the managing body & Power of Attorney granted to transact business on its behalf. • Authorized signatories list with specimen signatures.
Banks/Institutional Investors	<ul style="list-style-type: none"> • Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years. • Authorized signatories list with specimen signatures.
Foreign Institutional Investors (FII)	<ul style="list-style-type: none"> • Copy of SEBI registration certificate. • Authorized signatories list with specimen signatures.
Army/ Government Bodies	<ul style="list-style-type: none"> • Self-certification on letterhead. • Authorized signatories list with specimen signatures.
Registered Society	<ul style="list-style-type: none"> • Copy of Registration Certificate under Societies Registration Act. • List of Managing Committee members. • Committee resolution for persons authorised to act as authorised signatories with specimen signatures. • True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.

MANDATORY**DECLARATION BY HUF**

To,

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

As our HUF wishes to open an Trading Account with your Company in the said name _____

_____ This is to inform you that the first signatory to this letter Mr. _____ is the Karta of the joint family and other signatories are the co-parceners of the said family.

We further confirm that the business of the said joint family is carried on mainly by the said Karta as also by the other signatories here to in the interest and for the benefit of the entire body of co-parceners of the joint family. We all undertake that claims due to the Company from the said family shall be recoverable personally from all or any of us and also for the entire family properties of which the first signatory is the Karta, including the share of minor co-parceners.

In view of the fact that ours is not a firm governed by the Indian Partnership Act 1952, we have not got our said firm registered under the said act.

We hereby undertake to inform the Company of the death or birth of a co-parcener or change occurring at any time in the membership of our joint during the currency of the account.

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

Your sincerely



Name of Karta _____

(Signature with rubber stamp)

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 %			
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

[#] 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.

[%] 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

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:	Bank Name:.....
Address:.....	Address:.....
.....
Account No:	Account No:
Type Of Account:	Type Of Account:
MICR: IFSC:.....	MICR: IFSC:.....

CHANGE IN ADDRESS:

PresentAddress	NewAddress
.....
.....
.....
State: PinCode:	State: PinCode:

CHANGE IN DEMAT ACCOUNT (FOR UPDATION IN TRADING ACCOUNT ONLY)

DP ID		DP Name	
Client ID		Client Names(As per DP Client Master)	
Mark above mentioned DP Details as Default in Trading Account : Yes <input type="checkbox"/> / No <input type="checkbox"/>			

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

	1 st Holder	2 nd Holder	3 rd Holder
AdhaarNo.			
AnnualIncome			
MobileNo.			
Relationship with person whose Mobile no. is provided	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependentschildren <input type="checkbox"/> Dependentsparents	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependentschildren <input type="checkbox"/> Dependentsparents	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependentschildren <input type="checkbox"/> Dependentsparents
EmailID			
Relationship with person whose Mobile no. is provided	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependentschildren <input type="checkbox"/> Dependentsparents	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependentschildren <input type="checkbox"/> Dependentsparents	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependentschildren <input type="checkbox"/> Dependentsparents
SMSFacilityFlag	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
ModeofReceivingStatementofAccounts: <input type="checkbox"/> PhysicalMode <input type="checkbox"/> ElectronicMode			
I wish to receive-statement:- <input type="checkbox"/> Yes <input type="checkbox"/> 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.

(Sole/FirstHolder)

(SecondHolder)

(Third Holder)

(Proof of Bankdetailwithcancelled Cheque/FreshCKYC formforChange in Name/Address/Mobile/EmailReqd)

For Office Use Only:-

KRA/CKYC No. : _____ dated _____ CKYC Data Updatedby : _____

CKYC Validated: Yes/ No Updated in Trading : Yes/ No Updation in Trading done by : _____

Terms and conditions

Definition

In these terms 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 sent as Short Messaging Service (SMS) over mobile phone to the investor;

“Investor” means the person who holds an Account;

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

Participant; “ISIN” means an International Securities Identification Number assigned to a security;

“CSP” means the cellular service provider through whom the investor or NSDL receives the mobile services.

Availability

NSDL at its sole discretion may discontinue the facility at any time by providing a prior intimation through its website or any other medium of communication. NSDL may at its discretion extend the facility to investors whose registered mobile phones originate 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 would be 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 roaming GSM network agreement between such CSPs. The Alerts are dependent on various factors including connectivity and, therefore NSDL cannot assure final and timely delivery of the Alerts.

The investor will be responsible for the security and confidentiality of his/her Mobile 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 that have 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 have provided 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 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 the details with DP or on IdeAS website, if the investor is an IdeAS subscriber. Investors who have provided their mobile numbers to Depository Participant but do not wish to avail of this facility may do so by informing their Depository Participants accordingly.

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 not responsible for any error/omissions by the investor.

The investor acknowledges that the alerts will be implemented in a phased manner and NSDL may at a later stage, as and when feasible, add more alerts. 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 the available Alerts, which shall, on best-effort basis, be notified by NSDL through its website or any other medium of communication.

Receiving Alerts

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 not be liable for sending Alerts or other information over his/her mobile phone number recorded with NSDL.

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 the time 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 dependent on the infrastructure, connectivity and services provided by the CSPs within India. The investor accepts that timeliness; accuracy and readability of Alerts sent by NSDL 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 or distortion in transmission of Alerts to the 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 or non 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 Alerts for 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 in any manner to the investor in connection with the use of the facility.

The investor accepts that each Alert may contain certain account information relating to the investor. The investor authorizes NSDL to send any other account related information, though not specifically requested, if NSDL deems that the same is relevant.

Withdrawal or Termination

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

Notwithstanding 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 case the investor wishes to terminate this facility, he/she will have to intimate his/her Depository Participant accordingly.

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 charges which 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 no way concerned with the same.

Disclaimer

This facility is only an Alert mechanism for the investors and is not in lieu of the Transaction Statements required to be provided by the Depository Participant to its clients.

NSDL

shall not be concerned with any dispute that may arise between the investor and his/her CSP and makes no representation or gives no warranty with respect to the equality of the service provided by the CSP or guarantee for timely delivery or accuracy of the contents of each Alert.

The investor shall verify the transactions and the balances in his/her account from his/her Depository Participant and not rely solely on Alerts for any purpose.

NSDL will not be liable for any delay or inability of NSDL to send the Alert or for loss of any information in the Alerts in transmission.

Liability

NSDL shall not be liable for any losses, claims and damages arising from negligence, fraud, collusion or violation of the terms herein on the part of the investor and/or a third party.

For receiving Statement of Account in electronic form:

Client must ensure the confidentiality of the password of the email

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

Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.

Requirements

For Change in Bank Details:

- Copy of Cancel Cheque having Name and Account Number of Account Holder printed on it. In case of Non printing of Name & Account number on cancelled cheque, Latest Bank Statement or Bank Pass Book. (Not older than three Months)

For Change in Address:

- KYC need to be updated for change of Address. (Copy of Address Proof and Pan Card with KYC Form and Modification form required) (Kindly Attach Proof of Identity for any type of modifications in demat account.)

//ANNEXURE - REACTIVATION OF DORMANT ACCOUNT

Dear Sir,

I/we _____ (Client Name - Individual/ Non Individual) having trading account with Unique Client Code _____ allotted to me/us by your broking house situated at _____ (Branch Name) since _____ (Date of Activation of the Account).

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:		
<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent children	<input type="checkbox"/> Dependent parents
Email ID:	_____		
<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent children	<input type="checkbox"/> Dependent 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.