

# GEOJIT IFSC LIMITED

## CLIENT REGISTRATION FORM – FOR DEMAT



SR. NO	PARTICULAR	MEMBERSHIP NO
1	IFSCA Registrations No.	IFSC/BD/2022-23/0008
2	India International Exchange IFSC Ltd.	5078
3	NSE International Exchange IFSC Ltd.	10061

**Registered office address:** Unit No. 1641, 16<sup>th</sup> Floor, Signature Building, Block 13-B, Zone 1, Gift SEZ, Gandhinagar – 382 355, Gujarat, INDIA.

Ph: 079 – 68350005/8

Email: [geojitifsc@geojit.com](mailto:geojitifsc@geojit.com)

Website: [www.geojitifsc.com](http://www.geojitifsc.com)

**ACCOUNT OPENING CHECKLIST  
(For Demat)**

**PART – 1 KYC and Demat Account opening form**

1.1	Central KYC for Individual
1.2	Demat Account Opening form

**PART – 2**

2.1	Voluntary Consent Letter
2.2	Nomination Form
2.3	Demat Debit and Pledge Instruction
2.4	Mandate to recover charges

**PART – 3**

3.1	Tariff Sheet
3.2	Rights and Obligations

Rights and Obligations Document, Risk Disclosure Document (RDD), Do's and Don'ts Document, Product Disclosure Statement (PDS) and Master Deed Poll (MDP) and Policies and Procedures can be read/downloaded from the company's website at [www.geojitifsc.com](http://www.geojitifsc.com)

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

**Important Instructions:**

- A) Fields marked with '\*' are mandatory fields.  
B) Please fill the form in English and in BLOCK letters.  
C) Please fill the date in DD-MM-YYYY format.  
D) Please read section wise detailed guidelines / instructions at the end.  
E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.  
F) List of two character ISO 3166 country codes is available at the end.  
G) KYC number of applicant is mandatory for update application.  
H) For particular section update, please tick ☐ in the box available before the section number and strike off the sections not required to be updated.

**For office use only**

Application Type*	<input type="checkbox"/> New <input type="checkbox"/> Update
<i>(To be filled by financial institution)</i> KYC Number	<span style="border: 1px solid black; padding: 0 2px;"> </span> <span style="border: 1px solid black; padding: 0 2px;"> </span> <span style="border: 1px solid black; padding: 0 2px;"> </span> <span style="border: 1px solid black; padding: 0 2px;"> </span> <span style="border: 1px solid black; padding: 0 2px;"> </span> <span style="border: 1px solid black; padding: 0 2px;"> </span> <span style="border: 1px solid black; padding: 0 2px;"> </span> <span style="border: 1px solid black; padding: 0 2px;"> </span> <span style="border: 1px solid black; padding: 0 2px;"> </span> <span style="border: 1px solid black; padding: 0 2px;"> </span> <span style="border: 1px solid black; padding: 0 2px;"> </span> <span style="border: 1px solid black; padding: 0 2px;"> </span> <span style="border: 1px solid black; padding: 0 2px;"> </span> <span style="border: 1px solid black; padding: 0 2px;"> </span> <span style="border: 1px solid black; padding: 0 2px;"> </span> <span style="border: 1px solid black; padding: 0 2px;"> </span>
Account Type*	<input type="checkbox"/> Normal <input type="checkbox"/> Simplified (for low risk customers) <input type="checkbox"/> Small

*(Mandatory for KYC update request)*

☐ **1. PERSONAL DETAILS** (Please refer instruction **A** at the end)

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

PHOTO

Signature / Thumb Impression

☐ 2. **TICK IF APPLICABLE** ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

**ADDITIONAL DETAILS REQUIRED\*** (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*	<input type="text"/>	<input type="text"/>
Tax Identification Number or equivalent (If issued by jurisdiction)*	<input type="text"/>	<input type="text"/>
Place / City of Birth*	<input type="text"/>	ISO 3166 Country Code of Birth*

☐ **3. PROOF OF IDENTITY (Pol)\*** (Please refer instruction C at the end)

*(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)*

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

#### 4. PROOF OF ADDRESS (PoA)\*

☐ 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction **D** at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type\* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Proof of Address\* ☐ Passport ☐ Driving Licence ☐ UID (Aadhaar) ☐

☐ Voter Identity Card ☐ NREGA Job Card ☐ Others

Address	Simplified Measures	Account - Document Type code
Line 1*		
Line 2		
Line 3		City / Town/Village*
District*	Pin / Post Code*	State / U.T Code* ISO 3166 Country Code*





**CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity/ Other than Individuals**

**Important Instructions:**

- A) Fields marked with "\*" are mandatory fields.  
B) Tick '✓' wherever applicable.  
C) Please fill the date in DD-MM-YYYY format.  
D) Please fill the form in English and in BLOCK letters.  
E) KYC number of applicant is mandatory for update application.
- F) List of State / U.T code as per Indian Motor Vehicle Act,1988 is available at the end.  
G) List of two character ISO 3166 country codes is available at the end.  
H) Please read section wise detailed guidelines / instructions at the end.  
I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



**For office use only**

Application Type\*

☐ New ☐ Update

(To be filled by financial institution) KYC Number

(Mandatory for KYC update request)

**1. ENTITY DETAILS\* (Please refer instruction A at the end)**

☐ Name\*

Entity Constitution Type\* ☐ Others (Specify)  (Please refer instruction B at the end)

Date of Incorporation / Formation\*  DD -  MM -  YY  YY Date of Commencement of Business  DD -  MM -  YY  YY

Place of Incorporation / Formation\*  Country of Incorporation / Formation\*  TIN or Equivalent Issuing Country

PAN \*  ☐ Form 60 furnished

TIN / GST Registration Number

**2. PROOF OF IDENTITY (PoI)\* (Please refer instruction B at the end)**

- ☐ Officially valid document(s) in respect of person authorised to transact
- ☐ Certificate of Incorporation / Formation  ☐ Registration Certificate  Regn Certificate No.
- ☐ Memorandum and Articles of Association ☐ Partnership Deed ☐ Trust Deed
- ☐ Resolution of Board / Managing Committee ☐ Power of attorney granted to its manager, officers or employees to transact on its behalf
- ☐ Activity Proof - 1 (For Sole Proprietorship Only) ☐ Activity Proof - 2 (For Sole Proprietorship Only)

**3. ADDRESS\* (Please see instruction C at the end)**

**3.1 Registered Office Address / Place of Business\***

Proof of Address\* ☐ Certificate of Incorporation / Formation ☐ Registration Certificate ☐ Other Document

Line 1\*

Line 2

Line 3  City / Town / Village\*

District\*  PIN / Post Code\*  State / U.T Code\*  ISO 3166 Country Code\*

**3.2 Local Address in India (If different from Above)\***

Line 1\*

Line 2

Line 3  City / Town / Village\*

District\*  PIN / Post Code\*  State / U.T Code\*  ISO 3166 Country Code\*

**4. CONTACT DETAILS (All communications will be sent to Mobile number/ Email-ID provided" may be used) (Please refer instruction D at the end)**

Tel. (Off)  -  FAX  -

Mobile  -  Email ID

Mobile  -  Email ID

**5. NUMBER OF RELATED PERSONS  (Please refer instruction E at the end)**

6. REMARKS (If any)	

## 7. APPLICANT DECLARATION (Please refer Instruction G at the end)

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

Date :   -   -

[illegible]

Signature / Thumb Impression of Authorised Person(s)

### 8. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ Equivalent e-document ☐

## KYC VERIFICATION CARRIED OUT BY

Identity Verification ☐ Done Date --

[illegible][illegible][illegible][illegible]

## INSTITUTION DETAILS

Name \_\_\_\_\_

[illegible]

## CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Legal Entity / Other than Individuals KYC Application Form

## A Clarification / Guidelines for filing Entity Details section

## 1 Entity Constitution Type

A - Sole Proprietorship  
B - Partnership Firm  
C - HUF  
D - Private Limited Company  
E - Public Limited Company  
F - Society  
G - Association of Persons (AOP) / Body of Individuals (BOI)

H - Trust  
I - Liquidator  
J - Limited Liability Partnership  
K - Artificial Liability Partnership  
L - Public Sector Banks  
M - Central/State Government Department or Agency  
N - Section 8 Companies (Companies Act, 2013)

O - Artificial Jurisdical Person  
P - International Organisation or Agency /Foreign  
Embassy or Consular Office etc.  
Q - Not Categorized  
R - Others  
S - Foreign Portfolio Investors

2 In case of companies and partnerships, PAN of the entity is mandatory. In case of other entitles, FORM 60 may be obtained if PAN is not available.

## B Clarification / Guidelines for filling 'Proof of Identity[Pol]' section

- 1 Activity Proof - 1 and Activity Proof - 2 are applicable for accounts in case of proprietorship firms. Please refer to relevant instructions issued by the Reserve Bank of India in this regard.
- 2 Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.
- 3 Certified copy of document or equivalent e-document or OVD obtained through Digital KYC process to be submitted.
- 4 'Equivalent e-document' means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
- 5 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
- 6 KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.

## C Clarification / Guidelines for filling 'Proof of Address [PoA]' section

- 1 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 2 Certified copy of document or equivalent e-document to be submitted.

## D Clarification / Guidelines for filling 'Contact Details' section

- 1 Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

## E Clarification / Guidelines for filling 'Related Person Details' section

- 1 Personal Details
  - The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Proof of Address [PoA]
  - PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
  - State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
  - In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR
  - REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository.
- 3 If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related Person' are required.
- 4 Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.

## F Provision for capturing signature of multiple authorised persons is to be made by the RE.



## List of two digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State/U.T	Code	State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chhattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

## List of ISO 3166 two digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Åland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GO	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Island	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Island	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Moyotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SI
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NZ	Taiwan province of china	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hongkong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire ICote d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion !Reunion	RE	Virgin Island, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao ICuracao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy !Saint BartheJemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French Part)	MF		



## Annexure A2 | Legal Entity / Other than Individuals

## CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person

## Important Instructions:

- A) Fields marked with "\*" are mandatory fields.  
B) Tick '✓' wherever applicable.  
C) Please fill the date in DD-MM-YYYY format.  
D) Please fill the form in English and in BLOCK letters.  
E) KYC number of applicant is mandatory for update application.  
F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.  
G) List of two character ISO 3166 country codes is available at the end.  
H) Please read section wise detailed guidelines / instructions at the end.  
I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated



For office use only Application Type\* ☐ New ☐ Update ☐ Delete  
(To be filled by financial institution) KYC Number  (Mandatory for KYC update and delete request)

## 1. DETAILS OF RELATED PERSON\* (Please refer instruction E at the end)

☐ Addition of Related Person ☐ Deletion of Related Person ☐ Update Related Person Details

KYC Number of Related Person (if available\*)  If KYC number is available, only 'Related Person Type' & 'Name' is mandatory

Related Person Type\* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointment Official ☐ Proprietor  
☐ Beneficiary ☐ Authorised Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder ☐ Other (Please specify)

DIN (Director Identification Number)  (Mandatory if Related Person Type is Director)

## 1.1 PERSONAL DETAILS (Please refer instruction E at the end)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Nationality*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> )		
PAN*	<input type="text"/>		<input type="checkbox"/> Form 60 furnished	

## 1.2 PROOF OF IDENTITY AND ADDRESS\* (Please refer instruction E at the end)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A- Passport Number   
☐ B-Voter ID Card   
☐ C- Driving Licence   
☐ D-NREGA Job Card   
☐ E- National Population Register Letter   
☐ F - Proof of Possession of Aadhaar   
II ☐ E-KYC Authentication   
III ☐ Offline verification of Aadhaar

☐ PHOTO\*

## Address

Line 1\*   
Line 2   
Line 3  City / Town / Village\*   
District\*  Pin / Post Code\*  State / U.T Code\*  ISO 3166 Country Code\*

☐ 1.3. CURRENT ADDRESS DETAILS (Please refer instruction E and the end)

☐ Same as above mentioned address (In such cases address details as below need not be provided)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A- Passport Number   
☐ B-Voter ID Card   
☐ C- Driving Licence   
☐ D-NREGA Job Card   
☐ E- National Population Register Letter   
☐ F - Proof of Possession of Aadhaar   
II ☐ E-KYC Authentication   
II ☐ Offline verification of Aadhaar

IV ☐ Deemed PoA

V ☐ Self Declaration

Address

Line 1\*

Line 2

Line 3

District\*

Pin / Post Code\*

State / U.T Code\*

City / Town / Village\*

ISO 3166 Country Code\*

1. 4 CONTACT DETAILS (All communication will be sent on provided mobile no. / Email-ID) (Please refer instruction D at the end)

Tel. (Off)

Tel. (Res)

Mobile

Email ID

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

Date : DD-MM-YYYY

Place:

Signature /Thumb Impression of Applicant

3. ATTESTATION / FOR OFFICE USE ONLY

- Documents Received
- ☐ Certified Copies
- ☐ Digital KYC process
- ☐ E-KYC data received from UIDAI
- ☐ Equivalent e-document
- ☐ Data received from Offline verification

KYC VERIFICATION CARRIED OUT BY

Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

INSTITUTION DETAILS

Name

Code

Employee Signature

Institution Stamp

**DEMAT ACCOUNT OPENING FORM  
(FOR INDIVIDUALS)**

**GEOJIT IFSC  
LIMITED**

Participant Name (DP ID_____)					<b>Client –ID</b> (To be filled by Participant)									
Address (Pre-printed)														
I/We request you to open a depository account in my/our name as per the following details: <i>(Please fill all the details in CAPITAL LETTERS only)</i>														
<div style="display: flex; justify-content: space-between;"> <span><b>Date</b></span> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div>														
<b>A</b> Details of Account holder:														
Account holder Name														
PAN														
Occupation <i>(please tick any one and give brief details)</i>		<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Private Sector</div> <div style="width: 50%;"><input type="checkbox"/> Agriculturist</div> <div style="width: 50%;"><input type="checkbox"/> Private Sector</div> <div style="width: 50%;"><input type="checkbox"/> Agriculturist</div> <div style="width: 50%;"><input type="checkbox"/> Public Sector</div> <div style="width: 50%;"><input type="checkbox"/> Retired</div> <div style="width: 50%;"><input type="checkbox"/> Public Sector</div> <div style="width: 50%;"><input type="checkbox"/> Retired</div> <div style="width: 50%;"><input type="checkbox"/> Government Service</div> <div style="width: 50%;"><input type="checkbox"/> Housewife</div> <div style="width: 50%;"><input type="checkbox"/> Government Service</div> <div style="width: 50%;"><input type="checkbox"/> Housewife</div> <div style="width: 50%;"><input type="checkbox"/> Business</div> <div style="width: 50%;"><input type="checkbox"/> Student</div> <div style="width: 50%;"><input type="checkbox"/> Business</div> <div style="width: 50%;"><input type="checkbox"/> Student</div> <div style="width: 50%;"><input type="checkbox"/> Professional</div> <div style="width: 50%;"><input type="checkbox"/> Others (Please specify; _____)</div> <div style="width: 50%;"><input type="checkbox"/> Professional</div> <div style="width: 50%;"><input type="checkbox"/> Others (Please specify; _____)</div> </div>												
Brief details:														
<b>A.</b> For Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name & PAN of the Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below:														
a) Name					b) PAN									
<b>B. Type of account</b>														
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Ordinary Resident</div> <div style="width: 33%;"><input type="checkbox"/> NRI-Repatriable</div> <div style="width: 33%;"><input type="checkbox"/> NRI-Non Repatriable</div> <div style="width: 33%;"><input type="checkbox"/> Qualified Foreign Investor</div> <div style="width: 33%;"><input type="checkbox"/> Foreign National</div> <div style="width: 33%;"><input type="checkbox"/> Promoter</div> <div style="width: 33%;"><input type="checkbox"/> Margin</div> <div style="width: 33%;"><input type="checkbox"/> Others (Please specify) _____</div> </div>														
<b>C. Gross Annual Income Details in USD (\$)</b>														
Income Range per annum (please tick any one)														
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Below 100k</div> <div style="width: 33%;"><input type="checkbox"/> 100 - 500k</div> <div style="width: 33%;"><input type="checkbox"/> 500k - 1 million</div> <div style="width: 33%;"><input type="checkbox"/> 1 - 2.5 million</div> <div style="width: 33%;"><input type="checkbox"/> &gt; 2.5 million</div> </div>														
<b>OR</b>														
Net-worth in \$ _____ as on date _____ dd/mm/yyyy (Net worth should not be older than 1 year)														
<b>D. In case of NRIs/ Foreign Nationals</b>														
RBI Approval Reference Number														
RBI Approval date														
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>														
<b>E.</b>														
<b>F. Bank details</b>														
1 Bank account type Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify) _____														
2 Bank Account Number														
3 Bank Name														

	4	Branch Address																																														
			City/town/village				PIN Code																																									
			State				Country																																									
	5	MICR Code																																														
	6	IFSC																																														
G	Please tick, if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)																																															
H	<b>Standing Instructions</b> 1 I/We authorise you to receive credits automatically into my/our account. <input type="checkbox"/> YES <input type="checkbox"/> NO 2 Account to be operated through Power of Attorney (PoA) <input type="checkbox"/> YES <input type="checkbox"/> NO 3 <b>SMS Alert facility:</b> [Mandatory if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form] <table border="1"> <thead> <tr> <th>Sr. No.</th> <th>Holder</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Account Holder</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td rowspan="2">4</td> <td><input type="checkbox"/> Physical Form</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Electronic Form [Read Note 3 and ensure that email ID is provided in KYC Application Form].</td> <td></td> <td></td> </tr> </tbody> </table>												Sr. No.	Holder	Yes	No	1	Account Holder	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/> Physical Form			<input type="checkbox"/> Electronic Form [Read Note 3 and ensure that email ID is provided in KYC Application Form].																							
Sr. No.													Holder	Yes	No																																	
1													Account Holder	<input type="checkbox"/>	<input type="checkbox"/>																																	
4													<input type="checkbox"/> Physical Form																																			
													<input type="checkbox"/> Electronic Form [Read Note 3 and ensure that email ID is provided in KYC Application Form].																																			
I																																																
J													<b>Guardian Details</b> (where sole holder is a minor): [For account of a minor, two KYC Application Forms must be filled i.e. one for the guardian and another for the minor (To be signed by guardian)] Guardian Name <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> PAN <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Relationship of guardian with minor <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																			
<b>Nomination Option</b> I/We wish to make a nomination. <input type="checkbox"/> I/We do not wish to make a nomination. <input type="checkbox"/> [Details are provided at FORM 10]																																																



### Declaration

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

Name of holder		Signature of holder
Sole Holder/ Guardian (in case sole holder is minor) (Mr./Ms.)		X

#### Notes :

- All communication shall be sent at the address of the Sole holder only.
- Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8<sup>th</sup> Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
- 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.

=====

#### Acknowledgement

Participant Name, Address & DP ID

Received the application from Mr/Ms\_\_\_\_\_ as \_\_\_\_\_ the sole account holder for opening of a depository account. Please quote the DP ID & Client ID allotted to you in all your future correspondence.

Date:

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

**Participant Stamp & Signature**

## Voluntary Consent letter for KYC

**Geojit IFSC Limited.**

16th floor, 1641, Signature Building Block 13-B,  
Zone 1, GIFT SEZ GIFT City Gandhinagar -  
382355, Gujarat, India.

**Subject: Client due diligence information for Account Opening and Know Your Client (KYC) Details**

Dear Sir/Madam,

I/We understand that Stockholding Securities IFSC Limited registered as a Depository Participant with Securities Exchange Board of India/ IFSCA is the Depository Participant (hereinafter referred to as “DP”) of Geojit IFSC Limited which is a trading member registered with NSE IFSC Limited (“Trading Member” or “you”).

I/We am/ are a client having DP ID \_\_\_\_\_, Client ID \_\_\_\_\_ with your DP Entity and am desired of becoming a client with you for trading on NSE IFSC Limited. I undertake to trade only in the products for which I am permitted under the applicable rules, regulations, circulars and guidelines prescribed by Securities Exchange Board of India (SEBI)/Reserve Bank of India (RBI) and/or International Financial Services Centers Authority (IFSCA).

I/We am/are aware that, you are required to conduct verification of identification of your clients at the time of commencement of an account-based relationship which in-person verification and complying with applicable laws in this regard.

As your DP has already undertaken my KYC and my KYC documents are available with your parent entity, I am hereby giving my consent for you to obtain my record/information for due diligence, including in-person verification, back details, past disciplinary action (if any) or any other required details for Account Opening and Know Your Client(KYC) Process, carried out from your DP in order to commence an account-based relationship with you.

I/We am/are aware of these risks involved in dealing with financial markets and the products that I/We will be dealing in. I/We confirm that I/We have read and understand the contents of the ‘Rights and Obligations’ documents(s), ‘Risk Disclosure Document and Guidance note on Do’s and Don’ts as available at your website’.

I/We further confirm that I have received and read the ‘Product Disclosure Statement’ (PDS) and ‘Master Deed Poll’ (MDP) of NSE IFSC Receipts. **(applicable for clients desirous of trading in NSE IFSC Receipts)**

I/We do here by agree to be bound by such provisions as outlined in these documents.

-----  
Signature of the Account Holder

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

**Notes:**

1. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non- individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly, all joint holders will sign the nomination form.
2. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
3. The Nominee(s) shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
4. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
5. Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.
6. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non- individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
7. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee(s).
8. Nomination can be made upto three nominees in a demat account. In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total upto hundred percent. In the event of the beneficiary owner not indicating any percentage of allocation/share for each of the nominees, the default option shall be to settle the claims equally amongst all the nominees.
9. On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned in the FORM 10 at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.
10. Copy of any proof of identity must be accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure D.
11. Savings bank account details shall only be considered if the account is maintained with the same participant.
12. DP ID and client ID shall be provided where demat details is required to be provided.

Received the application from Mr./Ms. \_\_\_\_\_ as the sole / First, Second and Third Holder, for updation of nomination.

Date:

Participant Stamps & Signature



**VOLUNTARY****Demat Debit and Pledge Instruction (DDPI) AUTHORISATION**

Date:

To,  
Geojit IFSC Limited.  
16th floor, 1641, Signature Building Block 13-B,  
Zone 1, GIFT SEZ GIFT City Gandhinagar -  
382355, Gujarat, India.

Dear Sir/Madam,

**Sub: Demat Debit and Pledge Instruction (DDPI) Authorisation****DP ID:** \_\_\_\_\_ **Client ID:** \_\_\_\_\_

I/We, hereby explicitly agree to authorize Geojit IFSC Limited, to access our Beneficial Owner (BO) Account as per details given above for the limited purpose of meeting pay-in obligations for settlement of trades executed by me/us on the stock exchange. Accordingly, I/We hereby, authorize Geojit IFSC Limited to go the following:

<b>S.No.</b>	<b>Purpose</b>	<b>Signature of Client *</b>
<b>1.</b>	Transfer of securities held in the beneficial owner accounts of the client towards Stock Exchange related deliveries / settlement obligations arising out of trades executed by clients on the Stock Exchange through Geojit IFSC Limited.	
<b>2.</b>	Pledging / re-pledging of securities in favour of trading member (TM) / clearing member (CM) for the purpose of meeting margin requirements of the clients in connection with the trades executed by the clients on the Stock Exchange.	

**MANDATE TO RECOVER DEMAT ACCOUNT CHARGES**

To,  
**Geojit IFSC Limited.**  
16th floor, 1641, Signature Building Block 13-B,  
Zone 1, GIFT SEZ GIFT City Gandhinagar -  
382355, Gujarat, India.

Date:

Dear Sir/Madam,

Subject: Authorisation to debit trading account for the demat account charges

DP ID:


Client ID (BO ID):

I/We have a demat account as mentioned above with Stock Holding Securities IFSC Limited and a trading account with Geojit IFSC Limited.

I/We hereby authorise Stock Holding Securities IFSC Limited to debit from my/our aforementioned trading account, all the Depository Participant charges payable towards the demat accounts including annual maintenance charges, transaction charges, applicable statutory levies etc., on the basis of instructions received from Geojit IFSC Limited.

Any such sum debited from my/our trading account by Stock Holding Securities IFSC Limited, towards payment of Depository Participant Charges for my/our demat account shall be binding on me/us.

Sole Holder's Signature

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## Tariff Sheet

### Schedule of Geojit IFSC charges for Demat Account - Retail Individual Category

Sl. No.	Particulars	Applicable Fees In USD
1.	Account set-up charges	\$ 10
2.	Demat AMC	NIL
3.	Demat – Transaction charges	NIL for purchase NIL for Debit transaction up to 50 transaction in one year Subsequently \$0.5 per debit transaction
4.	DIS Booklet issuance charges	NIL for first 20 leaves Subsequently \$1.5 per booklet of 20 leaves
5.	Demat – Holding & Transaction Statement	NIL for email statements \$1.5 for physical statement

**Notes:**

- The above charges are of Geojit IFSC Limited as per the advice of Stock Holding Securities IFSC Limited. The DP of Geojit IFSC Ltd is with Stock Holding Securities IFSC Limited. The Depository charges if any and the charges levied by exchanges and other statutory charges will be debited to the client at actual.
- The charges are non-refundable and will be debited on activation of the account on first receipt of funds from the client.
- All other charges related to Trading and Demat will be debited to the client as and when transactions take place.
- Geojit IFSC Limited reserves the right to revise the charges as and when Stock Holding IFSC changes it and the same will be intimated to the client through email in advance.
- Services not mentioned above will be charged separately as per the applicable rate.
- The charges mentioned above are exclusive of any applicable taxes.

I/We hereby chose the above tariff mentioned and I/We agree to the above terms and condition. I/We further agree that the mobile number and email id mentioned in the account opening form pertains to me/us and any communication with the registered email id and/or mobile number will be treated as valid communication.

	Name	Signature
Account Holder		

## **Rights and Obligations of the Beneficial Owner and Depository Participant**

### **General Clause**

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, IFSCA Act, 2021, IFSCA (MII) Regulations 2021, Rules and Regulations of IFSCA 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 IFSCA 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 maybe 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. 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**

7. 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**

8. 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.
9. 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, IFSCA Act, 2021, IFSCA (MII) Regulations, 2021 and Bye-Laws/Operating Instructions/Business Rules of the Depositories.

### **Transfer of Securities**

10. 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.
11. 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**

12. 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 IFSCA/depository in this regard.
13. 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 BO and shall resume sending the transaction statement as and when there is a transaction in the account.
14. 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.

### **Manner of Closure of Demat account**

15. 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.
16. 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**

17. 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.
18. 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**

19. 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**

20. 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.
21. 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**

22. 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**

23. 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**

24. 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 IFSCA.
25. The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars/ notices issued by IFSCA 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.
26. 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.
27. Words and expressions which are used in this document but which are not defined here in shall unless the context otherwise requires, have the same meanings as assigned thereto in the Rules, Bye-laws and Regulations and circulars/notices issued thereunder by the depository and/or IFSCA.
28. Any changes in the rights and obligations which are specified by IFSCA/Depositories shall also be brought to the notice of the clients at once.
29. If the rights and obligations of the parties hereto are altered by virtue of change in Rules and regulations of IFSCA 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.

 <p><b>Sole Holder or Guardian (in case of Minor)</b></p>
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Date:

Participant Stamp & Signature