



Form No. \_\_\_\_\_

# DEMAT REGISTRATION FORM

# rajgul

*Leading Growth*

**RAJGUL SECURITIES PVT. LTD.**

**MEMBER : NSE, CDSL**

NSE SEBI Regn. No. : (CM) INB 231302739

NSE SEBI Regn. No. : (F&O) INF 231302739

CDSL SEBI Regn. No.: IN-DP-CDSL-609-2016

CDSL : DP ID 12069800

Regd. Office : 474-475, Aggarwal Millennium Tower-II,  
Netaji Subhash Place, Pitampura, Delhi-110 034  
Phone : +91-11-47666333 Fax : +91-11-47092805  
E-mail : askus@rajgul.com • Website : www.rajgul.com

Client Name : \_\_\_\_\_ Client ID : \_\_\_\_\_

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# rajgul



## RAJGUL SECURITIES PVT. LTD.

### SEBI REGN NO.:

### DATE

NSE Cash	-	INB231302739	31/07/2008
NSE F&O	-	INB231302739	07/08/2008
CDSL - IN	-	DP-CDSL-609-2016	09/02/2011

### Regd. Office:

474-475, Aggarwal Millennium Tower-II, Netaji Subhash Place,  
Pitampura, New Delhi - 110034

Phone : +91-11-47666333. Fax : +91-11-47092805

E-mail Id : askus@rajgul.com, Website:www.rajgul.com

### Compliance Officer's Details

Name : Ashish Bhala  
Phone No. : +91-11-47666301  
E-mail Id : ashish@rajgul.com

### Designated Director's Details

Name : Sunil Bhala  
Phone No. : +91-11-47666300  
E-mail Id : sunil@rajgul.com

You can also lodge your grievances with SEBI at <https://scores.sebi.gov.in> For any queries, feedback or assistance, Please contact SEBI Office on Toll Free Helpline at 1800227575 / 18002667575.

For any grievance/dispute please contact Rajgul Securities Pvt. Ltd. at the above address or email id [complaint@rajgul.com](mailto:complaint@rajgul.com) and Phone +91-11-47666333. In case not satisfied with the response, please contact the concerned exchange(s) at:

### Exchange Name

### E-mail ID

### Phone No

National Stock Exchange of India Ltd.

[ignse@nse.co.in](mailto:ignse@nse.co.in)

1800-266-0058

Central Depository Service(I) Ltd.

[complaints@cdslindia.com](mailto:complaints@cdslindia.com)

1800-22-5533

# DOCUMENTS REQUIRED

<b><u>Document Required for Individual</u></b>	<b><u>Document Required for HUF</u></b>
2 copy of pan card (Self Attested) 2 copy of Address proof (Self Attested) 3 passport size photograph 1 passport size photograph of nominee (duly sign) Nominee's Address proof Mobile No. Email Id Occupation Income Range ITR 1 Cheque of Rs. 1000/- in favour of Rajgul Securities Pvt Ltd (for DP) 1 Cheque of Rs. 250/- in favour of Rajgul Securities Pvt Ltd (for Trading)	2 copy of pan card (HUF) (Self Attested) 2 copy of pan card (KARTA) (Self Attested) 2 copy of Address proof (KARTA) (Self Attested) 2 copy of latest bank statement/passbook (HUF) (Self attested) 4 passport size photograph (duly sign) Mobile No. Email Id Occupation Income Range ITR 1 Cheque of Rs. 1000/- in favour of Rajgul Securities Pvt Ltd (for DP) 1 Cheque of Rs. 250/- in favour of Rajgul Securities Pvt Ltd (for Trading)
<b><u>Document Required For Company</u></b>	<b><u>Document Required for LLP</u></b>
2 Copies of pan card of company (Attested by authorised signatory) 2 Copy of pan card of all directors (Self attested) 4 Passport photos of authorised directors (Duly Sign) 3 Passport photos of other directors (Duly Sign) 2 Copies of address proof of all directors (Self attested) 2 Copies of address proof of company (Bank pass book/statement with bank stamp) (Latest) (Attested by authorised signatory) List of all directors with photograph & signature DIN No. of all directors CIN No. of Company Board resolution (to open and operate the trading & demat account (Clearly mention mode of operation) on the letter head) List of authorised director with photograph Balance sheet of company for 2 years ITR of company for 2 years Form 32 or DIR-12 (if any) Form 18 or INC-22 (if any) Certificate of incorporation Memorandum & Article of association (Investment clause must be mentioned) Shareholding Pattern Email ID Mobile No. Occupation Detail Income Range 1 Cheque of Rs. 1500/- in favour of Rajgul Securities Pvt Ltd (for DP) 1 Cheque of Rs. 250/- in favour of Rajgul Securities Pvt Ltd (for Trading)	2 Copies of pan card of LLP (Attested by authorised signatory) 2 Copy of pan card of all Partners (Self attested) 4 Passport photos of authorised Partners (Duly Sign) 3 Passport photos of other Partners (Duly Sign) 2 Copies of address proof of all Partners (Self attested) 2 Copies of address proof of LLP (Bank pass book/statement with bank stamp) (Latest) (Attested by authorised signatory) List of all Partners with photograph & signature DIN No. of Partners Board resolution (to open and operate the trading & demat account (Clearly mention mode of operation) on the letter head of the LLP) List of authorised Partners with photograph Balance sheet of LLP for 2 years ITR of LLP for 2 years Duly Notarised LLP Agreement (Investment clause must be mentioned) Certificate of Registration Shareholding Pattern Email ID Mobile No. Occupation Detail Income Status 1 Cheque of Rs. 1500/- in favour of Rajgul Securities Pvt Ltd (for DP) 1 Cheque of Rs. 250/- in favour of Rajgul Securities Pvt Ltd (for Trading)
ALL DOCUMENT SHOULD BE DULY SIGNED & STAMPED	ALL DOCUMENT SHOULD BE DULY SIGNED & STAMPED



# INSTRUCTIONS

- Signatures should be preferably in black ink.
- Please fill up all information in capital Letters.
- Please ensure that all the columns of demat registration form are duly filled and no box or space is left blank. Please strike off whichever is not applicable.
- Please write your Name & DOB as it appears on PAN CARD.
- Please countersign on any overwriting/correction/cancellation.
- Pin Code is compulsory in address details.
- E-mail address is compulsory in the form.
- Please affix full sign. In case of additional signatures (for accounts other than individuals), separate annexures should be attached to the account opening form.
- Please note that the names and Signature of the account holders should be exactly in the same order as mentioned on the certificates to be dematerialized.
- Please note that the thumb impression and signature other than English or Hindi or any of the languages not contained in the 8th schedule of constitution of India, must be attested by a Magistrate or a Notary Public or a special Executive Magistrate.
- Details of the Names, Address, Telephone Number(s), etc., of the Magistrate / Notary Public/ Special Executive Magistrate / Special Executive Officer are to be provided in case of attestation done by them.
- Please ensure all documents/supporting are self attested and is verified by our officials after comparing the same with original.
- Please provide a copy of cancelled cheque for MICR verification (mandatory).
- Please make upfront payment of AMC & advance as per scheme opted.
- Please note that all communications shall be sent at the address of FIRST HOLDER only.
- Copy of PAN Card shall be clearly visible and self attested.
- To help us serve better, your Telephone No./Mobile No. should be provided including relevant STD/ISD code.
- In case of applications containing a Power of Attorney, the relevant Power of Attorney or the self-certified copy thereof, must be lodged along with the application.



# INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

## A. IMPORTANT POINTS:

1. Self attested copy of PAN card is mandatory for all clients.
  2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
  3. If any proof of identity or address is in a foreign language, then translation into English is required.
  4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
  5. If correspondence & permanent address are different, then proofs for both have to be submitted.
  6. Sole proprietor must make the application in his individual name & capacity.
  7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/ PIOCard/OCICard and overseas address proof is mandatory.
  8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
  9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
  10. For opening an account with Depository participant of Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
  11. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g./ Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.
- bill/Insurance Copy.
2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill Not more than 3 months old.
  3. Bank Account Statement/Passbook - Not more than 3 months old.
  4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
  5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Bank/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
  6. Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
  7. For FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostilled or consularised) that gives the registered address should be taken.
  8. The proof of address in the name of the spouse may be accepted.

## D. Exemptions/Clarification to PAN

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

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

## E. List of people authorized to attest the documents:

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

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

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

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

1. Passport/Voters Identity Card/Ration Card/Registered Lease or sale Agreement of Residence/Driving License/Flat Maintenance

# 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\*

☐ New ☐ Update

(To be filled by financial institution)

KYC Number

(Mandatory for KYC update request)

Account Type\*

☐ Normal ☐ Simplified (for low risk customers) ☐ Small

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

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

**PHOTO**

Signature / Thumb Impression

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

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

ISO 3166 Country Code of Jurisdiction of Residence\*

Tax Identification Number or equivalent (If issued by jurisdiction)\*

Place / City of Birth\*  ISO 3166 Country Code of Birth\*

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

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

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

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

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

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

Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhaar)	<input type="checkbox"/> Others <input type="text"/> please specify	
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card			
	<input type="checkbox"/> Simplified Measures Account - Document Type code	<input type="text"/>			

### Address

Line 1\*

Line 2

Line 3

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



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

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

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

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

☐ Same as Current / Permanent / Overseas Address details ☐ Same as Correspondence / Local Address details

Line 1*																								
Line 2																								
Line 3																								
State*									ZIP / Post Code*					ISO 3166 Country Code*										

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

T									Tel. (Res)									Mobile															
FAX									Email ID																								

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

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available\*)

Related Person Type*	<input type="checkbox"/> Guardian of Minor	<input type="checkbox"/> Assignee	<input type="checkbox"/> Authorized Representative	
Name*	Prefix	First Name	Middle Name	Last Name

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

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

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

☐ 7. REMARKS (If any)

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


8. APPLICANT DECLARATION

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

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

Date : -- Place :

  
Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date																
Emp. Name																
Emp. Code																
Emp. Designation																
Emp. Branch																

[Employee Signature]

INSTITUTION DETAILS

Name																
Code																

[Institution Stamp]

# FATCA & CRS DECLARATION-INDIVIDUAL

## First / Sole Applicant / Guardian

Name \_\_\_\_\_

Gender \_\_\_\_\_ PAN \_\_\_\_\_ Occupation Type ☐ Service ☐ Business ☐ Others

Father's Name \_\_\_\_\_

Cust ID / Folio No. \_\_\_\_\_

*Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes*

Type of address given at KYC ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office

Permissible documents are ☐ Passport ☐ Election ID Card ☐ PAN Card ☐ Govt. ID Card ☐ Driving License ☐ UIDAI Card ☐ NREGA Job Card ☐ Others

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Country of Birth \_\_\_\_\_

Nationality \_\_\_\_\_

Are you a tax resident of any country other than India? Yes ☐ No ☐

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country <sup>#</sup>	Tax Identification Number <sup>%</sup>	Identification Type (TIN or Other, please specify)

<sup>#</sup> To also include USA, where the individual is a citizen / green card holder of The USA

<sup>%</sup> In case Tax Identification Number is not available, kindly provide its functional equivalent \$

## Second applicant

Name \_\_\_\_\_

Gender \_\_\_\_\_ PAN \_\_\_\_\_ Occupation Type ☐ Service ☐ Business ☐ Others

Father's Name \_\_\_\_\_

Cust ID / Folio No. \_\_\_\_\_

*Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes*

Type of address given at KYC ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office

Permissible documents are ☐ Passport ☐ Election ID Card ☐ PAN Card ☐ Govt. ID Card ☐ Driving License ☐ UIDAI Card ☐ NREGA Job Card ☐ Others

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Country of Birth \_\_\_\_\_

Nationality \_\_\_\_\_

Are you a tax resident of any country other than India? Yes ☐ No ☐

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country <sup>#</sup>	Tax Identification Number <sup>%</sup>	Identification Type (TIN or Other, please specify)

<sup>#</sup> To also include USA, where the individual is a citizen / green card holder of The USA

<sup>%</sup> In case Tax Identification Number is not available, kindly provide its functional equivalent \$

### Third applicant

Name \_\_\_\_\_

Gender \_\_\_\_\_ PAN \_\_\_\_\_ Occupation Type ☐ Service ☐ Business ☐ Others

Father's Name \_\_\_\_\_

Cust ID / Folio No. \_\_\_\_\_

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KYC ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office

Permissible documents are ☐ Passport ☐ Election ID Card ☐ PAN Card ☐ Govt. ID Card ☐ Driving License ☐ UIDAI Card ☐ NREGA Job Card ☐ Others

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Country of Birth \_\_\_\_\_

Nationality \_\_\_\_\_

Are you a tax resident of any country other than India? Yes ☐ No ☐

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country <sup>#</sup>	Tax Identification Number <sup>%</sup>	Identification Type (TIN or Other, please specify)

<sup>#</sup>To also include USA, where the individual is a citizen / green card holder of The USA

<sup>%</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent \$

### Certification

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

#### Signatures



First / Sole Applicant / Guardian

Date   /   /



Second Applicant



Third Applicant

Place \_\_\_\_\_

### FATCA & CRS Terms & Conditions

**Details under FATCA & CRS:** The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Incometax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

• For Detail Terms & Conditions please visit [www.rajgul.com](http://www.rajgul.com)



Please note that the KYC Application form and overleaf instructions should be printed on the same page (back to back) if printed separately then both the pages should be attached and signed by the applicant.



# INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

## A. IMPORTANT POINTS:

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

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

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

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

- Passport/Voters Identity Card/Ration Card/Registered Lease or sale

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

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

## D. Exemptions/Clarification to PAN

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

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

## E. List of people authorized to attest the documents:

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

## 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
<b>Corporate</b>	<ul style="list-style-type: none"> <li>Copy of the balance sheets for the last 2 financial years (to be submitted every year)</li> <li>Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations duly certified by the company secretary/Whole time director/MD(to be submitted every year)</li> <li>Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations</li> <li>Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly</li> <li>Copies of the Memorandum and Articles of Association and certificate of incorporation</li> <li>Copy of the Board Resolution for investment in securities market</li> <li>Authorised signatories list with specimen signatures</li> </ul>
<b>Partnership firm</b>	<ul style="list-style-type: none"> <li>Copy of the balance sheets for the last 2 financial years (to be submitted every year)</li> <li>Certificate of registration (for registered partnership firms only)</li> <li>Copy of partnership deed</li> <li>Authorised signatories list with specimen signatures</li> <li>Photograph, POI, POA, PAN of Partners</li> </ul>
<b>Trust</b>	<ul style="list-style-type: none"> <li>Copy of the balance sheets for the last 2 financial years (to be submitted every year)</li> <li>Certificate of registration (for registered partnership firms only). Copy of Trust deed</li> <li>List of trustees certified by managing trustees/CA</li> <li>Photograph, POI, POA, PAN of Trustees</li> </ul>
<b>HUF</b>	<ul style="list-style-type: none"> <li>PAN of HUF</li> <li>Deed of declaration of HUF/List of coparceners</li> <li>Bank pass-book/bank statement in the name of HUF</li> <li>Photograph, POI, POA, PAN of Karta</li> </ul>
<b>Unincorporated Association or a body of individuals</b>	<ul style="list-style-type: none"> <li>Proof of Existence/Constitution document</li> <li>Resolution of the managing body &amp; Power of Attorney granted to transact business on its behalf</li> <li>Authorised signatories list with specimen signatures</li> </ul>
<b>Banks/Institutional Investors</b>	<ul style="list-style-type: none"> <li>Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years</li> <li>Authorised signatories list with specimen signatures</li> </ul>
<b>Foreign Institutional Investors (FII)</b>	<ul style="list-style-type: none"> <li>Copy of SEBI registration certificate</li> <li>Authorized signatories list with specimen signatures</li> </ul>
<b>Army/Government Bodies</b>	<ul style="list-style-type: none"> <li>Self-certification on letterhead</li> <li>Authorized signatories list with specimen signatures</li> </ul>
<b>Registered Society</b>	<ul style="list-style-type: none"> <li>Copy of Registration Certificate under Societies Registration Act</li> <li>List of managing Committed members</li> <li>Committee resolution for persons authorised to act as authorised signatories with specimen signatures</li> <li>True copy of Society Rules and Bye Laws certified by the Chairman Secretary</li> </ul>

Please submit the KYC Documents on A4 Size Paper Only.

Name of Applicant \_\_\_\_\_ PAN of the Applicant

<b>1. Name</b>																										
<b>PAN</b>											<b>DIN (For Directors) / UID (for Others)</b>															
<b>Residential/Registered Address</b>																										
<b>City / Town / Village</b>																				<b>Pin Code</b>						
<b>State</b>																				<b>Country</b>						
<b>Relationship with Applicant (i.e. promoters, whole time directors etc).</b>																										
<b>Whether politically Exposed</b>													<input type="checkbox"/> PEP (Politically Exposed Person) <input type="checkbox"/> RPEP (Related to Politically Exposed Person) <input type="checkbox"/> NO													

PHOTOGRAPH  
  
SIGN ACROSS IT

1. Name																					
PAN						DIN (For Directors) / UID (for Others)															
Residential/Registered Address																					
City / Town / Village										Pin Code											
State										Country											
Relationship with Applicant (i.e. promoters, whole time directors etc).																					
Whether politically Exposed																					

[illegible]Date 

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# FATCA & CRS Declaration - Non Individual

PAN										Trading									DP Code								
-----	--	--	--	--	--	--	--	--	--	---------	--	--	--	--	--	--	--	--	---------	--	--	--	--	--	--	--	--

[illegible]

Please tick the applicable tax resident declaration -

I. 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 <sup>2</sup> , please specify)
1.			
2.			
3.			

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)

I. We are a, Financial institution <input type="checkbox"/> (Refer 1 of Part C) or Direct reporting NFE <input type="checkbox"/> (Refer 3(vii) of Part C) (please tick as appropriate)	<b>GIIN</b> <input type="text"/>  <b>Note:</b> 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 _____ _____
	<b>GIIN not available</b> (please tick as applicable) <input type="checkbox"/> <b>Applied for</b> <input type="checkbox"/> Not obtained – Non-participating FI <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <input type="text"/> (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 ( <i>that is, a company whose shares are regularly traded on an established securities market</i> ) (Refer 2a of Part C)	Yes <input type="checkbox"/> (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 ( <i>a company whose shares are regularly traded on an established securities market</i> ) (Refer 2b of Part C)	Yes <input type="checkbox"/> (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: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3.	Is the Entity an active NFE (Refer 2c of Part C)	Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> (Mention code – refer 2c of Part C)
4.	Is the Entity a passive NFE (Refer 3(ii) of Part C)	Yes <input type="checkbox"/> 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			
Percentage of Holding (%) <sup>§</sup>			

\* 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

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

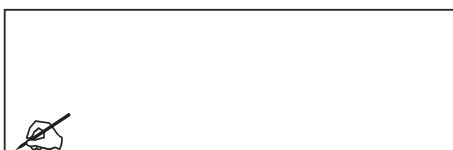
### DECLARATION

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. hereby agree and confirm to inform Consortium Securities Pvt. Ltd. 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 :



Date :

Place :

• For Detail Terms & Conditions please visit [www.rajgul.com](http://www.rajgul.com)



## I



rajul  
Leading Growth

SEBI Regn. No.IN-DP-CDSL-609-2016 CDSL DP ID 12069800  
Regd. Off. : 474-475, Aggarwal Millennium Tower-II, Netaji, Subhash Place,  
Pitampura, Delhi-110034 Ph. : 91-11-47666333 Fax : 91-11-47092805  
E-mail : askus@rajgul.com Website : www.rajgul.com

[illegible]

I/We request you to open a demat account in my/ our name as per following details:-

Sole / First Holder's Name		PAN															
		UID															
Name*	_____																

\*In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mention above.

Status	Sub-Status
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Individual Margin Trading A/C (MANTRA) <input type="checkbox"/> Individual-Director <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Minor <input type="checkbox"/> Others (specify) _____
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Repatriable Promoter <input type="checkbox"/> NRI - Depository Receipts <input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> NRI Non-Repatriable Promoter <input type="checkbox"/> Others (specify) _____
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National - Depository Receipts <input type="checkbox"/> Others (specify) _____

[illegible]

## Signatures



### Third Applicant

# ADDITIONAL KYC FORM FOR OPENING NON-INDIVIDUALS DEMAT ACCOUNT



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



**RAJGUL SECURITIES PRIVATE LIMITED**

SEBI Regn. No. IN-DP-CDSL-609-2016 CDSL DP ID 12069800  
Regd. Off. : 474-475, Aggarwal Millennium Tower-II, Netaji, Subhash Place,  
Pitampura, Delhi-110034 Ph. : 91-11-47666333 Fax : 91-11-47092805  
E-mail : askus@rajgul.com Website : www.rajgul.com

<b>Application Number</b>		<b>DP Internal Ref. No.</b>		<b>Date</b>																
<b>DP ID</b>	1	2	0	6	9	8	0	0	<b>Client ID</b>											

(To be filled by the applicant in BLOCK LETTERS in English)

I/We request you to open a demat account in my/ our name as per following details:-

## DETAILS OF HOLDER

Sole / First Holder's Name		PAN																	
		UID																	
Second Holder's Name		PAN																	
		UID																	
Third Holder's Name		PAN																	
		UID																	

<b>Name*</b>	
<p>*In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mention above.</p>	

<b>Type of Account</b> (Please tick whichever is applicable)													
<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Body Corporate</td> <td><input type="checkbox"/> Banks</td> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Mutual Fund</td> <td><input type="checkbox"/> OCB</td> <td><input type="checkbox"/> FII</td> </tr> <tr> <td><input type="checkbox"/> CM</td> <td><input type="checkbox"/> FI</td> <td><input type="checkbox"/> Clearing House</td> <td colspan="3"><input type="checkbox"/> Other (Specify) _____</td> </tr> </table>	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Banks	<input type="checkbox"/> Trust	<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> OCB	<input type="checkbox"/> FII	<input type="checkbox"/> CM	<input type="checkbox"/> FI	<input type="checkbox"/> Clearing House	<input type="checkbox"/> Other (Specify) _____			<b>Sub-Status</b>
<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Banks	<input type="checkbox"/> Trust	<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> OCB	<input type="checkbox"/> FII								
<input type="checkbox"/> CM	<input type="checkbox"/> FI	<input type="checkbox"/> Clearing House	<input type="checkbox"/> Other (Specify) _____										
SEBI Registration No. (If Applicable)	SEBI Registration date												
RBI Registration No. (If Applicable)	RBI Approval date												
Nationally	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) _____												

## Clearing Member Details (To be filled by CMs Only)

Name of Stock Exchange	
Name of CC / CH	
Clearing Member ID	Trading Member ID

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

## Signatures

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

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

## STANDING INSTRUCTIONS

<p><b>SMS Alert Facility</b> Refer to Terms &amp; Conditions given as <b>Annexure - 2.4</b></p>	<p>MOBILE NO. +91 _____ [(Mandatory, if you are giving Power of Attorney (POA)) (if POA is not granted &amp; you do not wish to avail of this facility, cancel this option).</p>										
<p>Transactions Using Secured Texting Facility (Trust).</p>	<p>I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for the same.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST</p> <table border="1" data-bbox="523 519 1307 636"> <thead> <tr> <th><u>Stock Exchange Name/ID</u></th><th><u>Clearing Member Name</u></th><th><u>Clearing Member ID (Optional)</u></th></tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td></tr> <tr> <td> </td><td> </td><td> </td></tr> </tbody> </table>	<u>Stock Exchange Name/ID</u>	<u>Clearing Member Name</u>	<u>Clearing Member ID (Optional)</u>							
<u>Stock Exchange Name/ID</u>	<u>Clearing Member Name</u>	<u>Clearing Member ID (Optional)</u>									
<p><b>Easi</b></p>	<p>To register fo <b>easi</b>, please visit our website <a href="http://www.cdslindia.com">www.cdslindia.com</a>. <b>Easi</b> allows a BO to view his ISIN balances, transactions and value of the portfolio online.</p>										

I / We Instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes') [Automatic Credit]		<input type="checkbox"/> Yes	<input type="checkbox"/> No
I / We wish to receive dividend / interest directly in to my bank account as given below through ECS (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time.]		<input type="checkbox"/> Yes	<input type="checkbox"/> No
I / We would like to instruct the DP to accept all the pledge instructions in my / our account without any other further instruction from my/our end (If not marked, the default option would be 'No')		<input type="checkbox"/> Yes	<input type="checkbox"/> No
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
I / We would like to share the email ID with the RTA		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account to be operated through Power of Attorney (POA).		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly		
I / We would like to receive the Annual Report <input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in Physical)			



## BANK DETAILS

Bank Name																				
Branch Name																				
Bank Code (9 digit MICR Code*)																				
Bank Branch Address																				
City																				
State																				
Account No.																				
Account Type	<input type="checkbox"/>	Saving	<input type="checkbox"/>	Current	<input type="checkbox"/>	Others (Specify)														


- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
- (ii) Photocopy of the Bank Statement having name and address of the BO (or)
- (iii) Photocopy of the passbook having name and address of the BO (or)
- (iv) Letter from the Bank.

➤ In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document

## Signatures

**First / Sole Applicant / Guardian**

### Second Applicant



### Third Applicant

## **RIGHTS AND OBLIGATIONS OF BENEFICIAL OWNER AND DEPOSITORY PARTICIPANT AS PRESCRIBED BY SEBI AND DEPOSITORIES**

### **General Clause**

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Rules and Regulations of Securities and Exchange Board of India (SEBI), Circulars/Notifications/Guidelines issued there under, Bye Laws and Business Rules/Operating Instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.
2. The DP shall open/activate demat account of a beneficial owner in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time.

### **Beneficial Owner information**

3. The DP shall maintain all the details of the beneficial owner(s) as mentioned in the account opening form, supporting documents submitted by them and/or any other information pertaining to the beneficial owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.
4. The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of opening the demat account or furnished to the DP from time to time.

### **Fees/Charges/Tariff**

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

### **Dematerialization**

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

### **Separate Accounts**

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

## **Transfer of Securities**

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

## **Statement of account**

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

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

17. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository. Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided no charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their demat account should be transferred to another demat account of the Beneficial Owner held with another DP or to rematerialize the security balances held.
18. Base on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of thirty days as per procedure specified from time to time by the depository. Provided further, closure of demat account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

## **Default in payment of charges**

19. In event of Beneficial Owner committing a default in the payment of any amount provided in Clause 5 & 6 within a period of thirty days from the date of demand, without prejudice to the right of the DP to close the demat account of the Beneficial Owner, the DP may charge interest at a rate as specified by the Depository from time to time for the period of such default.
20. In case the Beneficial Owner has failed to make the payment of any of the amounts as provided in Clause 5&6 specified above, the DP after giving two days notice to the Beneficial Owner shall have the right to stop processing of instructions of the Beneficial owner till such time he makes the payment along with interest, if any.

## **Liability of the Depository**

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



### Freezing/ Defreezing of accounts

22. The Beneficial Owner may exercise the right to freeze/defreeze his/her demat account maintained with the DP in accordance with the procedure and subject to the restrictions laid down under the Bye Laws and Business Rules/Operating Instructions.
23. The DP or the Depository shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any regulator or court or any statutory authority.

### Redressal of Investor grievance

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

### Authorized representative

25. If the Beneficial Owner is a body corporate or a legal entity, it shall, along with the account opening form, furnish to the DP, a list of officials authorized by it, who shall represent and interact on its behalf with the Participant. Any change in such list including additions, deletions or alterations thereto shall be forth with communicated to the Participant.

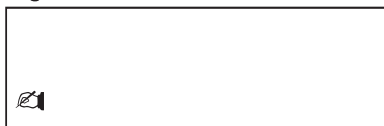
### Law and Jurisdiction

26. In addition to the specific rights set out in this document, the DP and the Beneficial owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Rules, Bye Laws and Regulations of the respective Depository in which the demat account is opened and circulars/notices issued there under or Rules and Regulations of SEBI.
27. The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars/ notices issued by SEBI and Rules, Regulations and Bye-laws of the relevant Depository, where the Beneficial Owner maintains his/ her account, that may be in force from time to time.
28. The Beneficial Owner and the DP shall abide by the arbitration and conciliation procedure prescribed under the Bye-laws of the depository and that such procedure shall be applicable to any disputes between the DP and the Beneficial Owner.
29. Words and expressions which are used in this document but which are not defined herein shall unless the context otherwise requires, have the same meanings as assigned thereto in the Rules, Bye-laws and Regulations and circulars/notices issued there under by the depository and / or SEBI
30. Any changes in the rights and obligations which are specified by SEBI/Depositories shall also be brought to the notice of the clients at once.
31. If the rights and obligations of the parties hereto are altered by virtue of change in Rules and regulations of SEBI or Bye-laws, Rules 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.
32. The stock broker / stock broker and depository participant shall not directly / indirectly compel the clients to execute Power of Attorney (POA) or Demat Debit and Pledge Instruction (DDPI) or deny services to the client if the client refuses to the client to execute POA or DDPI.

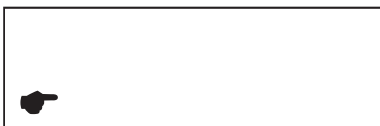
I / We \_\_\_\_\_ hereby confirm that I/We have received and read the copy of rights and obligations documents.

Date \_\_\_\_\_

#### Signatures



First / Sole Applicant / Guardian



Second Applicant



Third Applicant



# NOMINATION FORM

## [Annexure A to SEBI circular No. SEBI/HO/MIRSD/RTAMB/CIR/P/2021/601 dated July 23, 2021 on Mandatory Nomination for Eligible Trading and Demat Accounts]

<b>Name and Address</b>		RAJGUL SECURITIES PVT LTD. 474-475 AGGARWL MILLENNIUM TOWER-2 NETAJI SUBHASH PLACE PITAMPURA DELHI-110034		<b>FORM FOR NOMINATION</b> (To be filled in by individual applying singly or jointly)	
Date: _____ Nomination Registration No.: _____ UCC: _____ DP ID: _____					
<input type="checkbox"/> I/We wish to make a nomination. [As per details given below]					
<b>Nomination Details</b>					
<input type="checkbox"/> I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our 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 [If not equally, please specify percentage]	%	%	%
		Any odd lot after division shall be transferred to the first nominee mentioned in the form.			
3 Relationship With the Applicant (If Any)					
4 Address of Nominee(s) City / Place: State & Country:					
PIN Code					
5 Mobile / Telephone No. of nominee(s)					
6 E-mail ID of nominee(s)					
7 Nominee Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank Account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID					
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 the Guardian (Mr./Ms.) {in case of minor nominee(s)}					
10 Address of Guardian(s) City / Place: State & Country:					
PIN Code					
11 Mobile / Telephone No. of Guardian					
12 E-mail ID of Guardian					
13 Relationship of Guardian with nominee					
14 Guardian Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank Account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID					
<b>Name(s) of holder(s)</b>				<b>Signature(s) of holder*</b>	
Sole / First Holder (Mr./Ms.)					
Second Holder (Mr./Ms.)					
Third Holder (Mr./Ms.)					





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

**Note:** This nomination shall supersede any prior nomination made by the account holder(s), if any.  
The Trading Member / Depository Participant shall provide acknowledgement of the nomination form to the account holder(s).

**DECLARATION FORM FOR OPTING OUT OF NOMINATION  
TRADING AND DEMAT ACCOUNTS**  
(To be filled in by individual applying singly or jointly)

RAJGUL SECURITIES PVT LTD  
474-475 AGGARWL MILLENNIUM TOWER-2  
NETAJI SUBHASH PLACE  
PITAMPURA DELHI-110034

Date | D | D | M | M | Y | Y | Y | Y |

<b>UCC</b> (Trading Code)	<input type="text"/>	<b>DP ID</b>	<input type="text"/>	<b>Client ID</b>	<input type="text"/>
<b>Sole/First Holder Name</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Second Holder Name</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Third Holder Name</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p>I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.</p>					
Name(s) of Holder(s)			Signature(s) of Holder		
Sole/First Holder (Mr./Ms.)					
Second Holder (Mr./Ms.)					
Third Holder (Mr./Ms.)					
Witness Detail*					
Name of the Witness		Address		Signature of Witness	
					

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

# Terms and Conditions-Cum-Registration/Modification Form for receiving SMS Alerts from CDSL

## (SMS alerts will be sent by CDSL to BOs for all debits)      Annexure 2.4

### Definitions:

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

- "Depository" means Central Depository Services (India) Limited a company incorporated in India under the Companies Act 1956 and having its registered office at 17th Floor, P.J. Towers, Dalal Street, Fort, Mumbai 40001 and all its branch offices and includes its successors and assigns.
- "DP" means Depository Participant of CDSL. The term covers all types of DPs who are allowed to open demat accounts for investors.
- "BO" means an entity that has opened a demat account with the depository. The term covers all types of demat accounts, which can be opened with a depository as specified by the depository from time to time.
- SMS means "Short Messaging Service"
- "Alerts" means a customized SMS sent to the BO over the said mobile phone number.
- "Service Provider" means a cellular service provider(s) with whom the depository has entered/will be entering into an arrangement for providing SMS alerts to the BO on best effort basis as per these terms and conditions.

### Availability:

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

### Receiving Alerts:

- The depository shall end the alerts to the mobile phone number provided by the BO while registering for the service or to any such number replaced and informed by the BO from time to time. Upon such registration change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
- The BO acknowledges that the alerts will be received only if the mobile phone is 'ON' and in mode to receive the SMS. If the mobile phone is in 'Off' mode i.e. unable to receive the alerts then the BO may not get/get after delay any alerts sent during such period.
- The BO also acknowledges that the readability, accuracy and timeliness of providing the service depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.
- The BO further acknowledges that the service provided to him is an additional facility provided for his convenience and susceptible to error, omission and/or inaccuracy. In

case the BO deserves any error in the information provided in the alert, the BO shall inform the depository and/or the DP immediately in writing and the depository will make best possible efforts to rectify the error as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred/suffered by the BO on account of opting to avail SMS alerts facility.

- The BO authorizes the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity.
- The BO agrees to inform the depository and DP in writing of any unauthorized debit to his BO account/unauthorized transfer of securities from his BO account, immediately, which may come to his knowledge on receiving SMS alerts. The BO may send an email to CDSL at complaints@cdslindia.com. The BO is advised not to inform the service provider about any such unauthorized debit to/transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse communication between the service provider and the depository.**
- The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.
- The depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
- If the BO finds that the information such as mobile number etc., has been changed with out proper authorization, the BO should immediately inform the DP in writing.

### Fees:

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

### Disclaimer

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

### Liability and Indemnity:

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

### Amendments:

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

### Governing Law and Jurisdiction :

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

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

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

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

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

I/We provide a information for the purpose of Registration/modification (please cancel out what is not applicable).

DPID	1	2	0	6	9	8	0	0	Client ID									
------	---	---	---	---	---	---	---	---	-----------	--	--	--	--	--	--	--	--	--

First Holder's Name : \_\_\_\_\_

Second Holder's Name : \_\_\_\_\_

Third Holder's Name : \_\_\_\_\_

Mobile No. on which messages are to be sent

+	9	1																
---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

The Mobile Number is registered in the name of : \_\_\_\_\_

E-mail Id : \_\_\_\_\_

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

### Signatures

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

## TARIFF STRUCTURE

<b>Statutory Charges at the time of Account Opening</b>	NIL	
<b>Advance / Deposit</b>	Other than Individual Rs. 1500/-	
	<b>BSDA ACCOUNT</b>	
	Value of holding	AMC charges
	< Rs 400000/-	Nil
	Rs 400000/- to Rs 1000000/-	Rs 100/- + GST / year
	> Rs 1000000/-	Same as Non BSDA account
	Other Charges except AMC	Same as Non BSDA account
	<b>NON-BSDA ACCOUNT</b>	
<b>Account Maintenance</b>	P.A. :	
	- Individual Rs. 400/-	
	- Other than Individual Rs. 1000/-	
	Lifetime Charges:	
	800/- (Only for Individual)	
<b>Demat</b>	Rs.10/- per certificate	
<b>Remat</b>	Rs.20/- per certificate or per 100	
	Nos. Of Share, whichever is higher	
<b>Transaction (Debit)</b>	BUY - NIL	
	SALE- Rs. 25/- or 0.01% of value,	
	whichever is higher	
<b>Pledge Creation</b>	Rs. 50/- per ISIN	
	or	
	0.02% of value per ISIN, whichever is higher	
<b>Margin Pledge/Unpledge</b>	Rs. 25/- per ISIN	
<b>Pledge Closure</b>	Rs. 25/- Per ISIN	
<b>Pledge Invocation</b>	Rs. 25/- Per ISIN	
<b>Failed Instruction Charges</b>	Rs. 50/- per Instruction	
<b>Other Charges</b>	Postal Charges for :	
	Demat / Remat: Rs. 50/-	
	Others: Rs. 25/-	
	Delivery Instruction Book: 1st Booklet Free, Subsequent Book 100/-	
	Kra charges: 100/-	

DP Charges for Trading Clients shall be debited to their respective trading a/c  
GST/Govt. Levies extra as applicable

Signatures



First / Sole Applicant / Guardian



Second Applicant



Third Applicant





## DECLARATION BY CLIENT

I/We the Sole Holder/ Joint Holder in the demat account number \_\_\_\_\_ hereby declare that:

☐ I/We wish to Open/ Convert this demat account under BSDA Category.

(Subject to Terms and Condition related to BSDA)

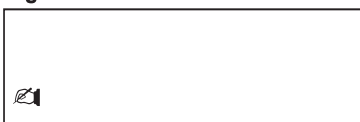
☐ I/We do not wish to Open/Convert this demat account under BSDA Category  
Open /Convert this account as under:

☐ Normal AMC

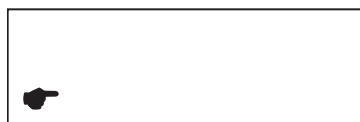
☐ Lifetime Maintenance

I/we acknowledge the receipt of copy of DP Tariff. The terms and conditions related to the DP Tariff in force, pertaining to the demat account have been read and understood by me/us. I/we agree to abide by and to be bound by the Terms and Conditions.

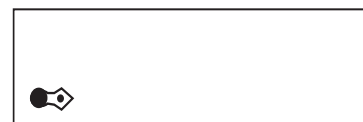
### Signatures



First / Sole Applicant / Guardian



Second Applicant



Third Applicant

## Format of Request (For Same Email-ID & Mobile No.)

Mobile Number	
Email ID	
I hereby declare that the aforesaid mobile number or E-mail ID belong to Me or My Family (spouse, dependent Children and dependent parents).	

### Signatures



First / Sole Applicant / Guardian



Second Applicant



Third Applicant

(Tere Here)

To be filled by Depository Participant  
**ACKNOWLEDGEMENT RECEIPT**

Applicant No. \_\_\_\_\_

Date : \_\_\_\_/ \_\_\_\_/20 \_\_\_\_

We hereby acknowledge the receipt of the Account opening Application Form from:-

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

Depository Participant Seal & Signature

## AUTHORISATION FOR PROVIDING DP TRANSACTION STATEMENT BY EMAIL OR ON WEBSITE

To

**RAJGUL SECURITIES PRIVATE LIMITED**

Regd. Off.: 474-475, Aggarwal Millennium Tower-II, Netaji Subhash Place, Pitampura, Delhi-110034

Re : Beneficial Owner (BO) Account No.

1	2	0	6	9	8	0	0								
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

Dear Sir,

As per clause 3 of DP Client agreement you are required to provide me/us transaction statement including statement of account.

1. I/We understand that, I/we have the option to receive transaction statement by email or on website, in pursuance of the same, I/We here by opt for receipt of transaction statement (Including but not limited to statement of account holding statement or any other communication) through email or on website. E-mail ID for above said purpose is as per the details given under the client details or is

A. ....

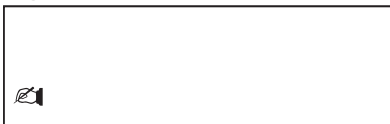
B. ....

2. I/we is/are aware that I/we will not receive the transaction statement in paper form.
3. I/we will take all the necessary means to ensure confidentiality and secrecy of the login name and password of the internet/email account.
4. I/we is/are aware that the transaction statement may be accessed by other entities in case the confidentiality/secrecy of the login name and password is compromised, in which case, I/We shall not hold you responsible in any manner.
5. I/We shall immediately inform the DP about change in email address if any, in case transaction statement are send by email.
6. I/We/you shall have the right to terminate this service by giving a 10 days written notice in advance.

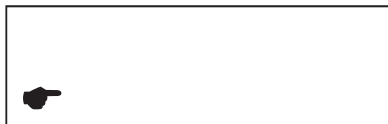
Thanking you,

Yours faithfully

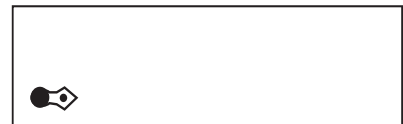
### Signatures



First / Sole Applicant / Guardian



Second Applicant



Third Applicant

## AUTHORISATION OF DEBITING TRADING A/C IN CASE OF DEBIT IN DP A/C.

To

**RAJGUL SECURITIES PRIVATE LIMITED**

Regd. Off.: 474-475, Aggarwal Millennium Tower-II, Netaji Subhash Place, Pitampura, Delhi-110034

Dear Sir,

Sub: Authorisation of debiting Trading a/c in case of debit in DP a/c.

As a result the clients are required to note that the broker reserves the right to debit the trading account if there is any debit balance in the DP a/c.

Thanking you

Yours Faithfully,

### Signatures



First / Sole Applicant / Guardian



Second Applicant



Third Applicant

## **ULTIMATE BENEFICIARY OWNER FORM (For Corporate accounts)**

### **Annexure A – Controlling Person Self certification**

Controlling Person Type:	
<input type="checkbox"/> Legal Persons	– Ownership – Other means <input type="checkbox"/> Senior Managing Official
<input type="checkbox"/> Legal Arrangement	Trust: <input type="checkbox"/> Settlor <input type="checkbox"/> Trustee <input type="checkbox"/> Protector <input type="checkbox"/> beneficiary <input type="checkbox"/> Others
	Others: <input type="checkbox"/> Settlor equivalent <input type="checkbox"/> Trustee equivalent <input type="checkbox"/> Protector equivalent <input type="checkbox"/> beneficiary equivalent <input type="checkbox"/> Others equivalent
<input type="checkbox"/> Unknown	
Name of Controlling Person :	
Father's name :	
PAN :	Aadhar Number :
Identification Type ( <i>tick and provide as proof of identity</i> ):	<input type="checkbox"/> Passport <input type="checkbox"/> Election Id Card <input type="checkbox"/> PAN Card <input type="checkbox"/> ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI letter <input type="checkbox"/> NREGA job card <input type="checkbox"/> Others <input type="checkbox"/> Not categorised
Identification Number (mentioned in the Identification Document):	
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/> Not Categorised
Gender : <input type="checkbox"/> M – Male <input type="checkbox"/> F – Female <input type="checkbox"/> O - Others	Status : <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Individual <input type="checkbox"/> Foreign National
Nationality : <input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify the name of country) :	
Date of Birth :	Place of Birth(City) :
Country of Birth :	Country of Residence as per tax laws:
Phone No(s) :	Mobile No(s) :
Email Id(s) :	
Other Contact Number :	

Address Type : <input type="checkbox"/> Residential Or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified									
Complete Address :									
City/ Town :					State :				
Country :					Postal Code:				
<b>Declaration of Tax Residency</b> Please indicate the Country of tax residence (if resident in more than one country please detail all countries and associated tax identification number and TIN issuing country).									

Country/countries of tax residency	Tax Identification number (TIN)/ functional equivalent number	TIN / Functional Equivalent Issuing Country	Documentary Evidence enclosed for country of tax residence or TIN or others	Date upto which the documentary evidence is valid

### Declaration and Undertakings

I / We certify that:

- the information provided in the Form is in accordance with Section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income-tax Rules, 1962.
- the information provided by me/us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete and that I/we have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- I/We permit/authorise the Company to collect, store, communicate and process information relating to the Account and all transactions therein, by the Company and any of its affiliates wherever situated including

sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.

- d) I / We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by us or if any certification becomes incorrect and to provide fresh self-certification alongwith documentary evidence.
- e) I / We also agree that our failure to disclose any material fact known to us, now or in future, may invalidate our application and the Company would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India (GOI) /Reserve Bank of India for the purpose or take any other action as may be deemed appropriate by the Company if the deficiency is not remedied by us within the stipulated period.
- f) I / We hereby accept and acknowledge that the Company shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me / us to the Company.
- g) It shall be my / our responsibilities to educate myself /ourselves and to comply at all times with all relevant laws relating to reporting under Section 285BA of the Act read with the Rules thereunder.
- h) I/We also agree to furnish such information and/or documents as the Company may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- i) I/We shall indemnify the Company for any loss that may arise to the Bank on account of providing incorrect or incomplete information.



**\*Signature** \_\_\_\_\_

(Ultimate Beneficial owner)

**Instructions:**

1. All the information mentioned above have to be mandatorily provided.

Annexure A should be filled separately by each Controlling Person for all Accounts

***Information on the terms used in the Annexure to the Account opening form:***

***Terms in the Annexure:***

- Reporting financial institution means a custodial institution, a depository institution, an investment entity, or a specified insurance company which is registered with US IRS and obtained a Global Intermediary Identification Number (GIIN).
- “custodial institution” means any entity that holds, as a substantial portion of its business, financial assets for the account of others
- “depository institution” means any entity that accepts deposits in the ordinary course of a banking or similar business;
- “investment entity” means any entity



# HUF Declaration and Consent Letter (NOC)

To,  
RAJGUL SECURITIES PRIVATE LIMITED  
Regd. Off.: 474-475, Aggarwal Millennium Tower-II, Netaji Subhash Place, Pitampura, Delhi-110034  
Dear Sir/Madam,

Date:

## Sub : Declaration of Coparcener(s)

I/We hereby declare that I/We are coparceners of the HUF \_\_\_\_\_ with \_\_\_\_\_ as "Karta" / I/We have opened Demat account with you under HUF category. I/We hereby declare that I/We am/are authorizing the said Karta to execute the transactions and to do all such needful acts/deeds in our Demat account. I/We further authorize the Karta to appoint any other attorney and authorize him/her/it to act on behalf of the HUF and Coparcener(s) with regard to the operations of the said Demat account.

S.No.	NAME OF THE CO-PARCENERS (IN BLOCK LETTER)	Date of Birth	Sex	Relationship with Karta	Sign
1.		<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="text"/>
2.		<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="text"/>
3.		<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="text"/>
4.		<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="text"/>
5.		<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="text"/>
6.		<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="text"/>

I/We hereby state that the details mentioned as above are true and any change in them would be intimated to you in writing.

Thanking you,

Yours faithfully

For  .....(HUF)

## BOARD RESOLUTION (Format) (On the company letterhead)

**CERTIFIED TRUE COPY OF AN EXTRACT FROM THE MINUTES OF A MEETING OF THE BOARD OF DIRECTORS OF \_\_\_\_\_ LIMITED DULY CONVENED AND AT WHICH A PROPER QUORUM WAS PRESENT HELD AT THE REGISTERED OFFICE OF THE COMPANY AT \_\_\_\_\_ (ADDRESS) \_\_\_\_\_ ON \_\_\_\_\_ DAY \_\_\_\_\_ TH \_\_\_\_\_ AT \_\_\_\_\_ HOURS \_\_\_\_\_**

We here by certify that the following resolution of the Board of directors of \_\_\_\_\_ LTD was passed at the Meeting of the Board held on \_\_\_\_\_ and has been duly recorded in the Minutes Book of the said Company.

\*RESOLVED THAT a Clearing Member/Beneficiary account for the company be opened with Rajgul Securities Pvt. Ltd. (Depository Participant of CDSL) In the name and style of\* \_\_\_\_\_ (name of the co.) \_\_\_\_\_ LIMITED\* for dealing in the Depository/Electronic segment of the various Stock Exchanges and Mr. \_\_\_\_\_ Director of Company be and is hereby authorized to negotiate and finalize the terms and conditions for opening the account and completing the formalities. "FURTHER RESOLVED THAT Mr. \_\_\_\_\_, or Mr. \_\_\_\_\_ any one of these two directors of the company, individually be and is/are authorized to operate the account for and on behalf of the Company"

RESOLVED THAT the company do grant in favor of Rajgul Securities Pvt. Ltd. a Power of Attorney limited to enabling Rajgul Securities Pvt. Ltd. meet payin obligations for sale transactions carried out in the account of the Company and authorize Mr. \_\_\_\_\_ Of the Company to execute, notarize and deliver of Rajgul Securities Pvt. Ltd, the said Power of Attorney and to do all such other things as may be necessary in the connection"

"FURTHER RESOLVED THAT a certified copy of the said resolution be communicated to Rajgul Securities Pvt. Ltd. together with the specimen signatures of all the aforesaid office bearer by the chairman of the meeting under the common seal of the company.

Place: .....

CERTIFIED TRUE COPY

Date:

For ..... LTD.

1. Mr. XXX .....

Mr. XXX .....

(Chairman)

2. Mr. XXX .....

**RAJGUL SECURITIES PVT LTD**

474-475 AGGARWAL MILLENNIUM TOWER-2,  
NETAJI SUBHASH PLACE  
PITAMPURA, DELHI-1100034

**DEMAT DEBIT AND PLEDGE INSTRUCTION**

I/We request you to register the **DDPI** in your records for Execution of Demat Debit and Pledge Instruction (DDPI) for transfer of securities towards deliveries / settlement obligations and pledging / re-pledging of securities given by me/us.

Trading Code: 

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Beneficial Owner Account:





DP NAME	BO NAME	BO Account No.							
Rajgul Securities Pvt Ltd		1	2	0	6	9	8	0	0

Details of accounts where securities can be Transferred/Pledged:

I. Pool / Client Securities Margin Pledge Account:

Demat A/c Purpose	NSDL	CDSL	CM / DP Name
NSE Pool A/c	IN515501	12069800 00000380 11000011 00018617 (EPI)	Rajgul Securities Pvt Ltd
Client Securities Margin Pledge Account	-----	12069800 00005701	Rajgul Securities Pvt Ltd

The Client hereby authorizes the Rajgul Securities Pvt to do the following acts:

S.No.	Purpose	Signature of Client *
1.	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 the same stock broker.	
2.	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.	
3.	Mutual Fund transactions being executed on Stock Exchange order entry platforms.	
4.	Tendering shares in open offers through Stock Exchange platforms.	

Authorized Signatory

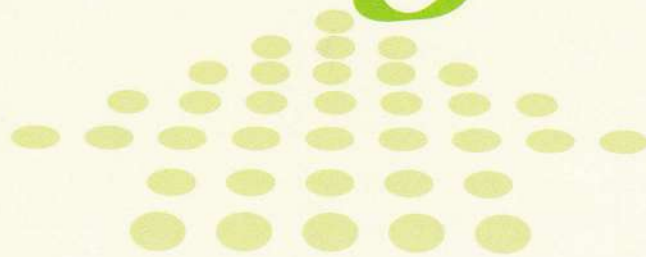
Date 

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(Signatory Name)

\*the same may be eSigned or signed physically

# raajgul



*Leading Growth*

