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INSURANCE

Client Registration Form Demat & Trading NSDL / CDSL

NAME OF THE CLIENT : _____

DP CLIENT ID : _____

Alankit ASSIGNMENTS LIMITED

CIN : U74210DL1991PLC042569

GST : 07AAACA9483E1ZN

Corporate Office

Alankit House, 4E/2, Jhandewalan Extension, New Delhi-110 055, India
Tel. : +91-11-4254 1234, 2354 1234, Fax : +91-11-23552001, 4254 1201

Head Office

Alankit Heights, 1E/13, Jhandewalan Extension, New Delhi - 110 055
Ph.: 91-11-42541822, 864, 798

Registered Office

205-208, Anarkali Complex, Jhandewalan Extension, New Delhi-110 055, India

ON COVER BACK

ACKNOWLEDGEMENT

To,

Alankit Assignments Limited

DP Client ID: _____

I/We have received a copy of the filled KYC (Account Opening Form) for Demat, Rights and Obligations & Conditions of FATCA.

Signature 

Client Name: _____

Date : ____ - ____ - ____ [Note : To be signed by person himself / herself not to be signed by his / her attorney / authorised person etc.]

INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

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

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

1. Unique Identification Number (UID) (Aadhaar)/ Passport/ Voter ID card/ Driving license.
2. PAN card with photograph.
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. Unique Identification Number (UID) (Aadhaar) / Passport/ Voters Identity Card/ Ration Card/ Registered Lease or Sale

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

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

D. Exemptions/clarifications to PAN (*Sufficient documentary evidence in support of such claims to be collected.)

1. In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
2. Investors residing in the state of Sikkim.
3. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
4. SIP of Mutual Funds upto Rs. 50,000/- p.a.
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.

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

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


Alankit ASSIGNMENTS LIMITED

Corporate Office : 'Alankit House', 4E/2, Jhandewalan Extension, New Delhi -110055 (INDIA)

Tel. : +91-11- 42541234, 23541234, Fax : +91-11-42541201,23552001

E-mail : info@alankit.com Website : www.alankit.com

Please fill this form in **ENGLISH** and in **BLOCK LETTERS**

FOR INDIVIDUAL

A. IDENTITY DETAILS

| | | |
|--|--|--|
| 1. Name of the Applicant | | |
| 2. Father's/ Spouse's Name | | |
| 3. a) Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | b) Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married |
| c) Date of Birth | | |
| 4. a) Nationality | <input type="checkbox"/> Indian <input type="checkbox"/> Other Please specify | |
| b) Status | <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non resident <input type="checkbox"/> Foreign National | |
| 5. A) PAN | | b) Unique Identification Number (UID) /Aadhar, if any |
| 6. Specify the proof of Identity submitted | <input type="checkbox"/> PAN Card <input type="checkbox"/> Any other (Please specify) | |

Please affix your recent
passport size photograph

Signature Across
Photograph

B. ADDRESS DETAILS

| | | |
|---|-----------------------|-------------|
| 1. Residence Address | | |
| | City / Town / Village | PIN Code |
| | State | Country |
| 2. Contact Detail | | |
| | Tel. (Office) | Tel. (Res.) |
| | Fax | E-Mail Id |
| 3. Specify the proof of address submitted for residence address | | |
| 4. Permanent Address | | |
| (If different from above or overseas address, mandatory for Non-Resident Applicant) | City / Town / Village | PIN Code |
| | State | Country |

C. 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.

Signature of the Applicant

Date

FOR OFFICE USE ONLY

☐ (Originals verified) True copies of documents received

Name & Signature of the Authorised Signatory

Seal / Stamp of the Intermediary

Date

KNOW YOUR CLIENT (KYC) APPLICATION FORM



Alankit ASSIGNMENTS LIMITED

Corporate Office : 'Alankit House', 4E/2, Jhandewalan Extension, New Delhi -110055 (INDIA)

Tel. : +91-11- 42541234, 23541234, Fax : +91-11-42541201,23552001

E-mail : info@alankit.com Website : www.alankit.com

Please fill this form in **ENGLISH** and in **BLOCK LETTERS**

FOR NON-INDIVIDUAL

A. IDENTITY DETAILS

1. Name of the Applicant

2. Date of incorporation - - Place of Incorporation

3. Date of Commencement of Business - -

4. a) PAN b) Registration No. (e.g. CIN)

5. Status (Please tick any one)

☐ Private Limited Co. ☐ Public Ltd. Co. ☐ Body Corporate ☐ Partnership ☐ Trust

☐ Charities ☐ NGO's ☐ FI ☐ FII ☐ AOP ☐ HUF ☐ Bank

☐ Government Body ☐ Non-Government Organization ☐ Defense Establishment ☐ BOI ☐ Society

☐ LLP ☐ Other (Please specify)

Please affix your recent
passport size photograph

Signature Across
Photograph

B. ADDRESS DETAILS

1. Correspondenced Address

City / Town / Village PIN Code

State Country

2. Contact Detail

Tel. (Office) Tel. (Res.) Mobile

Fax E-Mail Id

3. Specify the proof of address submitted for correspondence address

4. Registered Address

(If different from above)

City / Town / Village PIN Code

State Country

C. OTHER DETAILS

1. Name, PAN, Residential address and photographs of Promoters/Partners/ Karta/ Trustees and whole time directors

2. a) DIN of whole time directors:

b) Aadhaar number of Promoters/Partners/Karta

DECLARATION

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

NAME

Signature of the Authorised Signatory (ies) 

Date - -

FOR OFFICE USE ONLY

☐ (Originals verified) True copies of documents received

Name & Signature of the Authorised Signatory

Seal / Stamp of the Intermediary

Date - -

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

Name (1)

PAN

Residential / Registered Address

City / Town / Village PIN Code

State Country

DIN / UID

Relationship with Applicant (i.e. Promoters, whole time directors etc.)

Please tick, if applicable, for any of your authorized signatories / Promoters / Partners / Karta / Trustees and whole time directors:

☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed person (PEP)

Photographs of
Promoters / Partners /
Karta / Trustees and
Whole Time Director

Any Other Information

Name (2)

PAN

Residential / Registered Address

City / Town / Village PIN Code

State Country

DIN / UID

Relationship with Applicant (i.e. Promoters, whole time directors etc.)

Please tick, if applicable, for any of your authorized signatories / Promoters / Partners / Karta / Trustees and whole time directors:

☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed person (PEP)

Photographs of
Promoters / Partners /
Karta / Trustees and
Whole Time Director

Any Other Information

Name (3)

PAN

Residential / Registered Address

City / Town / Village PIN Code

State Country

DIN / UID

Relationship with Applicant (i.e. Promoters, whole time directors etc.)

Please tick, if applicable, for any of your authorized signatories / Promoters / Partners / Karta / Trustees and whole time directors:

☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed person (PEP)

Photographs of
Promoters / Partners /
Karta / Trustees and
Whole Time Director

Any Other Information

Name (4)

PAN

Residential / Registered Address

City / Town / Village PIN Code

State Country

DIN / UID

Relationship with Applicant (i.e. Promoters, whole time directors etc.)

Please tick, if applicable, for any of your authorized signatories / Promoters / Partners / Karta / Trustees and whole time directors:

☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed person (PEP)

Photographs of
Promoters / Partners /
Karta / Trustees and
Whole Time Director

Any Other Information

NAME

Signature of the Authorised Signatory (ies) 

Date - -

A. BANK ACCOUNT DETAILS

(Through which transactions will generally be routed)

Bank Details (for DP) :

Bank Name : Account No. : Branch : Address : 11 Digit RTGS / NEFT / IFS Code : 0 9 Digit MICR Code : Account Type : ☐ Savings ☐ Current ☐ OTHERS : (Please Specify)Pay-Out Option : ☐ Cheque ☐ Online Transfer / NEFT / RTGS Bank/MICR/IFSC proof submitted : ☐ Cancelled Cheque (with Client Name & A/c No. pre-printed)☐ Bank Passbook* (If hand written, then with stamp of Bank) ☐ Bank Verification Letter* (with Rubber Stamp & Sign of Bank Manager)☐ Bank Statement* (Either on Bank Stationary or with rubber stamp & sign of Bank Manager)

*Documents should not be more than 3 months old

B. INCOME DETAILS

Gross Annual Income Detail ☐ Below 1 Lac ☐ 1 - 5 Lac ☐ 5 - 10 Lac ☐ Rs. 10 - 25 Lac ☐ 25 Lac - 1 Crore ☐ > 1 CroreOR Net-worth in ₹. (*Net worth should not be older than 1 year) as on (date) 2 0 (Mandatory for Non-Individual Client)Occupation ☐ Private Sector Service ☐ Public Sector ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Other (Please Specify)

Please tick, if applicable

☐ Politically Exposed Person☐ Related to a Politically Exposed Person

DEMAT ACCOUNT OPENING FORM

I/ We request to open a Depository Account under
BSDA Scheme ☐ **OR Normal Scheme** ☐ in my / our name as per the following details.

Date :

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | 2 | 0 | Y | Y |
|---|---|---|---|---|---|---|---|

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

Details of Account holder(s)

| Account holder(s) | Sole/ First Holder | | | | Second Holder | | | | Third Holder | | | |
|--|--|---|--|---|--|---|--|--|--------------|--|--|--|
| Name | | | | | | | | | | | | |
| PAN | | | | | | | | | | | | |
| Occupation (please tick any one and give brief details) | <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional | <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Please specify; _____) | <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional | <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Please specify; _____) | <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional | <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Please specify; _____) | | | | | | |
| Brief details: | | | | | | | | | | | | |

For HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name & PAN of the HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below:

| | | | | | | | | | | | | | | | | | | | |
|-----------------|---|--|--|--|--|--|--|--|--|--|-----|--|--|--|--|--|--|--|--|
| Name | | | | | | | | | | | PAN | | | | | | | | |
| Type of Account | <input type="checkbox"/> Ordinary Resident <input type="checkbox"/> NRI-Repatriable <input type="checkbox"/> NRI-Non Repatriable <input type="checkbox"/> Qualified Foreign Investor | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Foreign National <input type="checkbox"/> Promoter <input type="checkbox"/> Margin <input type="checkbox"/> Body Corporate <input type="checkbox"/> FI | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> CM <input type="checkbox"/> Mutual Fund <input type="checkbox"/> FII <input type="checkbox"/> Bank <input type="checkbox"/> Trust <input type="checkbox"/> HUF | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Others (Please Specify) _____ | | | | | | | | | | | | | | | | | | |

In case of NRIs/ Foreign Nationals

| | | | | | | | | | | | | | | | | | | |
|-------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| RBI Approval Reference Number | | | | | | | | | | | | | | | | | | |
| RBI Approval date | | | | | | | | | | | | | | | | | | |

In case of FIIs/Others (as may be applicable)

| | | | | | | | | | | | | | | | | | | | |
|-------------------------------------|--|--|--|--|--|--|--|--|--|--|-------------------|--|--|--|--|--|--|--|--|
| RBI Approval Reference No. | | | | | | | | | | | RBI Approval Date | | | | | | | | |
| SEBI Registration Number (for FIIs) | | | | | | | | | | | | | | | | | | | |

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

| | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name of Stock Exchange | | | | | | | | | | | | | | | | | | |
| Name of Clearing Corporation/Clearing House | | | | | | | | | | | | | | | | | | |
| Clearing Member ID | | | | | | | | | | | | | | | | | | |
| SEBI Registratiton No. | | | | | | | | | | | | | | | | | | |
| Trade Name | | | | | | | | | | | | | | | | | | |
| CM-BP-ID (to be filled up by Participant) | | | | | | | | | | | | | | | | | | |

DETAILS OF GUARDIAN

In case the account holder is minor

Name of Guardian (Mr. / Mrs / Ms.):

| | | | | | | | | | | | | | | | | | | | |
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Relationship :

| | | | | | | | | | | | | | | | | | | | |
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 PAN :

| | | | | | | | | | | | | | | | | | | | |
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

ADDITIONAL DETAILS

Account statement requirement ☐ As per SEBI Regulation ☐ Monthly ☐ Fortnightly ☐ Weekly ☐ Daily

I/We instruct the DP to receive each and every credit in my / our account ☒ Yes ☐ No

I/We wish to receive dividend/interest directly into my/our Bank A/c through ECS
(If not marked, the default option would be 'Yes'. ECS is mandatory for locations notified by SEBI from time to time.) ☐ Yes ☐ No

I/We request you to send Electronic Transaction-Cum-Holding Statement through E-mail ☐ Yes ☐ No

Please mention E-mail ID in KYC form (Page A1-Individual / A3-Non-Individual)

SMS Alert Facility on Mobile Number as given in KYC Form ☐ Yes ☐ No

Refer to T&C given as **Annexure-B** (Mandatory, If you have given PoA. If POA is not granted and you do not wish to avail of this facility, cancel this option)

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, default option will be 'No') ☐ Yes ☐ No

I/We would like to share the E-mail ID with the RTA. ☐ Yes ☐ No

I/We would like to receive the annual report (If not marked, default option will be 'Physical') ☐ Physical ☐ Electronic

Account to be opened through Power of Attorney ☐ Yes ☐ No

Rights and obligation RDD and Do's and Don't etc to be sent through ☐ Physical ☐ Electronic

Do you have GST No., If yes please provide (please attach certificate)

Declaration - Same Mobile Number or Email Address

[Please tick (✓) wherever applicable]

| | | | | | |
|---|--|-----------|--|------|--|
| DP ID | | CLIENT ID | | DATE | |
| Name of Account Holder | | | | | |
| <input type="checkbox"/> Mobile Number | | | | | |
| <input type="checkbox"/> Email ID | | | | | |
| I hereby declare that the aforesaid mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family (spouse, dependent children and dependent parents). | | | | | |
| Signature of First Holder | | | | | |
| Name of First Holder | | | | | |

| | | | | | |
|---|--|-----------|--|------|--|
| DP ID | | CLIENT ID | | DATE | |
| Name of Account Holder | | | | | |
| <input type="checkbox"/> Mobile Number | | | | | |
| <input type="checkbox"/> Email ID | | | | | |
| I hereby declare that the aforesaid mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family (spouse, dependent children and dependent parents). | | | | | |
| Signature of Second Holder | | | | | |
| Name of Second Holder | | | | | |

Transactions Using Secured Texting Facility (TRUST)☐ Yes☐ No

I / We wish to avail the TRUST facility using the mobile number registered for SMS alert facility. I have read and understood the Terms & Conditions prescribed by CDSL for the same. (Refer to T&C given below)

I / We wish to register the following clearing member ID under my / our below mentioned BOID registered for TRUST




| Stock Exchange Name / ID | Clearing Member Name | Clearing Member ID (Optional) |
|--------------------------|-----------------------------|-------------------------------|
| NSE | ALANKIT ASSIGNMENTS LIMITED | |
| BSE | ALANKIT ASSIGNMENTS LIMITED | |

Terms And Conditions for availing Transaction Using Secured Texting (TRUST) Service offered by CDSL

- Definitions:
In these Terms and Conditions the terms shall have following meaning unless indicated otherwise:
 - "Depository" means Central Depository Services (India) Limited (CDSL)
 - TRUST means "Transactions Using Secured Texting" service offered by the Depository.
 - "Service Provider" means a cellular service provider(s) with whom the Depository has entered / shall enter into an arrangement for providing the TRUST service to the BO.
 - "Service" means the service of providing facility to receive/give instructions through SMS on best effort basis as per the following terms and conditions. The types of transaction that would normally qualify for this type of service would be informed by CDSL from time to time.
 - "Third Party" means the operators with whom the Service Provider is having / will have an arrangement for providing SMS to the BO.
- The service will be provided to the BO at his / her request and at the discretion of the depository provided the BO has registered for this facility with their mobile numbers through their DP or by any other mode as informed by CDSL from time to time. Acceptance of application shall be subject to the verification of the information provided by the BO to the Depository.
- The messages will be sent on best efforts basis by way of an SMS on the mobile no which has been provided by the BOs. However Depository shall not be responsible if messages are not received or sent for any reason whatsoever, including but not limited to the failure of the service provider or network.
- The BO is responsible for promptly informing its DP in the prescribed manner any change in mobile number, or loss of handset on which the BO wants to send/receive messages generated under TRUST. In case the new number is not registered for TRUST in the depository system, the messages generated under TRUST will continue to be sent to the last registered mobile number. The BO agrees to indemnify the depository for any loss or damage suffered by it on account of messages sent on such mobile number.
- The BO agrees that SMS received by the Depository from the registered mobile number of the BO on the basis of which instructions are executed in the depository system shall be conclusive evidence of such instructions having been issued by the BO. The DP / CDSL will not be held liable for acting on SMS so received.
- The BO shall be responsible for submitting response to the 'Responsive SMS' within the specified time period. Transactions for which no positive or negative confirmation is received from the BO, will not be executed except for transaction for deregistration. Further, CDSL shall not be responsible for BOs not submitting the response to the said SMS within the time limit prescribed by CDSL.
- The BO agrees that the signing of the TRUST registration form by all joint holders shall mean that the instructions executed on the basis of SMS received from the registered mobile for TRUST shall be deemed to have been executed by all joint holders.
- The BO agrees to ensure that the mobile number for TRUST facility and SMS alert (SMART) facility is the same. The BO agrees that if he is not registered for SMART, the DP shall register him for SMART and TRUST. If the mobile number provided for TRUST is different from the mobile number recorded for SMART, the new mobile number would be updated for SMART as well as TRUST.
- BOs are advised to check the status of their obligation from time to time and also advise the respective CMs to do so. In case of any issues, the BO/CM should approach their DPs to ensure that the obligation is fulfilled through any other mode of delivery of transactions as may be informed / made available by CDSL from time to time including submission of Delivery Instruction Slips to the DP.
- The BO acknowledges that CDSL will send the message for confirmation of a transaction to the BO only if the Clearing Member (registered by the BO for TRUST) enters the said transaction in CDSL system for execution through TRUST within prescribed time limit.
- The BO further acknowledges that the BO/CM shall not have any right to any claim against either the DP or Depository for losses, if any, incurred due to non receipt of response on the responsive SMS or receipt of such response after the prescribed time period. In the event of any dispute relating to the date and time of receipt of such response, CDSL's records shall be conclusive evidence and the Parties agree that CDSL's decision on the same shall be final and binding on both Parties.
- The BO may request for deregistration from TRUST at any time by giving a notice in writing to its DP or by any other mode as specified by Depository in its operating instructions. The same shall be effected after entry of such request by the DP in CDSL system if the request is received through the DP.
- Depository reserves the right to charge such fees from time to time as it deems fit for providing this service to the BO.
- The BO expressly authorises Depository to disclose to the Service Provider or any other third party, such BO information as may be required by them to provide the services to the BO. Depository however, shall not be responsible and be held liable for any divulgence or leakage of confidential BO information by such Service Providers or any other third party.
- The BO takes the responsibility for the correctness of the information supplied by him to Depository through the use of the said Facility or through any other means such as electronic mail or written communication.
- The BO is solely responsible for ensuring that the mobile number is not misused and is kept safely and securely. The Depository will process requests originated from the registered Mobile as if submitted by the BO and Depository is not responsible for any claim made by the BO informing that the same was not originated by him.
- Indemnity: In consideration of providing the service, the BO agrees that the depository shall not be liable to indemnify the BO towards any damages, claims, demands, proceedings, loss, cost, charges and expenses whatsoever as a consequence of or arising out of interference with or misuse, improper or fraudulent use of the service by the BO.
- Disclaimer:
Depository shall be absolved of any liability in case:-
 - There is loss of any information during processing or transmission or any unauthorized access by any other person or breach of confidentiality.
 - There is any lapse or failure on the part of the service providers or any third party affecting the said Facility and that Depository makes no warranty as to the quality of the service provided by any such service provider.
 - There is breach of confidentiality or security of the messages whether personal or otherwise transmitted through the Facility.

DECLARATION

I/We have received and read the Rights & Obligations document 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.

| | Sole / First Holder / Authorised Signatory | Second Holder / Authorised Signatory | Third Holder / Authorised Signatory |
|-------------|---|---|---|
| Designation | | | |
| Signature |  |  |  |

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

Terms And Conditions-cum-Registration / Modification Form for receiving SMS Alerts from CDSL

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 400001 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 the SMS alerts to the BO.
- "Service" means the service of 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 send 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 in 'ON' and in a 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 is susceptible to error, omission and/ or inaccuracy. In case the BO observes 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.

I/We provide the following information for the purpose of REGISTRATION / MODIFICATION (Please cancel out what is not applicable).

BOID

| | | | | | | | | | | | | | | | |
|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1 | 2 | 0 | | | | | | | | | | | | | |
|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|

(Please write your 8 digit DPID) (Please write your 8 digit Client ID)




Mobile Number on which messages are to be sent

| | | | | | | | | | | | | | | | |
|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| +91 | | | | | | | | | | | | | | | |
|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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

The mobile number is registered in the name of : _____

Email ID : _____
(Please write only ONE valid email ID on which communication; if any, is to be sent)

| CLIENT SIGNATURE | | | |
|------------------|---|---|---|
| | First / Sole Holder | Second Holder | Third Holder |
| Sign of Client |  |  |  |

- 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 charge such fees from time to time as it 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 warrant 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 and/ or SMS alert sent on the mobile phone number of the BO or for fraudulent, duplicate or 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 the 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 purposes 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.

NOMINATION FORM

| | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|
| I/We wish to make a nomination. [As per details given below] | | | | | | | | | |
| Nomination Details | | | | | | | | | |
| 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. | | | | | | | | | |
| Nomination can be made upto three nominees in the account. | | | | Details of 1st Nominee | | Details of 2nd Nominee | | Details of 3rd Nominee | |
| 1 | Name of the nominee(s) (Mr./Ms.) | | | | | | | | |
| 2 | Share of each Nominee | Equally [If not equally, please specify percentage] | | % | | % | | % | |
| | | | | <i>Any odd lot after division shall be transferred to the first nominee mentioned in the form.</i> | | | | | |
| 3 | Relationship With the Applicant (If Any) | | | | | | | | |
| 4 | Address of Nominee(s) City / Place : State & Country : | | | | | | | | |
| | | PIN Code | | | | | | | |
| 5 | Mobile / Telephone No. of Nominee(s) | | | | | | | | |
| 6 | Email ID of Nominee(s) | | | | | | | | |
| 7 | Nominee Identification details - [Please tick any one of the following and provide details of same] <input type="checkbox"/> Photograph & Signature | | | | | | | | |
| <input type="checkbox"/> PAN Card | | | | | | | | | |
| <input type="checkbox"/> Aadhaar Card | | | | | | | | | |
| <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)} | D | D | M | M | Y | Y | Y | Y | D | D | M | M | Y | Y | Y | Y | D | D | M | M | Y | Y | Y | Y |
| 9 | Name of 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 | Email ID of Guardian | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | Relationship of Guardian with nominee | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|----------------------------------|---|--|----------------------------------|--|
| 14 | Guardian Identification details - [Please tick any one of the following and provide details of same] <input type="checkbox"/> Photograph & Signature | | | |
| | <input type="checkbox"/> PAN Card | | | |
| | <input type="checkbox"/> Aadhaar Card | | | |
| | <input type="checkbox"/> Saving Bank Account No. | | | |
| | <input type="checkbox"/> Proof of Identity | | | |
| | <input type="checkbox"/> Demat Account ID | | | |
| Name(s) of holder(s) | | | Signature(s) of holder(s) | |
| Sole/First Holder Name (Mr./Ms.) | | | | |
| Second Holder Name (Mr./Ms.) | | | | |
| Third Holder Name (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

I/We do not wish to make a nomination. [As per details given below]

| | |
|------------------------|--|
| Sole/First Holder Name | |
| Second Holder Name | |
| Third Holder Name | |

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 not-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.

Name and Signature of Holder(s)*




1. _____ 2. _____ 3. _____

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

DECLARATION

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

I/ We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and 'Risk Disclosure Document'. I/ We do hereby agree to be bound by such provisions as outlined in these documents. I/ We have also been informed that the standard set of documents has been displayed for information on stock broker's designated website, if any.

| | Name(s) of holder(s) | Signature(s) of holder | | | | | | | | |
|---|----------------------|---|---|---|---|---|---|---|---|---------|
| First / Sole Holder / Authorised Signatory | |  | | | | | | | | |
| Second Holder / Authorised Signatory | |  | | | | | | | | |
| Third Holder / Authorised Signatory | |  | | | | | | | | |
| Date : <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>2</td><td>0</td><td>Y</td><td>Y</td> </tr> </table> | | D | D | M | M | 2 | 0 | Y | Y | Place : |
| D | D | M | M | 2 | 0 | Y | Y | | | |

NOTES

1. All communication shall be sent at the address of the Sole/First holder only.
2. In case of additional signatures, separate annexures should be attached to the application form.
3. Thumb impressions and signature other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
 - I. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non-individuals society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly, all joint holders will sign the nomination form.
 - II. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
 - III. The Nominee(s) shall not be a trust, society, body, corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. Anon-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
 - IV. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
 - V. Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.
 - VI. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non-individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
 - VII. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the nominee(s).
 - VIII. Nomination can be made upto three nominees in a demat account. In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total upto hundred percent. In the event of the beneficiary owner not indicating any percentage of allocation/share for each of the nominees, the default option shall be to settle the claims equally amongst all the nominees.
 - IX. On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned in the FORM 10 at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.
 - X. Copy of any proof of identity must be accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure D.
 - XI. Savings bank account details shall only be considered if the account is maintained with the same participant.
 - XII. DP ID and client ID shall be provided where demat details is required to be provided.
5. For receiving Statement of Account in electronic form:
 - I. Client must ensure the confidentiality of the password of the email account.
 - II. Client must promptly inform the Participant if the email address has changed.
 - III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
6. Strike off whichever is not applicable.
7. In case applicant wish to apply for BSDA/RGESS services, he/she shall submit additional request form as prescribed by regulatory authority from time to time.



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

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

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

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

☐ Same as Current / Permanent / Overseas Address details

☐ Same as Correspondence / Local Address details

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

☐ 5. 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*

☐ Guardian of Minor

☐ Assignee

☐ Authorized Representative

Prefix

First Name

Middle Name

Last Name

Name*

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

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

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

☐ 7. REMARKS (If any)

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

8. APPLICANT DECLARATION

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

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

Date : Place :



Signature / Thumb Impression 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]

CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Individual KYC Application Form

General Instructions:

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

A Clarification / Guidelines on filling 'Personal Details' section

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

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

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

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

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

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

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

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

| Document Code | Description |
|---------------|--|
| 01 | Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill). |
| 02 | Property or Municipal Tax receipt. |
| 03 | Bank account or Post Office savings bank account statement. |
| 04 | Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address. |
| 05 | Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation. |
| 06 | Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India. |

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

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

F Clarification / Guidelines on filling 'Contact details' section

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

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

- Provide KYC number of related person if available.

H Clarification / Guidelines on filling 'Related Person details – Proof of Identity [Pol] of Related Person' section

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

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

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

List of ISO 3166 two- digit Country Code

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

Annexure A1**CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual | Correspondence / Local Address****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)

☐ **1. CORRESPONDENCE / LOCAL ADDRESS DETAILS** (Please see instruction E at the end)☐ Same as Current / Permanent / Overseas Address details

| | |
|------------------------|----------------------|
| Line 1* | <input type="text"/> |
| Line 2 | <input type="text"/> |
| Line 3 | <input type="text"/> |
| District* | <input type="text"/> |
| Pin / Post Code* | <input type="text"/> |
| State / U.T Code* | <input type="text"/> |
| City / Town / Village* | <input type="text"/> |
| ISO 3166 Country Code* | <input type="text"/> |

☐ **2. CONTACT DETAILS** (All communications will be sent on provided Mobile no./ Email-ID) (Please refer instruction F at the end)

| | | | | | |
|------------|----------------------|------------|----------------------|--------|----------------------|
| Tel. (Off) | <input type="text"/> | Tel. (Res) | <input type="text"/> | Mobile | <input type="text"/> |
| FAX | <input type="text"/> | Email ID | <input type="text"/> | | |

3. 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.

Date : Place : 

Signature / Thumb Impression of Applicant

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

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 of the sections not required to be updated.



| | | | | |
|--|-------------------|---|---------------------------------|---|
| For office use only | Application Type* | <input type="checkbox"/> New | <input type="checkbox"/> Update | |
| <i>(To be filled by financial institution)</i> | KYC Number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | <i>(Mandatory for KYC update request)</i> |

1. DETAILS OF RELATED PERSON (Please refer instruction G at the end)

| | | | | | | | | | | | | | | |
|---|---|--|-----------------------------------|----------------------|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--|--|
| <input type="checkbox"/> Addition of Related Person | <input type="checkbox"/> 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 | | | | |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |

(If KYC number and name are provided, below details of section 1 are optional)

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

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

2. APPLICANT DECLARATION

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

[illegible]

Signature / Thumb Impression of Applicant

3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received

☐ Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date

DD

MM

YYYY

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name

Code

[Institution Stamp]

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Form | Legal Entity/ Other than Individuals
Important Instructions:

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


For office use only

Application Type*

☐ New ☐ Update

(To be filled by financial institution)

KYC Number

(Mandatory for KYC update request)

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

| | | | |
|--------------------------------------|--|---|--|
| <input type="checkbox"/> Name* | | <input type="text"/> | |
| Entity Constitution Type* | | <input type="text"/> Others (Specify) (Please refer instruction B at the end) | |
| Date of Incorporation / Formations* | | Date of Commencement of Business | |
| <input type="text"/> | | <input type="text"/> | |
| Place of Incorporation / Formations* | | Country of Incorporation / Formation* | |
| <input type="text"/> | | <input type="text"/> | |
| PAN * | | <input type="checkbox"/> Form 60 furnished | |
| <input type="text"/> | | <input type="text"/> | |
| TIN / GST Registration Number | | <input type="text"/> | |

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

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

☐ **3. ADDRESS*** (Please refer instruction C at the end)

3.1 Registered Office Address / Place of Business*

| | | | | | | | |
|----------------------|--|---|--|---|--|---|--|
| Proof of Address* | | <input type="checkbox"/> Certificate of Incorporation / Formation | | <input type="checkbox"/> Registration Certificate | | <input type="checkbox"/> Other Document | |
| Line 1* | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| Line 2* | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| Line 3* | | <input type="text"/> | | City / Town / Village* | | <input type="text"/> | |
| District* | | PIN / Post Code* | | State / U.T Code* | | ISO 3166 Country Code* | |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |

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

| | | | | | | | |
|----------------------|--|---|--|---|--|---|--|
| Proof of Address* | | <input type="checkbox"/> Certificate of Incorporation / Formation | | <input type="checkbox"/> Registration Certificate | | <input type="checkbox"/> Other Document | |
| Line 1* | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| Line 2* | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| Line 3* | | <input type="text"/> | | City / Town / Village* | | <input type="text"/> | |
| District* | | PIN / Post Code* | | State / U.T Code* | | ISO 3166 Country Code* | |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |

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

| | | | |
|----------------------|--|----------------------|--|
| Tel. (Off) | | FAX | |
| <input type="text"/> | | <input type="text"/> | |
| Mobile | | Email ID | |
| <input type="text"/> | | <input type="text"/> | |
| Mobile | | Email ID | |
| <input type="text"/> | | <input type="text"/> | |

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

☐ **6. REMARKS (If Any)**

| | |
|----------------------|--|
| <input type="text"/> | |
| <input type="text"/> | |

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

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

 Date :

 Place:

Signature / Thumb Impression of Authorised Person(s)

3. ATTESTATION / FOR OFFICE USE ONLY
Documents Received ☐ Certified Copies ☐ Equivalent e-document

KYC VERIFICATION CARRIED OUT BY

| | |
|------------------|----------------------|
| Date | <input type="text"/> |
| Emp. Name | <input type="text"/> |
| Emp. Code | <input type="text"/> |
| Emp. Designation | <input type="text"/> |
| Emp. Branch | <input type="text"/> |

[Employee Signature]

INSTITUTION DETAILS

| | |
|------|----------------------|
| Name | <input type="text"/> |
| Code | <input type="text"/> |

[Institution Stamp]

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

[illegible]

2. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of m knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date :

| | |
|---|---|
| D | D |
|---|---|

 —

| | |
|---|---|
| M | M |
|---|---|

 —

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
|---|---|---|---|

 Place:

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

 Signature / Thumb Impression of Authorised Person(s)

Signature / Thumb Impression of Authorised Person(s)

3. ATTESTATION / FOR OFFICE USE ONLY

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

KYC VERIFICATION CARRIED OUT BY

| | |
|------------------|---------------------|
| Date | D D - M M - Y Y Y Y |
| Emp. Name | |
| Emp. Code | |
| Emp. Designation | |
| Emp. Branch | |

INSTITUTION DETAILS

[illegible]

FATCA & CRS DECLARATION (FOR INDIVIDUAL)

Do you have any non-indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency? ☐ Yes ☐ No

| Sole/First Holder/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No | | Second Holder <input type="checkbox"/> Yes <input type="checkbox"/> No | | Third Holder <input type="checkbox"/> Yes <input type="checkbox"/> No | |
|---|---|--|---|---|---|
| Country of Birth | | Country of Birth | | Country of Birth | |
| Country of Citizenship/ Nationality | | Country of Citizenship/ Nationality | | Country of Citizenship/ Nationality | |
| Are you a US Specified Person? | <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide Tax Payer Id | Are you a US Specified Person? | <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide Tax Payer Id | Are you a US Specified Person? | <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide Tax Payer Id |
| Country of Tax Residency* (Other then India) | Taxpayer Identification No. | Country of Tax Residency* (Other then India) | Taxpayer Identification No. | Country of Tax Residency* (Other then India) | Taxpayer Identification No. |
| 1. | | 1. | | 1. | |
| 2. | | 2. | | 2. | |
| 3. | | 3. | | 3. | |

*Please indicate all countries in which you are a resident for tax purpose and associated Taxpayer identification number.

FATCA - CRS Terms and Conditions

I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Alankit Assignments 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).

Signatures



Sole/First Holder Signature



Second Holder Signature



Third Holder Signature



Please tick the applicable tax resident declaration -

| Sr. No. | Country | Tax Identification Number | Identification Type (TIN or Other [%] , please specify) |
|---------|---------|---------------------------|---|
| 1. | | | |
| 2. | | | |
| | | | |

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)

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

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

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 WB 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: <input type="text"/> Country: <input type="text"/> | Zip <input type="text"/> State: <input type="text"/> Country: <input type="text"/> | Zip <input type="text"/> State: <input type="text"/> Country: <input type="text"/> |
| 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="text"/> | <input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="text"/> | <input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="text"/> |
| Nationality | | | |
| Father's Name | | | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others |
| Date of Birth | DD/MM/YYYY | DD/MM/YYYY | DD/MM/YYYY |
| Percentage of Holding (%) [§] | | | |

* 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 / Sector of Trust / Protector of Trust to be specified wherever applicable.

% In case Tax Identification Number is not available, kindly provide function 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.

I hereby agree and confirm to inform Alankit Assignments Limited for any modification to this information promptly.

I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS.

| | |
|---|---|
| Name | <input type="text"/> |
| Designation | <input type="text"/> |
| Sign here : (I)  | <div> <input type="text"/> </div> <div> Date : <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Place : <input type="text"/> </div> |

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

Alankit Assignments Limited

Head Office: Alankit Heights, IE/13, Jhandewalan Extension, New Delhi - 110 055

Ph.: 91-11-42541822, 864, 798, E-mail : info@alankit.com

• For Detail Terms & Conditions please visit www.alankit.com

1E/13, Jhandewalan Extn., New Delhi-110055 (INDIA)
 Tel.: 91-11-42541810-11, E-mail: dp@alankit.com,
 201-203 K J City Tower Ashok Marg C-Scheme Jaipur-302001
 Tel.: 91-141-4193 300,141-4193 331 E-mail: alankitjpr@alankit.com
 Lata Arcade 1 st Floor, 87, Civil Lines, Near Ayub Khan Chauraha, Bareilly-243001
 Tel.:+91-581-2551 031 E-mail: alankitbly@alankit.com

DP-ID IN 300118

DP-ID IN 301160

DP-ID IN 301186

Date: 01/06/2020

SCHEDULE "A"

Account Number _____

| Account Maintenance (Per Annum) | SCHEME – 'A' |
|---|---|
| | Rs 500/- for first Quarter remaining three Quarters Free |
| | For IDEAS users Rs. 20/- per annum extra b. *for smart card user Rs. 520/- per annum extra (Inclusive of IDEAS facility) |
| | To be deposited in advance at the time of activation of account |
| Off Market/Inter-depository Delivery | 0.03% of the value of transaction or Rs. 20/- whichever is higher |
| Market Delivery | Electronic mode - Rs 20/-; per debit instruction Physical mode - Rs 100/-; per debit instruction |
| Concessional charges for debit instruction put through speed-e facility of NSDL | Rs. 20/- per debit instruction |
| Rejection Charges | Rs 20/- per instruction |
| Creation of pledge | Rs. 50/- per instruction (chargeable from the pledgor) |
| Closure/invocation /confirmation of pledge/Closure confirmation | Rs. 25/- per instruction |
| Securities Borrowing | Rs. 40/- per instruction |
| Dematerialization | Rs. 40/- plus Rs. 5/- per certificate subject to Maximum of Rs. 500/- |
| Rematerialisation | A. Rs. 20/- for every hundred securities viz. shares/debentures/bonds etc. or part thereof, or b. Rs. 20/- per certificate. Whichever is higher |
| Repurchase of Mutual Fund Units | Rs. 20/- per request |
| Delivery Instruction Book Charges | First DI book at the opening of new account free of cost subsequent DI book Rs 100/- per book. |

- Non-execution of delivery instruction due to any problem/error-courier charges Rs. 20 per communication/dispatch.
- Modifications in client master Rs. 35/- per instance.
- Non-periodic statement and other communications shall be charged @ Rs. 10/- per page and postage/courier charges @ 50/- per mail
- In case Bank mandate for debit through ACH is not given, minimum credit balance of Rs. 3000/- shall be maintained as advance towards future charges.
- In case of demat rejection postage shall be charged @ Rs. 50/- for dispatch to the client for removal of objection.
- In case of non-payment of bill/dues within 30 days of due date, the depository services are liable to be discontinued.
- Delayed payment charges @18% p.a. shall be levied after 30 days from the due date of invoice.
- Statement will not be sent to the client if dues are not paid

Any service not listed above will be charged for extra

For Alankit Assignments Ltd.

Authorized Signatory



(Sole/First Holder)



(Second Holder)



(Third Holder)

1E/13, Jhandewalan Extn., New Delhi-110055 (INDIA)

Tel.: 91-11-42541810-11, E-mail: dp@alankit.com,

201-203 K J City Tower Ashok Marg C-Scheme Jaipur-302001

Tel.: 91-141-4193 300,141-4193 331 E-mail: alankitjpr@alankit.com

Lata Arcade 1 st Floor, 87, Civil Lines, Near Ayub Khan Chauraha, Bareilly-243001

Tel.: +91-581-2551 031 E-mail: alankitbly@alankit.com

DP-ID IN 300118

DP-ID IN 301160

DP-ID IN 301186

Date: 01/07/2020

SCHEDULE "AT"

Account Number _____

| Account Maintenance (Per Annum) | SCHEME – 'AT' |
|---|--|
| | Rs 1999/- for three years. |
| | * For IDEAS users Rs. 20/- per annum extra b. * for smart card user Rs. 520/- per annum extra (inclusive of IDEAS facility) * To be deposited in advance at the time of activation of account |
| Off Market/Inter-depository Delivery | 0.03% of the value of transaction or Rs. 20/- whichever is higher |
| Market Delivery | Electronic mode - Rs 20/-; per debit instruction Physical mode - Rs 100/-; per debit instruction |
| Concessional charges for debit instruction put through speed-e facility of NSDL | Rs. 20/- per debit instruction |
| Rejection Charges | Rs 20/- per instruction |
| Creation of pledge | Rs. 50/- per instruction (chargeable from the pledgor) |
| Closure/invocation / confirmation of pledge/ Closure confirmation | Rs. 25/- per instruction |
| Securities Borrowing | Rs. 40/- per instruction |
| Dematerialization | Rs. 40/- plus Rs. 5/- per certificate subject to Maximum of Rs. 500/- |
| Rematerialisation | A. Rs. 20/- for every hundred securities viz. shares/debentures/bonds etc. or part thereof, or b. Rs. 20/- per certificate. Whichever is higher |
| Repurchase of Mutual Funds Units | Rs. 20/- per request |
| Delivery Instruction Book Charges | First DI book at the opening of new account free of cost subsequent DI book Rs 100/- per book |

- Non-execution of delivery instruction due to any problem/error-courier charges Rs. 20 per communication/dispatch.
- Modifications in client master: Rs. 35/- per instance.
- Non-periodic statement and other communications shall be charged @ Rs. 10/- per page and postage/courier charges @ 50/- per mail
- In case Bank mandate for debit through ACH is not given, minimum credit balance of Rs. 3000/- shall be maintained as advance towards future charges.
- In case of demat rejection postage shall be charged @ Rs. 50/- for dispatch to the client for removal of objection.
- In case of non-payment of bill/dues within 30 days of due date, the depository services are liable to be discontinued.
- Delayed payment charges @18% p.a. shall be levied after 30 days from the due date of invoice.
- Statement will not be sent to the client if dues are not paid
- Any service not listed above will be charged for extra

Taxes and other government levies extra as applicable from time to time

For Alankit Assignments Ltd. `

Authorized Signatory



(Sole/First Holder)



(Second Holder)



(Third Holder)

1E/13, Jhandewalan Extn., New Delhi-110055 (INDIA)
 Tel.: 91-11-42541810-11, E-mail: dp@alankit.com,
 201-203 K J City Tower Ashok Marg C-Scheme Jaipur-302001
 Tel.: 91-141-4193 300,141-4193 331 E-mail: alankitjpr@alankit.com
 Lata Arcade 1 st Floor, 87, Civil Lines, Near Ayub Khan Chauraha, Bareilly-243001
 Tel.:+91-581-2551 031 E-mail: alankitbly@alankit.com

DP-ID IN 300118

DP-ID IN 301160

DP-ID IN 301186

Revised charge schedule w.e.f. 01-01-2014

Date: 01/06/2020

SCHEDULE "A"

SCHEME - 'E'

Account Number _____

| | |
|--|---|
| Account Maintenance (Per Annum) | Rs. 1500/- for first Quarter remaining three Quarters Free A. Annual account maintenance charges for clients availing Speed- e facility of NSDL for debit instruction through Internet:- a. * For IDEAS users Rs. 20/- per annum extra b. * for smart card user Rs. 1020/- per annum extra ((inclusive of IDEAS facility) * To be deposited in advance at the time of activation of account |
| Off Market/Inter-depository Delivery | 0.03% of the value of transaction or Rs. 20/- whichever is higher |
| Market Delivery | Electronic mode - Rs 20/-; per debit instruction Physical mode - Rs 100/-; per debit instruction |
| Concessional charges for debit instruction put through speed-e facility of NSDL | Rs. 20/- per debit instruction |
| Rejection Charges | Rs. 5/- per debit instruction |
| Creation of pledge | Rs. 50/- per instruction (chargeable from the pledgor) |
| Closure/invocation /confirmation of pledge/Closure confirmation | Rs. 25/- per instruction |
| Dematerialization | Rs. 40/- plus Rs. 5/- per certificate subject to Maximum of Rs. 500/- |
| Rematerialisation | A. Rs. 20/- for every hundred securities viz. shares/debentures/bonds etc. or part thereof, or b. Rs. 20/- per certificate. Whichever is higher |
| Repurchase/Redemption of Mutual Fund Units | Rs. 20/- per request |
| Delivery Instruction Book Charges | First DI book at the opening of new account free of cost subsequent DI book Rs 100/- per book. |

- Non-execution of delivery instruction due to any problem/error-courier charges Rs. 20 per communication/dispatch.
- Modifications in client master: Rs. 35/- per instance.
- Non-periodic statement and other communications shall be charged @ Rs. 5/- per page and postage/courier charges @ 30/- per mail.
- In case Bank mandate for debit through ECS is not given, minimum credit balance of Rs. 5000/- shall be maintained as advance towards future charges.
- In Case of foreign correspondence address, in addition to annual account maintenance charges, statement/communication charges @ Rs. 50/- per mail shall be charged extra.
- In case of any upward revision in schedule of charges, 30 days notice would be given by publication in newspaper/post.
- In case of demat rejection postage shall be charged @ Rs. 50/- for dispatch to the client for removal of objection.
- Any service not listed above will be charged for extra.
- Taxes and other government levies extra as applicable from time to time.

For Alankit Assignments Ltd. `

Authorized Signatory

 _____
(Sole/First Holder)

 _____
(Second Holder)

 _____
(Third Holder)

1E/13, Jhandewalan Extn., New Delhi-110055 (INDIA)
 Tel.: 91-11-42541234, 42541795-98, 23541234, 42541812-16, Fax: 91-11-42541883-884
 E-mail: dp@alankit.com, info@alankit.com
 101-104, Luhadia Tower, Ashok Marg "C" Scheme, Jaipur 302001
 Tel.: 0141-2374531-34, 2729033-35 Fax: 0141-2374535, E-mail: alankitjpr@alankit.com
 Lata Arcade 1st Floor, 87, Civil Lines, Near Ayub Khan Chauraha, Bareilly-243001
 Tel.: 0581-2551161-64, 2551086-88, Telefax: 0581-2551165, E-mail: alankitbly@alankit.com

DP-ID IN 300118

Date: 01/06/2020

Revised charge schedule w.e.f. 01-01-2014

| SCHEDULE "A" | SCHEME – 'E' | NRI/FOREIGN NATIONAL | Account Number _____ |
|---|--|----------------------|----------------------|
| Account Maintenance (Per Annum) | Rs. 5000/- for first Quarter remaining three Quarters Free | | |
| Off Market/Inter-depository Delivery | 0.03% of the value of the transaction subject to a minimum Rs. 20/- which is higher | | |
| Market Delivery | Electronic mode - Rs 20/-; per debit instruction Physical mode - Rs 100/-; per debit instruction | | |
| Concessional charges for debit instruction put through speed-e facility of NSDL | Rs. 20/- per debit instruction | | |
| Creation of pledge | Rs. 50/- per instruction (chargeable from the pledgor) | | |
| Closure/invocation /confirmation of pledge/Closure confirmation | Rs. 25/- per instruction | | |
| Dematerialization | Rs. 40/- plus Rs. 5/- per certificate subject to Maximum of Rs. 500/- | | |
| Rematerialisation | A. Rs. 20/- for every hundred securities viz. shares/debentures/bonds etc. or part thereof, or b. Rs. 20/- per certificate. Whichever is higher | | |
| Repurchase/Redemption of Mutual Fund Units | Rs. 20/- per request | | |
| Delivery Instruction Book Charges | First DI book at the opening of new account free of cost subsequent DI book Rs 100/- per book. | | |

- Modifications in client master Rs. 35/- per instance.
- Non-periodic statement and other communications shall be charged @ Rs. 10/- per page and postage/courier charges as actual.
- In case Bank mandate for debit through ECS is not give, minimum credit balance of Rs. 5000/- shall be maintained as advance towards future charges.
- In case of any upward revision in schedule of charges, 30 days notice would be given by publication in newspaper / post.
- Any service not listed above will be charged for extra.
- Taxes and other government levies extra as applicable from time to time.

For Alankit Assignments Ltd.

Authorized Signatory

 _____
(Sole/First Holder)

 _____
(Second Holder)

 _____
(Third Holder)

CHARGES SCHEDULE FOR BSDA CLIENTS ONLY

Date: 01/12/2017

SCHEME BSDA (NSDL/CDSL)

| | |
|--|--|
| Account Maintenance (Per Annum) | <p>a. No Annual Maintenance Charges (AMC) shall be levied, if the value of holding is upto Rs. 50,000.</p> <p>b. For the value of holding from Rs 50,001 to Rs 200,000, AMC Rs 100 shall be charged.</p> <p>c. If value of holding exceeds. From that day onwards Normal AMC @Rs300/- as applicable to scheme "A" (The value of holding shall be determined on the basis of guidelines in SEBI circulars).</p> <p>Annual account maintenance charges for clients availing Speed- e facility of NSDL for debit instruction through Internet:-</p> <p>* For IDEAS users Rs. 20/- per annum extra</p> |
| Transaction Charges | <p>a. Rs. 50/- per debit instructions</p> <p>b. Rs. 25/- per debit instructions concessional charges for debit Instruction put through speede-e Facility of NSDL</p> |
| Rejection Charges | Rs. 20/- per instruction |
| Creation of pledge | Rs. 50/- per instruction (chargeable from the pledgor) |
| Closure/invocation / confirmation of pledge | Rs. 25/- per instruction |
| Securities Borrowing | Rs. 40/- per instruction |
| Dematerialization | Rs. 40/- Plus Rs. 5.00 Per Certificate Subject to Maximum of Rs. 500/- |
| Rematerialisation | <p>A. Rs. 20/- for every hundred securities viz. shares/debentures/bonds etc. or part thereof, or</p> <p>Rs. 20/- per certificate. Whichever is higher</p> <p>However, no rematerialisation fee shall be charged for Government Securities.</p> |
| Repurchase/redemption | Rs. 20/- per certificate |
| Delivery Instruction Book Charges | First DI book at the opening of new account free of cost subsequent DI book Rs 50/- per book |

- In case of account closure the AMC shall be levied/collected up to the quarter in which the account is closed. The AMC for balance quarters shall be refunded
- All BOs opting for the facility of BSDA, shall register their mobile number for availing the SMS alert facility for debit transactions**
- Non-execution of delivery instruction due to any problem/error-courier charges Rs.20/- per communication/dispatch.
- Modifications in client master Rs. 35/- per instance.
- Additional physical statement beyond 2 statement per billing cycle shall be charged @ Rs 25/- Per Statement.
- In case Bank mandate for debit through ECS is not given, minimum credit balance of Rs. 500/- shall be maintained as advance towards future charges.
- In case of foreign correspondence address, in addition to annual account maintenance charges, statement/communication charges @ Rs. 50/- per mail shall be charged extra.
- In case of non-payment of bill/dues within 30 days of due date, the depository services are liable to be discontinued within a period of 30 days from the due date and delayed payment charges shall be levied @ 18% per annum from due date.
- In case of any upward revision in schedule of charges, 30 days notice would be given to client.
- Transaction Charges @ Rs 100/- per ISIN will be charged for market delivery through DIS to Alankit Pool A/c.
- In case of demat rejection postage shall be charged @ Rs. 50/- for dispatch to the client for removal of objection.
- Any service not listed above will be charged for extra.
- Taxes and other government levies extra as applicable from time to time.
- At any time when accounts is qualified as non BSDA account charges as per Annex. charge Schedule "A" shall be applicable
- Statement will not be sent to the client if dues are not paid.

Please place my / our account under Scheme _____
For Alankit Assignments Ltd. `

Authorized Signatory



(Sole/First Holder)



(Second Holder)



(Third Holder)

**NON
MANDATORY**

THE FORWARDING LETTER IN RESPECT TO POWER OF ATTORNEY WHEREIN ALANKIT IMAGINATIONS LIMITED (AIL) IS THE DONEE IS ENCLOSED

FROM:
FIRST HOLDER _____

SECOND HOLDER _____

THIRD HOLDER _____

DATE: _____

M/S. ALANKIT ASSIGNMENTS LIMITED
IE/13, JHANDEWALAN EXTENSION
NEW DELHI – 110055.

DEAR SIR,

SUB: REGISTRATION OF POWER OF ATTORNEY FOR MY/OUR DEMAT ACCOUNT

CLIENT ID _____ DP ID _____ TRADING CODE _____

I/WE HAVE GRANTED A POWER OF ATTORNEY (POA) TO ALANKIT IMAGINATIONS LIMITED (POA HOLDER). TO ALLOW OPERATIONS / OPERATE MY/OUR ABOVE MENTIONED ACCOUNT(S) WITH YOU. THE ORIGINAL / NOTARIZED COPY OF POA IS ENCLOSED. I/WE WILL INFORM ALANKIT ASSIGNMENTS LTD. IMMEDIATELY IN WRITING, IN CASE THE POA IS REVOKED BY ME. TILL SUCH TIME THE ALANKIT IMAGINATIONS LIMITED / ALANKIT ASSIGNMENTS LTD. SHALL CONTINUE TO ACT ON THE POA.

ALSO PLEASE REGISTER THE MOBILE NO. IN MY/OUR DEMAT ACCOUNT AND UPDATE THE SMS FLAGS. THE DETAILS OF THE SAME ARE AS FOLLOWS: (MANDATORY)

SOLE / FIRST HOLDERS NAME : _____

SECOND HOLDERS NAME : _____

THIRD HOLDERS NAME : _____

E-MAIL ID

MOBILE NUMBER
(MANDATORY)

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

(PLEASE WRITE ONLY MOBILE NUMBER WITHOUT PREFIXING COUNTRY CODE OR ZERO)

THE MOBILE NUMBER IS REGISTERED IN THE NAME OF : _____
(PLEASE ATTACH COPY OF THE LATEST BILL OF THE SERVICE PROVIDER I.E. MOBILE COMPANY)

SIGNATURE OF DEMAT ACCOUNT HOLDERS

FIRST HOLDER _____

SECOND HOLDER _____

THIRD HOLDER _____

POWER OF ATTORNEY

Be it known to all whom these present may concern that I/We, _____, S/o, D/o, W/o _____ holder of PAN No. _____ (Mention Identity Documents) and residing at _____ address _____ do hereby appoint, nominate and constitute ALANKIT IMAGINATIONS LTD. (AIL) REGD. OFFICE 205-208, Anarkali Complex, Jhandewalan Extension, New Delhi-110 055 as my/our true and lawful attorney in my/our name and on my/our behalf.

WHEREAS I/We am/are maintaining Demat Account No. _____ DP ID _____ with Alankit Assignments Ltd.

WHEREAS I/We, am/are Broking constituent/s of Alankit Imaginations Limited and am/are required to give delivery of securities to the said Alankit Imaginations Ltd. towards our obligations in connection with our broking dealings relating to pay-in and obligations.

AND WHEREAS it is not possible for me/us to execute/give the delivery instructions on my/our own and have requested the said Alankit Imaginations Ltd. to undertake delivery of securities on my/our behalf.

AND WHEREAS the said Alankit Imaginations Ltd. has agreed at my/our request to effect delivery of the same from my/our demat account.

In these premises, my/our said attorney, Alankit Imaginations Ltd. is authorized on my/our behalf to execute delivery instructions slips/forms and other instructions for getting all/any of the above mentioned job done.

The securities may be transferred in following Demat Accounts of Alankit Assignments Ltd.:

| Sl. No. | Demat A/c No/CM BP ID. | DP Id | D P Name | A/c Type |
|---------|------------------------|----------|--------------------------|-------------------|
| 1. | IN508616 | IN300118 | Alankit Assignments Ltd. | NSDL/NSE Pool A/c |
| 2. | IN630711 | IN300118 | Alankit Assignments Ltd. | NSDL/BSE Pool A/c |
| 3. | 1201410000000033 | | Alankit Assignments Ltd. | NSE CDSL Pool A/c |
| 4. | 1201410000011121 | | Alankit Assignments Ltd. | BSE CDSL Pool A/c |

Further, Alankit Imaginations Ltd. is authorized on my/our behalf to initiate the pledge of my/our shares lying in my/our Demat account into its following pledgee IDs and same may please be re-pledged in favor of exchanges/ clearing corporation:

| Sl. No. | Demat A/c No/Pledgee ID. | DP Id | D P Name | A/c Type |
|---------|--------------------------|----------|--------------------------|-------------------------------------|
| 1. | 11790993 | IN300118 | Alankit Assignments Ltd. | Client Securities Margin Pledge A/c |
| 2. | 00031387 | 12014100 | Alankit Assignments Ltd. | Client Securities Margin Pledge A/c |

Alankit Imaginations Ltd. would return the securities my / our demat account if any securities have been received by Alankit Imaginations Ltd. erroneously.

This Power of Attorney may be revoked by me/us at any time. However, such revocation shall not be applicable for any outstanding settlement obligation arising out of the trades carried out prior to receiving request for revocation of POA.

I/We agree that AIL may send consolidated scrip wise buy and sell positions taken with average rates to me/us by way of SMS/E -mail on daily basis, notwithstanding any other documents to be disseminated as specified by SEBI from time to time.

And generally to do all other acts, deeds and things, as may be incidental, ancillary and necessary to be done in giving effect to all or any of the aforesaid purposes.

And I/we hereby for my/our self, my/our heirs, executors, and administrators agree to ratify and confirm whatever my/our said attorney shall do or lawfully cause to be done in the premises by virtue of these present.

And I/We hereby agree that all acts, deeds and things lawfully done by my/our said attorney shall be construed as acts, deeds and things done by me/us and I/We undertake to ratify and confirm all the whatsoever that my/our said attorney shall lawfully do or cause to be done for me/us by virtue of the Power hereby given.

IN WITNESS WHEREOF, I/We the above mentioned do hereby-set my/our hands hereon at _____ on this _____ day of the month of _____ in the year _____ in the presence of the following witness:

WITNESS (1) : _____
NAME: _____
SIGNATURE _____
ADDRESS _____

EXECUTANT

WITNESS (2) : _____
NAME: _____
SIGNATURE _____
ADDRESS _____

ACCEPTED

Date: ____/____/____

To,
Alankit Assignments Limited
Alankit Heights, 4E/2
Jhandewalan Extension
New Delhi-110055

Declaration / Consent for Applicants

"I hereby declare that I have authorised Alankit Limited (AL) to share my KYC details available in the Demat Account Opening Form submitted to Alankit Assignments Limited (AAL) along with KYC documents / information with NSDL National Insurance Repository (NIR) for opening e-insurance Account (eIA). I hereby give my consent for the same. I would like to receive my insurance policy and all the information related to the insurance policy through NIR. I wish to state that i do not have e-Insurance Account with NIR or any other Insurance Repository to best of my knowledge and belief. I hereby authorise to disclose, share, remit in any form, mode or manner, all / any of the information provided by me to the Insurance Companies and / or to their authorised agents and representatives in which I may transact / have transacted including all changes, updates to such information as and when provided by me."

PAN :

Customer / Client ID:

Applicant Name :

Applicant Signature :

DECLARATION BY KARTA & ALL THE CO-PARCENERS (for HUF only)

To

Alankit Assignments Limited

'Alankit house', 4E/2, Jhandewalan Extension, New Delhi - 110055

Dated : _____

Dear Sir/Madam,

- Whereas the Hindu Undivided Family of.....is carrying on business in the firm name and style of at or we intent to deal have or desire to have Securities Trading Account with Alankit Assignments Limited (hereinafter referred as Member). We undersigned, hereby confirm and declare that we are the present adult co-parceners of the said joint family; that Mr./Mrs..... is the present Karta of the said joint family.
- We confirm that affairs of HUF firm are carried on mainly by the Karta Mr/ Mrs. on behalf and in the interest and for the benefits of all the co-parceners. We hereby authorize the Karta on behalf of the HUF to deal with the member and the said trading member is hereby authorized to honor all instructions oral or written, given by him on behalf of the HUF. He is authorized to sell, purchase, transfer, endorse, negotiate documents and/or otherwise deal through the member on behalf of the HUF. He is also authorize to sign execute and submit such applications, undertakings, agreements and other requisite documents, writings and deeds as may be deemed necessary or expedient to open account and give effect to this purpose. We are, however, jointly and severally responsible for all liabilities of the said HUF firm shall be recoverable from the assets of any one or all of us and also from the estate of the said joint family including the interest thereon of every co-parceners of the said joint family, including the share of the minor co parceners, if any.
- We undertake to advise the member in writing of any change that may occur in the Karta ship or in the constitution of the said joint family or of the said HUF firm and until receipt of such notice by the member who shall be binding on the said joint family and the said HUF firm and on our respective estates. We shall, however continue to be liable jointly and severally to the member for all dues obligations f the said HUF firm in the Member's book on the date of the receipt of such notice by the member and until all such dues and obligations shall have been liquidated and discharged.
- The names and dates of the birth of all the present minor & major co-parceners of the said joint family are given below. We also undertake to inform you in writing as and when each of the said members attains the majority and is authorized to act on behalf of, and bind the said HUF firm.

| List of Family Members | | | | | | | |
|------------------------|---|-------------------------|--------|---|---------------|--|-----------|
| S. No. | Name of the Co-parceners (Including Minor also) | Relationship with Karta | Gender | Address (if other than Karta's address) | Date of Birth | Whether Co-Parceners/Member (Please Specify) | Signature |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |

Note : In case of adult family member provide copy of PAN card or any other ID proof (DL/Voter ID/ Passport). In case of Minor Family Member provide copy of age certificate (Birth Certificate/School Leaving Certificate).

Name of the HUF _____

Signature of Karta with Rubber Stamp

Date : _____ Place : _____