

# C O V E R I N G S C H E D U L E

## CHECKLIST

1. Customer Signature required in C1 to C10 & All Supporting Documents.
  2. Address proof (OVD Only) required for both Permanent and Correspondence address separately.  
Address filled in the form should exactly match with address Proof for Permanent and Correspondence Address given.
  3. KVB Employee Attestation with Branch Round Seal required in Page No.3  
(In Person verification) & All Proof Photocopies (with verified with original Seal & full Employee Details ie, Employee Code & Employee Name
  4. Name of the Customer should match with Photo ID Proofs given.
  5. Proofs should have image clarity (Photo) for KYC scanning.
  6. Any Correction in Application form requires Customer counter sign.
  7. Mother Name of the Applicant to be filled.
  8. "Rights and Obligations" page to be given to customer.
  9. Nomination Mandatory as per SEBI circular No. SEBI/HO/MIRSD/RTAMB/CIR/P/2021/601 dated July 23, 2021 if not provided Nomination Opt out form to be signed by the customer
  10. Nominee PAN / AADHAR copy attested by applicant can be accepted for Nomination  
Advise Clients to Nominate to avoid Legal Problems.
  11. Pan number to be linked with Aadhar.
  12. Bank Proof - Bank statement with Address or Cancelled Cheque leaf to be Provided  
(Will Not Accepted as Address Proof)
  13. SIX-KYC ATTRIBUTES MANDATORY - a. Name b. Address c. PAN d. Valid mobile number  
e. Valid email-id f. Income range - PBLG CIRCULAR 182 / 2021-22
  14. Data Entry Manual available in below mentioned path
- FRS - HELP - DOWNLOADING BRANCH FILES - MANUALS - DEMAT FORMS**  
(All Demat related Forms, Account opening Data entry Manual, Sample filled form available in the path)
15. Income Range should match with Bank Records
  16. Date of Birth in KYC Form, Pan and OVD Address Proof should be same
  17. Signature(s) of client(s)/Authorised signatories provided on Account Opening Form and KYC Documents  
should match with the signature(s) on Proof of Identity of respective person(s)

### ***Please tick and sign***

All the Instruction to be followed mandatorily as per checklist <input type="checkbox"/>	Name and address to be filled in Form Exactly as per Proof (OVD only) <input type="checkbox"/>	Data entry should be done in DP Secure exactly as per Demat Account opening form <input type="checkbox"/>
16 Digit Bank account to be entered in Bank details Tab in DP Secure and Full address of the Branch to be entered as per FRS (Address of first 4 Digit of Bank account number furnished) <input type="checkbox"/>	All the details of Nominee should be entered in DP Secure as per Account opening form <input type="checkbox"/>	

DPSECURE INWARD No: 3         (Not Indoc No.)

(Generated after Capturing Account Opening Data Entry)

PBLG Circular No. 182 / 2021-22- COMPLIED FOR MANDATORY KYC ATTRIBUTES

DP Secure Maker Name : Emp Code :	BOM / BM Name : Emp Code :
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Signature :

Signature :

Note : Print to be taken in A4 Size Paper. not in KVB Continuous / Running Sheet

CLIENT ID 

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**THIS PAGE IS FOR USE OF DEMAT CELL ONLY**

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ACCOUNT OPENING FORM RECEIVED ON :

DEMAT ACCOUNT ACTIVATED ON :

KIT DISPATCHED ON :

Serial No :

KYC CHECK : 

--	--

CKYC REGISTRATION No :

NDML KYC REGISTRATION :

BRANCH CODE :

TO BE FILLED BY DEMAT CELL  
 CLIEND ID No :

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



KVB Towers, Demat Cell,  
 2<sup>nd</sup> Floor, 568, Anna  
 Salai, Teynampet,  
 Chennai - 600 018.  
 Ph : 044 - 28352228

**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 ISO3166 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**

(To be filled by financial institution)

Application Type\*  New  Update  
 KYC Number  (Mandatory for KYC update request)  
 Account Type\*  Normal  Simplified (for low risk customers)  Small  OTP based E-KYC

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

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

**PHOTO**

Signature / Thumb Impression

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

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

ISO 3166 Country Code of Jurisdiction of Residence\*

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

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

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

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

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

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

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

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

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

Proof of Address\*  Passport  Driving Licence  UID (Aadhaar)  Voter Identity Card  NREGA Job Card  Others  \_\_\_\_\_ please specify \_\_\_\_\_

Address  Simplified Measures Account - Document Type code  \_\_\_\_\_

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

District\* \_\_\_\_\_ Pin / Post Code\* \_\_\_\_\_ State / U.T Code\* \_\_\_\_\_ City / Town / Village\* \_\_\_\_\_ ISO 3166 Country Code\* \_\_\_\_\_

INDIA

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

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

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

District\* \_\_\_\_\_ Pin / Post Code\* \_\_\_\_\_ State / U.T Code\* \_\_\_\_\_ City / Town / Village\* \_\_\_\_\_ ISO 3166 Country Code\* \_\_\_\_\_

INDIA

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

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

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

State\* \_\_\_\_\_ ZIP / Post Code\* \_\_\_\_\_ City / Town / Village\* \_\_\_\_\_ ISO 3166 Country Code\* \_\_\_\_\_

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

Tel. (Off) \_\_\_\_\_ 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

Name\* Prefix \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

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

A- Passport Number \_\_\_\_\_ Passport Expiry Date DD - MM - YYYY

B- Voter ID Card \_\_\_\_\_

C- PAN Card \_\_\_\_\_

D- Driving Licence \_\_\_\_\_ Driving Licence Expiry Date DD - MM - YYYY

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)**

\_\_\_\_\_

**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 : DD - MM - YYYY

Place : \_\_\_\_\_



[Signature/ Thumb Impression]

Signature/ Thumb Impression of Applicant

## 9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received  Certified Copies & Original verified  Signature(s) of client(s)/Authorised signatories provided on Account Opening Form and KYC Documents matches with the signature(s) on Proof of Identity of respective person(s)

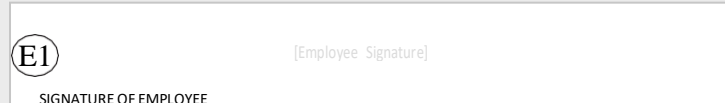
IN PERSON AND KYC VERIFICATION CARRIED OUT BY

INSTITUTION DETAILS

Date	DD	MM	2	0	YY
Emp. Name					
Emp. Code					
Emp. Designation					
Emp. Branch					

Name THE KARUR VYSYA BANK LTD

Branch Code


--

[Employee Signature]

SIGNATURE OF EMPLOYEE

[Institution Stamp/Branch Seal]

## 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 **Mother's name or Father's name or Spouse's name** is mandatory. 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 [PoI]' 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 PoI does not have an address or address as per PoI 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 [PoI] of Related Person' section

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

<b>THE KARUR VYSYA BANK LTD</b> KVB Towers, Demat Cell, 2nd Floor, 568, Anna Salai, Teynampet, Chennai - 600 018. Ph : 044 – 28352228/ 9080610424	<b>Client –ID</b> (To be filled by Participant)
--	--

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)*

**Date**

D	D	M	M	2	0	/	/
---	---	---	---	---	---	---	---

<b>A) Details of Account holder(s):</b>							
<b>Account holder(s)</b>	<b>Sole/ First Holder</b>		<b>Second Holder</b>		<b>Third Holder</b>		
Name							
PAN							
Occupation <i>(please tick any one and give brief details)</i>	<input type="checkbox"/> Private Sector <input type="checkbox"/> Agriculturist		<input type="checkbox"/> Private Sector <input type="checkbox"/> Agriculturist		<input type="checkbox"/> Private Sector <input type="checkbox"/> Agriculturist		<input type="checkbox"/> Agriculturist
	<input type="checkbox"/> Public Sector <input type="checkbox"/> Retired		<input type="checkbox"/> Public Sector <input type="checkbox"/> Retired		<input type="checkbox"/> Public Sector <input type="checkbox"/> Retired		<input type="checkbox"/> Retired
	<input type="checkbox"/> Government Service <input type="checkbox"/> Housewife		<input type="checkbox"/> Government Service <input type="checkbox"/> Housewife		<input type="checkbox"/> Government Service <input type="checkbox"/> Housewife		<input type="checkbox"/> Housewife
	<input type="checkbox"/> Business <input type="checkbox"/> Student		<input type="checkbox"/> Business <input type="checkbox"/> Student		<input type="checkbox"/> Business <input type="checkbox"/> Student		<input type="checkbox"/> Student
	<input type="checkbox"/> Professional <input type="checkbox"/> Others (Please specify;)		<input type="checkbox"/> Professional <input type="checkbox"/> Others (Please specify;)		<input type="checkbox"/> Professional <input type="checkbox"/> Others (Please specify;)		<input type="checkbox"/> Others (Please specify;)
Brief details:							
<b>B) For Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name &amp; PAN of the Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below:</b>							
a) Name				b) PAN			
<b>C) Type of account</b>							
<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"/> Others (Please specify) _____					
<b>D) Gross Annual Income Details</b>							
Income Range per annum (please tick any one)							
<input type="checkbox"/> Below ` 1 lac		<input type="checkbox"/> ` 1-5 lac		<input type="checkbox"/> ` 5- 10 lac			
<input type="checkbox"/> ` 10- 25 lac		<input type="checkbox"/> More than ` 25 lac					
<b>E) In case of NRIs/ Foreign Nationals</b>							
<input type="checkbox"/> RBI Approval Reference Number							
RBI Approval date							
Standing Instruction Indicator for Auto Pledge Confirmation - Yes <input type="checkbox"/> No <input type="checkbox"/>							
Receive Annual Reports, AGM Notices and Other Communications from issuers and RTAs <input type="checkbox"/>							
<input type="checkbox"/> Physical				<input type="checkbox"/> Electronic			
DIS BOOK FACILITY Yes I wish to Receive DIS Booklet at the time of Account Opening <input type="checkbox"/>							
DIS Booklet Should be issue to me /us immediately on my/ our request at any later date <input type="checkbox"/>							
Mode of receiving Account Opening Kit      Physical      Electronic							
<b>Mobile &amp; E-Mail Declaration</b> <input type="checkbox"/>							
I hereby declare that the Mobile Number & E-mail ID provided by me in Page No.2 (KYC Form) belongs to me <input type="checkbox"/>							
or my family (spouse, dependent children, dependent Parents) <input type="checkbox"/>							
<b>C3</b> Signature of Sole/First Holder		Signature of 2nd Holder			Signature of 3rd Holder		

Customer ID :

(Net Banking Login ID)

F) <b>Bank details</b>																					
1	Bank account type <input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify) _____																				
2	Bank Account Number <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																				
3	Bank Name THE KARUR VYSYA BANKLTD.,																				
4	Branch Address ( If bank account ported, details of ported branch to be furnished)																				
	City/town/village																				
	State																				
	PIN Code																				
	Country																				
	India																				
5	MICR Code																				
6	IFSC																				
G) Please tick, if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)																					
H) <b>Standing Instructions</b>																					
1	I/We authorise you to receive credits automatically into my/our account. <input type="checkbox"/> Yes <input type="checkbox"/> No																				
2	Account to be operated through Power of Attorney (PoA) <input type="checkbox"/> Yes <input type="checkbox"/> No																				
3	<b>SMS Alert facility:</b> [Mandatory if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form]																				
	<table border="1"> <thead> <tr> <th>Sr. No.</th> <th>Holder</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Sole/First Holder</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2</td> <td>Second Holder</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3</td> <td>Third Holder</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Sr. No.	Holder	Yes	No	1	Sole/First Holder	<input type="checkbox"/>	<input type="checkbox"/>	2	Second Holder	<input type="checkbox"/>	<input type="checkbox"/>	3	Third Holder	<input type="checkbox"/>	<input type="checkbox"/>				
Sr. No.	Holder	Yes	No																		
1	Sole/First Holder	<input type="checkbox"/>	<input type="checkbox"/>																		
2	Second Holder	<input type="checkbox"/>	<input type="checkbox"/>																		
3	Third Holder	<input type="checkbox"/>	<input type="checkbox"/>																		
4	Mode of receiving Statement of Account [Tick any one] <input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form [Read Note 3 and ensure that email ID is provided in KYC Application Form].																				
5	For Joint accounts, communication to be sent to (See Note 5) <input type="checkbox"/> First holder <input type="checkbox"/> All joint account holders																				
6	BSDA FLAG <input type="checkbox"/> Yes <input type="checkbox"/> No																				

I) <b>Guardian Details</b> (where sole holder is a minor): [For account of a minor, two KYC Application Forms must be filled i.e. one for the guardian and another for the minor (to be signed by guardian)]	
Guardian Name	
PAN	
Relationship of guardian with minor	



J)	<b>Nomination Option</b>	
	<input type="checkbox"/> I/We wish to make a nomination.	<input type="checkbox"/> I/We do not wish to make a nomination.

**K Mode of Operations for Joint Accounts**

Jointly  Anyone of the holder or survivor(s)

If Mode of Operation for Joint Account is chosen as anyone of the holder or survivor(s), only specified operations such as transfer of securities including Inter-Depository Transfer, pledge/ hypothecation / margin pledge/margin re-pledge (creation, closure and invocation and confirmation thereof as applicable) of securities and freeze/unfreeze of account and / or securities and / or specific number of securities will be permitted.

**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 have also been informed that "Rights and Obligations of the Beneficial owner and Depository Participants" document has been displayed for information on Depository participant website

Name(s) of holder(s)	Signature(s) of holder
Sole/ First Holder/ Guardian (in case sole holder is minor) (Mr./Ms.)	C4 X
Second Holder (Mr./Ms.)	X
Third Holder (Mr./Ms.)	X



**Notes :**


1. All communication shall be sent at the address of the Sole/First holder only.
2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8<sup>th</sup> Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
3. 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.
4. In case of joint account, on death of any of the joint account holders, the surviving account holder(s) has to inform Participant about the death of account holder(s) with required documents within one year of the date of demise.
5. In case if 'first holder' is selected, the communication will be sent as per the preference mentioned at Sr. No. 4. In case 'All joint account holders' is opted, communication to first holder will be sent as per the preference mentioned at Sr. No. 4 and communication to other holders will be in electronic mode. The default option will be communication to 'first holder', if no option selected.
6. Strike off whichever is not applicable.

## Nomination Form

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

THE KARUR VYSYA BANK LTD KVB Towers, Demat Cell, 2<sup>nd</sup> Floor, 568, Anna Salai, Teynampet, Chennai-600018.

		<b>FORM 10</b> <b>FORM FOR NOMINATION</b> <i>(To be filled in by individual applying singly or jointly)</i>																						
Date	D	D	M	M	2	0	Y	Y	DP ID	I	N	3	0	3	3	8	2	Client ID						
<input type="checkbox"/> I/We wish to make a nomination. [As per details given below]																								
<b>Nomination Details</b>																								
I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.																								
<b>Nomination can be made upto three nominees in the account.</b>					<b>Details of 1<sup>st</sup> Nominee</b>					<b>Details of 2<sup>nd</sup> Nominee</b>					<b>Details of 3<sup>rd</sup> Nominee</b>									
1	<b>Name of the nominee(s) (Mr./Ms.)</b>																							
2	<b>Share of each Nominee</b>		Equally <input type="checkbox"/>																					
			[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	<b>Relationship With the Applicant (If Any)</b>																							
4	<b>Address of Nominee(s)</b>				Same as Applicant <input type="checkbox"/>					Same as Applicant <input type="checkbox"/>					Same as Applicant <input type="checkbox"/>									
					PIN Code					PIN Code					PIN Code									
5	<b>Mobile/Telephone No. of nominee(s)</b>																							
6	<b>Email ID of nominee(s)</b>																							
7	<b>Nominee Identification details :-</b> <i>(Please tick ANY ONE of following and provide details of same)</i> <input type="checkbox"/> Photograph & Signature  <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Demat Account <input type="checkbox"/> Proof of Identity <input checked="" type="checkbox"/> (Self Attested copy required)				<input checked="" type="checkbox"/> N1 <i>Signature across Photograph</i>																			
					<input checked="" type="checkbox"/> N2 <i>(Aadhaar Copy to be given)</i>																			

Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:			
	Details of 1 <sup>st</sup> Nominee	Details of 2 <sup>nd</sup> Nominee	Details of 3 <sup>rd</sup> Nominee
8	Date of Birth {in case of minor nominee(s)}		
9	Name of Guardian (Mrs./Ms. {in case of minor nominee(s)})		
10	Address of Guardian(s)		
	PIN Code <input type="text"/>	PIN Code <input type="text"/>	PIN Code <input type="text"/>
11	Mobile/Telephone no. of Guardian		
12	E-mail ID of Guardian		
13	Relationship of Guardian with Nominee		
14	Guardian Identification Details (Please tick any one of following and provide details of same)		
	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Demat Account <input type="checkbox"/> Proof of Identity		
Name(s) of holder(s)		Signature(s) of holder	
Sole/ First Holder (Mr./Ms.)		 X	
Second Holder (Mr./Ms.)		X	
Third Holder (Mr./Ms.)		X	
* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature			

**Notes:**

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

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**Authorisation for Debiting of Charges :**

I / We hereby authorise you to debit my/our Savings / Current Bank Account No.

with THE KARUR VYSYA BANK LTD for all the charges relating to this Depository Account.

Please treat this authorisation as irrevocable till further instruction from my/our side is received in writing and duly acknowledged by KARUR VYSYA BANK, DEMAT CELL, CHENNAI.



Signature

Signature of SB/CA Account Holder/s

Signature

Signature

---

## Acknowledgment

### THE KARUR VYSYA BANK LTD

DP ID - IN 303382

KVB Towers, Demat Cell, 2<sup>nd</sup> Floor, 568, Anna Salai, Teynampet, Chennai - 600018.

Phone : 044 – 28352228/ 9080610424



Received the application from Mr./Ms. \_\_\_\_\_ as the sole/first holder along with

\_\_\_\_\_ and \_\_\_\_\_ as the second and third holders respectively for

opening of a depository account. Please quote the DP ID & Client ID allotted to you in all your future correspondence.

Date :

Participant Stamp & Signature

If Nomination Given Please strike off this page

	<b>Declaration Form for opting out of nomination</b>	
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**Declaration Form for opting out of nomination**

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

To  THE KARUR VYSYA BANK LTD KVB Towers, Demat Cell, 2 <sup>nd</sup> Floor, 568, Anna Salai, Teynampet, Chennai - 600018 Ph – 28352228/ 9080610424	Date	D	D	M	M	Y	Y	Y	Y
UCC/DP ID	I	N							
Client ID (only for Demat account)									
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 non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.									
<b>Name and Signature of Holder(s)*</b>  <div style="border: 1px solid black; border-radius: 50%; width: 200px; margin: 0 auto; padding: 5px; text-align: center;">                     DO NOT WISH TO NOMINATE                 </div>									
1. _____ 2. _____ 3. _____									

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

SCHEDULE OF CHARGES FOR DEPOSITORY SERVICES DP ID :IN303382							
S.No	FEE HEAD	FEES	NSDL Charges are extra at actual Present NSDL Charges are				
01	Account Opening	Nil	SELL: (Market/ Off-Market )	Rs.5.00/- per debit instruction. Nil for commercial paper and short term debt instrument.			
02	Stamp Duty / Kit charges	Nil					
03	Dematerialisation	Rs.45 per certificate / Company Rs 5/- for every additional certificate For company Rejection Rs.30 per company	REMATERIALISATION	Rs.10/- per certificate for 100 shares			
04	Account Maintenance ChargesResident Individual	Rs.250/- per annum	PLEDGE CREATION	Rs.25/- per instruction			
	Others (Corporates/NRIs.)	Rs.500/- per annum	MARGIN PLEDGE	Rs.5/- Per Instruction			
05	Transaction (Market and Off Market) - Sell	Rs 25/ or 0.02% of market value which ever is higher with Maximum of Rs 500/- <b>+ NSDL Charges</b>	NSDL ANNUAL MAINTENANCE CHARGES Rs.500 (Additional) for Corporate Accounts  <b>CONDITIONS:</b> 1. The value of shares and charges are calculated as per NSDL formula and rates. 2. There will be a charge of Rs.100/- for dishonour of any cheque or unsuccessful attempt to recover payment through direct debit or ECS. The depository services are liable to discontinuation if KVB is unable to recover charges from the customer, for any reason whatsoever. In such cases, there will be a charge of Rs.250/- for resumption of services and the services will be resumed after a minimum of three working days from the date of receipt of request at KVB Demat Cell office at Chennai. 3. Any service that is not indicated above will be charges separately as per the rates applicable from time to time. 4. KVB reserves the rights to revise the tariff structure from time to timewith a notice of 30 days. 5. The mentioned charges are exclusive of GST and any other charges levied by Govt. Bodies /Statutory authorities/NSDL etc from time to time.				
	Buy	Nil					
06	Pledge creation	Rs 25/ or 0.02% of market value which ever is higher with Maximum of Rs 250/- <b>+ NSDL Charges</b>					
07	Pledge Closure	Rs 25/ or 0.02% of market value which ever is higher with Maximum of Rs.250/-					
08	Pledge invocation	Rs.20 per transaction					
09	Margin Pledge Initiation/Pledge Release/Pledge Invocation	Rs. 10.Per ISIN + NSDL Charges					
10	REMAT	Rs.20/- + NSDL Charges					
12	Failed instruction/ Late charges	Rs.25 per transaction					
13	Client Modification Charges	Adress/Bank Account change/ Nominee update Rs. 25			16	Hold on securities for Non Disposal Undertakings/Agreements(NDU)	Nil <b>+ NSDL Charges</b>
14	Delivery Instruction Book ISSUANCE	Rs 25 from request onwards					
15	Consolidated Account Statement	Actual charges as levied by NSDL					



Sole/First Holder

Second Holder

Third Holder

SCHEDULE OF CHARGES FOR DEPOSITORY SERVICES DP ID :IN303382							
S.No	FEE HEAD	FEES	NSDL Charges are extra at actual Present NSDL Charges are				
01	Account Opening	Nil	SELL: (Market/ Off-Market )	Rs.5.00/- per debit instruction. Nil for commercial paper and short term debt instrument.			
02	Stamp Duty / Kit charges	Nil					
03	Dematerialisation	Rs.45 per certificate / Company Rs 5/- for every additional certificate For company Rejection Rs.30 per company	REMATERIALISATION	Rs.10/- per certificate for 100 shares			
04	Account Maintenance ChargesResident Individual	Rs.250/- per annum	PLEDGE CREATION	Rs.25/- per instruction			
	Others (Corporates/NRIs.)	Rs.500/- per annum	MARGIN PLEDGE	Rs.5/- Per Instruction			
05	Transaction (Market and Off Market) - Sell	Rs 25/ or 0.02% of market value which ever is higher with Maximum of Rs 500/- <b>+ NSDL Charges</b>	NSDL ANNUAL MAINTENANCE CHARGES Rs.500 (Additional) for Corporate Accounts  <b>CONDITIONS:</b> 1. The value of shares and charges are calculated as per NSDL formula and rates. 2. There will be a charge of Rs.100/- for dishonour of any cheque or unsuccessful attempt to recover payment through direct debit or ECS. The depository services are liable to discontinuation if KVB is unable to recover charges from the customer, for any reason whatsoever. In such cases, there will be a charge of Rs.250/- for resumption of services and the services will be resumed after a minimum of three working days from the date of receipt of request at KVB Demat Cell office at Chennai. 3. Any service that is not indicated above will be charges separately as per the rates applicable from time to time. 4. KVB reserves the rights to revise the tariff structure from time to timewith a notice of 30 days. 5. The mentioned charges are exclusive of GST and any other charges levied by Govt. Bodies /Statutory authorities/NSDL etc from time to time.				
	Buy	Nil					
06	Pledge creation	Rs 25/ or 0.02% of market value which ever is higher with Maximum of Rs 250/- <b>+ NSDL Charges</b>					
07	Pledge Closure	Rs 25/ or 0.02% of market value which ever is higher with Maximum of Rs.250/-					
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14	Delivery Instruction Book ISSUANCE	Rs 25 from request onwards					
15	Consolidated Account Statement	Actual charges as levied by NSDL					



Sole/First Holder

Second Holder

Third Holder



**FATCA/CRS Declaration Form (For Individuals)**  
**(Foreign Account Tax Compliance Act / Common Reporting Standard)**

<b>Client Name:</b>		<b>PAN No. :</b>	
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**PART A**

Country of Residence			
Residence for Tax Purposes			
Country of Birth	Place of Birth	Date of Birth	
US Person* (YES /No)			

**PART B**

If in any of the fields under "PART A", the 'Country' mentioned is **other than 'INDIA'** or if **U.S person=Yes**, then either fill the details in Part-B (i) below **OR** sign the self-declaration in Part-B(ii)

**Part B (i)**

S.No <b>(1)</b>	Country of Tax Residency # <b>(2)</b>	Tax Payer Identification Number (TIN) / Functional Equivalent <b>(3)</b>	Issuing Country of TIN / Functional Equivalent <b>(4)</b>	Specify whether column (3) is TIN / Functional Equivalent <b>(5)</b>

# to include all countries other than India, where investor is Citizen / Resident / Green Card Holder / Tax Resident in those respective countries especially of USA

**Part B (ii) (If Part B is applicable but Part B(i) has not been filled in, kindly provide information below)**

I confirm that I am neither a U.S Person nor a resident for Tax purpose in any country other than India, though one or more parameters suggest my relation with the country outside India. Therefore, I am providing the following document as proof of my citizenship and residency in India.

Passport  Voter ID  Aadhaar  PAN  Driving License  Govt ID

NREGA Job Card **Document#** \_\_\_\_\_

**C9**

Signature

**\*-Definition for the term 'U.S Person' is available on the rear of this form**

**Declaration by customer:**

- I hereby certify that I have declared my status as per the rules applicable under section 285BA of the Income Tax Act, 1961 as notified by Central Board of Direct Taxes(CBDT) vide notification No.S.O.2155(E)dated 7th August 2015 and RBI Circular No. RBI/2015-16/165.DBR.AML.BC.No.36/14.01.001/2015-16 dated 28th August 2015 in this regard.
- I understand that the Bank is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. I shall seek advice from a professional tax advisor for clarification on my tax residency and its implication under FATCA / CRS.
- I understand and acknowledge that as per the provisions of Income Tax Act, Rules made thereunder and guidelines issued by the RBI in the matter, depending upon the residential status and / or other criteria stipulated therein, the Bank may have to report the details in respect of my account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter-Governmental Agreements(IGA) and common Reporting Standards (CRS) and or any other similar arrangements.
- I certify that the information provided by me above as applicable to me and signed by me as well as in the documentary evidence provided by me is, to the best of my knowledge and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment / categorization of my account as a U.S Reportable Account or other Reportable Account or otherwise. In case any of the above information is found to be false or untrue or misleading or misinterpreting, I am aware that I may be held liable for it.
- I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided above, as well as in the documentary evidence provided by me or if any certification becomes incorrect and to provide fresh and valid self-declaration along with documentary evidence.
- I agree to make good any loss that may be caused to KarurVysya Bank on account of providing incorrect or incomplete information by me.

Place :

Date :

**C10**

Customer Signature

**The term 'United States person' will be based on one or more of the following indicia:**

- An individual, being a citizen or resident of the United States of America.
- Unambiguous indication of a US place of birth
- Current US mailing/residence address (including a US post office box)/Current US telephone Number
- Standing instructions to transfer funds to an account maintained in USA
- Current effective power of attorney or signing authority granted to a person with a US address (or) An 'in-care-of' or 'Hold mail' address that is the sole address the Indian Financial Institution has on the file for the account holder.



**Declaration by customer for variation of signature between PAN / OVD (Officially Valid Documents) and request form tendered to the Bank**

**From**

**To**

The Branch Manager  
The Karur Vysya Bank Limited  
\_\_\_\_\_ Branch

**Reg : Variation in signature between PAN/ OVD (Officially Valid Documents)**

and Demat Account Opening Form Submitted by me

Customer ID : \_\_\_\_\_ / New enrollment

Account Number : \_\_\_\_\_

I have tendered a (i) customer enrollment form / (ii) account opening form / (iii) service request form (please tick one) to your \_\_\_\_\_ branch. I have produced copy of PAN / OVD \_\_\_\_\_ (mention document number) to the bank. The bank has ascertained that the signature on the aforementioned document, and the signature on the tendered form varies. The bank has explained to me that as per the standard operating procedure of the Bank, in case of variation in signature between the copy of the PAN / OVD, and the tendered form, my request will be accepted only if a declaration is furnished by the customer / prospective customer certifying the variation in signature.

I hereby declare that the signature on the aforementioned document is my signature, and that the signature that I have affixed in various places on the tendered form, and its annexures are my latest signature. The reason for the variation of signature on the aforementioned document, and my current signature is as stated below: (please select one)

1. The signature on the PAN / OVD \_\_\_\_\_ (mention document number) was captured before a long period of time, and hence now there is a variation in my signature strokes due to elapse of time.
2. I have changed my signature after the issue of PAN / OVD \_\_\_\_\_ (mention document number)
3. Others (Please specify)  \_\_\_\_\_

**Affixed hereunder is my latest signature:**

X



I request the bank to accept copy of my aforementioned document and the tendered form, based on my declaration as above, though there is a variation in signature between aforementioned document, and the signature made in the tendered form. I am aware that the acceptance of my declaration for variation in signature is subjective to the bank, and the Bank can reject the same in case the same is not satisfactory to them. I hereby understand that in the event of the Bank accepting my signature made in the tendered form though there is variation between the signature in the aforementioned document and the tendered form, my application will be accepted for customer creation / account opening / processing the service request, based on the signature made in the tendered form, subject to fulfillment of all other requirements / formalities for customer enrollment and acceptance, as per the policy of the bank.

**Place :**

**Yours Faithfully**

**Date :**

(X)

**(Name and signature of the declarant)**

-----**For Office Use Only**-----

I hereby confirm that, I have perused the declaration by the customer for variation in signature between that in PAN / OVD \_\_\_\_\_ (mention document number), and the customer creation form / account opening form / service request form submitted by the customer. There is variation in signature and the same is acceptable to me. I hereby authorize COC to process the customer creation form / account opening form / service request form.

**Place :**

**Signature of the Branch Head / Branch Operations Manager**

**Date :**

**Employee Code:**

**Annexure to Circular No: 231 /2024 (INF) dt. 23.07.2024**

**CKYC Consent Form**  
**(Mandatorily to be obtained along with physical AOF)**

Dear Sir/Madam,

I, \_\_\_\_\_ [Name of the customer] S/o / D/o / W/o  
\_\_\_\_\_ [Father's /Mother's/Spouse Name], give my consent to  
download my KYC Records from the Central KYC Registry (CKYCR), only for the purpose of  
verification of my identity and address from the database of CKYCR Registry.

I understand that my KYC Record includes my KYC Records /Personal information such as my  
name, address, date of birth, PAN number, Mobile Number, etc.

I hereby consent to receive information from Central KYC Registry through SMS/eMail on my  
registered mobile number/eMail address.

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

**Residential Address** \_\_\_\_\_

**Date:** \_\_\_\_\_

## TO BE GIVEN TO CUSTOMER (MANDATORY)



### Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories

#### General Clause

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Rules and Regulations of Securities and Exchange Board of India (SEBI), Circulars/Notifications/Guidelines issued there under, Bye Laws and Business Rules/Operating Instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.

2. The DP shall open/activate Demat Account of a beneficial owner in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time.

#### Beneficial Owner Instruction

3. The DP shall maintain all the details of the beneficial owner(s) as mentioned in the account opening form, supporting documents submitted by them and / or any other information pertaining to the beneficial owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.

4. The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of operating the Demat account or furnished to the DP from time to time.

#### Fees / Charges / Tariff

5. The Beneficial Owner shall pay such charges to the DP for the purpose of holding and transfer of securities in dematerialized form and for availing depository services as may be agreed to from time to time between the DP and the Beneficial Owner as set out in the tariff Sheet provided by DP. It may be informed to the Beneficial Owner that "no charges are payable for opening of Demat accounts".

6. In case of Basic Services Demat Accounts, the DP shall adhere to the charge structure as laid down under the relevant SEBI and / or Depository circulars/directions/notifications issued from time to time.

7. The DP shall not increase any charge / tariff agreed upon unless it has given a notice in writing of not less than thirty days to the Beneficial Owner regarding the same.

#### Dematerialization

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

#### Separate Accounts

9. The DP shall open separate accounts in the name of each of the Beneficial Owner and securities of each beneficial owner shall be segregated and shall not be mixed up with the securities of other beneficial owner and/or DP's own securities held to dematerialized form.

10. The DP shall not facilitate the Beneficial Owner to create or permit any pledge and /or hypothecation or any other interest or encumbrance over all or any of such securities submitted for dematerialization and / or held in Demat account except in the form and manner prescribed in the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996 and Bye-Laws/Operating Instructions / Business Rules of the Depositories.

#### Transfer of Securities

11. The DP shall effect transfer to and from the Demat account of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the Beneficial Owner and the DP shall maintain the original documents and the audit trail of such authorizations.

12. The Beneficial Owner reserves the right to give standing instruction with regard to the crediting of securities in his Demat account and the DP shall act according to such instructions.

#### Statement of Accounts

13. The DP shall provide statements of accounts to the beneficial owner in such form and manner at such time as agreed with the Beneficial Owner and as specified by SEBI / depository in this regard.

14. However, if there is no transaction in the Demat account, or if the balance has become Nil during the year, the DP shall send one physical statement of holding annually to such BOs and shall resume sending the transaction statement as and when there is a transaction in the account.

15. The DP may provide the services of issuing the statement of Demat accounts in an electronic mode if the Beneficial Owner so desires. The DP will furnish to the Beneficial Owner the statement of Demat accounts under its digital signature, as governed under the Information Technology Act, 2000. However if the DP does not have the facility of providing the statement of Demat account in the electronic mode, then the Participant shall be obliged to forward the statement of Demat accounts in physical form.

16. In case of Basic Service Demat Accounts, the DP shall send the transaction statements as mandated by SEBI and/or Depository from time to time.

#### Manner of Closures of Demat account

17. The DP shall have the right to close the Demat account of the Beneficial Owner for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as the Depository.

Similarly, the Beneficial Owner shall have the right to close his/her Demat account held with the DP provided no charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their Demat account should be transferred to another Demat account of the Beneficial Owner held with another DP or to rematerialize the security balances held.

18. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of thirty days as per procedure specified from time to time by the depository. Provided further, closure of Demat account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

#### Default in payment of charges

19. In event of Beneficial Owner committing a default in the payment of any amount provided in Clause 5 & 6 within a period of thirty days from the date of demand, without prejudice to the right of the DP to close the Demat account of the Beneficial Owner, the DP may charge interest at a rate as specified by the Depository from time to time for the period of such default.

20. In case of the Beneficial Owner has failed to make the payment of any of the amounts as provided in Clause 5 & 6 specified above, the DP after giving two days notice to the Beneficial Owner shall have right to stop processing of instructions of the Beneficial Owner still such time he makes the payment along with interest, if any.

#### Liability of the Depository

21. As per Section 16 of Depositories Act, 1996,

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

#### Freezing / Defreezing of accounts

22. The Beneficial Owner may exercise the right to freeze/defreeze his/her Demat account maintained with the DP in accordance with the procedure and subject to the restrictions laid down under the Bye Laws and Business Rules/Operating Instructions.

23. The DP or the Depository shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any regulator or court or any statutory authority.

#### Redressal of Investor grievance

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

#### Authorised Representative

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

#### Law and Jurisdiction

26. In addition to the specific rights set out in this document, the DP and the Beneficial Owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Rules, Bye Laws and Regulations of the respective Depository in which the Demat account is opened and circulars/notices issued under or Rules and Regulations of SEBI.

27. The provisions of this documents shall always be subject to Government notification, any rules, regulations, guidelines and circulars/notices issued by SEBI and Rules, Regulations and Bye-laws, of the relevant Depository, where the Beneficial Owner maintains his/her account, that may be in force from time to time.

28. The Beneficial Owner and the DP shall abide by the arbitration and conciliation procedure prescribed under the Bye-laws of the depository and that such procedure shall be applicable to any disputes between the DP and the Beneficial Owner.

29. Words and expressions which are used in this document but which are not defined herein shall unless the context otherwise requires, have the same meanings as assigned thereto in the Rules, Bye-laws and Regulations and circulars/notices issued there under by the depository and / or SEBI.

30. Any changes in the rights and obligations which are specified by SEBI / Depositors shall also be brought to the notice of the clients at once.

31. If the rights and obligations of the parties hereto are altered by virtue of change in rules and regulations of SEBI or Bye-laws, Rules and Regulations of the relevant depository, where the Beneficial Owner maintain his/her account, such changes shall be deemed to have been incorporated herein in modification of the rights and obligations of the parties mentioned in this document.