

SET OF ACCOUNT OPENING DOCUMENT

Name of Member : FINVASIA SECURITIES PVT LTD
Membership : CDSL
SEBI Registration No. : IN-DP-317-2017
Corporate office : Plot No 10, Level -3, Netsmartz House, Rajiv Gandhi Technology Park, Chandigarh -160101
 Phone : 0172-6670000 , Web Site : www.finvasia.com
Compliance Officer : Vinod Aggarwal, Phone No.: 0172-6670000, Email : cdsldp@finvasia.com
CEO : Tajinder Pal Singh, Phone No.: 0172-6670000, Email : ccofspl@finvasia.com

INDEX OF DOCUMENTS

MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES

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For any grievance/dispute please contact Finvasia Securities Private Limited at the above mention address or email complaints@finvasia.com. In case not satisfied with response, Please contact the concern exchange(s) at :

Exchange Name
Central Depository Services (India) Ltd. (CDSL)

E-mail Id
complaints@cdslindia.com

Phone No.
022-22723333

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

Important Instructions:

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

For office use only (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

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

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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)

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

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

Simplified Measures Account - Document Type code

Address

Line 1*

Line 2

Line 3

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

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

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

Line 1*

Line 2

Line 3 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 Mobile no. / Email-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 --

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)

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.



[Signature / Thumb Impression]

Date : -- Place :

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies IPV Done

KYC / IN-PERSON VERIFICATION CARRIED OUT BY

Date --

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

INSTITUTION DETAILS

Name **FINVASIA SECURITIES PVT. LTD.**

Code

[Employee Signature]

[Institution Stamp]

ACCOUNT OPENING FORM INDIVIDUALS



FINVASIA SECURITIES PVT. LTD.

SEBI REGN. NO. : IN-DP-317-2017 • DP ID 12084300



Plot No. 10, Netsmartz House (Level 3), Rajiv Gandhi Chd Tech Park, Chandigarh-160101 (India)
Ph.: 0172-4770000, 6670000, Fax : 0172-6670070, E-mail : cdsldp@finvasia.com

ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT FOR INDIVIDUALS

(To be filled by the Depository Participant)

Application No.		Date	D	D	M	M	Y	Y	Y	Y										
DP Internal Reference No.																				
DP ID	1	2	0	8	4	3	0	0	Client ID											

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

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

TYPE OF ACCOUNT (Please tick whichever is applicable)

<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident	<input type="checkbox"/> Individual Director	<input type="checkbox"/> Individual Director's Relative
	<input type="checkbox"/> Individual HUF/AOP	<input type="checkbox"/> Individual Promoter	<input type="checkbox"/> Minor
	<input type="checkbox"/> Individual Margin Trading A/c (Mantra)	<input type="checkbox"/> Others (Specify) _____	
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable	<input type="checkbox"/> NRI Non-Repatriable	<input type="checkbox"/> NRI Repatriable Promoter
	<input type="checkbox"/> NRI Non-Repatriable Promoter	<input type="checkbox"/> NRI - Depository Receipts	<input type="checkbox"/> Others (Specify) _____

HOLDERS DETAILS

Sole/First Holder's Name	PAN																			
UID	Date of Birth	D	D	M	M	Y	Y	Y	Y											
Second Holder's Name	PAN																			
UID	Date of Birth	D	D	M	M	Y	Y	Y	Y											
Third Holder's Name	PAN																			
UID	Date of Birth	D	D	M	M	Y	Y	Y	Y											

Name* _____

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

OTHER DETAILS

Gross Annual Income Details	Income Range per annum :
	<input type="checkbox"/> Upto Rs. 1,00,000 <input type="checkbox"/> Rs. 1,00,000 to Rs. 5,00,000 <input type="checkbox"/> Rs. 5,00,000 to Rs. 10,00,000
	<input type="checkbox"/> Rs. 10,00,000 to Rs. 25,00,000 <input type="checkbox"/> More than Rs. 25,00,000
	Net Worth as on (date) D D M M Y Y Y Y Rs.
	(Net Worth should not be older than 1 year)
Occupation	<input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture
	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (specify) _____
Please tick, if applicable	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)
Any other information	

BANK DETAILS (Dividend Bank Details)

Bank Code (9 digit MICR Code)																								
IFS Code (11 Character)																								
Account Number																								
Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify)_____																							
Bank Name																								
Branch Name																								
Bank Branch Address																								
City						State						Country						PIN						

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque books is issued, (or)
 - (ii) Photocopy of the Bank Statement having name and address of the BO.
 - (iii) Photocopy of the Passbook having name and address of the BO, (or)
 - (iv) Letter from the Bank.
- In case of option (ii), (iii) and (iv) above, MICR Code of the branch should be present/mentioned on the document.

DETAILS OF GUARDIAN (in case the account holder is minor)

Guardian's Name											PAN										
Relationship with the applicant																					

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

SMS Alert Facility	MOBILE No.: +91-..... [Mandatory, if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).		<input type="checkbox"/> Yes <input type="checkbox"/> No
Transactions Using Secured Texting Facility (TRUST)	I/We wish to avail the TRUST facility using the Mobile Number registered for SMS Alert Facility, I/We have read and understood the Terms and Conditions prescribed by CDSL for the same. <input type="checkbox"/> Yes <input type="checkbox"/> No I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST.		
	Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)
Easi	To register for <i>easi</i> , please visit our website www.cdslindia.com . <i>Easi</i> allows a BO to view his ISIN balances, transactions and value of the portfolio online.		


TARIFF FOR DEPOSITORY SERVICES

Sl. No.	TRANSACTION DETAIL	RETAIL CLIENTS	BSDA CLIENTS
1.	Demat Account Opening Charges	Nil	Nil
2.	Account Maintenance Charges	Nil	Nil
3.	POA Services	Rs. 199/- (One Time)	Rs. 199/- (One Time)
4.	Transaction Charges per ISIN : (a) Buy (Receive) (b) Sell (Debit) (c) Off Market Transactions	Nil Rs. 9/- Rs. 9/-	Nil Rs. 19/- Rs. 19/-
5.	Demat (Per certificate)	Rs. 15/-	Rs. 15/-
6.	Remat (Per ISIN upto 100 shares)	Rs. 15/- + Courier Charges	Rs. 15/- + Courier Charges
7.	Demat / Remat Request	Rs. 99/- + Courier Charges	Rs. 99/- + Courier Charges
8.	Pledge per ISIN	Rs. 25/- + CSDL Charges	Rs. 25/- + CSDL Charges
9.	Unpledge per ISIN	Rs. 25/- + CSDL Charges	Rs. 25/- + CSDL Charges
10.	Pledge Invocation per ISIN	Rs. 19/-	Rs. 19/-
11.	Periodic Statement : (a) By Email (b) Physical*	Free Rs. 99/- (Courier Charges)	Free Rs. 99/- (Courier Charges)
12.	Adhoc / Non Periodic Statement Requests : (a) By Email (b) Physical	Free Rs. 5/- per page + Actual Courier Charges	Free Rs. 5/- per page + Actual Courier Charges
13.	Delivery Instructions : (a) First Delivery Instruction Book (b) Every Additional Booklet*	Free (5 Leaves) Rs. 50/- (5 Leaves)	Free (5 Leaves) Rs. 50/- (5 Leaves)
14.	Cheque Bounce / Per cheque	Rs. 299/-	Rs. 299/-
15.	Failed Transactions	Rs. 49/- per transaction	Rs. 49/- per transaction
16.	Modification in CML	Rs. 19/- per request	Rs. 19/- per request
17.	Demat Closure Account	Nil	Nil

NOTE :*

All taxes separate as applicable. Delayed payment charges @ 2% per month on T+2 days shall be charged for debit/shortage in payin/margin default, as per exchange requirements. I confirm to open my account in Retail account category. In case I wish to change to BSDA, shall inform separately.

*For Physical (once a year) not chargeable.

* Every Additional Booklet courier charges Extra .

Signature of Sole/First Holder

Signature of Second Holder

Signature of Third Holder

NOMINATION DETAILS

Dear Sir/Madam,

I/We the Sole Holder/ Joint Holder / Guardian (in case of minor) hereby declare that :

Nomination Regn. No.

Date

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

 I/We **do not wish to nominate any one for this demat account.**

[Strike out what is not applicable] [Signatures of all account holders should be obtained on this form]

 I/We **nominate** the following persons who is entitled to receive security balances lying in my/our account, particulars whereof are given below, in the event of the death of Sole holder or the death of all the Joint Holders.**BO ACCOUNT DETAILS**

DP ID	1	2	0	8	4	3	0	0	Client ID								
Name of the Sole / First Holder																	
Name of the Second Holder																	
Name of the Third Holder																	

NOMINATION DETAILS	NOMINEE 1	NOMINEE 2	NOMINEE 3
Nominee Name			
First Name*	_____	_____	_____
Middle Name	_____	_____	_____
Last Name*	_____	_____	_____
Address*			
City*			
State*			
PIN*			
Country*			
Telephone No.			
Fax No.			
PAN No.			
UID			
Email ID			
Relationship with the BO*			
Date of Birth* (Mandatory if Nominee is a Minor)			
Name of the Guardian of Nominee (if the nominee is minor)			
First Name*	_____	_____	_____
Middle Name	_____	_____	_____
Last Name*	_____	_____	_____
Address of the Guardian of nominee*			
City*			
State*			
PIN*			
Country*			

Age			
Telephone No.			
Fax No.			
E-mail Id			
Relationship of the Guardian with the Nominee			
Percentage of allocation of securities*			
Residual Securities [please tick any one nominee.* If tick not marked default will be first nominee]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note : Residual securities: incase of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be marked as nominee entitled for residual shares, if any.


***Marked is Mandatory field**

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

Note : One Witness shall attest signature(s) / Thumb Impression(s).

Details of the Witness	
Name of Witness	
Address of Witness	
Signature of Witness	

I/We confirm that I/We have received and read the copy of 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.

	First / Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signatures			

(Signatures should be preferably in black ink)



Plot No. 10, Netsmartz House (Level 3), Rajiv Gandhi Chd Tech Park,
Chandigarh-160101 (India)

Ph.: 0172-4770000, 6670000, Fax : 0172-6670070, E-mail : cdsldp@finvasia.com

ANNEXURE-A

Terms & 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.

Fees, Charges and deposits

1. "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. Tower, Dalal Street, Fort, Mumbai-400001 and all its branch offices and includes its successors and assigns.
2. 'DP' means Depository Participant of CDSL. The term covers all types of DPs who are allowed to open demat accounts for investors.
3. '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.
4. SMS means "Short Messaging Service"
5. 'Alerts' means a customized SMS sent to the BO over the said mobile phone number.
6. '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.
7. 'Service' means the service of providing SMS alerts to the BO on best effort basis as per these terms and conditions.

Availability :

1. 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 account holders who have provided their mobile numbers to the depository through their DP. The service 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.
2. The service is currently available to the BOs who are residing in India.
3. 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.
4. 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.
5. 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 :

1. The depository shall send the alerts to the mobile phone number provided by the BO while registering for 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.
2. 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.
3. The BO also acknowledges that the readability, accuracy and timeliness of providing the services 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.
4. The BO further acknowledge that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/or in accuracy. In case of 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 errors 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 an account to avail SMS alerts facility.
5. The BO authorized 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.
6. 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.

3

 Signature of Sole/First Holder

Signature of Second Holder

Signature of Third Holder

7. 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.
8. 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.
9. If the BO finds that the information such as mobile number etc., has been changed without proper authorization, the BO should immediately inform the DP in writing.

Fees :

Depository reserves the right to change such fees from time to time as 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 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 an 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, changes and expenses whatsoever which a depository may at any time incur, sustain, suffer or be put to as a consequence of or arising out or 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 purpose of generating SMS Alerts by service provider, to be sent to the said mobile number.

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

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

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

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

DP ID	1	2	0	8	4	3	0	0	BO ID									
-------	---	---	---	---	---	---	---	---	-------	--	--	--	--	--	--	--	--	--

Sole/First Holder's Name : _____

Second Holder's Name : _____

Third Holder's Name : _____

Mobile No. on which messages are to be sent

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

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

The Mobile Number is registered in the name of : _____

E-mail Id : _____

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

4

Signature of Sole/First Holder

Signature of Second Holder

Signature of Third Holder

IN CASE OF JOINT HOLDING, ALL JOINT HOLDERS MUST SIGN.

***Please do not use correction fluid, all cuttings must be attested by all the joint holder(s).**

Place : Date :

Instructions to the Applicants (BOs) for account opening:

1. Signatures can be in English or Hindi or any of the other languages contained in the 8th Schedule of the Constitution of India. Thumb impressions and signatures other than the above mentioned languages must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate / Special Executive Officer under his/her official seal.
2. Signatures should be preferably in black ink.
3. Details of the Names, Address, Telephone Number(s), etc., of the Magistrate / Notary Public / Special Executive Magistrate / Special Executive Officer are to be provided in case of attestation done by them.
4. In case of additional signatures (for accounts other than individuals), separate annexures should be attached to the account opening form.
5. In case of applications containing a Power of Attorney, the relevant Power of Attorney or the self certified copy thereof, must be lodged along with the application.
6. All correspondence / queries shall be addressed to the first / sole applicant.
7. Strike off whichever option, in the account opening form, is not applicable.

FATCA-CRS Declaration

Please seek appropriate advice from your professional tax professional on your tax residency and related FATCA & CRS guidance

Name														
Place of Birth														
Country of Birth														
Nationality														
Constitute	<input type="checkbox"/> Individual <input type="checkbox"/> HUF <input type="checkbox"/> NRI <input type="checkbox"/> Foreign National <input type="checkbox"/> Corporate <input type="checkbox"/> Others (Pl. Specify) _____													

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

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

S.No.	Country#	Tax Identification Number%	Identification Type <i>(TIN or other, please specify)</i>
1.			
2.			
3.			

To also include USA, where the individual is a citizen / green card holder of the USA

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

CERTIFICATION

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

FATCA & CRS - TERMS & CONDITIONS

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

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

It is important that you respond to our request, even if you believe you have already supplied any previously requested information.

Date :

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Place :

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06	
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Signature

To,
Finvasia Securities Pvt. Ltd.
Plot No. 10, Netsmartz House (Level 3),
Rajiv Gandhi Chd Tech Park, Chandigarh-160101 (India)



ACKNOWLEDGEMENT RECEIPT

Application No.


Date _____

Dear Sir,

I/We hereby request you to kindly provide the Rights & Obligations of beneficial owner & depository participant as prescribed by SEBI and Depositories Documents in below mentioned manner:

Electronically (E-mail) Physically

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

 _____
Signature of Sole/First Holder

Signature of Second Holder

Signature of Third Holder