

Please fill in ENGLISH and in BLOCK LETTERS

A. Identity Details (please see guidelines overleaf)

1. Name of Applicant (As appearing in supporting identification document).

Name

Father's/Spouse Name

Mother's Name

Maiden Name

PHOTOGRAPH

Please affix
the recent passport
size photograph and
sign across it

2. Gender Male Female B. Marital status Single Married C. Date of Birth

3. Nationality Indian Other (Please specify) _____

4. Status Please tick (✓) Resident Individual Non Resident Foreign National (Passport Copy Mandatory for NRIs & Foreign Nationals)

5. PAN

 Please enclose a duly attested copy of your PAN Card

Aadhaar Number, if any: _____

6. Proof of Identity submitted for PAN exempt cases Please Tick (✓)

UID (Aadhaar) Passport Voter ID Driving Licence Others _____ (Please see guideline 'D' overleaf)

B. Address Details

1. Address for Correspondence

City / Town / Village

 Pin Code

State

 Country

2. Contact Details

Tel. (Off.) (ISD) (STD)

 Tel. (Res.) (ISD) (STD)

Mobile (ISD) (STD)

 Fax (ISD) (STD)

E-Mail Id.

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

Passport Ration Card Registered Lease/Sale Agreement of Residence Driving License Voter Identity Card *Latest Bank A/c Statement/Passbook
 *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Gas Bill Others (Please specify) _____

*Not more than 3 Months old. Validity/Expiry date of proof of address submitted

4. Permanent Address of Resident Applicant if different from above B1 OR Overseas Address (Mandatory) for Non-Resident Applicant

City / Town / Village

 Pin Code

State

 Country

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

Passport Ration Card Registered Lease/Sale Agreement of Residence Driving License Voter Identity Card *Latest Bank A/c Statement/Passbook
 *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Gas Bill Others (Please specify) _____

*Not more than 3 Months old. Validity/Expiry date of proof of address submitted

6. Any other information: _____

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our 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/we are aware that I/we may be held liable for it.

Place:

Date:

SIGNATURE OF APPLICANT



FOR OFFICE USE ONLY

IPV Done on

AMC/Intermediary name OR code _____

(Originals Verified) Self Certified Document copies received

(Attested) True copies of documents received

Main Intermediary _____

Seal/Stamp of the intermediary should contain
Staff Name
Designation
Name of the Organization
Signature
Date

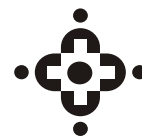
Seal/Stamp of the intermediary should contain
Staff Name
Designation
Name of the Organization
Signature
Date

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
Second Holder's Name		PAN							
UID		Date of Birth	D	D	M	M	Y	Y	Y
Third Holder's Name		PAN							
UID		Date of Birth	D	D	M	M	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.	

NOMINATION DETAILS

Dear Sir/Madam,

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

 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.

Nomination Regn. No.									
Date	D	D	M	M	Y	Y	Y	Y	

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	 1		

(Signatures should be preferably in black ink)



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

1. Definitions:

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

- i. "Depository" means Central Depository Services (India) Limited (CDSL)
 - ii. TRUST means "Transactions Using Secured Texting" service offered by the Depository.
 - iii. "Service Provider" means a cellular service provider(s) with whom the Depository has entered / shall enter into an arrangement for providing the TRUST service to the BO.
 - iv. "Service" means the service of providing facility to receive/give instructions through SMS on best effort basis as per the following terms and conditions. The types of transaction that would normally qualify for this type of service would be informed by CDSL from time to time.
 - v. "Third Party" means the operators with whom the Service Provider is having / will have an arrangement for providing SMS to the BO.
2. The service will be provided to the BO at his / her request and at the discretion of the depository provided the BO has registered for this facility with their mobile numbers through their DP or by any other mode as informed by CDSL from time to time. Acceptance of application shall be subject to the verification of the information provided by the BO to the Depository
 3. The messages will be sent on best efforts basis by way of an SMS on the mobile no which has been provided by the BOs. However Depository shall not be responsible if messages are not received or sent for any reason whatsoever, including but not limited to the failure of the service provider or network.
 4. The BO is responsible for promptly informing its DP in the prescribed manner any change in mobile number, or loss of handset on which the BO wants to send/receive messages generated under TRUST. In case the new number is not registered for TRUST in the depository system, the messages generated under TRUST will continue to be sent to the last registered mobile number. The BO agrees to indemnify the depository for any loss or damage suffered by it on account of messages sent on such mobile number.
 5. The BO agrees that SMS received by the Depository from the registered mobile number of the BO on the basis of which instructions are executed in the depository system shall be conclusive evidence of such instructions having been issued by the BO. The DP / CDSL will not be held liable for acting on SMS so received.
 6. The BO shall be responsible for submitting response to the 'Responsive SMS' within the specified time period. Transactions for which no positive or negative confirmation is received from the BO, will not be executed except for transaction for deregistration. Further, CDSL shall not be responsible for BOs not submitting the response to the said SMS within the time limit prescribed by CDSL.
 7. The BO agrees that the signing of the TRUST registration form by all joint holders shall mean that the instructions executed on the basis of SMS received from the registered mobile for TRUST shall be deemed to have been executed by all joint holders.
 8. The BO agrees to ensure that the mobile number for TRUST facility and SMS alert (SMART) facility is the same. The BO agrees that if he is not registered for SMART, the DP shall register him for SMART and TRUST. If the mobile number provided for TRUST is different from the mobile number recorded for SMART, the new mobile number would be updated for SMART as well as TRUST.
 9. BOs are advised to check the status of their obligation from time to time and also advise the respective CMs to do so. In case of any issues, the BO/CM should approach their DPs to ensure that the obligation is fulfilled through any other mode of delivery of transactions as may be informed / made available by CDSL from time to time including submission of Delivery Instruction Slips to the DP .
 10. The BO acknowledges that CDSL will send the message for confirmation of a transaction to the BO only if the Clearing Member (registered by the BO for TRUST) enters the said transaction in CDSL system for execution through TRUST within prescribed time limit.
 11. The BO further acknowledges that the BO/CM shall not have any right to any claim against either the DP or Depository for losses, if any, incurred due to non receipt of response on the responsive SMS or receipt of such response after the prescribed time period. In the event of any dispute relating to the date and time of receipt of such response, CDSL's records shall be conclusive evidence and the Parties agree that CDSL's decision on the same shall be final and binding on both Parties.
 12. The BO may request for deregistration from TRUST at any time by giving a notice in writing to its DP or by any other mode as specified by Depository in its operating instructions. The same shall be effected after entry of such request by the DP in CDSL system if the request is received through the DP.
 13. Depository reserves the right to charge such fees from time to time as it deems fit for providing this service to the BO.



Signature of Sole/First Holder

Signature of Second Holder

Signature of Third Holder

14. The BO expressly authorises Depository to disclose to the Service Provider or any other third party, such BO information as may be required by them to provide the services to the BO. Depository however, shall not be responsible and be held liable for any divulgence or leakage of confidential BO information by such Service Providers or any other third party.
15. The BO takes the responsibility for the correctness of the information supplied by him to Depository through the use of the said Facility or through any other means such as electronic mail or written communication.
16. The BO is solely responsible for ensuring that the mobile number is not misused and is kept safely and securely. The Depository will process requests originated from the registered Mobile as if submitted by the BO and Depository is not responsible for any claim made by the BO informing that the same was not originated by him.
17. Indemnity:
In consideration of providing the service, the BO agrees that the depository shall not be liable to indemnify the BO towards any damages, claims, demands, proceedings, loss, cost, charges and expenses whatsoever as a consequence of or arising out of interference with or misuse, improper or fraudulent use of the service by the BO.
18. Disclaimer:
Depository shall be absolved of any liability in case :-
- There is loss of any information during processing or transmission or any unauthorized access by any other person or breach of confidentiality.
 - There is any lapse or failure on the part of the service providers or any third party affecting the said Facility and that Depository makes no warranty as to the quality of the service provided by any such service provider.
 - There is breach of confidentiality or security of the messages whether personal or otherwise transmitted through the Facility.

Dear Sir/Madam,

I/We wish to avail the following facility/ies provided by the depository on my/our mobile number as provided below subject to the terms and conditions as specified by CDSL.

- SMART - SMS alert facility
- TRUST - Transaction using Secured Texting facility.

(please note that SMS alert facility is mandatory if TRUST facility is opted for)

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

(Please write your 8 digit DPID)

(Please write your 8 digit Client 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)

(Existing users registered for SMS alerts : Please note that if the mobile number for TRUST is different than the registered mobile number for SMS alert, the new mobile number will be updated for SMS alert also.)


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)

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 availing the said facility.

I/We have read and understood the terms and conditions prescribed by CDSL for the said facility/ies 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.

 _____
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 :



TARIFF FOR DEPOSITORY SERVICES

Sl. No.	TRANSACTION DETAIL	RETAIL CLIENTS	BSDA CLIENTS
1.	Demat Account Opening Charges	Nil	Nil
2.	POA Services	Rs. 199/- (One Time)	Rs. 199/- (One Time)
3.	Transaction Charges per ISIN : (a) Buy (Receive) (b) Sell (Debit) (c) Off Market Transactions	Nil Rs. 9/- Rs. 9/-	Nil Rs. 19/- Rs. 19/-
4.	Demat (Per certificate)	Rs. 15/-	Rs. 15/-
5.	Remat (Per ISIN)	Rs. 15/-	Rs. 15/-
6.	Courier Charges per Demat/Remat Request	Rs. 99/-	Rs. 99/-
7.	Pledge per ISIN	Rs. 29/-	Rs. 29/-
8.	Unpledge per ISIN	Rs. 29/-	Rs. 29/-
9.	Pledge Invocation per ISIN	Rs. 19/-	Rs. 19/-
10.	Periodic Statement : (a) By Email (b) Physical	Free Rs. 99/- (Courier Charges)	Free Rs. 99/- (Courier Charges)
11.	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
12.	Delivery Instructions : (a) First Delivery Instruction Book (b) Every Additional Booklet	Free (5 Leaves) Rs. 99/- (10 Leaves)	Free (5 Leaves) Rs. 99/- (10 Leaves)
13.	Cheque Bounce / Per cheque	Rs. 299/-	Rs. 299/-
14.	Failed Transactions	Rs. 49/- per transaction	Rs. 49/- per transaction
15.	Modification in CML	Rs. 19/- per request	Rs. 19/- per request
16.	Demat Closure Account	Rs. 499/-	NA

NOTES : All Taxes saperate 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.

4

Signature of Sole/First Holder

Signature of Second Holder

Signature of Third Holder