

DALMIA SECURITIES PRIVATE LIMITED

REGISTERED OFFICE : IDEAL PLAZA, SUIT NO S401, 11/1, SARAT BOSE ROAD, KOLKATA 700 020, INDIA

TEL. : +91 33 6612 0500. FAX. : +91 33 2280 6643.

EMAIL : mailbox@dalmiasec.com ; WEBSITE : www.dalmiasec.com

PART I - KNOW YOUR CLIENT - KYC - APPLICATION FORM**FOR INDIVIDUALS ONLY**PLEASE FILL THIS FORM IN **ENGLISH** AND IN **BLOCK LETTERS**.**A. IDENTITY DETAILS**

NAME OF THE APPLICANT												PHOTOGRAPH Please affix your recent passport size photograph and sign across it				
FATHER'S / HUSBAND'S NAME																
GENDER	<input type="checkbox"/> MALE		<input type="checkbox"/> FEMALE													
MARITAL STATUS	<input type="checkbox"/> SINGLE		<input type="checkbox"/> MARRIED													
DATE OF BIRTH	D		D		M		M		Y		Y			Y		Y
NATIONALITY	<input type="checkbox"/> INDIAN		<input type="checkbox"/> OTHER <i>(Please Specify)</i>													
STATUS	<input type="checkbox"/> RESIDENT INDIVIDUAL		<input type="checkbox"/> NON RESIDENT				<input type="checkbox"/> FOREIGN NATIONAL									
PAN																
AADHAR NUMBER, IF ANY																
SPECIFY THE PROOF OF IDENTITY SUBMITTED <input type="checkbox"/> PAN CARD <input type="checkbox"/> ANY OTHER <i>(Please Specify)</i>																

B. ADDRESS DETAILS

<input type="checkbox"/> RESIDENCE ADDRESS /															
<input type="checkbox"/> CORRESPONDENCE ADDRESS															
CITY/TOWN/VILLAGE	PINCODE				STATE				COUNTRY						
SPECIFY THE PROOF OF ADDRESS SUBMITTED FOR RESI. / CORRES. ADDRESS															
TEL. (OFF.)				TEL. (RES.)					FAX NO.						
MOBILE NO.				EMAIL ID											
PERMANENT ADDRESS <small>(if different from above or overseas address, mandatory for Non-Resident Applicant)</small>															
CITY/TOWN/VILLAGE	PINCODE				STATE				COUNTRY						

DECLARATION

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

SIGNATURE OF APPLICANT

D	D	M	M	Y	Y	Y	Y

FOR OFFICE USE ONLY

<input type="checkbox"/> Originals verified & Self Attested Documents copies received	Name of the Auth. Signatory		
IPV Details : _____ (DD/MM/YYYY)	Signature of the Auth. Signatory		
Employee Name : _____	Date		
Employee Signature : _____			
Employee Designation : _____	Seal / Stamp of the Intermediary		

INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

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

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

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

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

1. Passport/Voters Identity Card/Ration Card/Registered Lease or Sale

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

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

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

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

E. List of people authorized to attest the documents:

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

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PART I - KNOW YOUR CLIENT - KYC - APPLICATION FORM**FOR NON INDIVIDUALS ONLY**PLEASE FILL THIS FORM IN **ENGLISH** AND IN **BLOCK LETTERS**.**A. IDENTITY DETAILS**

NAME OF THE APPLICANT									PHOTOGRAPH Please affix your recent passport size photograph and sign across it						
DATE OF INCORPORATION	D		D		M		M	Y			Y		Y		Y
PLACE OF INCORPORATION															
DATE OF COMM. OF BUSINESS	D		D		M		M	Y			Y		Y		Y
PAN															
REGN. NO. (eg. CIN)															
STATUS (Please Tick any one)	<input type="checkbox"/> Private Ltd Co. <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Trust <input type="checkbox"/> Charities <input type="checkbox"/> NGO's <input type="checkbox"/> Bank <input type="checkbox"/> Govt. Body <input type="checkbox"/> Non-Govt. Org. <input type="checkbox"/> Defense Estb. <input type="checkbox"/> Society <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> BOI <input type="checkbox"/> Others (Please Specify)														

B. ADDRESS DETAILS

CORRESPONDENCE ADDRESS			

CITY/TOWN/VILLAGE	PINCODE	STATE	COUNTRY
SPECIFY THE PROOF OF ADDRESS SUBMITTED FOR CORRES. ADDRESS			
TEL. (OFF.)	TEL. (RES.)	FAX NO.	
MOBILE NO.	EMAIL ID		
REGISTERED ADDRESS (If different from above)			

CITY/TOWN/VILLAGE	PINCODE	STATE	COUNTRY

DECLARATION

I am / We are 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/we am/are aware that I/we may be held liable for it.

NAME & SIGNATURE OF THE AUTHORISED SIGNATORY(IES)

D	D	M	M	Y	Y	Y	Y

FOR OFFICE USE ONLY

<input type="checkbox"/> Originals verified & Self Attested Documents copies received	Name of the Auth. Signatory
IPV Details : _____ (DD/MM/YYYY)	Signature of the Auth. Signatory
Employee Name : _____	Date
Employee Signature : _____	
Employee Designation : _____	Seal / Stamp of the Intermediary

FOR NON-INDIVIDUALS

INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

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

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

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

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

1. Passport/Voters Identity Card/Ration Card/Registered Lease or Sale Agreement of

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

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

D. Exemptions/clarifications to PAN

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

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

E. List of people authorized to attest the documents:

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

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

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

C. OTHER DETAILS**FOR NON INDIVIDUALS ONLY**

Details of Promoters / Partners / Karta / Trustees & Whole Time Directors forming a part of KYC Application Form for Non Individuals

	1st SIGNATORY	2nd SIGNATORY	3rd SIGNATORY
NAME			
Relationship With Applicant (i.e. promoters, whole time directors etc.)			
DATE OF BIRTH			
RESIDENTIAL / REGISTERED ADDRESS			
CITY/TOWN/VILLAGE			
PIN			
STATE			
COUNTRY			
TEL. (0)			
MOBILE			
PAN			
AADHAR Number (i.e. Promoter / Partner / Karta)			
DIN / UID Number (i.e. Whole time Directors)			
EQUITY % PSR Ownership Stake			
PROOF OF IDENTITY (POI)			
PROOF OF ADDRESS (POA)			
PHOTOGRAPH	Please affix your recent passport size photograph and sign across it	Please affix your recent passport size photograph and sign across it	Please affix your recent passport size photograph and sign across it
SIGNATURE			

Name of the Auth. Signatory

Signature of the Auth. Signatory

Date

I/WE REQUEST YOU TO OPEN A DEPOSITORY ACCOUNT IN MY/OUR NAME AS PER THE FOLLOWING DETAILS:
(PLEASE FILL ALL THE DETAILS IN CAPITAL LETTERS ONLY)

DETAILS OF ACCOUNT HOLDER (S)

SOLE/FIRST HOLDER NAME				PAN No.															
RESIDENCE ADDRESS																			
CITY/TOWN/VILLAGE					PINCODE					STATE					COUNTRY				
TEL. (OFF.)						TEL. (RES.)						FAX NO.							
MOBILE NO.						EMAIL ID													
OCCUPATION (For Individuals Only) (Please tick any one and give brief details)		<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Others (Please Specify) _____																	
		BRIEF DETAILS																	

SECOND HOLDER NAME				PAN No.															
RESIDENCE ADDRESS																			
CITY/TOWN/VILLAGE					PINCODE					STATE					COUNTRY				
TEL. (OFF.)						TEL. (RES.)						FAX NO.							
MOBILE NO.						EMAIL ID													
OCCUPATION (For Individuals Only) (Please tick any one and give brief details)		<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Others (Please Specify) _____																	
		BRIEF DETAILS																	

THIRD HOLDER NAME				PAN No.															
RESIDENCE ADDRESS																			
CITY/TOWN/VILLAGE					PINCODE					STATE					COUNTRY				
TEL. (OFF.)						TEL. (RES.)						FAX NO.							
MOBILE NO.						EMAIL ID													
OCCUPATION (For Individuals Only) (Please tick any one and give brief details)		<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Others (Please Specify) _____																	
		BRIEF DETAILS																	

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

NAME				PAN No.															
------	--	--	--	---------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TYPE OF ACCOUNT

Ordinary Resident NRI-Repatriable NRI-Non Repatriable Qualified Foreign Investor
 Foreign National Margin Promoter Others (Please specify) _____

GROSS ANNUAL INCOME DETAILS

INCOME RANGE PER ANNUM (Please Tick any One)

Below ₹ 1 Lac ₹ 1 - 5 Lac ₹ 5 - 10 Lac ₹ 10 - 25 Lac More than ₹ 25 Lac

IN CASE OF NRIs / FOREIGN NATIONALS

RBI APPROVAL REF. NO.

RBI APPROVAL DATE

BANK DETAILS

BANK ACCOUNT TYPE Savings Account Current Account Others (Specify) _____

BANK ACCOUNT NO.

BANK NAME

BRANCH ADDRESS

CITY/TOWN/VILLAGE

PIN CODE

STATE

COUNTRY

MICR CODE

IFSC

PLEASE TICK, IF APPLICABLE : POLITICALLY EXPOSED PERSON (PEP) RELATED TO A POLITICALLY EXPOSED PERSON (PEP)

STANDING INSTRUCTIONS

I/We authorise you to receive credits automatically into my/our account YES NO

Account to be operated through Power of Attorney (PoA) YES NO

SMS Alert Facility

[Mandatory if you are giving Power of Attorney (PoA).]

Ensure that the mobile number is provided in the KYC Application Form]

1 Sole / First Holder YES NO2 Second Holder YES NO3 Third Holder YES NO**MODE OF RECEIVING STATEMENT OF ACCOUNT [TICK ANY ONE]**[] Physical Form[] Electronic Form [Read Note 4 and ensure that email ID is provided in KYC Application Form].**GUARDIAN DETAILS (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

DATE

DP ID : IN

CLIENT ID :

 I/We wish to make a nomination. [As per details given below]

 I/We wish to cancel the nomination made by me/ us earlier and consequently all rights and liabilities in respect of beneficiary ownership in the securities held by me / us in the said account shall vest in me/ us. [Strike off the nomination details below]
NOMINATION DETAILS

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all securities held in the Depository by me / us in the said beneficiary owner account in the event of my / our death.

Nomination can be made upto three nominees in the account		Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
1.	Name of the Nominee(s) (Mr./Ms.)			
2.	Share of each Nominee () Equally [If not equally, please specify percentage]	%	%	%
Any odd lot after division shall be transferred to the first nominee mentioned in the form.				
3.	Relationship with the Applicant (If Any)			
4.	Address of Nominee(s)			
	PINCODE			
5.	Mobile/Telephone No. of Nominee(s)			
6.	Email ID of Nominee(s)			
7.	Nominee Identification Details - (Please tick any one of the following & Provide details of same) <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> AADHAR <input type="checkbox"/> Saving Bank A/c. No <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			
Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:				
8.	Date of Birth {in case of Minor Nominee(s)}			
8.	Name of Guardian (Mr./Ms.) {in case of Minor Nominee(s)}			

10	Address of Guardian (s)			
	PINCODE			
11	Mobile/Telephone No. of Guardian (s)			
12	Email ID of Guardian (s)			
12	Relationship of Guardian with Nominee			
13	Guardian Identification Details - (Please tick any one of the following & Provide details of same) <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> AADHAR <input type="checkbox"/> Saving Bank A/c. No <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			
Name (s) of Holder (s)				Signature (s) of Holder
Sole / First Holder (Mr. / Ms.)				
Second Holder (Mr. / Ms.)				
Third Holder (Mr. / Ms.)				
Signature of Witness for Nomination				
Name of the Witness		Address		Signature of Witness
				DATE

**CONTINUED TO NEXT PAGE
NOTES FOR NOMINATION FORM**

NOTES FOR NOMINATION FORM

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.

WE REQUEST YOU TO OPEN A DEPOSITORY ACCOUNT IN OUR NAME AS PER THE FOLLOWING DETAILS:
(PLEASE FILL ALL THE DETAILS IN CAPITAL LETTERS ONLY)

A. DETAILS OF ACCOUNT HOLDER (S)

	NAME	PAN No.									
SOLE / FIRST HOLDER											
SECOND HOLDER											
THIRD HOLDER											

B. TYPE OF ACCOUNT

Body Corporate FI FII Mutual Fund Qualified Foreign Investor
 Trust Bank CM HUF Others (Please specify) _____

C. For Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., although the account is opened in the name of the partner(s), trustee(es) etc., the name & PAN of the Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., should be mentioned below:

NAME	PAN No.

D. INCOME DETAILS (PLEASE SPECIFY)

INCOME RANGE PER ANNUM

Below ₹ 20 Lac ₹ 20 - 50 Lac ₹ 50 Lac - 1 Crore Above ₹ 1 Crore

Networth Amount (₹) _____ As on date _____ (Networth should not be older than 1 year)

E. IN CASE OF FIIs / Others (as may be applicable)

RBI APPROVAL REF. NO.

RBI APPROVAL DATE

SEBI Regn. No. (for FIIs)

F. BANK DETAILS

BANK ACCOUNT TYPE Savings Account Current Account Others (Specify) _____

BANK ACCOUNT NO.

BANK NAME

BRANCH ADDRESS

CITY/TOWN/VILLAGE

PINCODE

STATE

COUNTRY

MICR CODE

IFSC

G. PLEASE TICK, IF APPLICABLE, FOR ANY OF YOUR AUTHORIZED SIGNATORIES / PROMOTERS / PARTNERS / KARTA / TRUSTEES / WHOLE TIME DIRECTORS:

 POLITICALLY EXPOSED PERSON (PEP)

 RELATED TO A POLITICALLY EXPOSED PERSON (PEP)

H. CLEARING MEMBERS DETAILS (to be filled up by Clearing Members only)

1	NAME OF STOCK EXCHANGE	
2	NAME OF CLEARING CORPORATION/ CLEARING HOUSE	
3	CLEARING MEMBER ID	
4	SEBI REGISTRATION NUMBER	
5	TRADE NAME	
6	CM-BP-ID (TO BE FILLED UP BY PARTICIPANT)	

I. STANDING INSTRUCTIONS

1. 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. SMS Alert Facility	1 Sole / First Holder	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	2 Second Holder	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	3 Third Holder	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. MODE OF RECEIVING STATEMENT OF ACCOUNT [TICK ANY ONE]			
[] Physical Form			
[] Electronic Form [Read Note 4 and ensure that email ID is provided in KYC Application Form].			

J. LIST OF FAMILY MEMBERS (Separate Annexure may be used in case number of members is higher)

Sr. No.	Name of Coparcener / Member	Gender	Date of Birth	Relation with Karta	Whether Coparcener/ Member (please specify)

DECLARATION

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by us and we have understood the same and we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and 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, we are aware that we may be held liable for it. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

*** Authorised Signatories (Enclose a Board Resolution for Authorised Signatories. In case of HUF details of Karta to be given)**

Sole / First Holder	NAME	Signature(s)
First Signature / Karta of HUF		
Second Signatory		
Third Signatory		

Other Holders

Second Holder		
Third Holder		

MODE OF OPERATION FOR SOLE/FIRST HOLDER (In case of joint holdings, all the holders must sign. In case of HUF this is not applicable)

<input type="checkbox"/> ANY ONE SINGLY	
<input type="checkbox"/> JOINTLY	
<input type="checkbox"/> AS PER RESOLUTION	
<input type="checkbox"/> OTHER (PLEASE SPECIFY)	

Notes:

1. In case of additional signatures, separate annexures should be attached to the application form.
2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
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. Strike off whichever is not applicable.

BSDA FACILITY

Dear Sir / Madam,

Please note that I / we am/are opening a DP account with you (Client ID). You are requested to please open my account as per instructions given below & further please incorporate the same.

I / We, would like to avail the BSDA facility.

I / We, won't like to avail the BSDA facility.

Thanking you,

Yours faithfully,



SOLE / FIRST HOLDER SIGNATURE



SECOND HOLDER SIGNATURE



THIRD HOLDER SIGNATURE

DOWNLOAD OF E-MAIL IDS TO ISSUERS / RTAS

Dear Sir / Madam,

I / We are a client with DALMIA SECURITIES PRIVATE LIMITED (hereinafter referred to as DSPL) and my/our Demat Account No. is

This is in reference to NSDL Circular No. NSDL/POLICY/2013/0137 dated 22nd November 2013, kindly updated my / our email address as below mentioned in my / our demat account.

E-mail ID :

Receive Annual reports, AGM notices and other communications from Issuers & RTAs in electronic form.

Receive Annual reports, AGM notices and other communications from Issuers & RTAs in physical form

I / We confirm to receive the Rights and Obligations document in

Physical form

Electronic form

Thanking you,

Yours faithfully,



SOLE / FIRST HOLDER SIGNATURE



SECOND HOLDER SIGNATURE



THIRD HOLDER SIGNATURE

Client Name :	Demat A/c. No. :	Date :
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**CONSENT LETTER FOR RECEIVING TRANSACTIONS STATEMENT
ON E-MAIL & ALLOWING DEBIT OF DP CHARGES IN TRADING ACCOUNT**

Dear Sir / Madam,

I / We are a client with DALMIA SECURITIES PRIVATE LIMITED (hereinafter referred to as DSPL) and my/our Demat Account No. is

With reference to SEBI circular No. MRD/Dop/SE/Cir-20/2005 dated September 08, 2005, I / we are desirous to avail the facility of receiving Bill, Transaction Statement, Holding & Financial Statement on e-mail.

I/We would request you that henceforth i.e. from onwards you are requested to send my/our Bill, Transaction Statement, Holding & Financial Statement through email on my/our

E-mail ID :

I/We shall ensure that this email ID is kept valid and any change in my/our above email ID shall be communicated to you in writing.

I/We also agree that non-receipt of bounced mail notification by you shall amount to delivery at my/our email account(s)/email id(s).

I/We agree that the log reports of your dispatching software shall be conclusive proof of dispatch of all statements or bills to me/us and such dispatch shall be deemed to mean receipt by me/us and shall not be disputed by me/us on account of any non-receipt/delayed receipt for any reason whatsoever.

I am also aware that copies of the Bill, Transaction Statement, Holding & Financial Statement are also available in DSPL website for which I will be provided with an USER ID and Password .

I/We hereby authorize you to debit my/our Share Trading Account No..... with DSPL for my transactions at the Stock Exchanges of NSE & BSE for all the charges relating to the above mentioned Demat Account. I/We understand that the said charges in the Demat Account, are incurred from time to time and this authorization of transferring the same to my trading account shall remain valid from time to time.

In case I wish to withdraw this facility I shall inform DSPL in writing at least one week in advance from the date of withdrawal.

Thanking you,

Yours faithfully,



SOLE / FIRST HOLDER SIGNATURE



SECOND HOLDER SIGNATURE



THIRD HOLDER SIGNATURE

Client Name :	Demat A/c. No. :	Date :
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FORMAT OF REQUEST

[Please tick (✓) wherever applicable]

DP ID	CLIENT ID	DATE
NAME OF ACCOUNT HOLDER		
<input type="checkbox"/> MOBILE NUMBER		
<input type="checkbox"/> EMAIL ID		
I hereby declare that the aforesaid mobile number or E-mail ID belongs to [] Me or [] My family (spouse, dependent children and dependent parents).		
SIGNATURE OF ACCOUNT HOLDER		
NAME OF ACCOUNT HOLDER		

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 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
3. **Instructions related to nomination, are as below:**
 - I. 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, partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly all joint holders will sign the nomination form.
 - II. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
 - III. The Nominee 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.
 - IV. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
- V. Transfer of securities in favour of a Nominee shall be valid discharge by the depository and the Participant against the legal heir.
- VI. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non Individuals including society, trust, body corporate, partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
- VII. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee.
4. **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.
5. **Strike off whichever is not applicable.**
6. **In case of Additional Signature separate annexure should be attached to the application form.**

ACKNOWLEDGEMENT - ANNEXURE B

To,
DALMIA SECURITIES PRIVATE LIMITED
11/1 SARAT BOSE ROAD, KOLKATA 700020

DATE : _____

Client ID: _____

With reference to my / our application for opening a Depository Account, I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

	Name	Signature(s) of Account Holder(s)
Sole/First Holder		
Second Holder		
Third Holder		

FOR OFFICE USE ONLY

	NAME, DESIGNATION CODE OF THE EMPLOYEE	SIGNATURE	DATE
DOCUMENTS VERIFIED WITH ORIGINALS			
CLIENT INTERVIEWED BY			
IN-PERSON VERIFICATION DONE BY			

INTRODUCTION (by an existing account holder / applicant's bank)

DP ID : _____ CLIENT ID : _____ (In case of existing account holder)

I confirm the identity and address of the applicant(s)

Name : _____

Signature of Introducer / Signature and Seal incase of Bank
(To be verified by DP Officials)

ACKNOWLEDGEMENT

From,
DALMIA SECURITIES PRIVATE LIMITED
11/1 SARAT BOSE ROAD, KOLKATA 700020

Received the application from Mr. / Ms. _____ as the sole / first holder
alongwith _____ and _____ as the second
and third holder respectively for opening of a depository account. Your Client ID will be intimated to you shortly. Please quote the
DP ID & Client ID allotted to you in all your future correspondence.

Date : _____

PARTICIPANT STAMP & SIGNATURE



Dalmia
Securities
Private Limited

REGISTERED & CORRESPONDENCE OFFICE

Ideal Plaza, Suite S401, 4th Floor, 11/1 Sarat Bose Road, Kolkata 700020.
Phone : +91 33 6612 0500. Fax : +91 33 2280 6643. | www.dalmiasec.com

NSDL - Demat Account Opening Kit

DEPOSITORY PARTICIPANT OF NATIONAL SECURITIES DEPOSITORY LIMITED

NSDL : DP ID : IN300222 | SEBI REGN NO. : IN-DP-NSDL-25-97

Service at your door step

CLIENTID	:	_____
INTERNAL REF. NO.	:	_____
HOLDER'S NAME	:	_____
BRANCH CODE & NAME	:	_____



Dalmia
Securities
Private Limited