Sunidhi
Securities & Finance Limited

CIN No.: U67190MH1985PLC037326

EXCHANGE	MEMBER CODE	SEBI REGN. NO.
Bombay Stock Exchange Ltd.	291	INZ000169235
National Stock Exchange of India Ltd.	06764	INZ000169235
Metropolitan Stock Exchange of India Ltd.	1005	INZ000169235
Multi Commodity Exchange of India Ltd.	56910	INZ000169235
National Commodity & Derivatives Exchange Ltd.	1290	INZ000169235
Central Depository Services (India) Ltd.	DP-ID-23500	IN-DP-410-2019
SEBI Registered Research Analyst	-	INH000001329

Registered & Corporate Office Address:

Kalpataru Inspire, Unit 1, 8th Floor, Opp. Grand Hyatt Hotel, Santacruz (E), Mumbai - 400 055.

For any grievance/dispute please contact stock broker Sunidhi Securities & Finance Limited at the above address or Email Id: complaints.redressal@sunidhi.com | Website: www.sunidhi.com
Tel.: (+91-22) 66771777 | 43222777 | Fax: (+91-22) 66771775

In case not satisfied with the response, please contact the concerned exchange(s) at

NSE:	ignse@nse.co.in	022-26598191
BSE:	is@bseindia.com	022-22728097
MSEI:	investorcomplaints@msei.in	022-61129069
CDSL:	complaints@cdslindia.com	1800-21-09911
MCX:	grievance@mcxindia.com	022-67318888
NCDEX:	ig@ncdex.com	022-66406789

Compliance Officer Name: Mahesh Desai

Tel.: (+91-22) 66771777 / 43222777 | **Email:** maheshdesai@sunidhi.com

INDIVIDUAL CLIENT REGISTRATION FORM

Mr. / Ms. / M/s.: .....

PAN Number: | | | | | | | | | | |

E-mail : .....

Mobile No : | | | | | | | | | | |

Terminal Code / UCC Code: .....

CIN Number: .....

Branch: ..... **Group:** .....

Registration Date: D D M M Y Y Y Y

Instructions / Guidelines for filling Individual KYC Application Form

A. General Instructions:

1. Self-attestation of documents is mandatory.
2. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant 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 below list 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 addresses 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/OCI Card and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in 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.
12. country e.g., Head of State or of Government, senior politician, senior government/judiciary/military officer, senior executive of state owned corporation, important political party official, etc.

B. Proof of Identity (POI):

1. PAN card with photograph is mandatory for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
2. Original Verified Documents (OVD) are acceptable: Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving License Letter issued by NPR / NREGA job card.
3. If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
4. Mention identification / reference number if 'Z – Others (any document notified by the central government)' is ticked.
5. Others – Identity card with applicant's photograph issued by any of the following: Central/ State Government 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):

1. PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
2. Others includes – Utility bill which is not more than 3 months old of any service provider (electricity, landline telephone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India
3. Identity card/document with address issued by any of the following: Central/ State Government 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.
4. Self declaration of High courts/Supreme court judges, giving the new address in respect of their own accounts.
5. For FII/Sub account, Power of attorney given by FII/Sub account to the custodians (which are duly notarized and/or apostilled or consularized) that gives registered address should be taken.
6. Proof of address in name of spouse may be accepted.
7. Registered lease or Sale agreement/ Flat maintenance bill / Insurance copy/Ration card/Latest Property tax
8. Original Verified Documents (OVD) are acceptable: Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving License Letter issued by NPR / NREGA job card

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

1. Investments (including SIPs), in Mutual Fund schemes up to INR 50,000/- per investor per year per Mutual Fund.
2. Transactions undertaken on behalf of Central/State Government, by officials appointed by Courts, e.g., Official liquidator, Court receiver, etc.
3. Investors residing in the state of Sikkim.
4. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
5. In case of institutional clients, namely FIIs, MFs, VCFs, FVCIs, Scheduled commercial bank, Multilateral and Bilateral development financial institutions, State Industrial development corporations, insurance companies registered with IRDA and public financial institutions as defined under section 4A of the Company Act 1956, custodians shall verify the PAN card details with the original PANs and provide duly certified copies of such verified PAN details to the intermediary.

E. List of people authorized to attest the documents:

1. Authorized officials of Asset Management Companies (AMCs).
2. Authorized officials of Registrar & Transfer Agent (RTA) acting on behalf of the AMC.
3. KYC compliant mutual fund distributors affiliated to Association of Mutual Funds (AMFI) and have undergone the process of 'Know Your Distributor (KYD)'.
4. Notary Public, Gazette Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
5. 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.

INDEX OF DOCUMENTS

ACCOUNT OPENING KIT

MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI AND EXCHANGES			
Sr. No.	**Name of the Document**	**Brief Significance of the Documents**	**Page No.**
1	Know Your Customer (KYC) (Account opening form)	Document for capturing the basic information	1 - 6
2	Additional KYC for opening of a Demat Account	Document for capturing the basic information required for opening a Demat account.	7 - 11
3	Nomination Form for Demat Account	Document for capturing the details of the nominee.	12 - 13
4	Declaration for opting out of Nomination	Declaration for opting out of Nomination	14
5	Terms and Conditions - cum - Registration / Modification Form for receiving SMS alerts from CDSL	Documents stating the Terms and Conditions for receiving SMS alert from CDSL	15-17
6	Annexure for FATCA	Additional Information capturing details related to FATCA & CRS	18 - 19
7	Tariff Sheet for Depository Services	Document specifying the transaction charges and other charges to be levied to client.	20
8	Option form for Issue of DIS Booklet	Form for Issuance of Delivery Instruction Slip (DIS)	21
9	Acknowledgement from Client	Acknowledgement from Client of having received and understood the Mandatory Documents as prescribed by SEBI	22

VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER			
10	Self Declaration	Self Declaration to accept Common E-mail Id & Mobile No.	23
11	Authority for receiving digitally signed documents	Authority for receipt of DP Holding Statement, DP Transaction Statement etc. in Digital signed electronic form	24

MANDATORY DOCUMENTS IN SEPARATE BOOKLET AS PRESCRIBED BY SEBI		
12	Guidance Note	Do's and Don'ts for trading on exchange for education of investors
13	Policies and Procedures	Document describing significant policies and procedures of the stock broker
14	Rights and Obligations for opening Demat Account	Rights and Obligations of Beneficial Owner and Depository Participant
15	Investor Charter	Investor charter of DP

Signature of the Client

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual **Sole / First Holder**

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
☐ Name*(Same as Aadhaar)				
Maiden Name (If any*)				
Father / Spouse Name*				
Mother Name*				

Date of Birth* D D – M M – Y Y Y Y

PHOTO

Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender

Marital Status* ☐ Married ☐ Unmarried ☐ Others

Citizenship* ☐ IN- Indian ☐ Others (ISO 3166 Country Code)

Residential Status* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

Occupation Type* ☐ S-Service (☐ Private Sector ☐ Public Sector ☐ Government Sector) ☐ O-Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student) ☐ B-Business ☐ X- Not Categorised

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 <u>any one</u> of the following Proof of Identity [PoI] needs to be submitted)

☐ A- Passport Number Passport Expiry Date D D – M M – Y Y Y Y
☐ B- Voter ID Card
☐ C- PAN Card
☐ D- Driving Licence Driving Licence Expiry Date D D – M M – Y Y Y Y
☐ 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 <u>any one</u> 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 ☐ Simplified Measures Account - Document Type code

Address

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

District* 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 MinorName* ☐ 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 D D – M M – Y Y Y Y

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence Driving Licence Expiry Date D D – M M – Y Y Y Y

☐ 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 under t a k e to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : D D – M M – Y Y Y Y Place :

[Signature / Thumb Impression

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date D D – M M – Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

INSTITUTION DETAILS

Name

Code

Emp. Branch

[Institution Stamp]

In-Person Verification (IPV) Carried Out by

Date D D – M M – Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Institution Deatails

Name

Code

Emp. Branch

[Institution Stamp]

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.
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(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
☐ Name*(Same as Aadhaar)				
Maiden Name (If any*)				
Father / Spouse Name*				
Mother Name*				

Date of Birth* D D – M M – Y Y Y Y

PHOTO

Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender

Marital Status* ☐ Married ☐ Unmarried ☐ Others

Citizenship* ☐ IN- Indian ☐ Others (ISO 3166 Country Code)

Residential Status* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

Occupation Type* ☐ S-Service (☐ Private Sector ☐ Public Sector ☐ Government Sector) ☐ O-Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student) ☐ B-Business ☐ X- Not Categorised

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 D D – M M – Y Y Y Y
☐ B- Voter ID Card
☐ C- PAN Card
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☐ E- UID (Aadhaar)
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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 ☐ Simplified Measures Account - Document Type code

Address

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

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

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

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Fax – Email ID

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☐ Addition of Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* ☐ Guardian of MinorName* ☐ 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)

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[Signature / Thumb Impression

Signature / Thumb Impression of Applicant

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Documents Received ☐ Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date D D – M M – Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

INSTITUTION DETAILS

Name

Code

Emp. Branch

[Institution Stamp]

In-Person Verification (IPV) Carried Out by

Date D D – M M – Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Institution Deatails

Name

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Emp. Branch

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PHOTO

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Citizenship* ☐ IN- Indian ☐ Others (ISO 3166 Country Code)

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Signature / Thumb Impression

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ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)
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4. PROOF OF ADDRESS (PoA)*

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

Proof of Address* ☐ Passport ☐ Driving Licence ☐ UID (Aadhaar) ☐ Voter Identity Card ☐ NREGA Job Card ☐ Others ☐ Simplified Measures Account - Document Type code

Address

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

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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

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Line 3 City / Town / Village*

District* 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)

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Fax – Email ID

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☐ B- Voter ID Card

☐ C- PAN Card

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☐ 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 under t a k e to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : D D – M M – Y Y Y Y Place :

[Signature / Thumb Impression

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date D D – M M – Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

INSTITUTION DETAILS

Name

Code

Emp. Branch

[Institution Stamp]

In-Person Verification (IPV) Carried Out by

Date D D – M M – Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Institution Deatails

Name

Code

Emp. Branch

[Institution Stamp]

Additional KYC form for opening a Demat Account
(For Individuals)

First Holder

Sunidhi Securities & Finance Limited, Kalpataru Inspire, Unit 1, 8th Floor, Opp. Grand Hyatt Hotel, Santacruz (E), Mumbai - 400 055. CDSL Registration No: IN-DP-410-2019. SEBI Registration No.: INZ000169235	Application No.	
	Date	D D M M Y Y Y Y

DP Internal Reference No.																	
DP ID	1	2	0	2	3	5	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			
Sole/First Holder's Name		PAN	
		UID	
		UCC	
		Exchange Name & ID	
Second Holder's Name		PAN	
		UID	
Third Holder's Name		PAN	
		UID	
In case of Firms, Association of Person (AOP), Partnership Firm, Unregistered Trust etc., althrough the account is opened in the name of natural persons, the name of the Firm Association of Person (AOP), Partnership Firm, Unregistered Trust etc., should be mention here:			

Details of Guardian (in case the account holder is minor)	
Guardian's Name:	
Relationship with the applicant:	PAN No.

Type of Account (Please tick whichever is applicable)

Status	Sub-Status
Individual	☐ Individual Resident ☐ Individual-Director ☐ Individual Director Relative ☐ Individual HUF / AOP ☐ Individual Promoter ☐ Minor ☐ Individual Margin Trading Account A/C (MANTRA) ☐ Others (Specify) .....
NRI	☐ NRI Repatriable ☐ NRI Non-Repatriable ☐ NRI Repatriable Promoter ☐ NRI Non-Repatriable Promoter ☐ NRI Depository Receipts ☐ Others (Specify) .....
Foreign National	☐ Foreign National ☐ Foreign National - Depository Receipts ☐ Others (Specify) .....

Educational Qualification:	☐ Under Graduate	☐ Graduate	☐ Post Graduate	☐ Professional

Name of Employer (if employed) / Establishment (if self Employed / Business / Professional / Others)

Name of Employer / Establishment: ..... Designation: .....

Address: .....

City: ..... State: ..... Country: ..... Pin Code: .....

Phone No.: ..... Fax No.: .....

Account Statement Requirement: ☐ As per SEBI Regulation ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly
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 ☐ No
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 ☐ No
I/We request you to send Electronic Transaction-cum-holding Statement at the email ID ..... ☐ Yes ☐ No
I/We would like to share the email ID with RTA ☐ Yes ☐ No
I/We would like to receive the Annual Report ☐ Physical / ☐ Electronic / ☐ Both Physical and Electronic (Tick the applicable box. If not marked the default option would be physical)

Detail of any Action Taken / Proceedings initiated / Pending / Intiated by SEBI / Stock Exchange / Any Other Authority against the Applicant / Constituent or it's Partners / Promoters / Whole Time Directors / Authorised Persons in charge of dealing in securities during the last three years.
☐ No Action taken ☐ Action taken, Please Specify: .....

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 ☐ No

Bank Details (Dividend Bank Details)

Account Number																
IFS Code (11 Character)																
Bank Code (9 Digit MICR Code)																

Account Type	☐ Saving ☐ Current Others, Please Specify_____
Bank Name	
Branch Name	
Bank Branch Address	

City:		**State:**			**Country:**				**Pin code:**							

(I) Photocopy of the cancel cheque having the name of the account holder where the cheque book is issue, (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 options) ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document

Other Details Gross Annual Income Details	**Income Range Per Annum:** ☐ Up to Rs.1 Lakh ☐ Rs.1 Lakh - Rs.5 Lakhs ☐ Rs.5 Lakhs - Rs.10 Lakhs ☐ Rs. 10 Lakhs - Rs. 25Lakhs ☐ More than Rs. 25Lakhs Net worth Rs. _____ as on (Date) D D M M Y Y Y Y *(Net worth should not be older than one year)*

Occupation	☐ Private Sector ☐ Public Sector ☐ Govt. Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Student ☐ Retired ☐ Housewife ☐ Other please specify.....
Please tick, if applicable:	☐ Not Applicable ☐ Politically Exposed Person (PEP) ☐ Related to Politically Exposed Person (RPEP)
Any other information:	

SMS Alert Facility Refer to Terms & Conditions given as **Annexure - 2.4**	**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).	
EASI	To register for ***Easi*,** please visit our website www.cdslindia.com ***Easi*** allows a BO to view his ISIN balance, transactions and value of the portfolio online.	

Mode of operation for execution of transactions (Transfer, Pledge, & Freeze)	
☐ **JOINTLY**	☐ **ANYONE OF THE HOLDER**

Consent for communication to be received by first holder / all account holder
(tick the applicable box. If not marked default option would be first holder)

☐ First Holder	☐ All Holders	Email ID
	☐ Second Holder	
	☐ Third Holder	

I / We have received and read the Rights and 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			
Signature			

(Signature should be preferably in black ink)

Additional Details - Second Holder

Second Holder Name:

I understand that as per the guidelines prescribed by the SEBI, the client is required to share their financial information to the stock broker on periodic basis. In view of these guidelines, please find my financial details as mentioned below.

Income Range (Per Annum); (Tick where applicable)

☐ Up to Rs.1 Lakh ☐ Rs.1 Lakh - Rs.5 Lakhs ☐ Rs.5 Lakhs - Rs.10 Lakhs

☐ Rs. 10 Lakhs - Rs. 25Lakhs ☐ More than Rs. 25Lakhs

Net worth Rs. _____ as on (Date) D D M M Y Y Y Y

(Net worth should not be older than one year)

Occupation (Please tick ✓ any one and give brief details below):

☐ Private Sector ☐ Public Sector ☐ Govt. Service ☐ Business ☐ Professional

☐ Agriculturist ☐ Student ☐ Retired ☐ Housewife

☐ Other please specify.....

PEP (Politically Exposed Person) Declaration, Please tick ✓ in applicable
(For Defination of Politically Exposed Person, please refer guideline)

☐ Not Applicable

☐ Politically Exposed Person (PEP)

☐ Related to Politically Exposed Person (RPEP)

Details of any action taken / Proceeding Initiated / Pending / Initiated by SEBI / Stock Broker / any other authority against the applicant / Constituent or it's Partner / Promoters / Whole time Director / Authorised Persons in charge of dealing in the securities during the last three years.

☐ No Action Taken

☐ Action Taken

☐ Please give details if any: _____

_____

I / We have received and read the Rights and 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.

	Second Holder
Name	
Signature	

(Signature should be preferably in black ink)

Additional Details - Third Holder

Third Holder Name:

I understand that as per the guidelines prescribed by the SEBI, the client is required to share their financial information to the stock broker on periodic basis. In view of these guidelines, please find my financial details as mentioned below.

Income Range (Per Annum); (Tick where applicable)

☐ Up to Rs.1 Lakh ☐ Rs.1 Lakh - Rs.5 Lakhs ☐ Rs.5 Lakhs - Rs.10 Lakhs

☐ Rs. 10 Lakhs - Rs. 25Lakhs ☐ More than Rs. 25Lakhs

Net worth Rs. _____ as on (Date) D D M M Y Y Y Y

(Net worth should not be older than one year)

Occupation (Please tick ✓ any one and give brief details below):

☐ Private Sector ☐ Public Sector ☐ Govt. Service ☐ Business ☐ Professional

☐ Agriculturist ☐ Student ☐ Retired ☐ Housewife

☐ Other please specify.....

PEP (Politically Exposed Person) Declaration, Please tick ✓ in applicable
(For Defination of Politically Exposed Person, please refer guideline)

☐ Not Applicable

☐ Politically Exposed Person (PEP)

☐ Related to Politically Exposed Person (RPEP)

Details of any action taken / Proceeding Initiated / Pending / Initiated by SEBI / Stock Broker / any other authority against the applicant / Constituent or it's Partner / Promoters / Whole time Director / Authorised Persons in charge of dealing in the securities during the last three years.

☐ No Action Taken

☐ Action Taken

☐ Please give details if any: _____

_____

I / We have received and read the Rights and 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.

	Third Holder
Name	
Signature	

(Signature should be preferably in black ink)

Nomination Details - Opt in and Opt Out Form — Annexure - A

Sunidhi Securities & Finance Limited, Kalpataru Inspire, Unit 1, 8th Floor, Opp. Grand Hyatt Hotel, Santacruz (E), Mumbai - 400 055. CDSL Registration No.: IN-DP 410-2019. SEBI Registration No.: INZ000169235	**Nomination Form for Demat Accounts** (To be filled by individual applying singly or jointly)

Date	D	D	M	M	Y	Y	Y	Y	DP ID	1	2	0	2	3	5	0	0	Client ID								
UCC Code:																										

Mandatory Details

1. I / We wish to make nominations [as per details given below]
(You can nominate upto 3 persons)

	Details	1st Nominee	2nd Nominee	3rd Nominee
1	**Name of the nominee***			
2	**Relationship with the Applicant**			
3	**Date of Birth** (to be provided in case the nominee is a minor)			

2. I want the following nomination details to be printed in the account / holding statements (tick one of the boxes below):

☐ Name of the Nominee(s) .....

☐ Whether nomination given: Yes / No (not name of the nominee)

3. Optional details of nomination

	Details	1st Nominee	2nd Nominee	3rd Nominee
A	**% Share of nominee**** (equal share if % is not specified)			
B	**Mobile of nominee***** (Please note that the DP / MF RTA will be able to reach out to your nominee if you provide the contact details)			
C	**Email ID of nominee***** (Please note that the DP / MF RTA will be able to reach out to your nominee if you provide the contact details)			
C	**Specify Personal identifier document** ☐ Aadhaar (last four digit), PAN, Driving License, Passport ***			

**Any odd lot after division shall be transferred to the first nominee mentioned in the form.
*** The aforesaid details shall be optionally provided for the Guardian, in case of nominee is a minor.

4. Signature:

	Name(s) of holder(s)	Signature(s) of holder****
Sole / First Holder (Mr./Ms.)		
Second Holder (Mr./Ms.)		
Third Holder (Mr./Ms.)		

****If nomination is submitted:

Online: validate through Digital Signature Certificate or Aadhaar-based e-sign or by using any other e-sign facility recognized under Information Technology Act, 2000 or two factor authentication (2FA) in which one of the factors shall be a One-Time Password (OTP) sent to the registered mobile number and email address.

Physical / offline: wet signature (signature of witness shall not be required). However, if thumb impression (instead of wet signature) is affixed, then the same shall be witnessed by two persons and details of such witnesses (name and address) shall be duly provided in this form.

	Name of Witness (s)	Address of Witness (s)	Signature of Witness (s)
Witness 1 (Mr./Ms.)			
Witness 2 (Mr./Ms.)			

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

Note:

- Investors can provide, changes or cancel nominations any number of times.
- The signature of all the joint holders shall be obtained for providing / changing nomination regardless of mode of operations.
- This nomination shall supersede any prior nomination made by the investor(s), if any.
- Investors can change nomination any number of times.
- Investor have the right to receive acknowledgement of the nomination form for each instance of nomination / subsequent change.

Declaration for Opting-out of Nomination — Annexure - B

Sunidhi Securities & Finance Limited,
Kalpataru Inspire, Unit 1, 8th Floor, Opp. Grand Hyatt Hotel, Santacruz (E), Mumbai - 400 055.
CDSL Registration No.: IN-DP 410-2019.
SEBI Registration No.: INZ000169235

Date: D D M M Y Y Y Y

DP ID	1	2	0	2	3	5	0	0

Client ID								

I hereby confirm that I do not wish to appoint any nominee(s) to my demat at this point of time.

I understand that –

1. The nomination helps to quickly identify the person for transfer of securities and helps in faster and smoother transmission of my securities to my legal heir(s) after my demise.
2. In the absence of a nomination, my legal heir(s) may require the submission of certain additional legal or court-issued documents which may delay the process of transmission of securities to my legal heir(s).
3. If no claim is made on the demat account for a prolonged period after my demise, the holdings may be treated as unclaimed assets and they may be transferred to Investor Education and protection Fund Authority (IEPF) in accordance with the applicable regulatory framework.

I confirm that I have understood the above implications and that my decision to opt out of nomination is voluntary.

Name and Signature of Holder(s)*

Name of Sole / First Holder:	Name of Second Holder:	Name of Third Holder:
Signature:	Signature:	Signature:

Details of witness

Name of witness	
Address of witness	
Signature of witness	

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

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

(Annexure 2.4 of Operating Guidelines)
[SMS Alerts will be sent by CDSL to BOs for all Debits]

Definitions:

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

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. Towers, 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 services may be discontinued for a specific period / indefinite period, with or without issuing any prior notice for the purpose of security reasons or system maintenance or for such other reasons as may be warranted. The depository may also discontinue the service at any time without giving prior notice for any reason whatsoever.
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 the service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
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 service depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.
4. The BO further acknowledges that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/ or inaccuracy. In case the BO observes any error in the information provided in the alert, the BO shall inform the depository and/ or the DP immediately in writing and the depository will make best possible efforts to rectify the error as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred/ suffered by the BO on account of opting to avail SMS alerts facility.

5. The BO authorizes the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity.
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.**
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 underlay 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 charge such fees from time to time as it deems fit for providing this service to the BO.

Disclaimer:

The depository shall make reasonable efforts to ensure that the BO's personal information is kept confidential. The depository does not warranty the confidentiality or security of the SMS alerts transmitted through a service provider. Further, the depository makes no warranty or representation of any kind in relation to the system and the network or their function or their performance or for any loss or damage whenever and howsoever suffered or incurred by the BO or by any person resulting from or in connection with availing of SMS alerts facility. The Depository gives no warranty with respect to the quality of the service provided by the service provider. The Depository will not be liable for any unauthorized use or access to the information and/ or SMS alert sent on the mobile phone number of the BO or for fraudulent, duplicate or erroneous use/ misuse of such information by any third person.

Liability and Indemnity:

The Depository shall not be liable for any breach of confidentiality by the service provider or by any third person due to unauthorized access to the information meant for the BO. In consideration of the depository providing the service, the BO agrees to indemnify and keep safe, harmless and indemnified the depository and its officials from any damages, claims, demands, proceedings, loss, cost, charges and expenses whatsoever which a depository may at any time incur, sustain, suffer or be put to as a consequence of or arising out of interference with or misuse, improper or fraudulent use of the service by the BO.

Amendments:

The depository may amend the terms and conditions at any time with or without giving any prior notice to the BOs. Any such amendments shall be binding on the BOs who are already registered as user of this service.

Governing Law and Jurisdiction:

Providing the Service as outlined above shall be governed by the laws of India and will be subject to the exclusive jurisdiction of the courts in Mumbai.

I/We wish to avail the SMS Alerts facility provided by the depository on my/our mobile number provided in the registration form subject to the terms and conditions mentioned below. **I/ We consent to CDSL providing to the service provider such information pertaining to account/transactions in my/our account as is necessary for the purposes of generating SMS Alerts by service provider, to be sent to the said mobile number.**

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

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

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

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

BO ID : | | | | | | | | | | | | | | | | | |

(Please write your 8 Digit DPID) *(Please write your 8 Digit Client ID)*

Sole / First Holder Name : .....

Second Holder Name : .....

Third Holder Name : .....

Mobile Number : **+91** | | | | | | | | | | |
(On which messages are to be sent)

The Mobile Number is registered in the name of : .....

Email ID : .....

*(Please write **ONLY ONE VALID EMAIL ID** on which communication; if any, is to be sent)*

Signature	**First Holder**	**Second Holder**	**Third Holder**
	.....	.....	.....

Place: .....

Date: D D M M Y Y Y Y

This space is intentionally kept blank

FATCA Annexure for Individual Accounts

Mandatory

Details under FATCA and CRS (see instructions)

(Please consult your professional tax advisor for further guidance on your tax residency, if required)

DP ID | 1 | 2 | 0 | 2 | 3 | 5 | 0 | 0 | Client ID | | | | | | | | | Client Code: .....

Particulars	1st Holder	2nd Holder	3rd Holder
Name			
Pan			
Nationality			
City of Birth			
Country Of Birth			
Occupation			

Tax residence declaration – tick any one, as applicable to you:

☐ I am a tax resident of India and not resident of any other country

Or

☐ I am a tax resident of the country/ies mentioned in the table below

Particulars	Country[#]	Tax Identification Number[%]	Identification Type (TIN or Other[%], please specify)
1st Holder			
2nd Holder			
3rd Holder			

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

[%] In case Tax Identification Number is not available, kindly provide functional[$] equivalent

Certification

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

Place: ..... **Date:** D D M M Y Y Y Y

F14 XX First Holder Signature

F14 XX Second Holder Signature

F14 XX Third Holder Signature

FATCA Terms and Conditions

Details under FATCA-CRS / Foreign Tax Laws: Towards compliance with tax information sharing laws, such as FATCA and CRS, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Towards compliance with such laws, 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 or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

FATCA-CRS Instructions

If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Please note that you may receive more than one request for information if you have multiple relationships with Sunidhi Securities & Finance Limited. or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA/ CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS indicia
U.S. place of birth	1. Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport or any non-US government issued document **evidencing nationality or citizenship** (refer list below); **AND** 3. **any one** of the following documents: a. Certified Copy of "Certificate of Loss of Nationality or b. Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
Residence/mailing address in a country other than India	1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; **and** 2. Documentary evidence (refer list below)
Telephone number in a country other than India	***If no Indian telephone number is provided*** 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; **and** 2. Documentary evidence (refer list below) ***If Indian telephone number is provided along with a foreign country telephone number*** 1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; **OR** 2. Documentary evidence (refer list below)
Standing instructions to transfer funds to an account maintained in a country other than India	1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; **and** 2. Documentary evidence (refer list below)
Power of attorney/ signatory authority granted to a person with address in a country other than India	1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below)

List of acceptable **documentary evidence** needed to establish the residence(s) for tax purposes:

1. Certificate of residence issued by an authorized government body*
2. Valid identification issued by an authorized government body* (e.g. Passport, National Identity card, etc.)

**** Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.***

Annexure - A

MANDATORY

Tariff for Depository Services (Please select one of the schemes)

Services	Basic Service Demat Account (BSDA) (Rs.)	Normal Demat Account		
Annual Maintenance Charge	1) Nil for holding upto Rs. 400,000/- 2) Rs. 100/- for holding between Rs. 400,001/- to Rs. 10,00,000/- for any day during the year	**Scheme A**	**Scheme B**	**Scheme for NRI**
		Rs. 300/-	Rs. 1000/-	Rs. 300/-
Instructions (Debit) (Delivery Transaction)	**0.03%** (Min. Rs. 8/- & Max. Rs. 20/-)	**0.03%** (Min. Rs. 8/-) & Max. Rs. 20/-)	**0.02%** (Min. Rs. 8/-) & Max. Rs. 20/-)	**0.05%** (Min. Rs. 20/-)
Pledge Creation	Rs. 15/-	Rs. 15/-	Rs. 15/-	Rs. 15/-
Dematerialisation	**Rs. 5/- per certificate & Rs. 50/- Postal charges per demat request**			
Rematerialisation	**Rs. 25/- per certificate**	**Rs. 25/- per certificate**		
Pledge Invocation	**Rs. 15/- per PSN**	**Rs. 15/- per PSN**		
Pledge Closure	**Rs. 15/- per PSN**	**Rs. 15/- per PSN**		

I have observed and understood the Depository Tariff structure for Basic Service Demat Account (BSDA) and Normal Demat Account. Hence I undertake as follows :

☐ **I Wish to opt for BSDA**

☐ **I do not wish to opt for BSDA**

Client Signature

Statements :

- **Client holding statement will be provided on quarterly basis, if client has not done any transaction during that quarter.**
- **Charges / Service standards are subject to revision as per CDSL and SEBI guideline and will be informed by circulars sent by ordinary post or E-mail.**
- **Value of transactions will be in accordance with the rates provided by CDSL.**
- **Financial Year i.e. April 01 to March 31 will be considered for Annual Maintenance Charges. Transaction Charges will payable monthly. Charges quoted are for services listed. Any service not quoted will be charged separately.**
- **All instruction for transfer must be received at the designated office(s) of DP at least 24 hours before the execution date or the pay-in deadline. Any instruction receive beyond the specified time limit would be executed on best effort basis and DP won't be responsible for any kind of failure or non-execution of those trades.**
- **Non-payment of bills within time limit will attract penal interest of 13% per annum of the bill is not paid after 1month of the due date the DP Account will be suspended temporarily till the bill is paid.**
- **Incase of Corporate Account CDSL Annual maintenance charge of Rs. 500 (Pro-rata) will be charged.**

First/Sole Holder	Second Holder	Third Holder

For Office Use Only				
Client Categorizations (Based on declaration of the Financial portfolio of client)				
Tick whichever applicable				
Categories	**High**	**Low**	**Medium**	**Special**

OPTION FORM FOR ISSUE OF DIS BOOKLET

Date: D D M M Y Y Y Y

DP ID									Client ID								
First Holder Name																	
Second Holder Name																	
Third Holder Name																	

To,
Sunidhi Securities & Finance Limited,
Kalpataru Inspire, Unit 1, 8th Floor, Opp. Grand Hyatt Hotel,
Santacruz (E), Mumbai - 400 055.

Dear Sir / Madam,
I / We hereby state that: [Select one of the options given below]

☐ **OPTION 1:**
I / We require you to issue Delivery Instruction Slip (DIS) booklet to me / us immediately on opening my / our CDSL account though I / we have issued a Power of Attorney (POA) / registered for eDIS / executed PMS agreement in favour of / with _____ (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for settling stock exchange trades [settlement related transactions] effected through such Power of Attorney holder - Clearing Member / by PMS manager for executing delivery instructions through eDIS.

Yours Faithfully

	First Holder Name	Second Holder Name	Third Holder Name
Name			
Signature			

OR

☐ **OPTION 2:**
I / We do not require the Delivery Instruction Slip (DIS) booklet for the time being, since I / We have issued a POA/ registered for eDIS / executed PMS agreement in favour of/with _____ (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for setting stock exchange trades [settlement r elated transactions] effected through such Power of Attorney Holder - Clearing Member / by PMS manager or for executing delivery instructions through eDIS. However, the Delivery Instruction Slip (DIS) booklet should be issued to me / us immediately on my / our request at any later date.

Yours Faithfully

	First Holder Name	Second Holder Name	Third Holder Name
Name			
Signature			

(Please Tear Here)

Acknowledgment Receipt

Received OPTION FORM FOR ISSUE / NON ISSUE OF DIS BOOKLET FORM

DP ID									Client ID								
First Holder Name																	
Second Holder Name																	
Third Holder Name																	

Depository Participant Seal and Stamp

Mandatory

Date: D D M M Y Y Y Y

To,
Sunidhi Securities & Finance Limited.
Regd. Office: Kalpataru inspire, Unit 1, 8th Floor, Santacruz (E), Mumbai - 400 055

Dear Sir,

Subject: KYC Document Booklet & Declaration for opening Trading and Depository Account

1. I/we have furnished all the details required in the KYC form as per SEBI/Exchange/DP requirements, I confirm having read/been explained and understood the contents of the KYC documents which are provided to me in separate booklet. The KYC document booklet includes the following:
   a) Guidance note detailing Do's and Don'ts for trading in the Stock Exchanges
   b) Policies and Procedures as prescribed by SEBI)
   c) Rights and obligation of Beneficial Owner and Depository participant as prescribed by SEBI and Depositories to clients
   d) Investor Charter of DP
2. I / we understand and agree that any amendment/modifications as required by the exchanges / DP and / or regulators will be applicable to me at all point of time.
3. I / we understand that the KYC document booklet is in accordance of the exchanges and / or SEBI / DP requirements applicable for opening DP account.
4. I / we have received the booklet with above mentioned contents.
5. I / we 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 termination and suitable action..
6. I / we confirm having read/been explained and understood the contents of documents in policy and procedure, Rights and obligations documents, and demat tariff sheet and 1/we do hereby agree to bound by such provisions as outlined in these documents. I/we have also been informed that a standard set of documents has been displayed for information on Stock Broker's / Depository Participant's designated website.
7. I / we have received and read copy of all above documents and agree to abide by the same and by the bylaws and all rules and regulations as in force from time to time.
8. I / We also agree to furnish such other information and/or documents as and when you and/or the Exchanges and/or the SEBI may require from me/us. I/We agree that if I/We fail to give such information, you shall have the right to cancel my/our registration and debar me/us from doing business both in the Capital Market (Cash) and Derivative Market (F&O)/Currency and Mutual Fund Segment of the Exchanges. I/We am/are aware that I/we may be held liable for the appropriate action.
9. As I/we have submitted my/our address with P.O Box No. as Permanent and/or Correspondence address hence I/we hereby undertake to provide our new residential address to Sunidhi Securities and Finance Ltd. whenever there is a change in my/our residential address (Applicable for NRI Clients).
10. I / We hereby declare that / We have complied with, and will continue to comply with FEMA regulations and other applicable laws as per the requirement. (Applicable only for NRI clients)

XX ☞		XX ☞		XX ☞	
	*First Holder Signature		**Second Holder Signature		**Third Holder Signature

Self-Declaration

To,
Sunidhi Securities & Finance Limited,
Kalpataru Inspire, Unit 1, 8th Floor, Opp. Grand Hyatt Hotel,
Santacruz (E), Mumbai - 400 055.

Dear Sir,

Sub: Self-Declaration to accept common E-Mail ID and Mobile Number in my KYC.

I/we hereby request Sunidhi Securities & Finance Ltd. to accept common E-Mail ID and Mobile Number in my / our KYC as it is being commonly used by me / us under the following conditions prescribed by exchange.

TRADING CODE	DEMAT No.	CLIENT NAME	MY / OUR MOBILE NO.	MY / OUR EMAIL ID

(A) This said Mobile No. / Email ID is belong to my / our family member
Family member who include:

☐ Self ☐ Spouse
☐ Dependent Children ☐ Dependent Parents

(B) Non-individual account: Mobile no. and / or Email id of the authorised person held by the said authorised person in his / her individual capacity. ☐

I / We hereby state and the information provide above are true and correct in all respect and if it is found untrue or false, I/we held responsible personally for the same. It shall be my/our responsibility to receive and read the communications sent by Sunidhi Securities & Finance Ltd. on the said id and / or mobile number.

I / we agree to indemnify and keep Sunidhi Securities & Finance Ltd. always indemnifies from and against all costs, charges, damages, penalties (including reasonable attorney fees) suffered and / or incurred by Sunidhi Securities & Finance Ltd. for any act done or omitted to be done by me / us on the above declaration.

Yours Faithfully,

Signature of the applicant / Authorised Signatory

Date D D M M Y Y Y Y

Voluntary Documents

To,

Sunidhi Securities & Finance Limited,

Kalpataru Inspire, Unit 1, 8th Floor, Opp. Grand Hyatt Hotel,
Santacruz (E), Mumbai - 400 055.

Subject: Authority for receipt of DP Holding Statement, DP Transaction Statement etc. in Digital signed electronic form.

☐ YES ☐ NO

A. I/we agree to receive DP Holding Statement, DP Transaction Statement or any other statement/communication by you relating to my DP account with you in Digital form at the email Id duly registered with you as per the below mentioned terms and conditions.

B. I/We confirm that once you have sent the said documents/statements at my/ our E-mail Id registered with you, you may treat the same as received by me/us.

C. I/We confirm that non-receipt of bounced mail notification shall amount to delivery of the documents/statements to me/us at the e-mail registered with you.

D. My/ours non verification or non-accessing of my/ our e-mail Id on regular basis shall not be a reason of dispute at any point of time.

E. I/We hereby confirm that any change in E-mail Id will be communicated through Modification form (for change in E-mail Id). However, If I/we am/are Internet Client then in that event the request for change in email (ID's) can be made by me/us through a secured access using specific user ID and password.

F. I/We further state and submit that in case of any query / grievance I/we shall intimate you in writing within 24 hours of receipt of the any of the aforesaid statement at your designated e-mail ID: dp@sunidhi.com.

DATE | D | D | M | M | Y | Y | Y | Y |

Clients Signature

Documents Forming part and parcel of KYC kit

- ❑ Rights & Obligations
- ❑ Guidance Note - Do’s and Don't’s
- ❑ Policies & Procedures
- ❑ Investor Charter for DP
- ❑ Instructions / Check List

Sunidhi

Securities & Finance Limited

CIN No.: U67190MH1985PLC037326