



# Central Depository Services (India) Limited

Convenient + Dependable + Secure

COMMUNIQUE TO DEPOSITORY PARTICIPANTS

CDSL/OPS/DP/1905

February 26, 2010

## CDSL's *easiest* FACILITY - NEW FEATURES FOR REGISTERED USERS

CDSL is pleased to announce that new features have been incorporated in the *easiest* – “**Account of Choice**” facility for registered users. Details of the new features are given below:

### Individual Beneficiary Owner:

Existing <i>easiest</i> Facility	Upgraded <i>easiest</i> facility
<p><b><u>Individual Users</u></b></p> <p>Individual users are required to obtain an e-token (digital signature) for using CDSL's <i>easiest</i> – <b>Account of Choice</b> facility.</p> <p>If the user has multiple demat accounts, separate e-tokens are required to be obtained for each account even though the entity in these accounts is the same.</p> <p>The documents required to be submitted to register for <i>easiest</i> – <b>Account of Choice</b> facility are as follows:</p> <ol style="list-style-type: none"><li>1. TCS Certificate Request Form – Annexure-1</li><li>2. CDSL's <i>easiest</i> Registration Form – Annexure-2</li><li>3. Attested copies of Applicant's address proof and photo-identity proof as specified in the document checklist – Annexure-3</li></ol>	<p><b><u>Individual Users</u></b></p> <p>Individual users are required to obtain an e-token (digital signature) for using CDSL's <i>easiest</i> – <b>Account of Choice</b> facility.</p> <p>If the user has multiple demat accounts with the same combination of names, the user will be able to operate the accounts through a single e-token i.e. the user will use <b>a single e-token</b> for all the logins.</p> <p>Additional documents required to be submitted for availing the new single e-token facility are as follows:</p> <ol style="list-style-type: none"><li>1. CDSL's <i>easiest</i> Registration Form – Annexure-2 (to be submitted to the DP).</li><li>2. Additional Account Form for usage of Digital Signature Certificate – User Type – Individual – Annexure-4 (to be submitted to CDSL)</li></ol>



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## COMMUNIQUE TO DEPOSITORY PARTICIPANTS

Existing <i>easiest</i> Facility	Upgraded <i>easiest</i> facility
<p><b><u>Corporate Beneficial Owner (CBO)</u></b></p> <p>In case the CBO has multiple demat accounts, separate e-tokens are required to be obtained for each account even though the authorized signatory in the accounts is the same.</p> <p>The documents required to be submitted to register for <i>easiest</i> – <b>Account of Choice</b> facility are as follows:</p> <ol style="list-style-type: none"><li>1. TCS Certificate Request Form – Annexure-5</li><li>2. TCS Letter of Authority – Annexure-6</li><li>3. CDSL's <i>easiest</i> Registration Form – Annexure-7</li><li>4. Attested copies of the applicant's address proof and photo-identity proof as specified in the document checklist – Annexure-8</li></ol>	<p><b><u>Corporate Beneficial Owner (CBO)</u></b></p> <p>In case the CBO has multiple demat accounts with the same combination of names and with the same authorized signatory, all the accounts can be operated through a single e-token i.e. the user will use <b>a single e-token</b> for all the logins.</p> <p>The documents required to be submitted for availing the single e-token facility are as follows:</p> <ol style="list-style-type: none"><li>1. CDSL's <i>easiest</i> Registration Form – Annexure-7 (to be submitted to the DP)</li><li>2. Additional Account Form for usage of Digital Signature Certificate – User Type – Individual – Annexure-9 (to be submitted to CDSL).</li></ol>
<p><b><u>Clearing Member (CM)</u></b></p> <p>CMs are required to undertake exchange-wise registration for operating their CM accounts. Moreover, separate registration is required for operation of the CM's Ben / Margin accounts. Hence, multiple e-tokens are required for operation of CM accounts (exchange-wise) and Ben accounts.</p> <p>The documents required to be submitted to register for <i>easiest</i> – <b>Account of Choice</b></p>	<p><b><u>Clearing Member (CM)</u></b></p> <p>CMs can avail the facility of a single e-token for multiple logins (of their CM, Ben and Margin accounts) provided the name in all these accounts is the same.</p> <p>Additional documents required to be submitted for availing the single e-token</p>



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## COMMUNIQUÉ TO DEPOSITORY PARTICIPANTS

Existing <i>easiest</i> Facility	Upgraded <i>easiest</i> facility
facility are as follows:  Individual CM : Annexure-1 to Annexure-3  Corporate CM: Annexure-5 to Annexure-8	facility are as follows:  1. Individual CM: Annexure-2 (to be submitted to the DP) Annexure-4 (to be submitted to CDSL)  2. Corporate CM: Annexure-7 (to be submitted to the DP) Annexure-9 (to be submitted to CDSL)

### Additional grouping facilities for Clearing Members (CMs) for upload:

1. A CM can group the logins of CM accounts, of all stock exchanges, through CDSL.
2. A CM can also request CDSL to group his Ben / Margin Accounts.
3. A CM can also request CDSL to delete his Ben / Margin Accounts.
4. After CDSL groups the accounts, the CM can upload transactions through a single login meant for either CM accounts and/or Ben accounts.
5. Since the upload for all the CM and Ben accounts are available through a single login (after being grouped by CDSL), the upload facility will be removed from the remaining logins i.e. main login will have upload rights while the other logins will have online transaction setup rights.
6. The CM's Ben / Margin accounts will continue to enjoy benefits of upload and online transaction set up.
7. Under the CM login on CDSL's website, a separate link is provided to view the CM's grouped accounts. This is in addition to the link that is already provided therein i.e. Edit Grouping.

### Documents to be submitted for availing the upgraded *easiest* facility:

To facilitate the mapping of additional logins to the main login, CMs should submit to CDSL, the **Request Letter for Mapping of Additional Logins** [see Annexure-10].

As the approval of addition/removal of logins and/or accounts is with CDSL, users are advised to note that the same will become effective from the next working day (that is, the day on which CDSL authenticates the requests) after 9.00 A.M.



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## COMMUNIQUÉ TO DEPOSITORY PARTICIPANTS

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A CM can also request CDSL to map his Ben / Margin account(s) that are not registered for **easiest** and avail of the upload facility through these unregistered accounts.

Queries regarding this communiqué may be addressed to:

- ☐ **CDSL – Operations** (*easi*-admin desk) Shelma D'Souza (022) 2272-8667, Rupali Kinalekar (022) 2272-8648, Umesh Kambli (022) 2272-8335 or Sanjay Mhatre (022) 2272-8612 or (022) 2272-1262. Emails may be sent to: [shelmad@cdslindia.com](mailto:shelmad@cdslindia.com) or [rupalik@cdslindia.com](mailto:rupalik@cdslindia.com) or [umeshk@cdslindia.com](mailto:umeshk@cdslindia.com) or [sanjaym@cdslindia.com](mailto:sanjaym@cdslindia.com).
  
- ☐ **CDSL – Helpdesk** on (022) 2272-8642, 2272-8427, 2272-8624, 2272-8693, 2272-8625, 2272-8639, 2272-8663, 2272-1261, 3246-2767, 2272-2075. Emails may be sent to: [helpdesk@cdslindia.com](mailto:helpdesk@cdslindia.com).

sd/-

**Ramkumar K.**  
**Vice President – Operations**



Telephone No.

Fax

Mobile Phone No.

**B. Office Address**

Name of Organisation

Flat/Door/Block No.

Name of Premises/  
Building/Village

Road/Street/Post Office

Area/Locality/Taluka  
Sub-Division

Town/City/District

State/Union Territory

Pin

Telephone No.  --   
Area Code Telephone No.

Fax  --   
Area Code Fax No.

**ADDRESS FOR COMMUNICATION \***

(Tick as applicable)

Residential Address

Office Address

**E-MAIL ADDRESS \***

**FATHER'S NAME \***

Last Name/Surname



**VOTER'S IDENTITY CARD NO. #**

**INCOME TAX PAN NO. #**

**TYPE OF DIGITAL CERTIFICATE REQUIRED \* (Please tick)**

Signing Certificate (Single Key pair)   
(This can be used for signing and/or encryption)

**ANY OTHER DETAILS**

Date

Signature of the Applicant

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**To be filled by the DP**

The above details have been verified and found to be correct.

Signature of Authorised Signatory of DP  
Authorised Signatory Name:  
Authorised Signatory Designation:  
Date:

Seal:

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**To be filled by TCS – RA Office (CDSL)**

The above details have been verified and found to be correct.

Signature of RA Office  
Name:  
Date:  
Seal:


**Central Depository Services (India) Ltd. (CDSL)**

 17<sup>th</sup> Floor, Phiroze Jeejeebhoy Towers, Dalal Street,  
Fort, Mumbai – 400 001.

Telephone: (022) 2272-3333 Fax: +91-022-2272-3199

 Website: <http://www.cdslindia.com>


**e**lectronic **a**ccess to **S**ecurities **i**nformation and **e**xecution of **S**ecured **t**ransactions (**easiest**)

**Registration Form - Beneficial Owner [BO] / Clearing Member [CM]**

Name of the Beneficial Owner(s) / Clearing Member (CM)	1.											
	2.											
	3.											
DPID						Client ID						
User Name												
DP Name												
DP Address												
Email Address of the BO/CM												
Tel. No. [with STD code]												
Transfer option				Trusted A/c		Account of choice						
Details of Trusted A/c ( Submit the under taking from Trusted a/c holders as per format attached, applicable only if Trusted A/c option is selected)												
No.	DPID						Client ID					
1.												
2.												
3.												

I/We would like to register above-mentioned account for the **easiest** service. I/We hereby agree to the terms and conditions I/we have read earlier for availing the said service.

Date \_\_\_/\_\_\_/\_\_\_\_\_

Place \_\_\_\_\_

Signature(s)

<b>First Holder</b>	<b>Second Holder</b>	<b>Third Holder</b>

(To be filled up by the DP)

This is to certify that

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

are maintaining BO Account no. \_\_\_\_\_ with us. We have verified the signatures of the said account holders and they match with the specimen signatures as per our records.

Date \_\_\_/\_\_\_/\_\_\_\_\_

Place \_\_\_\_\_

Authorized Signatory &amp; Stamp of DP: \_\_\_\_\_

### DOCUMENT CHECKLIST FOR INDIVIDUAL TYPE OF CERTIFICATE

The following is a list of the supporting documents that you need to submit along with the Certificate Request Form.

Sr. No.	Particulars	Proof/Checklist	Status
1	Applicant Identification Document (Attested photo copy)	Passport	
		<b>or</b> Voter ID	
		<b>or</b> PAN Card	
2	Individual Bank Details (Attested photo copy)	Statement of the Applicant's Bank Account provided by the Bank	
3	Proof of Permanent Residential Address <i>(needed only if PAN details are submitted for Applicant Identification)</i> (Attested photo copy)	Ration Card	
		<b>or</b> Driver's License	
4	Proof for Date of birth for the Applicant <i>(needed only if Voter ID was furnished as Applicant identification.)</i> (Attested photo copy)	Driver's License	
		<b>or</b> High School Certificate	
5	<b>Certificate Request Form</b> - Duly filled in		

***The Certificate Request Form and the documents mentioned in the checklist have to be forwarded to your DP:***

**ADDITIONAL ACCOUNT FORM (Individual)  
FOR USAGE OF DIGITAL SIGNATURE CERTIFICATE**

**Annexure – 4**

Date: \_\_/\_\_/\_\_\_\_\_

To:

**DP Name** : \_\_\_\_\_

**DP ID** : \_\_\_\_\_

We have subscribed to CDSL's *easiest* facility with **Account of Choice** and have opted for Digital Signature with the following details:

1. Name of Individual : \_\_\_\_\_
2. Email Address : \_\_\_\_\_
3. Login Name : \_\_\_\_\_
4. Address : \_\_\_\_\_  
\_\_\_\_\_
5. Telephone No. : \_\_\_\_\_
6. Mobile No. : \_\_\_\_\_

**Existing E token Details**

1. Certificate Serial No. : \_\_\_\_\_
2. E Token Serial No. : \_\_\_\_\_
3. Date of Issue : \_\_\_\_\_

We hold the following BO accounts with CDSL and hereby declare that these accounts are held in the same name. We would like to use **one digital signature** for transacting in all the logins of these accounts. The login IDs for of the accounts registered for the *easiest* facility are as under:

<b>BOLD</b>	<b>Name of the Account</b>	<b>Easiest Login Name</b>

**ADDITIONAL ACCOUNT FORM (Individual)  
FOR USAGE OF DIGITAL SIGNATURE CERTIFICATE**

**Annexure – 4**

<b>BOID</b>	<b>Name of the Account</b>	<b>Easiest Login Name</b>

**Declaration**

The rules and regulations pertaining to CDSL's *easiest* facility which are in force have been read and understood by me/us and I/we agree to abide by and to be bound by the same. I/We declare that the account details given above indeed belong to me/us. Any Changes in the details of the account/Digital Signature Certificate {DSC} will be intimated to CDSL through the DP and existing the DSC will not be used. At the time of renewal of the DSC, I/we declare that the details will be furnished again to CDSL through the DP.

<b>Sr. No.</b>	<b>Name of Signatory</b>	<b>Signature</b>

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**For Office Use Only [DP]**

(Not to be filled up by the applicant)

The applications form is verified with the details of the beneficial owner(s) accounts and we certify that the same are in order.

**Name of Authorized Signatory:** \_\_\_\_\_

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

(DP stamp & Date)

**For Office Use Only [CDSL]**

Checked by Help Desk Official : \_\_\_\_\_

Authenticated by Manager (Operations) : \_\_\_\_\_

Approved by Vice President (Operations): \_\_\_\_\_



Fax

Web Page URL, if any

Nature of Business

Company Income Tax PAN No.

**DETAILS OF APPLICANT \***

**FULL NAME \***

Last Name/ Surname

First Name

Middle Name

**ADDRESS**

Flat/ Door/ Block No.

Name of Premises/ Building/ Village

Road/ Street/ Post Office

Area/ Locality/ Taluka Sub-Division

Town/ City/ District

State/ Union Territory

Pin

Telephone No.

Fax

Mobile Phone No.

Nationality

Visa details, in case of Foreign Nationals

**PASSPORT DETAILS #**

Passport No.

Passport Issuing Authority

Passport Expiry Date

**VOTER'S IDENTITY CARD NO. #**

**INCOME TAX PAN NO. #**

**E-MAIL ADDRESS**

**TYPE OF DIGITAL CERTIFICATE REQUIRED \* (Please tick)**

Signing Certificate (Single Key pair)   
*(This can be used for signing and/ or encryption)*

**ANY OTHER DETAILS**

Date

Signature of the Applicant

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**To be filled by the DP**

The above details have been verified and found to be correct.

Signature of Authorised Signatory of DP  
Authorised Signatory Name:  
Authorised Signatory Designation:  
Date:

Seal:

---

**To be filled by TCS - RA Office (CDSL)**

The above details have been verified and found to be correct.

Signature of RA Office  
Name:  
Date:

Seal:

**TCS –CERTIFYING AUTHORITY Certificate**

**LETTER OF AUTHORITY**

I, \_\_\_\_\_ (Authorized Signatory's name), in the capacity of \_\_\_\_\_ (Authorized Signatory's Designation) of \_\_\_\_\_ (Company/Government Institution's name), authorize \_\_\_\_\_ (Subscriber's Name) whose signature is attested below to carry out all the necessary formalities on behalf of \_\_\_\_\_ (Company/Government Institution's name) for the application of Class-2 Digital Signature Certificate with the validity period of one year.

\_\_\_\_\_  
**Signature and Designation  
of Authorized Signatory  
with Company Seal**

\_\_\_\_\_  
**Signature and Designation  
of the Subscriber**

\_\_\_\_\_  
**Signature and Designation  
of Authorized Signatory  
with Company Seal**



## Central Depository Services (India) Ltd. (CDSL)

17<sup>th</sup> Floor, Phiroze Jeejeebhoy Towers, Dalal Street,  
Fort, Mumbai – 400 001.

Telephone: (022) 2272-3333 Fax: +91-022-2272-3199

Website: <http://www.cdslindia.com>



**electronic access to Securities information and execution of Secured transactions (easiest)**

### Registration Form - Clearing Member BO/CM

Name of the Beneficial Owner(s) / Clearing Member (CM)	1.							
	2.							
	3.							
<b>DPID</b>				<b>Client ID</b>				
User Name								
DP Name								
DP Address								
Email Address of the BO/CM								
Tel. No.								
Transfer option				Trusted A/c		Account of choice		
Details of Trusted A/c ( Submit the under taking from Trusted a/c holders as per format attached, applicable only if Trusted A/c option is selected)								
<b>No.</b>	<b>DPID</b>				<b>Client ID</b>			
1								
2								
3								

I/We would like to register above-mentioned account for the **easiest** service. I/We hereby agree to the terms and conditions I/we have read earlier for availing the said service.

Date \_\_\_ / \_\_\_ / \_\_\_\_\_

Place \_\_\_\_\_

Signature(s)

<b>First Holder</b>	<b>Second Holder</b>	<b>Third Holder</b>

(To be filled up by the DP)

This is to certify that:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

are maintaining BO Account no. \_\_\_\_\_ with us. We have verified the signatures of the said account holders and they match with the specimen signatures as per our records.

Date \_\_\_ / \_\_\_ / \_\_\_\_\_

Place \_\_\_\_\_

Authorized Signatory & Stamp of DP: \_\_\_\_\_

### DOCUMENT CHECKLIST FOR COMPANY TYPE OF CERTIFICATE

The following is a list of the supporting documents that you need to submit along with the Certificate Request Form.

Sl. No.	Particulars	Proof required / Checklist	Status
1	Any of the following details as proof of right to do business: <ul style="list-style-type: none"> <li>• Certificate of Incorporation or</li> <li>• Articles of Incorporation or Memorandum of Association or</li> <li>• Partnership Papers, in case of a Registered Partnership or</li> <li>• Acts/ other valid business license document</li> </ul>	One Notarized copy and One Attested copy <b>(Please see Note 1)</b>	
2	Company's PAN Number (Attested photo copy)	Attested photo copy of the company's PAN Card	
3	Company's Bank Details	Bank Details on the Company Letter Head	
		<b>or</b> Attested copy of the Bank Statement provided by the Bank	
4	<b>Applicant Identification Document</b> (Attested photo copy of any one of the three)	Passport	
		<b>or</b> Voter Id	
		<b>or</b> PAN Card	
5	Proof of permanent address of the Applicant <i>(needed only if PAN details are submitted for Applicant Identification)</i> (Attested photo copy)	Ration card	
		<b>or</b> Driver's License	
6	<b>Certificate Request Form</b> Duly filled in		
7	<b>Letter of Authority</b> Duly filled in and authorized by signatory other than the applicant alongwith the applicant's signature.		
<p><b>Note 1:</b> If a company applies for more than one certificate, then one original notarized copy of the Proof of Registration Number and other attested photocopies of the original would be required.</p>			

*The certificate Request Form and the Document Checklist along with all the supporting documents have to be forwarded to your DP.*

**ADDITIONAL ACCOUNT FORM (Company)  
FOR USAGE OF DIGITAL SIGNATURE CERTIFICATE**

**Annexure – 9**

Date: \_\_/\_\_/\_\_\_\_\_

To:

**DP Name** : \_\_\_\_\_

**DP ID** : \_\_\_\_\_

We have subscribed to CDSL's *easiest* facility with **Account of Choice** and have opted for Digital Signature with the following details:

1. Name of Organization : \_\_\_\_\_
2. Email Address : \_\_\_\_\_  
(of Authorised Signatory)
3. Login Name : \_\_\_\_\_
4. Name of Authorized Signatory : \_\_\_\_\_
5. Designation : \_\_\_\_\_
6. Address : \_\_\_\_\_  
\_\_\_\_\_
7. Telephone No. : \_\_\_\_\_
8. Mobile No. : \_\_\_\_\_

**Existing E token Details (if applicable)**

1. Certificate Serial No. : \_\_\_\_\_
2. E Token Serial No. : \_\_\_\_\_
3. Date of Issue : \_\_\_\_\_

We hold the following BO accounts with CDSL and hereby declare that these accounts are held in the same name with the same authorized signatory(ies). We would like to use **one digital signature** for transacting in all the logins of these accounts:

<b>BOID</b>	<b>Name of the Account</b>	<b>Easiest Login Name</b>

<b>BOID</b>	<b>Name of the Account</b>	<b>Easiest Login Name</b>

**Declaration**

The rules and regulations pertaining to CDSL's *Easiest* facility which are in force have been read and understood by me/us and I/we agree to abide by and to be bound by the same. I/We declare that the account details given above indeed belong to me/us. Any changes in the details of the account/Digital Signature Certificate {DSC} will be intimated to CDSL through the DP and existing the DSC will not be used. At the time of renewal of the DSC, I/we declare that the details will be furnished again to CDSL through the DP.

<b>Sr. No.</b>	<b>Name of Signatory</b>	<b>Signature</b>

-----  
**For Office Use Only [DP]**

(Not to be filled up by the applicant)

The applications form is verified with the details of the beneficial owner(s) accounts and we certify that the same are in order.

**Name of Authorized Signatory:** \_\_\_\_\_

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

(DP stamp & Date)

**For Office Use Only [CDSL]**

Checked by Help Desk Official : \_\_\_\_\_

Authenticated by Manager (Operations) : \_\_\_\_\_

Approved by Vice President (Operations): \_\_\_\_\_

To:

Central Depository Services (India) Limited  
 16<sup>th</sup> Floor, P. J. Towers  
 Dalal Street, Fort  
 Mumbai – 400 001

Dear Sir / Madam,

**Sub: Grouping of Logins**

We have registered for CDSL's *easiest* facility with the login name \_\_\_\_\_ (the login name from where the grouping is to be effected).

Listed below are the BOIDs which are registered/not registered in CDSL's *easiest* system which need to be grouped by CDSL with the abovementioned login name:

BOID	CM NAME / CBO NAME	CM ID	LOGIN NAME (if registered)

**Declaration**

The rules and regulations pertaining to CDSL's *easiest* facility which are in force have been read and understood by me/us and I/we agree to abide by and to be bound by the same. I/We declare that the account details given above indeed belong to me/us. Any changes in the details of the account will be intimated to CDSL and, in case CDSL finds any discrepancies as regards to nomenclature of the account, CDSL is at liberty to delete such BOIDs.

\_\_\_\_\_  
**Name of Authorised Signatory of CM**

\_\_\_\_\_  
**Name of Authorised Signatory of DP**

\_\_\_\_\_  
**Signature**  
**(CM stamp & Date)**

\_\_\_\_\_  
**Signature**  
**(DP stamp & Date)**