Central Depository Services (India) Limited

Convenient ⌖ Dependable ⌖ Secure

ANNEXURES

DECEMBER 2021

CDSL : *your depository*

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Annexure 2.1

Additional KYC Form for Opening a Demat Account

For Individuals 5

Depository Participant Name/Address

(To be filled by the Depository Participant)

Application No.		Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.										
DP ID		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:-

Holders Details

Sole / First Holder's Name		PAN	
		UID	
Second Holder's Name		PAN	
		UID	
Third Holder's Name		PAN	
		UID	

Name *	_____

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

Type of Account (Please tick whichever is applicable)

Status	**Sub – Status**
❑ Individual	❑ Individual Resident ❑ Individual Director's Relative ❑ Individual Promoter ❑ Individual Margin Trading A/C (MANTRA) ❑ Individual-Director ❑ Individual HUF / AOP ❑ Minor ❑ Others(specify) _____
❑ NRI	❑ NRI Repatriable ❑ NRI Repatriable Promoter ❑ NRI – Depository Receipts ❑ NRI Non-Repatriable ❑ NRI Non-Repatriable Promoter ❑ Others (specify) _____
❑ Foreign National	❑ Foreign National ❑ Foreign National - Depository Receipts ❑ Others (specify)_____

Details of Guardian (in case the account holder is minor)

Guardian's Name		PAN	
Relationship with the applicant			

I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes')	[Automatic Credit] ❑ Yes ❑ 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
Account Statement Requirement	❑ As per SEBI Regulation ❑ Daily ❑ Weekly ❑Fortnightly ❑Monthly
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 the 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 in Physical)	

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]

Bank Code (9 digit MICR code)	
IFS Code (11 character)	
Account number	

Account type		❑ Saving ❑ Current ❑ Others (specify) _____										
Bank Name												
Branch Name												
Bank Branch Address												
City		State		Country	PIN code							

(i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
(ii) Photocopy of the Bank Statement having name and address of the BO
(iii) Photocopy of the Passbook having name and address of the BO, (or)
(iv) Letter from the Bank.

- In case of 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.1,00,000 ❑ Rs 1,00,000 to Rs 5,00,000 ❑ Rs 5,00,000 to ₹ 10,00,000 ❑ Rs 10,00,000 to Rs 25,00,000 ❑ More than Rs 25,00,000									
	Net worth as on (Date)	D	D	M	M	Y	Y	Y	Y	Rs
	[Net worth should not be older than 1 year]									
Occupation	❑ Private / Public Sector ❑ Govt. Service ❑ Business ❑ Professional ❑ Agriculture ❑ Retired ❑ Housewife ❑ Student ❑ Others (Specify) _____									
Please tick , if 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 ***e***asi, please visit our website www.cdslindia.com. ***Easi*** allows a BO to view his ISIN balances, transactions and value of the portfolio online.	

Nomination Details

Nomination Registration No.	**Dated**

I /We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:

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

☐ I/We **nominate** the following person**s** who is/**are** entitled to receive security balances lying in my/our account, particulars where of are given below, in the event of my / our death.

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name : *First Name: Middle Name: *Last Name	....	....	....
Nomination Details	Nominee 1	Nominee 2	Nominee 3
*Address:			
*City			
*State			
*Pin			
*Country			
Telephone No.			
FAX No.			
PAN No.			
UID			
Email ID			

*Relationship with the BO:			
Date of birth (mandatory if Nominee is a minor) dd-mm-yyyy			
Name of the Guardian of Nominee (if nominee is a minor) *First Name: Middle Name: *Last Name	....	....	....
*Address of the guardian of nominee:			
*City			
*State			
*Country			
*PIN			
Age			
Telephone			
Fax No.			
Email ID			
*Relationship of the Guardian with the Nominee			
***Percentage of allocation of securities**			
***Residual Securities [please tick any one nominee. If tick not marked default will be first nominee]:**	☐	☐	☐

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

*** Marked is Mandatory field**

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

Note: **One witness** shall attest signature(s) / thumb impression(s)

Details of the Witness	
	First Witness
Name of witness	
Address of witness	
Signature of witness	

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			
Signatures			

(S*ignatures should be preferably in blue ink*).

========== (Please Tear Here) ==========

Acknowledgement Receipt

Application No.: **Date:**

We hereby acknowledge the receipt of the Account Opening Application Form:

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

Depository Participant Seal and Signature

========== (Please Tear Here) ==========

Annexure 2.2

Additional KYC Form for Opening a Demat Account

For Non-individuals

Depository Participant Name / Address / DP ID

(To be filled by the Depository Participant)

Application No.									Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.																	
DP ID									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 :-

Holders Details

Sole / First Holder's Name		Search Name		PAN											
Second Holder's Name				PAN											
				UID											
Third Holder's Name				PAN											
				UID											

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

Type of Account (Please tick whichever is applicable)

Status												**Sub – Status**
❑ Body Corporate ❑ Banks ❑ Trust ❑ Mutual Fund ❑ OCB ❑ FII ❑ CM ❑ FI ❑ Clearing House ❑ Other (Specify) _____												**To be filled by the DP**
SEBI Registration No. (If Applicable)		SEBI Registration date	D	D	M	M	Y	Y	Y	Y		
RBI Registration No. (If Applicable)		RBI Approval date	D	D	M	M	Y	Y	Y	Y		
Nationality	❑ Indian ❑ Others (specify)_____											

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
Account Statement Requirement	❑ As per SEBI Regulation ❑ Daily ❑ Weekly ❑Fortnightly ❑Monthly
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 the 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)	

Clearing Member Details (To be filled by CMs only)

Name of Stock Exchange			
Name of CC / CH			
Clearing Member Id		Trading member ID	

I / We wish to receive dividend / interest directly in to my bank account 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]

Bank Code (9 digit MICR code)																							
IFS Code (11 character)																							
Account number																							
Account type	❑ Saving ❑ Current ❑ Others (specify) _____																						
Bank Name																							
Branch Name																							
Bank Branch Address																							
City		State				Country		PIN code															

(i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
(ii) Photocopy of the Bank Statement having name and address of the BO
(iii) Photocopy of the Passbook having name and address of the BO, (or)
(iv) Letter from the Bank.

- In case of 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 1,00,000 ❑ Rs 1,00,000 to Rs.5,00,000 ❑ Rs.5,00,000 to Rs. 10,00,000 ❑ Rs. 10,00,000 to Rs. 25,00,000 ❑ Rs.25,00,000 to Rs. 1,00,00,000 ❑ More than Rs.1,00,00,000									
	Net worth as on (Date)	D	D	M	M	Y	Y	Y	Y	Rs
	[Net worth should not be older than 1 year]									
Please tick If any of the authorized signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors is either Politically Exposed Person (PEP) or Related to Politically Exposed Person (RPEP) ❑. Please provide details as per Annexure 2.2 A.										
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 ***e***asi, please visit our website www.cdslindia.com. ***Easi*** allows a BO to view his ISIN balances, transactions and value of the portfolio online.	

I/We have received and read the document of 'Rights and Obligation of BO-DP' (DP-CM agreement for BSE Clearing Member Accounts) including the schedules thereto and the 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 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.

	Sole / First Authorised Signatory	**Second Authorised Signatory**	**Third Authorised Signatory**
Name			
Designation			
Signature			

(In case of more authorised signatories, please add annexure)

(***Signatures should be preferably in black ink***).

========== (Please Tear Here) ==========

Acknowledgement Receipt

Application No.: **Date:**

We hereby acknowledge the receipt of the Account Opening Application Form:

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

Depository Participant Seal and Signature

========== (Please Tear Here) ==========

Details of Politically Exposed Persons (PEP)/ Related to Politically Exposed Person (RPEP). [For-non-individual]

Name of holder _____**PAN of the holder**_____

Sr.No	Name of the Authorized signatories /Promoters /Partners / Karta/ Trustees /Whole Time Directors	Relation with the holder (i.e. promoters, whole time directors etc	Please tick the relevant option.
			☐ **PEP** ☐ **RPEP**
			☐ **PEP** ☐ **RPEP**
			☐ **PEP** ☐ **RPEP**
			☐ **PEP** ☐ **RPEP**
			☐ **PEP** ☐ **RPEP**

Name & Signature of the Authorised Signatories Date____/____/____ **PEP**: Politically Exposed Person **RPEP:** Related to politically Exposed Person

Instructions to the Applicants (BOs) for account opening:

1. Signatures can be in English or Hindi or any of the other languages contained in the 8th Schedule of the Constitution of India. Thumb impressions and signatures other than the above mentioned languages must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate / Special Executive Officer under his/her official seal.

2. Signatures should be preferably in black ink.

3. Details of the Names, Address, Telephone Number(s), etc., of the Magistrate / Notary Public / Special Executive Magistrate / Special Executive Officer are to be provided in case of attestation done by them.

4. In case of additional signatures (for accounts other than individuals), separate annexures should be attached to the account opening form.

5. In case of applications containing a Power of Attorney, the relevant Power of Attorney or the self-certified copy thereof, must be lodged along with the application.

6. All correspondence / queries shall be addressed to the first / sole applicant.

7. Strike off whichever option, in the account opening form, is not applicable.

****

<Reference Number>

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

[**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 accountholders 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 under any obligation to confirm the authenticity of the person(s) receiving the alert.
8. The depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
9. If the BO finds that the information such as mobile number etc., has been changed without proper authorization, the BO should immediately inform the DP in writing.

Fees:

Depository reserves the right to 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).

BOID | | | | | | | | | | | | | | | | |

(Please write your 8 digit DPID) (Please write your 8 digit Client ID)

Sole / First Holder's Name : _____

Second Holder's Name : _____

Third Holder's Name : _____

Mobile Number on which messages are to be sent | **+91** | | | | | | | | | | |

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

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)

Signatures Sole / First Holder Second holder Third Holder

Place: _____ Date: _____

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,
Depository Participant Name
Address

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 **$of** my / our CDSL account though I / we have issued a Power of Attorney (POA) / **$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/Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures			

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 settling stock exchange trades [settlement related 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/Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures			

========== (Please Tear Here) ==========

Acknowledgement Receipt

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

DP ID									Client ID								
Name of the Sole / First Holder																	
Name of Second Joint Holder																	
Name of Third Joint Holder																	

Depository Participant Seal and Signature

$Refer Communique no. **CDSL/OPS/DP/POLCY/2021/523** dated November 18, 2021

[ref: Communiqué no. **CDSL/OPS/DP/SYSTM/2018/408** dated **August 03, 2018**]

Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories

General Clause

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Rules and Regulations of Securities and Exchange Board of India (SEBI), Circulars / Notifications / Guidelines issued there under, Bye Laws and Business Rules/Operating Instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.

2. The DP shall open/activate demat account of a beneficial owner in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time.

Beneficial Owner information

3. The DP shall maintain all the details of the beneficial owner(s) as mentioned in the account opening form, supporting documents submitted by them and/or any other information pertaining to the beneficial owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.

4. The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of opening the demat account or furnished to the DP from time to time.

Fees/Charges/Tariff

5. The Beneficial Owner shall pay such charges to the DP for the purpose of holding and transfer of securities in dematerialized form and for availing depository services as may be agreed to from time to time between the DP and the Beneficial Owner as set out in the Tariff Sheet provided by the DP. It may be informed to the Beneficial Owner that "*no charges are payable for opening of demat accounts*"

6. In case of Basic Services Demat Accounts, the DP shall adhere to the charge structure as laid down under the relevant SEBI and/or Depository circulars/directions/notifications issued from time to time.

7. The DP shall not increase any charges/tariff agreed upon unless it has given a notice in writing of not less than thirty days to the Beneficial Owner regarding the same.

Dematerialization

8. The Beneficial Owner shall have the right to get the securities, which have been admitted on the Depositories, dematerialized in the form and manner laid down under the Bye Laws, Business Rules and Operating Instructions of the depositories.

Separate Accounts

9. The DP shall open separate accounts in the name of each of the beneficial owners and securities of each beneficial owner shall be segregated and shall not be mixed up with the securities of other beneficial owners and/or DP's own securities held in dematerialized form.

10. The DP shall not facilitate the Beneficial Owner to create or permit any pledge and /or hypothecation or any other interest or encumbrance over all or any of such securities submitted for dematerialization and/or held in demat account except in the form and manner prescribed in the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996 and Bye-Laws/Operating Instructions/Business Rules of the Depositories.

Transfer of Securities

11. The DP shall effect transfer to and from the demat accounts of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the Beneficial Owner and the DP shall maintain the original documents and the audit trail of such authorizations.

12. The Beneficial Owner reserves the right to give standing instructions with regard to the crediting of securities in his demat account and the DP shall act according to such instructions.

Statement of account

13. The DP shall provide statements of accounts to the beneficial owner in such form and manner and at such time as agreed with the Beneficial Owner and as specified by SEBI/depository in this regard.

14. However, if there is no transaction in the demat account, or if the balance has become Nil during the year, the DP shall send one physical statement of holding annually to such BOs and shall resume sending the transaction statement as and when there is a transaction in the account.

15. The DP may provide the services of issuing the statement of demat accounts in an electronic mode if the Beneficial Owner so desires. The DP will furnish to the Beneficial Owner the statement of demat accounts under its digital signature, as governed under the Information Technology Act, 2000. However if the DP does not have the facility of providing the statement of demat account in the electronic mode, then the Participant shall be obliged to forward the statement of demat accounts in physical form.

16. In case of Basic Services Demat Accounts, the DP shall send the transaction statements as mandated by SEBI and/or Depository from time to time.

Manner of Closure of Demat account

17. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository. Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided no charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their demat account should be transferred to another demat account of the Beneficial Owner held with another DP or to rematerialize the security balances held.

18. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of

thirty days as per procedure specified from time to time by the depository. Provided further, closure of demat account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

Default in payment of charges

19. In event of Beneficial Owner committing a default in the payment of any amount provided in Clause 5 & 6 within a period of thirty days from the date of demand, without prejudice to the right of the DP to close the demat account of the Beneficial Owner, the DP may charge interest at a rate as specified by the Depository from time to time for the period of such default.

20. In case the Beneficial Owner has failed to make the payment of any of the amounts as provided in Clause 5&6 specified above, the DP after giving two days notice to the Beneficial Owner shall have the right to stop processing of instructions of the Beneficial Owner till such time he makes the payment along with interest, if any.

Liability of the Depository

21. As per Section 16 of Depositories Act, 1996,
    1. Without prejudice to the provisions of any other law for the time being in force, any loss caused to the beneficial owner due to the negligence of the depository or the participant, the depository shall indemnify such beneficial owner.

    2. Where the loss due to the negligence of the participant under Clause (1) above, is indemnified by the depository, the depository shall have the right to recover the same from such participant.

Freezing/ Defreezing of accounts

22. The Beneficial Owner may exercise the right to freeze/defreeze his/her demat account maintained with the DP in accordance with the procedure and subject to the restrictions laid down under the Bye Laws and Business Rules/Operating Instructions.

23. The DP or the Depository shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any regulator or court or any statutory authority.

Redressal of Investor grievance

24. The DP shall redress all grievances of the Beneficial Owner against the DP within a period of thirty days from the date of receipt of the complaint.

Authorized representative

25. If the Beneficial Owner is a body corporate or a legal entity, it shall, along with the account opening form, furnish to the DP, a list of officials authorized by it, who shall represent and interact on its behalf with the Participant. Any change in such list including additions, deletions or alterations thereto shall be forthwith communicated to the Participant.

Law and Jurisdiction

26. In addition to the specific rights set out in this document, the DP and the Beneficial owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Rules, Bye Laws and Regulations of the respective Depository in which the demat account is opened and circulars/notices issued there under or Rules and Regulations of SEBI.

27. The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars/ notices issued by SEBI and Rules, Regulations and Bye-laws of the relevant Depository, where the Beneficial Owner maintains his/ her account, that may be in force from time to time.

28. The Beneficial Owner and the DP shall abide by the arbitration and conciliation procedure prescribed under the Bye-laws of the depository and that such procedure shall be applicable to any disputes between the DP and the Beneficial Owner.

29. Words and expressions which are used in this document but which are not defined herein shall unless the context otherwise requires, have the same meanings as assigned thereto in the Rules, Bye-laws and Regulations and circulars/notices issued there under by the depository and /or SEBI

30. Any changes in the rights and obligations which are specified by SEBI/Depositories shall also be brought to the notice of the clients at once.

31. If the rights and obligations of the parties hereto are altered by virtue of change in Rules and regulations of SEBI or Bye-laws, Rules and Regulations of the relevant Depository, where the Beneficial Owner maintains his/her account, such changes shall be deemed to have been incorporated herein in modification of the rights and obligations of the parties mentioned in this document.

Additional information to be obtained along with the SARAL Account Opening Form for Resident Individuals

Date	D	D	M	M	Y	Y	Y	Y

To be filled by the Depository Participant)

Application No.		Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.										
DP ID		Client ID								

Holders Details

Sole / First Holder's Name		UID	
Second Holder's Name		PAN	
		UID	
Third Holder's Name		PAN	
		UID	

Name *	_____

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

Status	**Sub – Status**
❑ Individual	❑ Individual Resident

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
Account Statement Requirement	❑ As per SEBI Regulation ❑ Daily ❑ Weekly ❑Fortnightly ❑Monthly
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 the 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 in Physical)	

I/ We wish to receive dividend / interest directly in to **my** bank account as given in SARAL AOF 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

Other Details Gross Annual Income Details	**Income Range per annum:** ❑ Up to Rs.1,00,000 ❑ Rs 1,00,000 to Rs 5,00,000 ❑ Rs 5,00,000 to ₹ 10,00,000 ❑ Rs 10,00,000 to Rs 25,00,000 ❑ More than Rs 25,00,000
	Net worth as on (Date) D D M M Y Y Y Y Rs
	[Net worth should not be older than 1 year]
Occupation	❑ Private / Public Sector ❑ Govt. Service ❑ Business ❑ Professional ❑ Agriculture ❑ Retired ❑ Housewife ❑ Student ❑ Others (Specify) _____
Please tick , if 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 ***e***asi, please visit our website www.cdslindia.com. ***Easi*** allows a BO to view his ISIN balances, transactions and value of the portfolio online.	

Nomination Details

Nomination Registration No.	**Dated**

I /We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:

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

☐ I/We **nominate** the following person**s** who is/are entitled to receive security balances lying in my/our account, particulars where of are given below, in the event of my / our death.

Nomination Details	**Nominee 1**	**Nominee 2**	**Nominee 3**
Nominee Name : *First Name: Middle Name: *Last Name	....	....	....
Nomination Details	Nominee 1	Nominee 2	Nominee 3
*Address:			
*City			
*State			
*Pin			
*Country			
Telephone No.			
FAX No.			
PAN No.			
UID			
Email ID			
*Relationship with the BO:			
Date of birth (mandatory if Nominee is a minor) dd-mm-yyyy			
Name of the Guardian of Nominee (if nominee is a minor) *First Name: Middle Name: *Last Name	....	....	....
*Address of the guardian of nominee:			

*City			
*State			
*Country			
*PIN			
Age			
Telephone			
Fax No.			
Email ID			
*Relationship of the Guardian with the Nominee			
*Percentage of allocation of securities			
*Residual Securities [please tick any one nominee. If tick not marked default will be first nominee]:	☐	☐	☐

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

*** Marked is Mandatory field**

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

Note: **One witness** shall attest signature(s) / thumb impression(s)

Details of the Witness	
	First Witness
Name of witness	
Address of witness	
Signature of witness	

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			
Signatures			

(S*ignatures should be preferably in black ink*).

========== Please Tear Here) ==========

Acknowledgement Receipt

Application No.: **Date:**

We hereby acknowledge the receipt of the Account Opening Application Form:

Name of the Sole / First Holder	
Name of Second Holder	

Name of Third Holder	

Depository Participant Seal and Signature

Account Details Addition / Modification / Deletion Request Form

Depository Participant Name / Address

Application No.		Date	D	D	M	M	Y	Y	Y	Y

Please fill all the details in Block Letters in English

DP ID									Client ID								

Account Holder's Details	
Name of First / Sole Holder	
Name of Second Holder	
Name of Third Holder	

- ❑ I/We request to carry out the change of correspondence/permanent address / signature in the demat account
- ❑ I/We request to carry out the change of address / signature in the KRA and demat account

I/We request you to make the following additions / modifications / deletions to my/our account in your records.

DETAILS (Please specify change of correspondence /permanent address, bank details, telephone number, sub-status etc.)	**Addition / Modification / Deletion (Please specify)**	**Existing Details**	**New Details**

Attach an Annexure (with signature(s)) if the space above is found insufficient.

	First/Sole Holder	**Second Holder**	**Third Holder**
Name			
Signature			

==========(Please Tear Here)==========

Acknowledgement Receipt

Received Account Details Addition / Modification / Deletions request as per details given below :

Application No.		Date	D	D	M	M	Y	Y	Y	Y
DP ID		Client ID								
Name of the Sole / First Holder										
Name of Second joint Holder										
Name of Third joint Holder										
Modification requested for: [Specify reason]										

Depository Participant Seal and Signature

Nomination Form

To,
The Depository Participant Name
Address

Dear Sir/ Madam,

I/We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:

- ❑ I/We **do not wish to nominate any one for this demat account**.
  [Strike out what is not applicable.] [Signatures of all account holders should be obtained on this form].

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

BO Account Details																	
DP ID									Client ID								
Name of the Sole / First Holder																	
Name of Second Holder																	
Name of Third Holder																	

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name : *First Name: Middle Name: *Last Name	....	....	....
*Address:			
*City:			
*State:			
*Pin:			
*Country:			
Telephone No:			
Fax No:			
Nomination Details	Nominee 1	Nominee 2	Nominee 3
PAN No:			
UID :			
Email ID:			
*Relationship with the BO:			
Date of birth (mandatory if Nominee is a minor):			
Name of the Guardian of Nominee (if the nominee is minor): *First Name: Middle Name: *Last Name	....	....	....
*Address of the			

Guardian of nominee:			
*City:			
*State:			
*Country:			
*Pin:			
Age			
Telephone:			
Fax No:			
Email ID:			
*Relationship of the Guardian with the Nominee:			
*Percentage of allocation of securities:			
*Residual Securities [please tick any one nominee. If tick not marked default will be first nominee]:	☐	☐	☐

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

*** Marked is Mandatory field**

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

Place: _____ Date: _____

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

Note: **One witness** shall attest signature/ Thumb impression.

Details of the Witness	
	First Witness
Names of Witness	
Address of Witness	
Signature of Witness	

(To be filled by DP)

Nomination Form accepted and registered wide Registration No. _____ dated _____.

For Depository Participant
(Authorised Signatory)

==========(Please Tear here) ==========

Acknowledgement Receipt

Received nomination from :

DP ID									Client ID								
Name																	
Address																	
Nomination in favor of **First - Nominee**																	
Second - Nominee																	
Third - Nominee																	
No Nomination	☐ Does not wish to nominate																
Registration No.									Registered on	D	D	M	M	Y	Y	Y	Y

Depository Participant Seal and Signature

Dematerialisation Request Form

❑ **Normal Dematerialization** ❑ **Transmission-cum- Dematerialization**
❑ **Transposition-cum-Dematerialization**

Depository Participant Name / Address
(To be filled up by the Depository Participant)

DRN		Date	D	D	M	M	Y	Y	Y	Y
DRF No.		Date	D	D	M	M	Y	Y	Y	Y

(To be filled by the BO. Please fill all the details in **BLOCK LETTERS** in English. Fill up a separate DRF for Free securities and Locked – in securities. In case of locked - in securities fill up a separate DRF for different lock-in reason / lock-in expiry dates.)

I / We request you to dematerialise the enclosed security certificate(s) registered in my / our name into my / our demat account.

DP ID									Client ID									
Name of First Holder																		
Name of Second Holder																		
Name of Third Holder																		
Name of the Company																		
ISIN	I	N																
Quantity to be Dematerialized	(In Figures)																	
	(In Words)																	
Number Of Certificates (in words)																		
Nature of Securities	❑ Free Securities ❑ Lock-in Securities																	
Lock-in reason																		
Lock in Expiry Date	D	D	M	M	Y	Y	Y	Y										

Details of Securities:						
Type of Security	❑ Equity ❑ Debentures ❑ Bonds ❑ Units ❑ Other (Specify)					
Face Value of Securities						
	From	To	From	To	From	To
Folio No.						
Certificate Numbers						
Distinctive Numbers						
Quantity						

Attach an annexure (duly signed by account holder(s)) in the above format if the space is not sufficient.

The original certificates / documents are hereby surrendered by me / us for dematerialisation and the same are free from any lien or charge or encumbrance and represent the bonafide securities of the Issuer Company to the best of my / our knowledge and belief.

	First / Sole Holder	**Second Holder**	**Third Holder**
Name			
Signature with DP			
Signature with RTA			

Participant Authorization (From DP to RTA)

We have received the above-mentioned securities bearing ISIN_____ for Dematerialisation. The Application form is verified with the Certificates / Documents surrendered for dematerialisation and we certify that the application form is in accordance with the details mentioned in the enclosed certificates / documents. It is also certified that the Holder(s) of securities have a beneficiary account with us in the same name(s) and order of name(s).

Depository Participant Seal and Signature

==========(Please tear here)==== ==========

Acknowledgement Receipt

DRF No.										Date	D	D	M	M	Y	Y	Y	Y	
DP ID										Client ID									
First / Sole Holder Name																			
Second Joint Holder Name																			
Third Joint Holder Name																			
Name of the Company																			
Type of Security	❑ Equity ❑ Debentures ❑ Bonds ❑ Units ❑ Other (Specify)																		
ISIN																			
No. of Securities (in figures)																			
No. of Securities (in words)																			
No. of Certificates (in figures)																			
No. of Certificates (in words)																			

We hereby acknowledge the receipt of certificates / documents, in respect of the above securities for dematerialization subject to verification.

Depository Participant Seal and Signature

Instructions:

1. In case of transmission-cum-demat, a notarized copy of death certificate of the deceased holder, copy of the Order of the Court, etc. to be attached with DRF.

2. In case of transposition–cum–demat, a duly executed Transposition Request Form to be attached with the DRF.

APPLICATION FORM FOR TRANSPOSITION [TPRF]

[TO BE ATTACHED WITH DRF]

Depository Participant Name / Address

TPRF No.		Date	D	D	M	M	Y	Y	Y	Y

Please transpose the names of the holders of securities as identified in the accompanying demat request form and thereafter credit the same in the demat account as detailed below:

DRF No.		Date	D	D	M	M	Y	Y	Y	Y
Name of the Company										
ISIN	I	N								

DP ID									Client ID								
Name of the holders (As it appears in the Demat Account)																	
First / Sole Holder Name																	
Second Holder Name																	
Third Holder Name																	

Name of the Holders (As it appears on the Certificates):

Folio Nos.-

Sr. No.	Name(s) of the Holder(s)
1.	
2.	
3.	

Folio Nos.-

Sr. No.	Name(s) of the Holder(s)
1.	
2.	
3.	

Folio Nos.-

Sr. No.	Name(s) of the Holder(s)
1.	
2.	
3.	

	First / Sole Holder	Second Holder	Third Holder
Name (as per demat a/c)			
Signature with DP			
Signature with RTA			

We state that the above details are true to the best of our knowledge

Depository Participant Seal and Signature

Note:
1. Separate Transposition form should be filled by the joint holders for securities having distinct ISIN.
2. Please write each combination of names in separate boxes.
3. Use separate transposition form if there are more than three combinations of names.

[**Duly Stamped**]

DEED OF INDEMNITY (For loss of shares in transit)

The DEED OF INDEMNITY is made at _____ this _____ day of _____ between _____, registered as a Depository Participant with the Central Depository Services (India) Limited [CDSL] (hereinafter referred to as "the Depository Participant") and its successors of the **ONE PART** and _____ (name of the institution) hereinafter referred to as **"the Issuer/RTA"** *(which expression shall unless repugnant to the context or meaning thereof be deemed to mean and include its successors)* of the **OTHER PART**.

WHEREAS,

1. The BO _____ (holding account no. _____) has lodged _____ securities of the Issuer vide Folio no._____ bearing distinctive no. _____ to _____ vide certificate no. for dematerialisation on _____.

2. The DP has generated DRN _____ in respect of the above mentioned securities submitted by the BO.

3. **The Depository Participant** has forwarded the same to **the Issuer/RTA** along with the duly cancelled certificates on _____ vide courier/Registered Post/Speed Post bearing courier consignment no./Registered A D no./ Speed Post Receipt no. _____ .

4. **The Issuer/RTA** has stated that he is **not** in receipt of the said Certificates/documents in lieu of certificates/documents conveying ownership of securities till date.

5. **The Issuer/RTA** has/have rejected the demat request on _____ as the said certificates has/have not been received till date and it is construed that the documents has/have been lost in transit.

6. The DP hereby declares that the said certificates received from the BO was/were duly cancelled and forwarded to you for dematerialisation and undertake that in case the DP comes across the original certificates they shall surrender the same to the Issuer/RTA.

7. The DP has/have now raised a fresh demat request for the said certificates, which were lost in transit, vide DRN _____ dated _____ which were forwarded to the Issuer/RTA vide courier/Registered Post/Speed Post bearing courier consignment no./ Registered Post/ Speed Post Receipt no. _____ as per the guidelines provided by Securities and Exchange Board of India mentioned against serial no.4 vide its Circular no. SMRDP/Policy/Cir-28/99 dated 23.08.1999.

NOW THIS DEED WITNESSETH in consideration of the Issuer/RTA having agreed to dematerialize the said securities on the strength of the representation hereinabove made by the Depository Participant, the Depository Participant agrees to indemnify and keep indemnified the Issuer/RTA against claims and demands that may be made of or against the Issuer/RTA for all losses or damages and all action, suit, litigations or proceedings (including all costs, charges, expenses relating thereto) that the Issuer/RTA may incur or suffer on account of any person in whose hands the said securities may have fallen (including any subsequent transferee or transferees from such person whether for valuable consideration or not) acquiring any right and/or any interest and/or any benefit and/or equivalent number of securities whether on transfer or dematerialisation or rematerialisation or otherwise howsoever.

IN WITNESS WHERE the Depository Participant has put his hands and seal the day, month and year first hereinabove mentioned.

SIGNED AND DELIVERED by
The within named Depository Participant }

In the presence of:
_____ }

[**Not required. Same form is available as Annexure 7.1**]

TRANSMISSION REQUEST FORM
(in case of death of the sole holder)

TRANSMISSION-CUM-DEMATERIALIZATION FORM

(In case of death of one / more of the joint holders)

Application No.		Date	D	D	M	M	Y	Y	Y	Y

(Please fill all the details in **Block Letters** in **English**)

To,
Depository Participant Name
Address

Dear Sir / Madam,

I/We, the surviving joint holder(s) request you to dematerialize the enclosed securities in our account as per details given below. The securities were held by me/us jointly with Mr./Mrs,/Ms._____
_____, who has expired.

The **Original Death Certificate** / a **copy of the death certificate, duly notarized or attested under seal by a Gazetted Officer** (strike out what is not applicable), is attached herewith, along with a duly-filled and signed DRF and physical share certificates listed below.

I/We request you to advise the Issuer/RTA to process the demat request and credit the securities to the demat account mentioned below:

DEMAT ACCOUNT NUMBER of surviving BOs:

DP ID									Client ID								
DRF No.									Date	D	D	M	M	Y	Y	Y	Y

Sr. No.	Name of the Security	ISIN	Quantity to be transmitted

If the are more ISINs to be dematerialized, attach an Annexure, duly signed by the account holders

	1	2
Name(s) of the surviving holder(s)		
Signature(s) of the surviving holder(s)		

==========(Please tear here)==========

Acknowledgement Receipt

Application No. **Date: -**

We hereby acknowledge receipt of the following instructions for transmission-cum-dematerialization, as per the details given in the Transmission Form and DRF, from:

Demat Account number of the surviving BO(s):-

DP ID									Client ID							
DRF Number									Date	D	D	M	M	Y	Y	Y	Y

Surviving Holder(s) Name(s) – (strike out what is not applicable):		
First/Sole Holder	**Second Holder**	**Third Holder**
Documents Submitted		

Documents subject to verification.

Depository Participants Seal & Signature

Instruction Form for Purchase Waiver

Date	D	D	M	M	Y	Y	Y	Y

DP ID									Client ID								
First Holder Name																	

To,
Depository Participant Name
Address

Dear Sir / Madam,

I/We hereby authorize you to accept all credits in my / our Beneficial Owner/s account number given above. The instruction will be irrevocable until and unless otherwise informed to you.

Thanking you,

Yours faithfully,

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

==========(Please Tear here)==========

Acknowledgement Receipt

Received Waiver for Purchase Transactions instruction from:

DP ID									Client ID								
Name of the Sole / First Holder																	
Name of Second joint Holder																	
Name of Third joint Holder																	

Depository Participant Seal and Signature

CDSL Your Depository

DP Name Address
DP ID and DP SEBI Reg. No.
Instruction Slip for Delivery / Receipt
(To be filled in duplicate)

□ Delivery □ Receipt

Annexure 6.2a
[DP Logo]

Serial no: # _____

I / We request you to debit / credit my / our account as under: -

Date: - D D M M Y Y Y Y

DPID $ **Client ID $** First / Sole Holder's Name

Sr. No.	ISIN	Security Name	QUANTITY In figures	QUANTITY In words	Instruction Reference No. [to be filled by DP]
1	I N				
2	I N				
3	I N				
4	I N				
5	I N				
Total Instructions Issued (In words only) →					

If transfers from BO (Investor) account to another BO (Investor) account and NOT RELATED to Stock Exchange Transactions: -
Please mention consideration amount in Rs._____ **OR**
Please specify reason (as given below):-
・Gift ・Transfer between two accounts of same holder ・Transfer between family members ・Others (explain):-

CMID (Applicable for Early Pay-in and Normal Pay-in)

Execution Date (Not Applicable for Early Pay-in and Normal Pay-in) D D M M Y Y Y Y

-: Fill the relevant columns :-

Instruction Type →	Account Transfer - With in CDSL (Transaction)		Account Transfer - Outside CDSL (Inter Depository)		Market Trades (Settlements)	
Settlement Details →	**BO-BO**	**BO-CM, CM-BO, CM-CM**	**BO-BO**	**BO-CM, CM-BO, CM-CM**	**Early Pay-in**	**Normal Pay-in**
Exchange Name →	OPTIONAL		OPTIONAL			
Settlement / Market Type →	OPTIONAL		OPTIONAL			
Settlement Number →						
Counter DP ID / CM BP ID →						NOT APPLICABLE
Counter Client ID →						NOT APPLICABLE
Counter BO / CM Name →						
Counter Settlement Details		**CM-CM**		**CM-CM**		
Exchange Name →	NOT APPLICABLE		NOT APPLICABLE		NOT APPLICABLE	NOT APPLICABLE
Settlement / Market Type →	NOT APPLICABLE		NOT APPLICABLE		NOT APPLICABLE	NOT APPLICABLE
Settlement Number →	NOT APPLICABLE		NOT APPLICABLE		NOT APPLICABLE	NOT APPLICABLE

-: Blank & Signed Delivery Instruction Slips should not be left with your DP/Broker :-

Signature of First / Sole Holder	**Signature of Second Holder**	**Signature of Third Holder**

-: For DPs office use only :-

Internal Ref. No.		Signature Verified By		Transaction Entered By	

CDSL Your Depository

DP Name Address
DP ID and DP SEBI Reg. No.
Instruction Slip for Delivery / Receipt
(To be filled in duplicate)

□ Delivery □ Receipt

Annexure 6.2a
[DP Logo]

Serial no: # _____

- Pre-printed, $ - Pre-printed / Pre-stamped

CDSL Your Depository

DP Name Address
DP ID and DP SEBI Reg. No.
Instruction Slip for Delivery / Receipt
(To be filled in duplicate)

Annexure 6.3a
[DP Logo]
Serial no: # _____

□ Delivery □ Receipt

I / We request you to debit / credit my / our account as under: -

Date: - D D M M Y Y Y Y

DPID $ **Client ID $** First / Sole Holder's Name

Sr. No.	ISIN	Security Name	QUANTITY In figures	QUANTITY In words	Instruction Reference No. [to be filled by DP]
1	I N				
2	I N				
3	I N				
4	I N				
5	I N				

Total Instructions Issued (In words only) →

If transfers from BO (Investor) account to another BO (Investor) account and NOT RELATED to Stock Exchange Transactions: -
Please mention consideration amount in Rs._____ **OR**
Please specify reason (as given below):-
· Gift · Transfer between two accounts of same holder · Transfer between family members · Others (explain):-

Execution Date
D D M M Y Y Y Y

-: Fill the relevant columns :-

Instruction Type →	**Account Transfer - With in CDSL (Transaction)**		**Account Transfer - Outside CDSL (Inter Depository)**	
Settlement Details →	**BO-BO**	**BO-CM, CM-BO, CM-CM**	**BO-BO**	**BO-CM, CM-BO, CM-CM**
Exchange Name →	OPTIONAL		OPTIONAL	
Settlement / Market Type →	OPTIONAL		OPTIONAL	
Settlement Number →				
Counter DP ID / CM BP ID →				
Counter Client ID →				
Counter BO / CM Name →				
Counter Settlement Details →		**CM-CM**		**CM-CM**
Exchange Name →	NOT APPLICABLE		NOT APPLICABLE	
Settlement / Market Type →	NOT APPLICABLE		NOT APPLICABLE	
Settlement Number →	NOT APPLICABLE		NOT APPLICABLE	

-: Blank & Signed Delivery Instruction Slips should not be left with your DP/Broker :-

Signature of First / Sole Holder	**Signature of Second Holder**	**Signature of Third Holder**

-: For DPs office use only :-

Internal Ref. No.		Signature Verified By		Transaction Entered By	

CDSL Your Depository

DP Name Address
DP ID and DP SEBI Reg. No.
Instruction Slip for Delivery / Receipt
(To be filled in duplicate)

□ Delivery □ Receipt

Annexure 6.3a
[DP Logo]
Serial no: # _____

- Pre-printed, $ - Pre-printed / Pre-stamped

CDSL Your Depository

DP Name Address
DP ID and DP SEBI Reg. No.
Instruction Slip for Delivery
(To be filled in duplicate)

Annexure 6.4a
[DP Logo]
Serial no:- #____________

I / We request you to debit my / our account as under :-		Date :-	D	D	M	M	Y	Y	Y	Y
DPID $	Client ID $	First / Sole Holder's Name								

Sr. No.	ISIN	Security Name	QUANTITY		Instruction Reference No. [to be filled by DP]
			In figures	In words	
1	I N				
2	I N				
3	I N				
4	I N				
5	I N				
Total Instructions Issued (In words only) →					

-: Fill the relevant columns :-

Instruction Type	↓ Early Pay-in ↓	↓ Normal Pay-in ↓
Exchange Name →		
Settlement / Market Type →		
Settlement Number →		
CMID →		
Counter DPID →		NOT APPLICABLE
Counter Client ID →		NOT APPLICABLE

-: Blank & Signed Delivery Instruction Slips should not be left with your DP/Broker :-

Signature of First / Sole Holder	**Signature of Second Holder**	**Signature of Third Holder**

-: For DPs office use only :-

Internal Ref. No.		Signature Verified By		Transaction Entered By	

- Pre-printed, $ - Pre-printed / Pre-stamped

Letter to modify / delete instruction slip

To,

The Depository Participant Name

Address

Date	D	D	M	M	Y	Y	Y	Y

DP ID									Client ID								
First Holder Name																	

I/We request you to modify / delete the on-market (BO confirmation) / auto pay-in instruction.
The details are as given below –

Settlement ID	CM ID	ISIN	Security Name	Qty (in figures)

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

==========(Please Tear here) ==========

Acknowledgement Receipt

Received Instruction to modify / delete the on-market (BO confirmation) / auto pay-in instruction:

DP ID									Client ID								
Name of the Sole / First Holder																	
Name of Second joint Holder																	
Name of Third joint Holder																	

Depository Participant Seal and Signature

To be printed on the inside back cover of the Delivery Instruction Slip

In case you have grievances against a listed company or intermediary registered with SEBI, you should first approach the concerned company or intermediary against whom you have grievance. If you are not satisfied with their response, you may approach SEBI or other regulatory bodies. You can approach SEBI for following types of grievances:

Listed Companies

- Refund/ Allotment / Bonus / Dividend / Rights / Redemption / Interest
- Prelisting offer documents (shares)
- Prelisting offer documents (debentures and bonds).
- Delisting of Securities
- Buyback of Securities
- Takeover and Restructuring
- Corporate Governance and Listing Conditions

Brokers and stock exchanges

Stock brokers

Sub brokers

Portfolio managers

Stock exchanges

Registrar and Transfer Agents

Mutual Funds

Depository and Depository participants

Information to SEBI:

- Price Manipulation
- Insider trading

Other entities

Collective Investment Schemes

Debenture Trustees

Merchant Bankers

Bankers to Issue

Credit Rating Agencies

Custodian of Securities

Foreign Institutional Investors

Underwriters

Venture Capital Funds

KYC Registration Agency(KRA)

Alternative Investment Fund

You can file your complaints online at http://scores.gov.in or alternately send your complaints to Office of Investor Assistance and Education of SEBI at Mumbai or Regional Offices at the following addresses:

- Office of Investor Assistance and Education, SEBI Bhavan, Plot No.C4-A, 'G' Block, Bandra Kurla Complex, Bandra (E), Mumbai 400 021 Tel : 022-26449188 / 26449199 (http://scores.gov.in)
- SEBI, Northern Regional Office, 5th Floor, Bank of Baroda Building,16, Sansad Marg, New Delhi - 110 001 Tel : 011- 23724001-05 (www.sebinro@sebi.gov.in)
- SEBI, Eastern Regional Office, L&T Chambers, 3rd Floor, 16, Camac Street, Kolkata - 700 016 Tel : 033-23023000. (www.sebiero@sebi.gov.in)
- SEBI, Southern Regional Office, 7th Floor, Overseas Towers, 756-L, Anna Salai, Chennai – 600 002 Tel : 044-24674000 / 24674150 (www.sebisro@sebi.gov.in)
- SEBI, Ahmedabad Regional, Office Unit No: 002, Ground Floor, SAKAR I, Near Gandhigram Railway Station, Opp. Nehru Bridge Ashram Road, Ahmedabad - 380 009 Tel : 079-26583633-35 (www.sebiaro@sebi.gov.in)

For more information visit our website - http://scores.gov.in

Undertaking-cum-Indemnity
in respect of facsimile instruction for operation of Depository Account

To
The Depository Participant
_____
_____
_____

Sr no.	BO IDs	Names of holder(s)	
1		First Holder	
		Second Holder	
		Third Holder	
2		First Holder	
		Second Holder	
		Third Holder	
3		First Holder	
		Second Holder	
		Third Holder	

I/We

1) _____ residing at _____
_____

2) _____ residing at _____
_____ and,

3) _____ _____ residing at _____
_____

execute this UNDERTAKING-CUM-INDEMNITY in favour of _____
_____ (a company incorporated and registered under the Companies Act, 1956) and having its Registered Office at _____
_____ Mumbai - _____
hereinafter called "**the DP**" (which expression shall unless it be repugnant to the context or meaning thereof mean and include its successors in title) as follows:

WHEREAS I/We maintain a Beneficial Owner Account(s) ("the said Account") mentioned above, with the DP at its _____ Main / Branch office, located at _____
_____, Mumbai. As per the instructions for operation of the said Accounts, the same is allowed to be operated by us or the persons authorized, in that behalf (hereinafter referred to as "**Authorized Person/s**").

AND WHEREAS in the day-to-day business, I am / we are required to give urgent instructions to the DP for operation of the said Account:

WHEREAS the DP has agreed to accept, the original instruction slip, a fax submission thereof signed by the authorised persons to operate the said account under their signatures, subject to the indemnity herein offered by me/us to the DP on the terms and conditions herein mentioned.

NOW IN CONSIDERATION OF THE ABOVE, I/We hereby irrevocably agree, confirm and undertake to the DP as follows:

1. I/We shall transmit the Fax instructions only to the fax number informed/provided to us by the DP.

2. The Fax Submission shall be signed by the Authorised Person/s mentioned in the List of Authorised signatories submitted by me/us in the account opening form on behalf of me/us and their signatures shall be in the same manner and way as has been informed to the DP by me/us and the DP is hereby requested and authorised, (but is not obliged to) rely upon and act, in accordance with such Fax Submission which is signed or bonafide believed by the DP to have been signed, by the Authorised Person/s.

3. The DP is requested by me/us and shall be entitled to treat any Fax Submission as fully and duly authorised by and binding upon me/us and further be entitled (but not bound) to take any steps relying upon the same, believing the Fax Submission, in good faith as appropriate, regardless, of the amount of money involved and notwithstanding any error in transmission or reception of such Fax Submission or any misunderstanding or ambiguity or lack of clarity in the terms of such Fax Submission.

4. I/We shall upon making any Telefax Submission hereunder, deliver to the DP without any delay within two working days, the original hard copy of the Fax Submission (the Hardcopy) signed by the Authorised Person/s as aforesaid. Each Hardcopy shall bear the following words on the top of the instruction slip -
   "This is a Hardcopy of Fax Submission to you, transmitted on _____ (day) of _____ (month), _____ (year).

5. The DP may, but shall not be obliged to, await receipt of the Hard copy prior to taking any action in connection with the Fax Submission and shall not be obliged to follow-up with me/us for the originals. Further the storage of a photocopy of the fax transmission sent by me/us shall be the conclusive evidence of instruction to the DP for having acted on such instructions and I/We hereby agree and acknowledge the same".

6. I / We hereby agree that in case the DP does not receive the hard copy of the instruction within 2 working days, the DP may discontinue the said facility. In such cases the DP will do so with immediate effect after informing me orally / in writing / by fax. I / We undertake that I / we shall not hold the DP liable for any loss to me / us in case the DP does not act on fax instruction received by the DP in such a case.

7. The DP shall not be required to confirm (whether orally, in writing or otherwise) any fax submission or (verify the identity of the Authorised Person/s or his/her/their signature/s making or giving the fax submission or purporting to do so.

8. The DP shall be under no duty to set and/or adopt any procedure for the purpose of such confirmation or verification and if at all there is any, the DP shall not be obliged to strictly adopt or comply with the same in any or every instance.

9. The DP shall not be liable for any losses or damages which I/we may suffer as a consequence of the DP acting in accordance with or in reliance upon, any Fax Submission or otherwise pursuant to the authority conferred herein, upon the DP.

10. I/We shall indemnify the DP and CDSL and keep them indemnified and save harmless, at all times against any and all claims, losses, damages, costs liabilities and expenses incurred, suffered or paid or incurred by the DP or required to be incurred, suffered or paid by the DP and also against all demands, actions, suit proceedings made, filed / instituted against the DP, in connection with or arising out of or in relation to or as a consequence of:

    i. The DP acting pursuant to, in accordance with or relying upon, any Fax Submission or otherwise pursuant to the request and authority conferred herein; and/or;
    ii. The DP acting pursuant to in accordance with or relying upon any Fax Submission received by the DP which it believes in good faith to be such a Fax Submission; and / or;

iii. Any unauthorized or fraudulent Fax Submission to the DP. PROVIDED that this indemnity shall not be available to the DP, if the liabilities for which the DP seeks indemnification hereunder, arises directly and completely from its own negligence or willful default.

iv. The DP not having acted on the fax submission due to non-receipt of the transmission or receipt of incomplete or partly / fully unreadable transmission.

v. The DP not having acted on any fax submission sent by me / us on a number other than the number mentioned by the DP for the purpose of fax transmission.

11. The DP shall not be under any obligation at any time to maintain any facility for the receipt of any Fax Submission or to ensure the continued operations or availability of any such facsimile facilities or equipment, and I/we shall not hold the DP liable for any loss consequent to non-availability of the said fax facility.

12. I/We acknowledge and confirm that I am/we are aware that by the very nature of telecommunications services, the Fax transmissions may not be received properly and may be clearly legible. I / We agree to assume and bear all the risks involved in respect of such errors and misunderstanding and the DP shall not be responsible in any manner for the same or breach of confidentially thereto and shall also not be liable for any claims, loss, damage, cost or expense and liability arising there from.

13. This indemnity is without prejudice to the DP's other rights, privileges, powers and remedies in law and the DP may delay enforcing its rights without at any time losing them and any waiver of a right by the DP hereunder or available to it by law, shall not be deemed to be a waiver of any other rights or of the same right at another time.

14. The DP may stop/terminate this facility given to me / us by giving seven day prior written notice to me/us. However, any such termination shall not affect anything done or any rights or liabilities accrued or incurred prior to the termination and all the above indemnities given by me/us to the DP hereunder shall survive any such termination. However, in case of termination as mentioned in point 6 above, no such notice need to be given by the DP.

The Provisions relating to arbitration contained in the Rights and Obligations document shall be applicable to any dispute or difference that may arise in respect of such fax transmission including all disputes with regard to the receipt of the fax Transmission by the DP.

I/We specifically agree and confirm that regardless of the place from which the fax transmission in question may have been transmitted to the DP any matter or issue arising hereunder shall be governed by and construed exclusively in accordance with the Indian laws and shall be subject to the exclusive jurisdiction of the Courts of Mumbai (India) alone.

Dated at _____this _____ day of _____ , _____

Given by:

1. Signature Name Witnessed	2. Signature Name Witnessed	3. Signature Name Witnessed

TRANSMISSION REQUEST FORM

(In case of death of the sole holder)

Application No.		Date	D	D	M	M	Y	Y	Y	Y

(Please fill all the details in **Block Letters** in English)

To,
Depository Participant Name
Address

Dear Sir / Madam,

PART – I : (where nomination is recorded)

I/we, Nominee(s) / Successor/ Guardian of the successor or nominee(s) (in case of Minor) request you to transmit the following securities due to the death of the sole account holder. Original Death Certificate / copy of Death Certificate (duly notarized / attested under seal by a Gazetted Officer) is attached herewith.

Name of the deceased BO:
Account Number of the deceased BO:

DP ID									Client ID								

Kindly transmit all securities in the deceased BO's account mentioned above to the BO account mentioned below.

Details of the Successor (s)

Sr. No	Name of the Successor (s)	DP ID								Client ID							

Details of Transmission

Sr. No	Name of the Security	ISIN	Quantity of securities to be transmitted

Attach an annexure duly signed by the Nominee(s)/ Successor / Guardian of the successor or nominee(s) (in case of Minor), if the space above is insufficient.

(Nominees / Successor / Guardian of successor or nominee(s) (in case of Minor)

	Nominee(1) Successor/Guardian of successor/Nominee	Nominee(2) Successor/Guardian of successor/Nominee	Nominee(3) Successor/Guardian of successor/Nominee
Name			
Signature			

PART – II : (where nomination is not recorded)

No Objection Statement from other heirs/successors who are non-applicants

1. I/We, the undersigned, residing at_____, am/are legal heir(s) of the said deceased.

2. I/We do not desire to make any claim of title of the said securities and have no objection whatsoever in transmitting the said securities in the name(s) of Mr. / Mrs. _____ who has/have opened a beneficial owner account(s) under Client ID _____and DP ID ____.

3. In consideration of registration of the aforesaid securities in the client account of Mr / Mrs. _____ under DP ID _____ Client ID _____ at my request, I/We hereby renounce all my/our rights existing as well as those that may accrue to me/us in future in respect of the aforesaid securities.

Signed in the presence of

_____ **Bank Manager**

_____ **Signature of the legal heir**

Full Name and Address of Bank Manager:

Name : _____
Address : _____
_____

Note for all legal heirs/successors who are applicants / non-applicants:
Only one Transmission Request Form is to be submitted by claimants/non-claimants to the DP of the deceased BO for the transmission of securities wherein the intentions of the legal heirs/successors are collectively stipulated.

==========(Please tear here)==========

Acknowledgement Receipt

Application No. **Date: -**

We hereby acknowledge receipt of the instructions for transmission of securities from the deceased BO's account to the account of the Nominee(s) / Successor / Guardian of the successor or nominee(s) (in case of Minor), as per details given on the transmission form.

Account number of the deceased BO

DP ID									Client ID								

Successor BO Name(s)		
First/Sole Holder	**Second Holder**	**Third Holder**
Documents Submitted		

Subject to verification.

Depository Participants Seal & Signature

TRANSMISSION REQUEST FORM

(In case of death of one / more of the joint holders)

Application No.		Date	D	D	M	M	Y	Y	Y	Y

(Please fill all the details in **Block Letters** in English)

To,
Depository Participant Name
Address

Dear Sir / Madam,

I / We, the joint holder(s) / Successors request you to **transmit** the securities balance from:

DP ID									Client ID								

To

DP ID									Client ID								

Due to the death of ----------
----------(Name of the deceased account holder(s)).
Original Death Certificate / copy of Death Certificate (duly notarized / attested under seal by a Gazetted Officer) is attached herewith.

	First / Sole Holder	**Second Holder**
Name(s) of the surviving holder(s)		
Signature(s) of the surviving holder(s		

==========(Please tear here)==========

Acknowledgement Receipt

Application No. **Date: -**

We hereby acknowledge the receipt of the following instructions for transmission from:

DP ID									Client ID								

To

DP ID									Client ID								

Surviving Holder(s) Name(s)	
First/Sole Holder	**Second Holder**
Documents Submitted	

Subject to verification.

Depository Participants Seal & Signature

Letter of Indemnity

To,
Depository Participant Name
Address

Dear Sirs,

Sub: Transmission of securities standing in the name of Late Mr./Mrs. _____

I/We hereby inform you that Mr./Mrs. _____ the deceased, was holding a Client account no. _____ with _____ a Depository Participant having DP ID _____. The said deceased BO was holding the following securities:

ISIN	Name of Company	Number of securities

The said deceased died intestate without leaving a Will on the ____ day of _____.

We further inform you that he/she left behind him/her only surviving heirs and next of kin, the following persons according to the Law of Intestate Succession application to him/her by which he/she was governed at the time of his/her death.

(a) _____
(b) _____
(c) _____

We have, therefore, approached you with a request to transfer the aforesaid securities in the name of the undersigned Mr. / Mrs. / Ms. _____ on my/our behalf without insisting on the production of a Succession Certificate or an Order of the Court of competent jurisdiction and you have kindly agreed to do so on my/our executing an indemnity as is herein contained and on relying on the information herein given by us believing the same to be true.

In consideration, therefore, of your having at our request agreed to transfer securities to the name of the undersigned _____, I / we hereby jointly and severely agree and undertake to indemnify and keep indemnified, saved, defended, harmless you and your successors and assigns for all time hereafter against all losses, costs, claims, actions, demands, risks, charges, expenses, damages, etc., whatsoever which you may suffer and/or incur by reason of your, at my/our request, transferring the said securities as herein above mentioned, to the undersigned _____ without insisting on production of a Succession Certificate or an Order of the Court of competent jurisdiction.

IN WITNESS WHEREOF THE said _____ have here unto set their
[Name(s) of applicant(s)]
respective hands and seals this _____ day of _____ of _____.

Signed and delivered by the said applicant(s)

_____

_____

_____

Signature(s) of applicant(s)

Date: _____ _____

Place: _____ **(Signature of Magistrate/Notary)**

Full Name and Address of Magistrate /Notary:

Name : _____

Address : _____

_____

_____

PIN _____

Registration No : _____

Use space below to affix:

Notarial / Court Fee Stamp	**Official Seal of Magistrate / Notary**

Note: This indemnity is to be executed in the presence of a first class or stipendiary Magistrate / Public notary / Judicial.

[ref: Communiqué no. **CDSL/OPS/DP/1685** dated August 18, 2009]

Affidavit

I, _____ son/daughter/spouse of _____ residing at _____ _____ do hereby solemnly affirm an oath and state as under: -

1. That Mr. / Mrs. _____ the deceased was holding a Client Account No. _____ with _____ a Depository Participant having DP ID _____. The said deceased was holding the following securities:

ISIN	Name of Company	No. of securities

2. That the deceased had died intestate on _____ at _____.
3. That the following are the only legal heir(s) of late Mr. / Mrs. _____.

	Name	Address	Age	Relationship with the deceased
1				
2				
3				
4				

4. That out of aforesaid legal heirs Master / Kumari _____ aged _____ years is a minor and he / she is being represented by his / her father/mother and natural guardian Mr. / Mrs. _____.

5. That all the legal heirs of my deceased _____ have applied to _____ _____ (**DP name**) to register the aforesaid securities in my/our individual/joint beneficial owner account and have executed a Letter of Indemnity in favour of the Participant/CDSL holding the Participant / CDSL indemnified against any loss, cost, expenses or damages which may be caused to them in consequence of any claim which may be made by or on behalf of any person claiming any interest in the said shares.

_____
DEPONENT

VERIFICATION

I hereby solemnly affirm and say that what is stated herein above is true to my knowledge and nothing has been concealed therein and that I am competent to contract and entitled to rights and benefits of the above securities.

Solemnly affirmed at _____ on the _____ day of _____ of _____.

Full Name and Address of Magistrate / Notary

Signed in the presence of
Name : _____

Address : _____
_____
City _____ Pin _____

Registration No : _____

_____
(Signature of Magistrate / Notary)

Use space below to affix:

Notarial / Court Fee Stamps	**Official Seal of Magistrate/Notary**

Notes: 1. This affidavit is to be executed in the presence of a first class or stipendiary Magistrate / Public notary / Judicial.

2. Each deponent should sign this affidavit separately.

[ref: Communiqué no. **CDSL/OPS/DP/1879** dated February 02, 2010]

[ref: Communiqué no. **CDSL/OPS/DP/1685** dated August 18, 2009]

PLEDGE REQUEST FORM (PRF)

❑ **Setup of Pledge** ❑ **Confirmation of Pledge**

Depository Participant Name /Address

Please fill all the details in **Block Letters** in English

PRF No.		Date	D	D	M	M	Y	Y	Y	Y

I/We request you to **create the pledge / confirm the creation of pledge for** the following securities. I/We have read and understood the Depositories Act, SEBI Regulations and the Bye Laws in relation to pledge of securities and I/We agree to abide by and be bound by the Act, Regulations and the Bye Laws as are in force from time to time for such pledges.

Pledgor's Details

DP ID									Client ID								
Pledgor's Name	1. 2. 3.																

Pledgee's Details

DP ID									Client ID								
Pledgee's Name	1. 2. 3.																

Details of Securities: ❑ **Free Securities** ❑ **Locked–in Securities**

Details of Securities offered for Pledge.

Sr. no	ISIN	Company Name	Quantity	Date of Release (lock-in)	PSN (System Generated)	Accepted / Rejected by Pledgee	Pledged value

Attach an annexure duly signed by the account holder(s), if the space above is insufficient.

Pledge Execution Date	D	D	M	M	Y	Y	Y	Y
Pledge Expiry Date	D	D	M	M	Y	Y	Y	Y
Total Pledge Value (Rs.)								
Agreement No.								
Date of Pledging	D	D	M	M	Y	Y	Y	Y

Note : As a pledgor and pledgee, We are aware that the pledge recorded in the system only prohibits the Pledgor from dealing with securities until redemption/maturity/expiry date of the securities pledged and that the records of pledged securities may be removed from the system as a result of redemption/maturity/expiry of the securities.

To be filled and signed in case of Set-up of Pledge by Pledgor BO

Signature of the Pledgor

First/ Sole Applicant	Second Applicant	Third Applicant

To be filled in case of acceptance of Pledge by Pledgee BO

Signature of Pledgee(s) *

First Holder	Second Holder	Third Holder

* If the Pledgee is a bank DP, the signature of the pledgee need not be taken on the Pledge request form.

Depository Participant Seal and Signature

Unpledge Request Form (URF)

❑ **Unpledge by Pledgor** ❑ **Unpledge by pledgee**

Depository Participant Name /Address/ DP ID

Please fill all the details in **Block Letters** in English

URF No.		Date	D	D	M	M	Y	Y	Y	Y

I/We request you to set up an **Unpledge** request on my / our behalf. I / We have read and understood the Depositories Act, SEBI Regulations and the Bye Laws in relation to unpledge of securities and I / We agree to abide by and be bound by the Act, Regulations and the Bye Laws t as are in force from time to time for such unpledge requests.

Pledgor's Details			
DP ID		Client ID	
Pledgor's Name	1.		
	2.		
	3.		

Pledgee's Details			
DP ID		Client ID	
Pledgee's Name	1.		
	2.		
	3.		

Date of Unpledging	D	D	M	M	Y	Y	Y	Y

Sr. No	PSN	ISIN	Name of the Security	Total Quantity pledged	Quantity to be unpledged	Accepted / rejected by Pledgee

Attach an annexure duly signed by the account holder(s), if the space above is insufficient.

The unpledge request is being set up for the reasons mentioned hereunder: -

I / We declare that the above particulars given by me/ us above are true to the best of my/ our knowledge.

To be filled and signed in case of Set-up of Unpledge by Pledgee BO

Signature of the Pledgee

First/ Sole Applicant	Second Applicant	Third Applicant

To be filled and signed in case of Set-up of unpledge by Pledgor BO

Signature of the Pledgor

First / Sole Applicant	Second Applicant	Third Applicant

Depository Participant seal and signature

Invocation Request Form (IRF)

Depository Participant Name/Address

Please fill all the details in **Block Letters** in English. To be filled by the pledgee.

IRF No.		Date	D	D	M	M	Y	Y	Y	Y

I/We request you to set up a Invocation request on my / our behalf. I / We have read and understood the Depositories Act, SEBI Regulations and the Bye Laws in relation to Invocation of securities and I / We agree to abide by and be bound by the Act, Regulations and the Bye Laws as are in force from time to time for such Invocation.

Pledgor's Details

DP ID									Client ID								
Pledgor's Name	1.																
	2.																
	3.																

Pledgee's Details

DP ID									Client ID								
Pledgee's Name	1.																
	2.																
	3.																

Date of Invocation	D	D	M	M	Y	Y	Y	Y

Details of Securities to be invoked

Sr. No	PSN	ISIN	Name of the Security	Total Quantity Pledged	Quantity to be invoked

Attach an annexure duly signed by the Pledgee(s), if the space above is insufficient.

The invocation request is being set up for the reasons mentioned hereunder:-

Signature of the Pledgee

Sole / First Applicant	Second Applicant	Third Applicant

Depository Participant Seal and Signature

MARGIN PLEDGE / REPLEDGE REQUEST FORM (MPRF)

❑ Setup of Margin Pledge ❑ Setup of Margin Re-Pledge ❑ Confirmation of Margin Pledge ❑ Confirmation of Margin Re-Pledge

Depository Participant Name /Address

Please fill all the details in **Block Letters** in English

MPRF No.		Date	D	D	M	M	Y	Y	Y	Y

I/We request you to **create the margin pledge, re-pledge / confirm the creation of margin pledge / re-pledge for** the following securities. I/We have read and understood the Depositories Act, SEBI Regulations and the Bye Laws in relation to margin pledge of securities and I/We agree to abide by and be bound by the Act, Regulations and the Bye Laws as are in force from time to time for such pledges.

Pledgor's Details																	
DP ID									**Client ID**								
UCC																	
TMID/CP Code																	
CMID																	
STOCK EXCHANGE			**CLEARING CORPORATION**						**SEGMENT**								
Pledgor's Name	1 2 3																

DP ID									Client ID								
Pledgee's Name	1.																
	2.																
	3.																

Details of Securities: **❑ Free Securities**

Details of Securities offered for Margin Pledge/Margin Repledge

Sr. no	ISIN	Company Name	Quantity	PSN (System Generated)	Accepted / Rejected by Pledgee	Pledged value

Attach an annexure duly signed by the account holder(s), if the space above is insufficient.

Pledge Execution Date	D	D	M	M	Y	Y	Y	Y
Pledge Expiry Date	D	D	M	M	Y	Y	Y	Y
Total Pledge Value (Rs.)								
Agreement No.								
Date of Pledging	D	D	M	M	Y	Y	Y	Y

Note : As a pledgor and pledgee, We are aware that the margin pledge / re-pledge recorded in the system only prohibits the Pledgor from dealing with securities until redemption/maturity/expiry date of the securities margin pledged and that the records of margin pledged securities may be removed from the system as a result of redemption/maturity/expiry of the securities.

I/ we hereby provide our consent for the repledge of the securities under margin pledge by the pledgee (i.e. Trading Member) to the Clearing Member and / or further to the Clearing Corporation.

To be filled and signed in case of Set-up of ❑ Margin Pledge ❑ Re-pledge by Pledgor BO

Signature of the Pledgor

First/ Sole Applicant	Second Applicant	Third Applicant

To be filled in case of acceptance of ❑Margin Pledge ❑ Re-pledge by Pledgee BO

Signature of Pledgee(s)

First Holder	Second Holder	Third Holder

Depository Participant Seal and Signature

Margin Unpledge Request Form (MURF)

❑ Margin Pledge release by Pledgor ❑ Margin Pledge release by Pledgee ❑ Margin Repledge release by Pledgor ❑ Margin Repledge release by Pledgee

Depository Participant Name /Address/ DP ID

Please fill all the details in **Block Letters** in English

MURF No.		Date	D	D	M	M	Y	Y	Y	Y

I/We request you to set up margin **Unpledge** request on my / our behalf. I / We have read and understood the Depositories Act, SEBI Regulations and the Bye Laws in relation to margin unpledge of securities and I / We agree to abide by and be bound by the Act, Regulations and the Bye Laws as are in force from time to time for such margin unpledge requests.

Pledgor's Details																	
DP ID									**Client ID**								
UCC																	
TMID/CP Code																	
CMID																	
STOCK EXCHANGE			**CLEARING CORPORATION**						**SEGMENT**								
Pledgor's Name	1 2 3																

Pledgee's Details																		
DP ID									Client ID									
Pledgee's Name	1.																	
	2.																	
	3.																	

Date of Execution	D	D	M	M	Y	Y	Y	Y

Sr. No	PSN	ISIN	Name of the Security	Total Quantity pledged	Quantity to be unpledged	Accepted / rejected by Pledgee

Attach an annexure duly signed by the account holder(s), if the space above is insufficient.

The ❑ Margin Pledge release ❑ Margin Repledge release request is being set up for the reasons mentioned hereunder: -

I / We declare that the above particulars given by me/ us above are true to the best of my/ our knowledge.

To be filled and signed in case of Set-up of pledge release by Pledgee BO

Signature of the Pledgee

First/ Sole Applicant	Second Applicant	Third Applicant

To be filled and signed in case of Set-up of pledge release by Pledgor BO

Signature of the Pledgor		
First / Sole Applicant	**Second Applicant**	**Third Applicant**

Depository Participant seal and signature

Margin Invocation Request Form (MIRF)

Depository Participant Name/Address

Please fill all the details in **Block Letters** in English. To be filled by the pledgee.

MIRF No.		Date	D	D	M	M	Y	Y	Y	Y

I/We request you to set up a Margin Invocation request on my / our behalf. I / We have read and understood the Depositories Act, SEBI Regulations and the Bye Laws in relation to Margin Invocation of securities and I / We agree to abide by and be bound by the Act, Regulations and the Bye Laws as are in force from time to time for such Margin Invocation.

Pledgor's Details																	
DP ID									**Client ID**								
UCC																	
TMID/CP Code																	
CMID																	
STOCK EXCHANGE			**CLEARING CORPORATION**						**SEGMENT**								
Pledgor's Name	1 2 3																

DP ID									Client ID								
Pledgee's Name	1.																
	2.																
	3.																

Date of Invocation	D	D	M	M	Y	Y	Y	Y

Details of Securities to be invoked

Sr. No	PSN	ISIN	Name of the Security	Total Quantity Pledged	Quantity to be invoked	Invocation Value

Attach an annexure duly signed by the Pledgee(s), if the space above is insufficient.

The invocation request is being set up for the reasons mentioned hereunder:-

Signature of the Margin Pledgee / Margin Re-pledgee

Sole / First Applicant	Second Applicant	Third Applicant

Depository Participant Seal and Signature

On the letterhead of TM/CM

Date :

To,
(Name of Depository Participant)

Dear Sir / Madam,

Sub: ❑ Consent for opening Client Securities Margin Pledge Account

I am / we are maintaining a TM/CM account with your DP <demat account number (BOID)>.

I/We would like to open Client Securities Margin Pledge Account based on the existing AOF with your DP under the type _____ and sub-type _____ .

I/we hereby declare that I/we are KYC compliant and details captured in the Pool / Principal Account and current details are same.

As per Operating Instructions 2.4.4 we hereby give our consent and Board Resolution along with the list of Authorised Signatories to open and operate the CM UnPaid Securities Account as a CM of BSE and / or CM for exchanges other than BSE.

Thanking you,

_____ _____
TM/CM Seal Authorised Signatories

MARGIN PLEDGE / REPLEDGE (MPRF) / UNPLEDGE (MURF) / INVOCATION (MIRF) REQUEST FORM

❑ Setup of Margin Pledge ❑ Setup of Margin Re-Pledge ❑ Confirmation of Margin Pledge ❑ Confirmation of Margin Re-Pledge ❑ Margin Pledge release by Pledgor ❑ Margin Pledge release by Pledgee ❑ Margin Repledge release by Pledgor ❑ Margin Repledge release by Pledgee

Depository Participant Name /Address

Please fill all the details in **Block Letters** in English

MPRF No./MURF No./MIRF No.		Date	D	D	M	M	Y	Y	Y	Y

I/We request you to **create the margin pledge/ re-pledge / unpledge/ invocation or confirm the creation of margin pledge / re-pledge / unpledge for** the following securities on my / our behalf. I/We have read and understood the Depositories Act, SEBI Regulations and the Bye Laws in relation to margin pledge of securities and I/We agree to abide by and be bound by the Act, Regulations and the Bye Laws as are in force from time to time for such pledges/repledge/unpledged/invocation.

Pledgor's Details / Pledgee Details																
DP ID								**Client ID**								
UCC																
TMID/CP Code																
CMID																
STOCK EXCHANGE			**CLEARING CORPORATION**					**SEGMENT**								
Pledgor's Name	1 2 3															

DP ID									Client ID								
Pledgee's Name	1.																
	2.																
	3.																

Details of Securities: ❑ **Free Securities**

Details of Securities offered for Margin Pledge/Margin RePledgee Sr. no	**ISIN**	**Company Name**	**Quantity**	**PSN (System Generated)**	**Accepted / Rejected by Pledgee**	**Pledged value**

Attach an annexure duly signed by the account holder(s), if the space above is insufficient.

Details of Securities to be Unpledged

Date of Execution	D	D	M	M	Y	Y	Y	Y

Sr.No	**PSN**	**ISIN**	**Name of the Security**	**Total Quantity pledged**	**Quantity to be unpledged**	**Accepted / rejected by Pledgee**

Attach an annexure duly signed by the account holder(s), if the space above is insufficient.

The ❑ Margin Pledge release ❑ Margin Repledge release request is being set up for the reasons mentioned hereunder: -

To be filled and signed in case of Set-up of pledge release by Pledgee BO

Details of Securities to be Invoked

Date of Invocation	D		D	M	M	Y	Y	Y	Y	

Sr. No	**PSN**	**ISIN**	**Name of the Security**	**Total Quantity Pledged**	**Quantity to be invoked**	**Invocation Value**

Attach an annexure duly signed by the Pledgee(s), if the space above is insufficient.

The invocation request is being set up for the reasons mentioned hereunder:-

Pledge Execution Date	D	D	M	M	Y	Y	Y	Y
Pledge Expiry Date	D	D	M	M	Y	Y	Y	Y
Total Pledge Value (Rs.)								
Agreement No.								
Date of Pledging	D	D	M	M	Y	Y	Y	Y

Note : As a pledgor and pledgee, We are aware that the margin pledge / re-pledge recorded in the system only prohibits the Pledgor from dealing with securities until redemption/maturity/expiry date of the securities margin pledged and that the records of margin pledged securities may be removed from the system as a result of redemption/maturity/expiry of the securities.

I/ we hereby provide our consent for the repledge of the securities under margin pledge by the pledgee to the Clearing Member and / or further to the Clearing Corporation

To be filled and signed in case of Set-up of ❑ Margin Pledge ❑ Re-pledge by Pledgor BO ❑ Set-up of pledge release by Pledgor BO

Signature of the Pledgor

First/ Sole Applicant	**Second Applicant**	**Third Applicant**

To be filled in case of acceptance of ❑Margin Pledge ❑ Re-pledge by Pledgee BO❑ Set-up of pledge release by Pledgee BO ❑ invocation by pledgee BO

Signature of Margin Pledgee BO(s)

First Holder	**Second Holder**	**Third Holder**

Signature of the Margin Pledgee / Margin Re-pledgee

Sole / First Applicant	**Second Applicant**	**Third Applicant**

Depository Participant Seal and Signature

Rematerialization Request Form [RRF]

Depository Participant Name / Address

(To be filled up by the Depository Participant)

RRN		Date	D	D	M	M	Y	Y	Y	Y

Please fill all the details in **Block Letters** in English. (In case of Lock-in Securities, fill up separate RRF for Lock-in securities having different Lock-in expiry dates).

RRF No.		Date	D	D	M	M	Y	Y	Y	Y

I/We request you to arrange to rematerialize the securities mentioned hereunder held in our demat account.

DP ID									Client ID									
Name of the Company																		
ISIN	I	N																
Type of Security	❑ Equity ❑ Debentures ❑ Bonds ❑ Units ❑ Other (Specify)																	
Number of Securities to Be Rematerialized	In figures																	
	In Words																	
Type of Lot Requested	❑ Market Lot. ❑ Jumbo Lot. **(Specify Denomination)**																	
Type of Securities	❑ Free ❑ Lock-in																	
Lock-in Reason																		
Lock-in Expiry Date	D	D	M	M	Y	Y	Y	Y										
Documents enclosed																		

Account Holder's Details

Name of the First Holder	
Father / Husband Name of First Holder	
Name of the Second Holder	
Name of the Third Holder	
Occupation of the First Holder	
Details of Existing Folio (if any)	

*** In case of remat for repurchase, Form provided by the respective company should be attached along with the RRF**

	First/Sole Holder	**Second Holder**	**Third Holder**
Name			
Signature as per RTA Records			
Signature as per DP Records			

Participant Authorization – DP to RTA

Received the above mentioned securities for Rematerialization, from:

DP ID										Client ID										
Name of the Sole / First Holder																				
ISIN	I	N											Date	D	D	M	M	Y	Y	Y	Y

The Rematerialization Request form has been verified with the details of the Beneficial Owner's account and it is certified that the form is in order. The account has sufficient balances to allow the Rematerialization as requested. It is also certified that the details of beneficial owners have been verified and found in order.

Depository Participant Seal and Signature

==========(Please Tear Here)==========

Acknowledgement Receipt

Received Rematerialization request form as per details given below :

RRF No.													Date	D	D	M	M	Y	Y	Y	Y
DP ID										Client ID										
Name of the Sole / First Holder																				
Name of Second joint Holder																				
Name of Third joint Holder																				
ISIN	I	N											Quantity							
Name of the Company / Security																				
Type of Security																				

Depository Participant Seal and Signature

REPURCHASE / REDEMPTION REQUEST FORM

Participant Name																
Depository Participant ID																
RFN									DATE							

I/We offer the below mentioned securities for repurchase/ redemption and declare that my/our account be debited the number of securities to the extent of my/ our repurchase/ redemption request and proceeds be paid to me/us cheque/ bank draft. I/We hereby declare that the below mentioned person(s) are the beneficial owners of the security mentioned.

Account Number		
Account Holder Name		
No. of Securities to be Repurchased/Redeemed(in figures)		
in words (integers)		
and (Fractions)		
Name of the security		
Name of the issuing Company		
Face Value		
ISIN		

Specimen Signature(s)	**Name**	**Signature**
First/ Sole Holder	______________________________	_______________
Second Holder	______________________________	_______________
Third Holder	______________________________	_______________

Participant Authorization

Received the above mentioned securities for repurchase/ redemption from

Account No.								
ISIN								
Date	D	D	M	M	Y	Y	Y	Y
Name of the first Holder								

The application form is verified with the details of the beneficial owner's account and certified that the application form is in order. The account has sufficient balance to accept the repurchase/ redemption request. It is also certified that the beneficial owner's signatures are verified and found in order.

The other details of the beneficial owners as extracted from the records are enclosed.

Forwarded by – Name

Signature Seal

= =

Acknowledgement

Participants Name Address and ID

We hereby acknowledge the receipt of repurchase/ redemption request for ____________ no. of securities of ________________________ (security details) from __________________________________ (Name) holding a/c no. ____________

Depository Participant's Signature	**Seal**	**Date**

Account Closure Request Form

Application No.		Date	D	D	M	M	Y	Y	Y	Y
Closure Initiated by	❑ BO ❑ DP ❑ CDSL									

(To be filled by the BO (in case of BO-initiated closure). Please fill all the details in **Block Letters** in English)

To,
Depository Participant Name
Address

Dear Sir / Madam,

I / We the Sole Holder / Joint Holders / Guardian (in case of Minor) / Clearing Member request you to close my / our account with you from the date of this application. The details of my/our account are given below:

Account Holder's Details

DP ID		Client ID	
Name of the First / Sole Holder			
Name of the Second Holder			
Name of the Third Holder			
Address for Correspondence			
City		State		PIN	

Details of remaining security balances in the account (if any)

Reasons for Closing the Account	
Balance remaining in the account (if any) to be :	
❑ partly rematerialised and partly transferred.	❑ Rematerialised
❑ Transferred to another account (Number given below)	❑ Not applicable
DP ID	Client ID
Balance present in account for (To be filled by DP, if applicable)	❑ Ear - marked ❑ Pledged ❑ Pending for Dematerialisation ❑ Frozen ❑ Pending for Rematerialisation ❑ Lock-in

DECLARATION: In case of Account Closure due to SHIFTING OF ACCOUNT:

I/We declare and confirm that all the transactions in my/our demat account are true/ authentic.

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature *			

*If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.

==========(Please Tear Hear)==========

Acknowledgement Receipt

Application No. **Date :-**

We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification: -

DP ID	Client ID
Name of the First / Sole Holder	
Name of the Second Holder	
Name of the Third Holder	
Reason for Closure	

Depository Participant Seal and Signature

Instructions to Account Holder(s)

- Submit a duly-filled RRF if the balances are to be rematerialized.
- Submit a duly-filled Delivery Instruction Slip [DIS] (off market instruction slip) if the balances are to be transferred to another Account. This requirement is not applicable in the case of "**SHIFTING OF ACCOUNT**".

Date :

To,
Company Name and Address

Dear Sir / Madam,

Sub : Rejection of pending demat request and account closure

I / We have submitted the certificates of your company _____ having ISIN _____ for dematerialisation through Depository Participant _____(name) having DP ID _____. Details of my/ our demat request(s) are given below –

Demat Request Form no. (DRF no.)	Demat Request no. (DRN)	Date of setup of DRN	Certificate no(s).		Distinctive no(s).		Quantity
			From	To	From	To	

The aforesaid demat request(s) is / are pending for disposal for a long time. As I / we wish to close my / our BO account no. _____ and hold the above mentioned securities in physical form, I / We request you to reject the pending demat request and send physical certificates directly to me / us with intimation to my / our DP.

Yours faithfully,

Name and Signature of 1st holder : _____

Name and Signature of 2nd holder : _____

Name and Signature of 3rd holder : _____

Encl : Letter giving details of the demat request, duly signed and stamped by DP.

cc : 1. DP name and address
2. Electronic connectivity RTA name and address

To, Date: _____

DP Name
Address

Dear Sir / Madam,

Sub: Rejection of pending demat request and account closure

I/We had submitted share certificates / securities for dematerialisation through you, details of which are as follows:-

Issuer (Company) Name : _____

ISIN : _____

Demat Request Form no. (DRF no.)	Demat Request no. (DRN)	Date of setup of DRN	Certificate no(s).		Distinctive no(s).		Quantity
			From	To	From	To	

The aforesaid demat request(s) is/are pending for disposal for a long time. As I/we wish to close my/our BO account no. _____, I/We request you to **reject** the pending demat request(s) which have been set up in the system.

I/We wish to inform you that: (*tick the relevant box*):-

- ❑ the share certificates (securities) pertaining to these demat requests are in my/our possession.
- ❑ the share certificates (securities) pertaining to these demat requests are **not** in my/our possession. However, I/we undertake to take up the matter directly with the concerned Issuer and/or its RTA.

Yours faithfully,

	First Holder	Second Holder	Third Holder
Name			
Signature			

[on the DP's letterhead]

Date: __ / __ / _____

To:

Central Depository Services (India) Limited
Marathon Futurex, Unit No. 2501,
25th floor, A-Wing, Mafatlal Mills Compound,
N. M. Joshi Marg, Lower Parel,
Mumbai-400013

Dear Sir / Madam,

Sub: Rejection of pending demat request and account closure

In line with CDSL's DP Operating Instructions regarding account closure, we have received a request from BO(s), having BOID _____ requesting the cancellation of long-pending demat request(s) and the subsequent closure of the said demat account. The said request letter is attached herewith.

We request you to arrange to **cancel** the following demat requests [**DRNs**] in the CDSL system as they are pending for more than **60 days**. The details of the BO(s) i.e. account number, name(s) and signature(s), as mentioned in the attached letter, have been duly verified by us and found to be in order.

Sr. No.	Demat Request No.	Issuer Name	ISIN	Quantity
1				
2				

The BO(s) has/have confirmed that the securities / share certificates are in their possession and if not, they have undertaken to take up the matter directly with the concerned Issuer/RTA.

Thanking you,

Yours faithfully,
for [**DP Name**]

DP Seal

_____
[**Authorized Signatory**]
Name: _____
Designation: _____

Encl: Letter from BO(s)

Annexure 11.1

PENALTY STRUCTURE FOR DPs

Sr. No	Nature of Non – Compliance	Penal Amount in ₹ / Action	Revised Changes(₹)
I	**Operational deviations**		
1	a) Accounts operated with an unsigned agreement / without acknowledgement of Rights and Obligations document. b) Account opened without obtaining adequate proof of identity or any other document prescribed under guidelines of CDSL / SEBI / PMLA c) Account opened without obtaining adequate proof of address as prescribed under guidelines of CDSL / SEBI / PMLA d) Adequate proof of address not collected for change of address as prescribed under guidelines of CDSL / SEBI / PMLA **e)** Record of in-person verification not maintained as prescribed under guidelines of CDSL / SEBI / PMLA	₹ 2,500/- per account. If such deviation is observed in two consecutive inspections, penalty would be ₹5,000/- per account. If such deviation is observed in three consecutive inspections, matter would be referred to DAC. Depository to refer the matter to DAC if total penalty imposed in one inspection under this head exceeds ₹ 50,000/-.	
2	Supplementary agreement executed or undertaking/letter obtained or any modification made in any document which has clauses contradictory to CDSL prescribed agreement or Rights and Obligations document or Power of attorney executed in favour of DP in contradiction to CDSL prescribed guidelines	₹ 1,000/- per occasion	
3	Accounts opened in the name of Partnership firms / proprietary concern / such other entities not entitled to hold securities in its name as prescribed under guidelines of CDSL / SEBI / PMLA	₹ 1,000/- per account	
4	Nomination not done as per prescribed procedure	₹ 250/- per account	
5	Any type of transaction not executed as per the procedure prescribed by Depository such as change in bank details, change in signature, transmission, account closure, freeze/unfreeze, pledge, remat etc. as prescribed under guidelines of CDSL / SEBI / PMLA	₹ 500/- per account	
6	Data entry errors / omission which may cause inconvenience and/or loss to the BO/ system / Depository	₹ 50/- per account	
7	Correct PAN details are not obtained from the BOs and the account is not frozen for debit as prescribed under guidelines of CDSL / SEBI / PMLA	₹ 500/- per account	
8	Incorrect entry of PAN details in CDAS as prescribed under guidelines of CDSL / SEBI / PMLA	₹ 50/- per account	
9	Invalid/ factually incorrect/ meaningless data entered in demographic details.	₹ 500/- per account	
10	Delay in dispatch of demat requests beyond 7 working day after receipt of Demat Request Form and certificates from the BO.	₹ 250/- per occasion	
11	Sending securities for dematerialization to Registrar & Transfer Agents / Issuers without defacing and mutilating certificates.	₹ 100/- per occasion	
12	No/inadequate control over issuance and/or acceptance of instruction slips.	₹ 2,500/- per occasion. If such deviation is observed in two consecutive inspections, penalty would be ₹ 5,000/-. If such deviation is observed in three consecutive inspections, matter would be referred to DAC.	
13	BO account debited without receiving proper authorization as prescribed under guidelines of CDSL / SEBI.	₹ 2,500/- per account. If such deviation is observed in two consecutive inspections, penalty would be ₹ 5,000/- per account. If such deviation is observed in three consecutive inspections, matter would be referred to DAC. Depository to refer the matter to DAC if total penalty imposed in one inspection under this head exceeds ₹ 50,000/- The penalty levied above will be in addition to restoration of securities in case of BOs' dispute.	
14	Instruction of the BO not executed or erroneously entered by DP.	₹ 250/- per account	
15	Fax indemnity not executed with the BOs for the instructions accepted on fax and/or original instruction not collected within three working days from the date of receipt of the fax.	₹ 500/- per account	

Sr. No	Nature of Non – Compliance	Penal Amount in ₹ / Action	Revised Changes(₹)
16	Transaction statement not being sent to BOs as per requirements or discrepancy observed in the transaction statement sent to BOs.	₹ 2000/- per occasion	
17	Change in office address and / or investor relations officers/compliance officers not intimated to Depository.	₹ 250/- per occasion	
18	Forms used are not in conformity with the prescribed format.	₹ 100/- per occasion	
19	Termination / closing of franchisee / branch services contrary to CDSL instructions.	₹ 500/- per occasion	
20	Registration of BOs to easi/ easiest without obtaining registration forms/Registration of Trusted accounts at easiest without obtaining letter in the given format from trusted account holders	₹ 500/- per account	
21	Internal Audit Report &/ Concurrent Audit Report not submitted in the prescribed format within stipulated time period.	₹ 1,000/- per occasion plus additional ₹ 500/- for any delay per fortnight ₹2000/- per occasion plus additional ₹1000 for any delay per fortnight if repeated delay found in consecutive period. If same deviation is observed for three consecutive periods, matter would be referred to Disciplinary Action Committee.	
22	Internal audit report/ concurrent audit report submitted without inclusion of management comments for deviations noted by auditors or not providing compliance duly certified by auditors on the observations made by the Depository	₹ 1,000/- per occasion plus additional ₹ 500/- for any delay per fortnight till the submission of revised report	
23	Non-submission of net worth certificate based on the audited annual accounts by the DPs (as specified in the Bye-Laws) in the prescribed format for 31st March within prescribed time limit	₹ 2,500/- per occasion plus additional ₹1,000 for any delay per fortnight. ₹5000/- per occasion plus additional ₹2000/- for any delay per fortnight if repeated delay found in consecutive period. If same deviation is observed for three consecutive periods, matter would be referred to Disciplinary Action Committee.	
24	Non-submission of annual financial statement within the prescribed time limit.	₹ 1,000/- per occasion plus additional ₹ 500/- for any delay per fortnight ₹2000/- per occasion plus additional ₹1000/- for any delay per fortnight if repeated delay found in consecutive period. If same deviation is observed for three consecutive periods, matter would be referred to Disciplinary Action Committee.	
25	Non filing of information sought by depository either periodically or specifically through communiqués / letters etc.	₹ 250 per occasion/-	
26	BO Grievances (except disputes /court cases) not redressed within 30 days	₹ 250/- per grievance plus additional ₹100/- for any further delay per month. Delay beyond six months will be reported to the DAC	
27	Non-submission of monthly report of BOs' Complaints **(BOG report)** as required under Bye Law 5.3.5.4 (latest by 10th of the following month).	₹ 500/- per month ₹ 1000/- per month if repeated delay found in consecutive month. If same deviation is observed for three consecutive periods, matter would be referred to Disciplinary Action Committee.	
28	Compliance not reported by DP within 60 days from the date of communication by depository with respect to deviations observed during the inspections.	Matter to be referred to DAC	
29	a) In – person verification carried out by any person other than as permitted by SEBI / Depositories. b) Carrying out function of verification of delivery instruction slips through franchisees. c) Dispatch of periodic transaction statements by Participants through its service centre (branch as well as franchisees) other than one which is directly connected to the Depository or through its centralised processing unit under the supervision of its head office.	Matter to be referred to Disciplinary Action Committee.	

Sr. No	Nature of Non – Compliance	Penal Amount in ₹ / Action	Revised Changes(₹)
30	Depository services are offered through service centres without the approval of the Depository.	₹ 2,500/- per occasion	
31	Anti Money Laundering (AML) policy not framed as required under PMLA and not intimated to FIU-IND	₹ 2,500/- per occasion	
32	Non appointment of Principal officer/Non intimation of change of Principal Officer details to FIU – IND	₹ 2,500/- per occasion	
33	Suspicious Transaction Register not being maintained as prescribed by CDSL.	₹ 2,500/- per occasion	
34	System of maintaining documents pertaining to depository operations not satisfactory.	₹ 1,000/- per occasion	
35	Non- Submission of data for risk based supervision in Risk Assessment Template (RAT) for half year ending March31st by April 30th and half year ending September 30th by October 31st	₹1000/- per occasion Repeated delay: ₹2000/- per occasion if repeated delay found in consecutive period. If same deviation is observed for three consecutive periods, matter would be referred to Disciplinary Action Committee.	
36	Failure to co-operate with the Depository for conducting inspection by not submitting all the information/records sought within 45 days from the due date specified in the letter of intimation.	Would be referred to DAC	
37	Data submitted in Internal Audit Report, Concurrent Audit report, Risk Assessment Template (RAT) for Risk based supervision, Networth certificate, Annual Financial Statements, Half year Compliance Certificate of Investor Grievance Report is found to be false/ incorrect.	₹ 500/- per occasion. ₹1000/- per occasion, if same deviation is observed for consecutive period. If same deviation is observed for three consecutive periods, matter would be referred to Disciplinary Action Committee.	
38	**Failure to furnish half yearly compliance certificate/report to Depository for half year ending June 30th by July 30th and half year ending December 31st by January 31st.**	**Would be referred to DAC**	**Restraint on new account opening if 30 days have elapsed after stipulated time period for submission of the compliance certificate. Matter to be referred to Disciplinary Action Committee if the delay is beyond 60 days from stipulated time period.**
II	**System related deviations**		
39	Using the CDAS for any other purpose or loading any other software or alteration of parameters / configuration/ software other than prescribed system software found loaded in the system.	₹ 5,000/- per occasion	
40	Not upgrading the software and/or hardware within the prescribed time limit / not complying with pre-requisite or post-requisite of upgradation.	₹ 5,000/- per occasion plus actual cost of travel of CDSL official/s and/or other person/s on behalf of CDSL, if any, for this purpose.	
41	Configuration of CDAS not as per CDSL requirements.	₹ 5,000/- per occasion	
42	CDAS is connected to WAN without permission of relevant authorities.	₹ 5,000/- per occasion	
43	Anti Virus Software not loaded/enabled/upgraded on server and/or client machine(s).	₹ 500/- per occasion	
44	Not taking back up daily and / or deviation in procedure of taking back up	₹ 100/- per occasion	
45	'Variable access rights' scheme suggested by Depository not implemented / not implemented properly.	₹ 250/- per occasion	

Sr. No	Nature of Non – Compliance	Penal Amount in ₹ / Action	Revised Changes(₹)
46	Erroneously uploading data files into CDSL system for processing of any type of transaction.	₹ 500/- per account	
47	Erroneous declaration of EOD by DP	₹ 500/- per occasion	
48	Physical access to client machine and server is easily available to unauthorised persons	₹ 100/- per occasion	
49	**Delivery Instruction Slip (DIS) not scanned and uploaded in system provided by Depositories.**	**New Point**	**a) If the deviation is observed in the first month - penalty of ₹.100 per DIS to be imposed with a maximum cap of ₹.10,000/-** **b) If the deviation is observed in the Second consecutive month, a penalty of ₹.150 per DIS to be imposed with a maximum cap of ₹15,000/-.** **c) If total monetary penalty imposed under this head is more or equal to ₹.50,000 during one financial year, matter would be referred to Disciplinary Action Committee (DAC).**
If the total monetary penalty levied on a particular DP in last three years exceed ₹.1,00,000/-, the matter would be referred to Disciplinary Action Committee.			

Freeze / Unfreeze Request Form

Depository Participant Name /Address

Please fill all the details in **Block Letters** in English

Ref No.		Date	D	D	M	M	Y	Y	Y	Y

❑ Freeze ❑ Unfreeze	❑ BO Account	❑ BO ISIN (given ISIN)	Freeze ID (system generated, to entered DP If BO account is frozen)	

Account Details

DP ID									Client ID								
Name of the Sole / First Holder																	
Name of Second joint Holder																	
Name of Third joint Holder																	

Details of Securities. (To be entered for BO–ISIN freeze)

Sr. no.	ISIN	Name of the security	Quantity For Partial Freeze	Freeze ID (To be entered by DP)

Attach an annexure duly signed by the account holder(s), if the space above is insufficient.

Frozen For	❑ Debit ❑ Credit ❑ Both
Activation Type	❑ Current ❑ Future
Freeze Activation Date *	D D M M Y Y Y Y
Freeze Expiry Date	D D M M Y Y Y Y
Reason For Freeze	
Freeze Remarks	

* To be entered for future dated freeze.

I / we declare that the particulars given by me/ us above are true to the best of my/ our knowledge.

Name & Signature of the Account Holder(s)

	First/ Sole Holder	Second Holder	Third Holder
NAME			
SIGNATURE			

==========(Please Tear Here)==========

Acknowledgement Receipt

Received Freeze / Unfreeze request from:

DP ID									Client ID								
Name of the Sole / First Holder																	
Name of Second joint Holder																	
Name of Third joint Holder																	

Depository Participant Seal and Signature

Form No. 1

Arbitration Application Form

In the matter of Arbitration under the Bye Laws, Agreement and Operating Instructions of Central Depository Services (India) Limited

BETWEEN _____ (Name of Claimant/s)

AND _____ (Name of Respondent/s)

From,

_____

_____

To,
The Secretary
Arbitration Committee
Central Depository Services (India) Limited

Sir,

As claims, differences and disputes (whether admitted or not), within the meaning of the Bye-laws read with the Agreement entered with the Depository Participant and Operating Instructions of the Central Depository Services (India) Limited have arisen and are now between me / us and _____ the Respondent/s above-named, I/We hereby apply for adjudication of the same by Arbitration as provided in the said Bye-laws read with the Agreement and Operating Instructions.

I/We enclose:

i) duly completed Notice (Form No. 2) in triplicate proposing the names of three arbitrators and calling upon the Respondent(s) above mentioned to consent to appointment of any one of them;

ii) Statement of the case together with Statement(s) of accounts in triplicate, and

iii) A sum of ₹_____ being the Application fee, ₹ _____, towards Administration fees, ₹ _____towards Arbitration fee, ₹_____ for the first hearing and deposit of ₹_____ towards the Arbitrators fees and the cost of stamp paper for the Award.

I/We enclose copies of all the supporting documents and papers relating to the reference in my / our possession as per the list annexed and/or undertake to produce such documents which are not in my possession in due course.

I /We undertake to produce original documents when called upon to produce the same.

Note: In case of a non-production of any of the above documents, reasons for the same shall be mentioned.

Dated this _____ day of _____, 2_____.

Yours faithfully,

(Signature of Claimant(s))

FORM NO. 2

Form of Nomination and Notice of Appointment

In the matter of
Arbitration under the Bye-Laws, Agreement and Operating Instructions of
Central Depository Services (India) Limited

BETWEEN _____ (Name of Claimant/s)

AND _____ (Name of Respondent/s)

To,

Respondents

WHEREAS it is provided in the Bye-laws, Agreement and Operating Instructions of CDSL that all claims (whether admitted or not), differences and disputes arising out of or in relation to dealings arising out of or in relation to dealings, transactions and contracts made subject to the said Bye-laws, Agreement and Operating Instructions or with reference to anything incidental thereto or in pursuance thereof or relating to their construction, fulfillment or validity shall be referred to Arbitration as provided in the said Bye-laws, Agreement and Operating Instructions.

NOW THEREFORE in pursuance of the said Bye-laws, Agreement and Operating Instructions, I/We _____ the Claimant/s above-named do hereby propose the following names of Arbitrators from the approved panel of Arbitrators for appointment of anyone of them as an Arbitrator:

Name of three Arbitrators: (1) Shri _____

(2) Shri _____

(3) Shri _____

AND I/We require you to consent and appoint any one of them as an Arbitrator in the matter of said claims, differences and disputes, within seven days from the service of this notice, failing which the first named Arbitrator proposed above would be treated as the sole arbitrator.

Dated this _____ day of _____, 2____.

(Signature of Claimant(s))

Note: Statement of the case together with Statement/s of Account is appended hereto.

FORM NO. 2A

Consent of the Arbitrator

In the matter of
Arbitration under the Bye-laws, Agreement and Operating Instructions of
Central Depository Services (India) Limited

BETWEEN _____ (Name of Claimant/s)

AND _____ (Name of Respondent/s)

To,
The Secretary
Arbitration Committee
Central Depository Services (India) Limited

WHEREAS it is provided in the Bye Laws, Agreement and Operating Instructions of CDSL that all claims, differences and disputes (whether admitted or not) arising out of or in relation to dealings arising out of or in relation to dealings, transactions and contracts made subject to the said Bye Laws, Agreement and Operating Instructions or with reference to anything incidental thereto or in pursuance thereof or relating to their construction, fulfillment or validity shall be referred to Arbitration as provided in the said Bye Laws, Agreement and Operating Instructions.

We hereby accord our consent and declare that we are not in any way interested or concerned either in business dealings or otherwise with the Claimant/s or the Respondent/s. We also declare that we are eligible to be appointed as Arbitrator in these presents. We further declare that we possess the qualifications prescribed to act as an Arbitrator under the Bye Laws, Agreement and Operating Instructions of the Central Depository Services (India) Limited.

Dated the _____ day of _____, 2_____.

_____

(Signature of Arbitrator)

FORM NO. 3

Format of Covering Letter

Central Depository Services (India) Limited

Date: __ / __ / 2_____

In the matter of
Arbitration under the Bye-laws, Agreement and Operating Instructions of
Central Depository Services (India) Limited

BETWEEN _____ (Name of Claimant/s)

AND _____ (Name of Respondent/s)

To,

The Respondent/s

Dear Sir(s),

We enclose a Notice (Form No. 2) dated ___ / ____ / 2____ from _____, the Claimant/s above named together with copies of his/their Statement of the case and Statement/s of Account.

For your ready reference, we also enclose Reply to Arbitration Application (Form No. 4) and Form of Nomination and Appointment (Form No. 5).

Yours faithfully,

_____

(Arbitration Secretary)

FORM NO. 4

Reply to Arbitration Application

In the matter of Arbitration under the Bye-laws, Agreement and Operating Instructions of Central Depository Services (India) Limited

BETWEEN _____ (Name of Claimant/s)

AND _____ (Name of Respondent/s)

From,

_____

_____

To,

The Secretary
Arbitration Committee
Central Depository Services (India) Limited

Sir,

In connection with the application for Arbitration dated ____/___/_____ submitted by _____, the Claimant(s) above-named, I / We return herewith:

(i) Form of nomination of an Arbitrator (Form no. 5) duly completed;

(ii) Statement of the case in reply in triplicate;

(iii) Statement of the set-off or counterclaim together with statement(s) of account in triplicate; and

(iv) A sum of ₹ _____ /- being the Arbitration fees.

I / We enclose copies of all the supporting documents and papers relating to the reference in my / our possession as per the list annexed and/or undertake to produce such documents which are not in my possession in the due course. I /We undertake to produce original documents when called upon to produce.

Dated this _____ day of _____, 2_____

Yours faithfully,

_____
(Signature of Respondent/s)

Note: In case of non-production of any of the above documents, reasons for the same shall be mentioned.

FORM NO. 5

Form of Nomination and Appointment

In the matter of Arbitration under the Bye laws, Agreements and Operating Instructions of Central Depository Services (India) Limited

BETWEEN _____ (Name of Claimant/s)

AND _____ (Name of Respondent/s)

WHEREAS it is provided in the Bye Laws, Agreement and Operating Instructions of CDSL that all claims, differences and disputes (whether admitted or not) arising out of or in relation to dealings, transactions and contracts made subject to the said Bye Laws, Agreement and Operating Instructions or with reference to anything incidental thereto or in pursuance thereof or relating to their construction, fulfillment or validity, shall be referred to Arbitration as provided in the said Bye Laws, Agreement and Operating Instructions.

AND WHEREAS in pursuance of the said Bye Laws, Agreement and Operating Instructions, _____ the Claimant/s above-named has/have proposed the names of three Arbitrators and have called upon me/us to convey our consent for appointment of anyone of them as the Sole Arbitrator.

*I/ We consent to the appointment of Shri _____ as the Sole Arbitrator /

*I/We do not consent to the appointment of any of them as the Sole Arbitrator.

Dated this _____ day of _____, 2_____.

_____

Signature of Respondent/s

* Strike out whichever is not applicable.

FORM NO. 6

Form of Appointment of Arbitrator

In the matter of
Arbitration under the Bye-Laws, Agreement and Operating Instructions of
Central Depository Services (India) Limited

BETWEEN _____ (Name of Claimant/s)

AND _____ (Name of Respondent/s)

WHEREAS by an instrument in writing dated the _____ day of _____, 2____ the Claimant/s above-named has/have duly proposed the names of three persons from the approved panel of Arbitrators to determine the claim, differences and disputes in the above matter as provided in the Bye-laws, Agreement and Operating Instructions of CDSL

AND

- WHEREAS _____, the Respondent/s above-named has/have failed/refused to consent to the appointment of any of the three Arbitrators proposed by the Claimant/s as provided in the said Bye-laws, Agreement, and Operating Instructions.

- WHEREAS the Respondent/s has/have consented to the appointment of Shri _____ as an Arbitrator to determine the claim, differences, and disputes in the above matter as provided in the Bye-laws, Agreement, and Operating Instructions of CDSL.

NOW, THEREFORE, in pursuance of the said of CDSL, I, Shri _____ _____, authorized representative of CDSL, with the consent of the parties hereto, appoint Shri _____ as an Arbitrator/ third Arbitrator in the above matter.

Dated this _____ day of _____, 2_____

CDSL

- Strike out what is not applicable. The recitals may vary according to the circumstances of the case

FORM NO. 7

Appointment of the Presiding Arbitrator

In the matter of
Arbitration under the Bye Laws, Agreement and Operating Instructions of
Central Depository Services (India) Limited

BETWEEN _____ (Name of Claimant/s)

AND _____ (Name of Respondent/s)

We, the undersigned, _____ and _____ the Arbitrators duly appointed in the above matter hereby in conformity with the submissions made under the Bye Laws, Agreement and Operating Instructions of CDSL, under which we are acting, appoint _____ to be the Presiding Arbitrator in the said matter.

Dated this _____ day of _____, 2 _ _ _

_____

(Signature of Arbitrators)

To

The Chairman,
Central Depository Services (India) Limited

I, the undersigned _____ accept the appointment and agree to act as Presiding Arbitrator in the above matter.

Dated this _____ day of _____, 2 _ _ _

_____

(Signature of Presiding Arbitrator)

FORM NO. 8

Notice of Hearing

In the matter of Arbitration under the Bye-laws, Agreement and Operating Instructions, of Central Depository Services (India) Limited

BETWEEN _____ (Name of Claimant/s)

AND _____ (Name of Respondent/s)

WHEREAS _____ day of _____ 2____ at _____ (time) at _____ (place) has been fixed by the Arbitrators herein for proceeding in the above reference.

NOW THEREFORE take notice that each party is required to remain present either in person or through a duly authorized representative for the said proceedings with the necessary books, documents, papers, etc., that may be required to be placed before the Arbitrators during the course of such proceedings.

AND take further notice that in case any party absents himself, the Arbitrator/ Umpire shall at their/ his discretion proceed with the reference ex-parte.

Dated the _____ day of _____, 2 _ _ _

_____

(Signature/s of Arbitrator(s) /Arbitration Secretary)

PANEL OF ARBITRATORS OF CDSL - MUMBAI
WITH ADDRESS AND CONTACT DETAILS

Arbitration Secretary
Central Depository Services (India) Limited
A-Wing, Marathon Futurex, 25th Floor,
Mafatlal Mills Compound, N.M. Joshi Marg,
Lower Parel (E), Mumbai - 400 013
Contact Number: 022-23058671
Board: (022) 2302-3333 extn. 8671

Sr. No.	NAME	QUALIFICATIONS	PROFILE
1.	Mr. Rajesh Laxmichand Shah	CA	Over 20 years' experience in Industrial Management Consultancy with Specialization in Project Finance, FEMA, International Taxation including DTAA Corporate Laws, Indirect Taxes, Takeovers and Mergers, Arbitration, Conciliation and Mediations.
2.	Mr. Lakshman A.	B.sc,	Ex-banker. Served IDBI for over 34 years at senior position.
3.	Mr. Gaurang Bhupendra Shah	CA	Practicing CA since 2005
4.	Mr. Ashwin Bapulal Ankhad	B.SC, LL.B, ACS, LL.M	Practicing advocate. Over 30 years' experience in handling Corporate Arbitrations and Litigations.
5.	Mr. Pradeep Vithal Samant	B.Com. LL.B,CFP	Practicing advocate. Over 20 years' experience in Commercial Laws including ADR of commercial disputes.
6.	Mr. Rajendra Karanmal Bhuta	B.Com., LL.B. CA	Arbitrator and Senior Finance Professional with 35 years' Experience.

Sr. No.	NAME	QUALIFICATIONS	PROFILE
7.	Mr. Anil Balkrishna Ghaisas	B. Com, L.L.M., C.A.	Practicing CA. Specialization in Real Estate, Finance Banking and Taxation. 33 years' experience in the field.
8.	Mr. Bhupendra Kantilal Shah	B.Com., FCA, ISA	Practicing CA. Specialization in Income-tax, Wealth tax Allied Laws, Tribunals, Petitions, CIT Matters, Opinions and Academics etc. Examiner of ICAI since last 24 exams.
9.	Mr. Jashvant Chandulal Raval	B.Com, CA (DISA) (IFRS)	Practising CA since 1972
10.	Mr. Kersi Jamshed Limathwalla	B.Com., LL.B. CA	Practicing CA. Specialization in Finance, Economics, Law, Taxation, Accounting and Auditing. Over .32 years' experience in the field.
11.	Mr. Jaiprakash Bairagra	B.Com., LL.B., CA, CMC	Practicing CA. Specialization in Real Estate, Finance Banking etc. More than 32 years' experience in Accounts.
12.	Mr. Rajkumar Satyanarayan Adukia	CFE, B.Com (Hons), CA, CS, ACMA, LLB, MBA Dip IFRS (UK), DLL&LW, DIPR, Dip Criminology	Specialization in Intellectual Property, Real Estate, Finance Banking, Commercial Contracts, Corporate Law, Joint Ventures etc. Have 27 years' experience in practice.
13.	Mr. Sundararajan Srinivasan	M.SC., M.B.A.	Ex-Chief General Manager IDBI bank
14.	Mr. Dilip Kakubhai Virani	M.BA, MICA, MICADR, MIBA, M.S	Practising Surgeon; Mediation & Arbitration
15.	Mr. Anil Shah	CA, CS, Chartered Secretary, Administrator UK and Chartered Arbitrator UK	Practising Chartered Accountant
16.	Mr. Subramanian Narayanan Ananthasubramanian	B.Com., FCS	Ex-President-ICSI; Practising Company Secretary

Sr. No.	NAME	QUALIFICATIONS	PROFILE
17.	Mr. Pawan Agarwal	B.Com, L.L.B., F.C.A., DISA (ICAI)	Former Senior Partner in M/s. P. R. Agarwal & Awasthi, Chartered Accountants, Expert in Commercial Law, Securities Law, Finance, Corporate Laws
18.	Mr. H. C. Parekh	M.Sc., M.Phil, Masters Diploma in Public Adminstration, Indian Revenue Services	Director General Chennai, Commissioner of Income Tax (Central) Mumbai, Director of Income Tax (Investigation) Mumbai, Director of Income Tax (Investigation), Ahmedabad, Expertise in Revenue Intelligence, Administration and Investigation. Presently a Chancellor of a Deemed University, Rajasthan Vidyapeeth, Udaipur
19.	Mr Ramesh M Joshi	B.A., LLB	Former DGM Reserve Bank of India, Former Executive Director SEBI (Primary Market)
20.	Justice J. H. Bhatia	B. Com, L.L.M	Retired as Judge of Bombay High Court, Post retirement appointed as Judicial Member of the Armed Forces Tribunal, Regional Bench, Mumbai
21.	Justice S. Radhakrishnan	B.Sc., L.L.M., PH.D (LAW)	Retired as Judge Bombay High Court, Former Chairman Maharashtra Adminstrative Tribunal
22.	Justice A. S. Aguiar	B.A., LLB	Former Judge of the High Court, Mumbai, Advocate, Solicitor, Bombay High Court, Solicitor, Supreme Court of England of Wales
23.	Mrs. Padma Rajendran	M.A. (Economics) with specialization in Banking & Finance	27 years of experience in Banking industry in Management position. Former General Manager, IDBI

Sr. No.	NAME	QUALIFICATIONS	PROFILE
24.	Mr. Gopal K Sharma	M.A. LLB	Chief Commissioner of Income Tax, Kochi, 34 years of experience in the administration of the Department of Income Tax. 3 years of judicial experience as Commissioner of Income Tax (Appeals) at Chennai and Visakhapatnam. 7 years of experience in the investigation wing of Income tax.
25.	Mr. S. C. Gupta	B.A., L.L.B., C.A.I.I.B (Part I)	Former Legal Advisor and Head of Department, Legal, Reserve Bank of India
26.	Mr. D. P. Roy	M.Sc., Certified Associate of Indian Institute of Bankers	Former Chairman of SBI Capital Markets Ltd. and Deputy Managing Director of SBI
27.	Mr. R. V. Iyer	B.E. (Mech), PGD in Auto Engineering	Former General Manager (Recovery, Monitored Accounts and Legal) of Bank of Baroda
28.	Mr. G. A. Nayak	M.Com, MFM, PGDTM, L.L.B., PGDTM, CAIIB, Certificate in Industrial Finance (IIB)	Retired as Chief General Manager, SIDBI, Over 33 years in RBI, UTI, IDBI and SIDBI

PANEL OF ARBITRATORS OF CDSL – CHENNAI
WITH ADDRESS AND CONTACT DETAILS

Arbitration Secretary
Central Depository Services (I) Ltd.
BSE Investor Services Centre,
"Imperial" A - Towers, 8th Floor,
610 Anna Salai, Teynampet,
Near Teynampet Metro Station,
Chennai -600018.
(09381995000)

Sr. No.	NAME	QUALIFICATIONS	PROFILE
1.	Mr. Hari Shankar Mani	B.Sc Physics, LL.B	Practicing Advocate. Over 22 years of experience in the field of Corporate Law, Arbitration & Conciliation Proceedings
2.	Mr. G. Vasudevan	B.com., LL.B	Practicing Advocate. Specialization in matter related to Tariff and DRT.
3.	Mr. S. Bharathi	B.A, LL.B	Practicing Advocate. Civil Matters, &Original Jurisdiction in the High Court of Judicature at Madras. Knowledge about Capital Market operations.
4.	Mr. N. Ganesh	CA, ICWAI	More than 29 years of varied experience in Finance & Accounts.
5.	Mr. P. R. Gopinathan	B.Sc., LL.B	Practising Advocate at Madras. High Court since 24 years
6.	Mr. R. Sundarajan	B.C.S.,C.A.	Practicing Chartered Accountant having more than 25 years of professional experience.
7.	Mr. Arun Balaji	B.Com, CA	Financial professional with experience of over 10 years in Tax Assurance, Corporate credit ratings and Financial reporting.

Sr. No.	NAME	QUALIFICATIONS	PROFILE
8.	Mr. Anand Sashidharan	B.S.L.B.L.	Practicing Lawyer. Over 16 years' experience Specialisation in Intellectual Property rights.
9.	Mr. G. Muralidharan	B.Sc., C.A.	Practicing CA. Senior partner in leading Chartered Accountants firm having more than 46 years of professional experience.
10.	Mr. R. Vijayaraghavan	C.A.	As an officer in Bharat Overseas Bank Ltd., Chennai, for 7 years since (1978 - 1984) handling funds management including call money operations, In profession of CA since 15/02/1985.
11.	Mr. V Sekar	B.Sc., CA	Retd. General Manager & Director, United India Insurance Co. Ltd, Retd DGM Financial controller, Oriental Insurance company Ltd.
12.	Mr. A. P. Sridharan	B.A.(Economics)	G.M. (Personal promotion) Retd. Reserve Bank of India ChennaI Conducted various types of inspections of banks such as H. O. branches under Sec36 of B.R.ACT, Foreign Exchange inspections, Currency Chest inspections, Urban BANK 's inspections, N.B.F.C Inspections, Ombudsman
13.	Mr. M. S. Pratap	B.Sc., L.L.B.	Retired as Director and General Manger at United India Insurance. worked as Insurance Ombudsman
14.	Mr. S. Ravi	M.Sc. (Mathematics)	Retired Principal Chief Commissioner of Income Tax
15.	Mr. N. S. Srinivasan	B.Com, C.A.I.I.B., F.C.A	Retired as General Manager from Bank of Baroda , RBI Nominee Director on the Board of Tamilnadu Mercantile Bank Ltd (2004-2005)

Sr. No.	NAME	QUALIFICATIONS	PROFILE
16.	Justice V. Paul Das	B.A., BL	Retired Civil Judge(Senior Division)/ Asst Sessions Judge in the City Civil Court, Chennai
17.	Justice S. Jagadeesan	B.A., BL	Former High Court Judge, Chairman, Intellectual Property Appellate Board
18.	MR J. Krishnamoorthy	B.Sc., M.L	Former District Judge
19.	Mrs. P. S. Prema	M.Com, BGL., C.A.I.I.B.	Retd. General manager, IDBI About 15 years' experience in middle level Management cadre and about 20 years' experience in senior management cadre in a big public sector financial institution. Hands on experience in financing large industrial projects, project monitoring and resolution of stressed assets
20.	Justice G. M. Akbar Ali	B.Sc., M.L	Former High Court Judge

PANEL OF ARBITRATORS OF CDSL - KOLKATA
WITH ADDRESS AND CONTACT DETAILS

Arbitration Secretary
Central Depository Services (India) Limited,
Unit No – A1 (II) & A1 (III), Block A, 1st Floor,
22 Camac Street (Abanindranath Thakur Sarani),
Kolkata – 700 016, West Bengal.
Tel. (033) 32374880

Sr. No.	NAME	QUALIFICATIONS	PROFILE
1.	Mr. Tarun Kumar Gupta	BCOM, CA, CS, PGDBM	Practicing CA having specializing in matters related to Indirect Tax. Also a finance expert in various infrastructure projects funded by the World Bank, Asian Development Bank and State Government.
2.	Mr. Prodyut Banerjee	BCOM, LLB, LLM, CS	Practicing CS. Legal Professional with 13 years of progressive experience both in the corporate sector and private practice in India and abroad. Presently practicing as an Advocate in Calcutta.
3.	Mr. Shamik Dasgupta	MCOM, CS,	A competent professional with more than 20 years of rich experience in Company Law & Secretarial Functions, SEBI & Stock Exchange Compliance
4.	Mr. Mukesh Khandelwal	CA	Practicing CA. Fellow member of the ICAI and has over 20 years of diversified professional experience.
5.	Mr. Manoj Keshan	BCOM, FCA, MIIA	Experience in Company Law Matters, Statutory Audit & Tax Audit.,R.B.I. Audit, Public sector Undertaking Audit, Insurance Audit.
6.	Mr. Kamal Prakash Singh	CA, ICMA, LLB	Work experience in Audit & Assurance, Taxation, Legal Matters and Company Law
7.	Mr. Hariram Agarwal	BCOM, LLB, CA, CS,	Practicing CA. Over 25 years' experience in the fields of Finance, Auditing, Income Tax and Corporate

Sr. No.	NAME	QUALIFICATIONS	PROFILE
			Laws.
8.	Mr. Arun Kumar Gupta	CA	Practising CA since February, 2016. Currently advising and consulting clients on Corporate Law and Taxation matters.
9.	Mr. Anjan Kumar Bandopadhyay	M.COM. FCS ACMA	Practicing CS since August 2006. Specialisation in Corporate Laws and taxation.
10.	Mr. Alok Bhattacharyya	Graduated from Presidency College, Calcutta Honours degree in Statistics	Special Secretary to Ministry of Home. West Bengal, Former Director of Tourism, West Bengal, Director of Handloom & Textiles, West Bengal, Managing Director, West Bengal Fish Seed Dev. Corporporation & Additional Director of Fisheries, Author of two books "The Enigma of Consciousness" and "Adhunik Darshan O Rabindranath"
11.	Mr. Amitabha Mandal	B.Tech (Hons) in Agl. Engg. From IIT Kharagpur	Former General Mananger, State Bank of India, Credit Policy & Procedure department, instrumental in formulation of NPA Management policy at the Bank.
12.	Mr. Dilip Kumar Das	M.Sc. (Mathematics), M.B.A. (Finance), Diploma in Trainers' Training	Started as lecturer in 1968 in Engineering & Degree Colleges in Assam, Joined Indian Revenue Service in 1970, Served in assessment, intelligence, investigation, training & systems unit of the department. Retired Chief Commissioner of Income Tax
13.	Mrs. Neeloo Biswas	B.A. (Philosophy), L.L.B.	Former General Manager, UCO Bank (Law & Recovery), Former Member of Legal Committee of Indian Banks' Association, Former member of Settlement Advisory Committee of the Bank.
14.	Mr. B. N. Som	Former Vice Chairman Central Administrative Tribunal (Kolkata Bench)	Former Vice Chairman Central Administrative Tribunal (Kolkata Bench) and Former Secretary to Government of India, Department of Posts, Former Additional Secretary and Financial Advisor, Ministry of Food, Ministry of Food Processing & Ministry of Consumer Affairs

Sr. No.	NAME	QUALIFICATIONS	PROFILE
15.	Mr. Arup Ratan Chattopadhyay	Graduated in Geography, Post Graduate Diploma in Training & Development Management from University of Manchester, UK	Joined Indian Revenue Services in 1967, served in various capacities eg Assistant Commission of Incom Tax, Deputy Director of Income Tax (Investigation), Senior Department Representative (Income Tax Appellate Tribunal), Retired Chief Commissioner of Income Tax, Kolkata.
16.	Justice Arunabha Barua	M.A., L.L.B.	Formerly: Judge, High Court, Calcutta. Judge, Special Court, TADA & CBI Principal Secretary, Law, Govt. of W.B. Chairperson, Appellate Tribunal Ministry of Finance, Govt. of India.
17.	Mr. N. P. Sengupta	M.A.	Former Chief Commissioner of Income Tax, Kolkata-I, served in various designations as Director General of IT (Investigation)
18.	Mr. Atanu Sen	MA in Economics from Calcutta University, CA IIB (Both Parts)	CGM of State Bank Of India, Former Managing Director and Chief Executive Officer of SBI Life Insurance Company Ltd. Post retirement Advisor to SBI in the area of credit, risk management and cross selling.
19.	Mr. Dipak Kumar Bhattacharyya	B.Sc., Diploma in Industrial Management, Post Graduate in Statistical quality and operations Research from Indian Society for quality control, CAIIB, Qualified the graduate membership examination of Indian Institute of Industrial Engineering,	Former General Manager of United Bank of India, Consultant State Productivity Council - West Bengal State.

PANEL OF ARBITRATORS OF CDSL – NEW DELHI
WITH ADDRESS AND CONTACT DETAILS

Arbitration Secretary
Central Depository Services (India) Limited
101, 1st Floor, Aggarwal Corporate Tower, Plot No. 23,
District Center, Rajendra Place, New Delhi - 110008
Tel. (011)-25782116-18

Sr. No.	NAME	QUALIFICATIONS	PROFILE
1.	Mr. Sudhir Kumar Katriar	LLB	Currently practicing as Senior Advocate in the Supreme Court of India, and all the High Courts (except Patna High Court) Arbitrator Since March, 2012.
2.	Mr. Satish Chandra	LLM, LLD	Judge since 6th Aug 2008 to 23rd May, 2015 at Allahabad High Court
3.	Mr. S. L. Bhayana	LLB	Senior Advocate at Supreme Court of India. Empanelled as Senior Advocate by Government of Haryana to appear in Supreme Court on their behalf. Appointed on panel of Arbitrators by GAIL, ONGC Ltd., IRCTC Ltd. and Indian Council of Arbitration (ICA).
4.	Mr. Vijay Kumar Gupta	CA	Practicing CA. Over 10 years' experience in the field of Statutory and Internal Audits of Nationalized Banks, Financial Institutions and Corporate Companies.
5.	Mr. Asutosh Lohiya	LLB, LLM	Practicing Advocate for the last twenty years specializing in civil and criminal matters, Arbitrations, Writs, P.I.L.'s etc.
6.	Ms. Anuradha Gupta	CS	15 years of experience in legal advisory, statutory compliance, corporate laws, Liaoning & co-ordinating, secretarial functions.

Sr. No.	NAME	QUALIFICATIONS	PROFILE
7.	Mr. Manish Gupta	CS, LLB	Practicing Company Secretary. 15 years of experience in Industrial Consultancy with specialization in Corporate Laws, Takeovers and Mergers, Conciliation and Mediations
8.	Mr. Vivek Kumar	CA	Currently working with a Professional CA firm, having around 35 years of experience covering all the facets of finance functions.
9.	Mr. Rajat Mathur	CA	Practicing CA since 19 years. Consultant with Arthur Andersen's tax and regulatory practice during 1995-1998.
10.	Mr. Mukesh Aggarwal	CA	25 years' experience in the field of Finance, Accounts, Taxation, Auditing, Project Implementation, and Commercial. Handled Secretarial & Legal functions in varied industries.
11.	Mr. Ashok Kumar Jalan	CA, LLB	Practicing CA. Over 25 years' experience as ICAI certified Arbitrator on ICAI panel of Arbitrators.
12.	Mr Dipankar Basu	M.A (Economics), LLB	36 years of experience in Indian Adminstrative Service, 22 years experience in leading district level and state government positions in Gujarat, 14 years in Central government positions at senior level in Delhi. Retired as Secretary Coordination in the Cabinet Secretariat, Government of India. Worked as Member Appellate Authority for Industrial and Financial Reconstruction under Ministry of Finance in the rank of a High Court Judge for 3 years
13.	Mr. Sarweshwar Jha	LLM, LLD	Judge since 6th Aug 2008 to 23rd May, 2015 at Allahabad High Court

Sr. No.	NAME	QUALIFICATIONS	PROFILE
14.	Mr Tejinder Singh Laschar	M.A (Economics), M. Com, PG Diploma in Development Policy (Glasgow University, UK)	Former Senior Economic Adviser, Office of the Economic Adviser, Ministry of Commerce & Industry, Government of India
15.	Justice M. A. Khan	M.Com, L.L.B.	Retired Judge of Delhi High Court, Former Vice Chairman of CAT Principal Bench New Delhi, Chairman of Human Rights Commission of arrestee
16.	Mr. Ravi Kant	M.A., M.SC., Master Diploma in Public Administration	Former Chairman - Central Board of Direct Taxes. After retirement was nominated as Member - TRAI for term of 3 years
17.	Mr S. S. Aggarwal	B.Sc. Engg, LLB	Former Chief Surveyor of Works in MES, 34 years of experience in framing and acceptance of contracts worth crores of rupees, dealing with about 400 arbitration cases, involving defending the Government in the arbitration cases.
18.	Justice V. S. Aggarwal	B.A, L.L.M	Former Chairman of Central Administrative Tribunal and Judge of Delhi, Punjab and Haryana High Court
19.	Mr Divakar Dev	Post Graduate in Mathematics	Retired IAS 42 yrs. Of experience of which 36 years as IAS. The experience is divided into 3 distinct categories: Statutory Regulator for Power Companies since 2002 As a quasi judicial body for nearly ten years. 10 years in two leading All India Financial Institutions namely National Bank for Agriculture and Rural Development (NABARD) AND Rural Electrification Corporation.

Sr. No.	NAME	QUALIFICATIONS	PROFILE
20.	Mr. Ashwani Kumar Mehta	M.A. (Economics)	Retired Chief Commissioner of Income Tax, Post Retirement Tax and Financial Consultant.
21.	Justice Ram Prakash	B.SC., L.L.B.	Currently on the panel as an Arbitrator with Delhi International Arbitration Centre and Gas Authority of India Ltd., National Thermal Power Corporation, Member of Indian Council of Arbitrators, New Delhi. Presiding Officer Central Government Industrial Tribunal Cum Labor Court Under Ministry of Labour, Government of India at Kanpur after Superannuation from the post of Add. District & Session Judge / Special Judge (EC Act) Farrukhabad, U.P.
22.	Mr S. P. Marwah	M. Com	Former Secretary - Labour Commissioner Govt. of Delhi.
23.	Mr S. K. Mukhopadhyay	M.Sc., L.L.B.	Former Chief Labour Commissioner, responsible for quasi judicial function under Labour Laws, prevention and settlement of industrial disputes through conciliation, mediation, arbitration and adjudication, enforcement of 15 enactment on labour, verification of trade union membership. Performed quasi judicial function of Director - General under BOCWA Act 1996, Appellate authority under industrial employment and also assisted Ministry of Labour in formulation of labour policies etc.
24.	Justice K. S. Gupta	M.Com, L.L.B.	Retired Judge of Delhi High Court, Former member of the National Consumenr Disputes Commission, experience in handling arbitration cases referred by Supreme Court and Delhi High Court

Sr. No.	NAME	QUALIFICATIONS	PROFILE
25.	Mr. K. S. Dhingra	B.Sc, LLB	Former Chief (Legal) and Joint Chief (Legal) to Central Electricity Regulatory Commission
26.	Mr. Vijai N. Mathur	C.A., C.S., LLB	38 years in the areas of corporate finance, corporate and business law, foreign investment and new business development, green field and start up projects and joint ventures. Retired as Director of Gillette India Ltd.
27.	Mr. Rameshwar Pal Agrawal	Fellow of Institution of Engineers	Retired I.A.S.
28.	Justice Ashok Bhardwaj	B.Sc., LLB	Retd. Addl. District & Session Judge
29.	Mr. Nirmal Singh	B.A (Public Administration)	Retired as Secretary to Government of India with 40 years of varied experience in adminstration. Over 20 years of experience in plicy formulation, monitoring and implementation of matters relating to Industrial Development and energy sector.
30	Mrs. Malini Bansal	B.ED, M.ED, CAIIB	Chief General Manager, GM, Infrastructure Corporate Group. Chaired the Western Zonal Committee responsible for sanction of credit proposals. Headed Transaction Banking Vertical of the Bank including Trade Finance, Cash Management and Government Business. Knowledge of company law, SEBI regulations, functioning of the Indian Capital Market
31	Mr. Rita Kumar	M.A, P.G Diploma in International Trade	Retired IAS, 32 years of services as a Civil Servant in various Departments of Delhi Government and Central Government and 6 years with the Economic Research & Management Services Division of Minerals and Metals Trading Corporation of India and Industrial Development Services. Post retirment actively involved in Alternate Dispute Resolution. Member of Arbitral Tribunal by ICA

Sr. No.	NAME	QUALIFICATIONS	PROFILE
32.	Mr. TCA Ranganathan	M.A. (Economics), Diploma in Corporate Law, CAIIB (Part I & II), Executive Development Programme from Wharton School of Business, University of Pennslyvania, Executive Development Programme from Indian Institute of Management, Lucknow	Former Chairman and Managing Director, Export-Import Bank of India (EXIM), Former Director on the Board of Export Credit Guarantee Corporation of India Ltd., Agricultural Finance Corporation Ltd., Small Farmers' Agri Business Consortium.

Date :

To,

(Name of Depository Participant)

Dear Sir / Madam,

Sub: ❑ **Subscription to CDSL's internet-based service "*easi*" (electronic access to securities information)**
❑ **Demat account no: _____**

I am / We are registered for CDSL's internet based services "*easi*". As "*easi*" provides a facility to view, print / download account statement and transaction details, I / we opt not to receive the transaction statement, henceforth, in physical form.

I am / We are aware that you shall send us a 'physical statement' of account atleast once a quarter.

However, if an account statement / transaction statement is required by me / us in physical form at such additional intervals as specified by me, I / we agree to make payment of the necessary fees / charges, if any, as may be specified by you from time to time.

Thanking you,

_____	_____	_____
First Holder	**Second Holder**	**Third Holder**

CDSL LOGO

DP Name
DP of Central Depository Services (India) Limited
DP Address
Contact details: Phone, Fax, Email, Website

DP LOGO

TRANSACTION STATEMENT

DP ID: **Client ID:**

CM ID:

To,
BO Name
Address

STATEMENT OF ACCOUNT AS ON : DD-MM-YYYY
FOR THE PERIOD FROM : DD-MM-YYYY **TO:** DD-MM-YYYY

ISIN: (ISIN CODE) (ISIN NAME)

Date	Transaction Particulars	Settlement ID	Counter Settlement ID	Credit	Debit	Current Balance

ISIN: (ISIN CODE) (ISIN NAME)

Date	Transaction Particulars	Settlement ID	Counter Settlement ID	Credit	Debit	Current Balance

ISIN: (ISIN CODE) (ISIN NAME)

Date	Transaction Particulars	Settlement ID	Counter Settlement ID	Credit	Debit	Current Balance

STATEMENT OF HOLDINGS

DPID: _____ Client ID: _____

To,
BO NAME
ADDRESS

STATEMENT OF HOLDINGS AS ON : DD-MM-YYYY **FOR THE PERIOD FROM:** DD-MM-YYYY **TO:** DD-MM-YYYY				
ISIN **Frozen Flags** **Settlement ID**	**SECURITY**	**Current Bal.** **Free Bal.** **Lent Bal.**	**Safekeep Bal.** **Locked In Bal.** **Avl Bal.**	**Pledged Bal.** **Earmarked Bal.** **Borrowed Bal.**

~~ End of Statement ~~

For (DP NAME)

Authorised Signatory

Date And Time Of Report Generation : DAY MMM DD HH:MN:SS YYYY

[Ref Communiqué no. **CDSL/OPS/DP/POLCY/4305** dated March 12, 2014]

Certificate from Statutory Auditors

This is to certify that the net worth of (DP Name) _____ as on (Date/Month/Year) as per the statement of computation of even date annexed to this report is Rupees _____ only.

It is further certified that the computation of net worth based on my / our scrutiny of the audited books of accounts, records and documents is true and correct to the best of my/our knowledge and as per information provided to my/our satisfaction.

Place: _____

Date: _____

for (**Name of Statutory Auditor's Firm**)

Name of Partner
Chartered Accountant
Membership Number

Note: This certificate shall be given on the letterhead of the Statutory Auditors' Firm.

COMPUTATION OF NET WORTH

Sr. No		Particulars	Current Year (Rs.)	Previous Year (Rs.)
1.		Paid-up Capital + Free Reserves – Share Application Money (Total Reserves less Revaluation Reserves and Specified Reserves)		
		Less:		
	A	Accumulated Losses		
	B	Receivable (more than 6 months old)		
	C	Receivable from Group Companies		
	D	Intangible Assets		
	E	Preliminary and Pre-operative expenses not written off		
	F	Loan in excess of value of Pledged Securities		
	G	Loan in excess of value of Pledged Assets		
	H	Investment in Group Companies		
	I	Net worth required for other depositories		
	J	Loans and advances to group Companies		
	K	Statutory Contingent Liabilities		
2.		Sub-Total (A+B+C+D+E++F+G+H+I+J+K)		
		Available Net Worth (1-2)		

Notes:

1. Details of item mentioned under Sr.No. C, , G, H, I, K and L shall be provided as annexure to the certificate.

2. In case of statutory contingent liabilities, only 50% of the liabilities shall be deducted.

3. Security-wise details of all investments (quoted as well as unquoted securities) shall be provided as annexure to the certificate.

Ref. No.:_____ **Date : ___ / ___ / _____**

Central Depository Services India
A Wing, 25th Floor, Marathon Futu
Mafatlal Mill Compounds,
N M Joshi Marg, Lower Parel (E)
Mumbai - 400013

Kind Attn: Vice President - Operations

Dear Sir / Madam,

Sub: **Name, Signature and Email IDs of Compliance Officer and Authorized Signatories**

Please note that [✓ Tick the relevant boxes]:

☐ 1. Given below are the names, signatures & email IDs of our **new** Compliance Officer and **new** Authorized Signatories.

☐ 2. The information submitted to you earlier about the name, signature and email IDs of Compliance Officer and Authorized Signatories hereby stands cancelled.

☐ 3. We, hereby, confirm that the "**login ID**" of the resigning/old Compliance Officer and other employees who have left the organization have been **deleted** from the system.

☐ 4. Kindly include the following email IDs of DP staff to which communiqués may be sent.

Main DP ID/Branch DP ID (as applicable)			
DP Name			
Name of Compliance Officer			
PAN Number of the DP			
PAN Number of the Compliance Officer			
Office Address of Compliance Officer			
Tel no. (Office)		**Mobile no.**	
Fax no. (Office)		**E-mail ID** (1)	(Compliance Officer)
		Email ID (2)	
		Email ID (3)	
		Email ID (4)	
		Email ID (5)	

(If additional email IDs need to be added, please continue on a separate sheet, in the same format)

The authorized signatories mentioned hereunder are authorized to sign the documents including requests for contingency terminal, uploads/ downloads, modifications of rights for main DP/ branch DP, etc. (any written communication sent by DP to CDSL) jointly / severally with the Compliance Officer:

Name(s) of Authorized Signatory(ies)	Designation	Signature(s)
	Compliance Officer	

DP seal	**Signature of Director**

INTERNAL AUDIT REPORT
DETAILS OF BACK OFFICE CONNECTED BRANCHES

Annexure - 17.3

DP ID -			DP NAME –																
SR. NO.	DATE OF SET UP	DATE OF WITHDRAWAL	SERVICE CENTER CODE	DP ID	NAME OF THE CENTER PROVIDING SERVICE	ADD1	ADD2	ADD3	CITY	DISTRICT	STATE	COUNTRY	PIN/ ZIP	TEL 1	TEL 2	FAX	E-MAIL ID	NAME OF THE CONTACT PERSON

INTERNAL AUDIT REPORT
DETAILS OF BACK OFFICE CONNECTED BRANCHES

Annexure - 17.3

DP ID -			DP NAME –																
SR. NO.	DATE OF SET UP	DATE OF WITHDRAWAL	SERVICE CENTER CODE	DP ID	NAME OF THE CENTER PROVIDING SERVICE	ADD1	ADD2	ADD3	CITY	DISTRICT	STATE	COUNTRY	PIN/ ZIP	TEL 1	TEL 2	FAX	E-MAIL ID	NAME OF THE CONTACT PERSON

Format of BO Grievance Report (To be submitted by the DP electronically only)

Audit Type =	BO Grievance						
Audit Month =							
DP Name (ID) =							
Attachments =							
Sr. No.	Nature of complaint	Pending at the beginning of the month (No. of cases)	No. of cases RECEIVED during the month	No. of cases RESOLVED during the month	No. of cases PENDING at the end of the month	No. of cases PENDING for more than 30 days	Reason for pendency as shown in column (E)
		(A)	(B)	(C)	(D)	(E)	(F)
I	**Account Opening Related**						
I a	Denial in opening an account						
I b	Account opened in another name than as requested						
I c	Non receipt of Account Opening Kit						
I d	Delay in activation/ opening of account						
I e	Non Receipt of copy of Rights & Obligations document/ Schedule A of Charges						

Sr. No.	Nature of complaint	Pending at the beginning of the month (No. of cases)	No. of cases RECEIVED during the month	No. of cases RESOLVED during the month	No. of cases PENDING at the end of the month	No. of cases PENDING for more than 30 days	Reason for pendency as shown in column (E)
II	**Demat/Remat Related**						
II a	Delay in Dematerialisation request processing						
II b	Delay in Rematerialisation request processing						
II c	Delay in/ Non-Receipt of Original certificate after demat rejection						
II d	Non Acceptance of demat/remat request						
III	**Transaction Statement Related**						
III a	Delay in/ Non-Receipt of Statements from DP						
III b	Discrepancy in Transaction statement						
IV	**Improper Service Related**						
IV a	Insistence in Power of Attorney in its favour						
IV b	Deactivation/ Freezing/ Suspension related						
IV c	Defreezing related						
IV d	Transmission Related						

Sr. No.	Nature of complaint	Pending at the beginning of the month (No. of cases)	No. of cases RECEIVED during the month	No. of cases RESOLVED during the month	No. of cases PENDING at the end of the month	No. of cases PENDING for more than 30 days	Reason for pendency as shown in column (E)
IV e	Pledge Related						
IV f	SMS Related						
IV g	Non-updation of changes in account (address/ signatories/ bank detail/ PAN/ Nomination etc.)						
V	**Charges Related**						
V a	Wrong/ Excess Charges						
V b	Charges paid but not credited						
V c	Charges for Opening/ closure of Account						
VI	**Delivery Instruction Related (DIS)**						
VI a	Non acceptance of DIS for transfer						
VI b	Delay in/ Non Execution of DIS						
VI c	Delay in Issuance / Reissuance of DIS Booklet						
VII	**Account Closure**						
VII a	Non closure/ delay in closure of account						
Sr. No.	**Nature of complaint**	**Pending at**	**No. of**	**No. of**	**No. of**	**No. of**	**Reason for pendency as shown in column (E)**

		the beginning of the month (No. of cases)	cases RECEIVED during the month	cases RESOLVED during the month	cases PENDING at the end of the month	cases PENDING for more than 30 days	
VII b	Closure of a/c without intimation by DP						
VIII	**Manipulation/ Unauthorised Action**						
VIII a	Unauthorised Transaction in account						
VIII b	Manipulation						
VIII c	Unauthorised changes in account (address/ signatories/ bank details/ PAN etc.)						
VIII d	Erroneous Transfer						
IX	**Company / RTA related**						
IX a	Action - Cash						
IX b	Action - Non-Cash						
IX c	Initial Public Offer / Follow-on Public Offer Related						
X	**Other**						

DP ID:
Name of the DP:

Sr. No.	Address of the Service centre						Details of contact person						
	Address 1	Address 2	Address 3	City	PIN Code	State	Name of contact person	Designation of contact person	Tel no.	Fax No.	Mobile No.	e-mail address	PAN of contact person
1													
2													
3													
4													
5													

Undertaking:
We hereby agree and undertake that we will immediately notify CDSL in case of any change in the information provided herein above.

For <*Name of the DP*>
Authorised Signatory
Designation
Date:
Place:

** Services offered: e.g. Acceptance of Account opening forms, KYC verification, Maker entry of account opening, Checker entry of account opening, Issue of DIS, Acceptance of instructions, Maker entry of instructions, Checker entry of instructions, Verifier entry of instructions etc.*

(Please note that comments in italics are for the purpose of guidance of the DP. The same should not be printed while submitting the information)

DP ID:
Name of the DP:

Sr. No.	Training details		Services offered by the Service Centre*	Additional Information, if the Service Centre is managed by a Franchisee				
	Name of the trained person	Training (CDSL/ BCCD)		Name of the Franchisee	Registration numbers of the Franchisee (i.e. registered with SEBI/ RBI or any other regulatory authority)	Regulatory authority	Name of the Directors of the Franchisee	PAN of the Directors
1								
2								
3								
4								
5								

Undertaking:
We hereby agree and undertake that we will immediately notify CDSL in case of any change in the information provided herein above.

For <*Name of the DP*>
Authorised Signatory
Designation
Date:
Place:

** Services offered: e.g. Acceptance of Account opening forms, KYC verification, Maker entry of account opening, Checker entry of account opening, Issue of DIS, Acceptance of instructions, Maker entry of instructions, Checker entry of instructions, Verifier entry of instructions etc.*

(Please note that comments in italics are for the purpose of guidance of the DP. The same should not be printed while submitting the information)

Ref. No. _____ Date: _____

Central Depository Services (India) Limited

A Wing, 25th Floor, Marathon Futurex,
Mafatlal Mill Compounds,
N M Joshi Marg, Lower Parel (E)
Mumbai - 400013

Dear Sir / Madam,

We seek CDSL's approval for opening a new DP Service Centre. We enclose, herewith, requisite information of the Service Centre [refer to Annexure-17.5].

We hereby undertake that:

a. The service centre has and will maintain adequate infrastructure commensurate with the type of depository services being offered at the service centre.
b. The service centre has and will have at least one person who is depository trained and certified or BCCD certified.
c. The Participant has and will maintain on record identification documents (including photo identification) of all the persons engaged in DP operations at the service centre.
d. The service centre will have the name of the Main DP prominently displayed in the premises of the service centre.
e. *If such a service centre is managed by a franchisee, following additional confirmation to be submitted by the DP :*
    - The service centre located at _____will be managed by the franchisee _____ *(please mention name of the franchisee entity)* The franchisee is duly registered (with a valid registration certificate) with a regulatory authority namely *…. (the name of the regulatory authority like recognized stock / commodity exchange, SEBI, RBI or IRDA etc. to be mentioned)*.
    - The DP will ensure that validity of the registration continues, otherwise the DP will terminate the franchisee arrangement for DP operations with such entity. *(It may be noted that if a franchisee has submitted renewal application within the prescribed time limit and the regulatory authority has not given any decision on the same till expiry of registration, the arrangement can continue till such decision is obtained from such authority.)*
    - The DP has entered into an agreement with the franchisee covering services that can be offered by the franchisee.

We request you to accord your prior approval for the same.

For <***Name of the DP***>

Authorised signatory
Designation

Date :
Place:

Encl: as above

(Please note that comments in italics are for the purpose of guidance of the DP. The same should not be printed while submitting the undertaking).

CENTRAL DEPOSITORY SERVICES (INDIA) LIMITED

MANAGING YOUR DEMAT ACCOUNT WITH CDSL

SIMPLE DOs and DON'Ts

1. Verify your transaction statement carefully for all debits and credits in your account. In case of any unauthorized debit or credit, inform your DP or CDSL.
2. Intimate any change of address or change in bank account details to your DP immediately.
3. While accepting the Delivery Instruction Slip (DIS) book from your DP, ensure that your BO ID is pre-stamped on all the pages along with the serial numbers.
4. Keep your DIS book safely and do not sign or issue blank or incomplete DIS slips.
5. Strike out the empty space, if any, in the DIS, before submitting to DP.
6. For market transactions, submit the DIS ahead of the deadline time. DIS can be issued with a future execution date.
7. The demat account has a nomination facility and it is advisable to appoint a nominee to facilitate your heirs in obtaining the securities in your demat account, on completion of the necessary procedures.
8. To open and operate your demat account, copy of PAN card of all account holders is to be submitted to the DP along with original PAN card, for verification.
9. Register for CDSL's SMART (**SM**S **A**lerts **R**elated to **T**ransactions) facility. If any unauthorized debit is noticed, the BO should immediately inform CDSL and the Main DP, in writing. An email may be sent to CDSL at complaints@cdslindia.com.
10. Register for CDSL's Internet based facility "*easi*" to monitor your demat account yourself. Contact your DP or visit CDSL's website: www.cdslindia.com for details.
11. In order to receive all the credits coming to your demat account automatically, you can give a one-time, standing instruction to your DP.
12. Before granting Power of Attorney to anyone, to operate your demat account, carefully examine the scope and implications of powers being granted.

LIST OF DROP BOX CENTRES

DP ID -	**DP NAME –**

Drop Box Centres *(Please tick)* **-** ❑ **SET UP** ❑ **WITHDRAWAL**

SR. NO.	DATE OF SET UP	DATE OF WITHDRAWAL	NAME OF THE CENTRE PROVIDING SERVICE	ADDRESS 1	ADDRESS 2	ADDRESS 3	CITY	DISTRICT	STATE	COUNTRY	PIN / ZIP

Undertaking:
We hereby agree and undertake that we will immediately notify CDSL in case of any change in the information provided herein above.

For <*Name of the DP*>
Authorised Signatory
Designation
Date:
Place:

(Please note that comments in italics are for the purpose of guidance of the DP. The same should not be printed while submitting the information)

[ref: Communiqué no. **CDSL/OPS/DP/SYSTM/2018/408** dated **August 03, 2018**]

[ref: Communiqué no. **CDSL/OPS/DP/SYSTM/2018/408** dated **August 03, 2018**]

[ref: Communiqué no. **CDSL/OPS/DP/SYSTM/2018/408** dated **August 03, 2018**]

[ref: Communiqué no. **CDSL/OPS/DP/SYSTM/2018/408** dated **August 03, 2018**]

For conversion of existing Mutual Fund Units represented by Statement of Account into electronic (Destatementized) form

Depository Participant Name / Address

(To be filled up by the Depository Participant)

DRF No.		Date	D	D	M	M	Y	Y	Y	Y

(To be filled by the BO. Please fill all the details in **BLOCK LETTERS** in English. Fill up a separate DRF for different combination of Names and for different RTAs).

I/We request you to convert (Destatementize) the enclosed Mutual Fund Statement of Account [SoA] registered in my/our name into my/our demat account:

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

- Total Number of pages contained in the Statement of Account: _____

Folio No.	**ISIN**	**Mutual Fund Name & Units Description**	**Quantity**		**Lock-in Details**		**Destatementization Request No. /DRN** (To be filled in by DP)
			In Figures (or) All	**In Words (or) All**	**Reason**	**Expiry Date**	

- Attach an annexure (duly signed by account holder(s)) in the above format if the space is not sufficient.
- If all holdings in the Statement of Account are to be destatementized, then "**ALL**" should be mentioned in the Quantity column.

Declaration by BO(s): I/We hereby declare that the abovementioned MF units are registered in my/our name(s) and are not already destatementized and no certificates issued against these MF units. I/We also hereby declare that the units requested by me/us for conversion into destatementized form are free from any lien or charge or encumberance and represent the bonafide units of the Issuer to the best of my/our knowledge and belief.

	First / Sole Holder	**Second Holder**	**Third Holder**
Name			
Signature with DP			
Signature with RTA			

Depository Participant Authorization (From DP to RTA) We have received the above-mentioned Statement of Account [SoA] for conversion into Destatementized form. It is also certified that the holder(s) of the SoA have a beneficial account with us in the same name(s) and order of name(s) as mentioned above.

Depository Participant Seal and Signature

Change of Distributor Code

I / We wish to update the distributor code and request the RTA to update the New Distributor Code as ARN-_____

_____ & Sub distributor code as _____ in my /our folio number(s) as given below.

Folio No.	**ISIN**	**Scheme Name**

Signature (s) :

First / Sole Holder	**Second Holder**	**Third Holder**

==========(Please tear here)==== ==========

Acknowledgement Receipt

We hereby acknowledge the receipt of the following MF units requested for conversion (Destatementization) by Mr./Mrs./Ms. _____ having BOID _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ with us.

Folio No.	ISIN	Mutual Fund Name & Units Description	Quantity		Lock-in Details		Destatementization Request No. /DRN (To be filled in by DP)
			In Figures (or) All	In Words (or) All	Reason	Expiry Date	

- Total Number of pages contained in the Statement of Account: _____

Depository Participant Seal and Signature

Rejection Code	Destatementization (Destat) Rejection Reason Codes
11	Stop transfer
12	SoA not received with MF-DRF
13	Destat request initiated under wrong MF ISIN
14	MF units not admitted
15	Separate MF-DRFs required for separate RTA
16	Mismatch in the electronic and physical details
17	Documents not received within 30 days
18	Transposition-cum-Destatementizaton not allowed
19	Transmission-cum-Destatementization not allowed
21	Signature mismatch
22	Signature of 1st/2nd/3rd holder not present
23	Quantity received and DRF quantity mismatch
30	Incorrect Holder(s) name / pattern
32	DRF sent to incorrect Registrar
34	Court injunction pending
36	Allotment/Call payment receipt not attached
38	Rejected due to ACA
42	Investor requested for rejection & account closure
46	DRF not signed / stamped by DP
99	Others

Mutual Fund Restatementization Request Form [MF-RRF]

Depository Participant Name / Address

(To be filled up by the Depository Participant)

RRN		Date	D	D	M	M	Y	Y	Y	Y

RRF No.		Date	D	D	M	M	Y	Y	Y	Y

(To be filled by the BO. Please fill all the details in **BLOCK LETTERS** in English. Fill up a separate RRF for different combination of Names and for different RTAs).

I/We request you to convert (Restatementize) the Mutual Fund Units held in my/our demat account:

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

Existing Folio, If any	**ISIN**	**Mutual Fund Name & Units Description**	**Quantity**		**Lock-in Details**		**Restatementization Request No. /RRN** (To be filled in by DP)
			In Figures (or) All	**In Words (or) All**	**Reason**	**Expiry Date**	

- Attach an annexure (duly signed by account holder(s)) in the above format if the space is not sufficient.
- If all holdings in the demat account are to be restatementized, then "**ALL**" should be mentioned in the Quantity column.

Declaration by BO(s): I/We hereby declare that the abovementioned MF units are registered in my/our name(s) and are not already Restatementized and no Statement of Account issued against these MF units. I/We also hereby declare that the units requested by me/us for conversion into Statement of Account form are free from any lien or charge or encumbrance and represent the bonafide units of the Issuer to the best of my/our knowledge and belief.

	First / Sole Holder	**Second Holder**	**Third Holder**
Name			
Signature with DP			
Signature with RTA			

RRF Set up Date: **Time:**

Depository Participant Seal and Signature

==========(Please tear here)==== ==========

Acknowledgement Receipt

We hereby acknowledge the receipt of the following MF units requested for conversion (Restatementization) by Mr./Mrs./Ms. _____ having BOID _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ with us.

Existing Folio, If any	**ISIN**	**Mutual Fund Name & Units Description**	**Quantity**		**Lock-in Details**		**Restatementization Request No. /RRN** (To be filled in by DP)
			In Figures (or) All	**In Words (or) All**	**Reason**	**Expiry Date**	

Depository Participant Seal and Signature

REPURCHASE / REDEMPTION REQUEST FORM [RRF]

Participant Name								
Depository Participant ID								

RRN		Date	D	D	M	M	Y	Y	Y	Y

RFN No.		Date	D	D	M	M	Y	Y	Y	Y

I/We offer the below mentioned **Mutual Fund (MF)** units for repurchase / redemption and declare that my/our account be debited **"All"** or **the number of MF Units** to the extent of my/ our repurchase / redemption request and proceeds be paid to me/us cheque/ bank draft. I/We hereby declare that the below mentioned person(s) are the beneficial owners of the MF Units mentioned.

Demat Account Number	
Name of First / Sole Holder	
Name of Second Holder	
Name of Third Holder	
No. of MF units to be Repurchased/Redeemed (in figures) or /**"ALL"**	**"Amount" (₹)**
in words (integers and fractions)	
Name of the security / scheme	
Name of the issuing Company / AMC	
Face Value	
ISIN	

If all holdings in the Demat account are to be redeemed / repurchased, then "ALL" should be mentioned in the Quantity column.

Specimen Signature(s)	**Name**	**Signature**
First / Sole Holder	____________________	__________
Second Holder	____________________	__________
Third Holder	____________________	__________

Participant Authorization

Received the above mentioned MF Units for repurchase/ redemption from

Account No.							
ISIN							
Date	D	D	M	M	Y	Y	Y	Y
Name of First / Sole Holder							

The application form is verified with the details of the beneficial owner's account and certified that the application form is in order. The account has sufficient balance to accept the repurchase/ redemption request. It is also certified that the beneficial owner's signatures are verified and found to be in order.

RFN Set up Date: Time:

Depository Participant's Signature **Seal** **Date**

= =

Acknowledgement

Participants Name Address and ID

We hereby acknowledge the receipt of repurchase/ redemption request for ___________ no. of securities of _____________________ (security details) from ______________________________ (Name) holding a/c no. ___________

Depository Participant's Signature **Seal** **Date**

FORM FOR RECORDING ENCUMBRANCES

CREATION / CANCELLATION FORM

Depository Participant Name /Address

Please fill all the details in **Block Letters** in English

Encumbrance No.		Date	D	D	M	M	Y	Y	Y	Y

Type of Encumbrance **NDU** ☐ **Lien** ☐ **Other Encumbrance** ☐ ***(tick whichever not applicable)***	**Encumbrance CANCELLATION** ☐ **Encumbrance ID** (System generated) ☐ **Details of Other Encumbrance** _____

I/We request you to create / cancel the Encumbrance & freeze / Unfreeze for debits the following securities in my demat account. I/We have read and understood the SEBI directions in relation to encumbrance of securities and I/We agree to abide by and be bound by the Act and directions as are in force from time to time for such encumbrances

BOID (i.e. account holder creating NDU / Lien / Other Encumbrance)																
Account Holder Name	1.															
	2.															
	3.															
Account Holder - Email ID																
Account Holder (account holder ID in whose favor encumbrance /Lien/NDU is to be created)																
Account Holder Name in whose favor encumbrance /Lien/NDU is to be created	1.							PAN								
	2.							PAN								
	3.							PAN								
Account Holder in whose favor encumbrance /Lien/NDU is to be created - Email ID																
ISIN																
ISIN Name																
Details of Securities Free Securities:																
Quantity to be frozen for debit:																
NDU / Lien / encumbrance / Remarks:																
Unfreeze /Cancellation Date *	D	D	M	M	Y	Y	Y	Y								

[*Note: Unfreeze will be effected after 2 clear business days]

Declaration from Account Holder :

I, hereby declare that I am associated with the Company whose securities are being frozen as Promoter ( ) / Company ( ) / Not related ( )

(Tick wherever applicable)

Signature of Account Holder [s]

First Holder	Second Holder	Third Holder

Declaration from Lender:

I, the lender hereby declare that I am associated with the Company whose securities are being frozen as Promoter ( ) / Company ( ) / Not related ( )

Signature Account Holder [s] in whose favor encumbrance /Lien/NDU is to be created *

First Holder	Second Holder	Third Holder

DP to ensure that signatures of both parties are available to initiate action

Depository Participant Seal and Signature