



Central Depository Services (India) Limited

Convenient Dependable Secure

COMMUNIQUÉ TO DEPOSITORY PARTICIPANTS

CDSL/OPS/DP/989

November 13, 2007

MODIFICATIONS TO ACCOUNT OPENING FORMS AND DELIVERY INSTRUCTION SLIPS

DPs are advised to refer to communiqué no. CDSL/OPS/DP/988 dated November 13, 2007 regarding Guidelines on Anti-Money Laundering Measures. As mentioned in our aforesaid communiqué, it has been decided to modify the Account Opening Form (AOF) and the Delivery Instruction Slip (DIS) to incorporate inter alia, the following details as directed by Financial Intelligence Unit-India (FIU-IND) to the Depositories:

1. Incorporate the “**Financial Status**” and “**Nature of Business**” of BOs in the AOF.
2. Incorporate “**Consideration**” and “**Reason / Purpose**” in cases of transfers from one BO account to another not related to market trades in DIS.

Accordingly, CDSL has incorporated the details in the Account Opening Form for Individuals (see **Annexure 2.1**), Account Opening Form for entities other than Individuals (see **Annexure 2.2**) and DIS–Combined (see **Annexure 6.2**) and DIS Off-market (see **Annexure 6.3**)

The amendments / changes incorporated in the AOF & DIS are given below:

1. Account Opening Form (for Individuals)

(Annexure 2.1 of CDSL’s DP Operating Instructions)

Additional information has been sought from account holders, which include details of their occupation, nature of business and financial status.

2. Account Opening Form (for entities other than Individuals)

(Annexure 2.2 of CDSL’s DP Operating Instructions)

- same as point 1 above -

3. Delivery Instruction Slip (Combined : On-Market and Off-Market)

(Annexure 6.2 of CDSL’s DP Operating Instructions)

Additional information with regard to Off-market transactions, i.e. transfers from BO-(Investor) account to BO-(Investor) account, is required to be entered by the BOs. If the Off-market transaction is for consideration, the amount would have to be mentioned. If



Central Depository Services (India) Limited

Convenient Dependable Secure

COMMUNIQUÉ TO DEPOSITORY PARTICIPANTS

there is no consideration involved, then the reason would have to be furnished under options given therein.

4. Delivery Instruction Slip (Off-Market)

(Annexure 6.3 of CDSL's DP Operating Instructions)

- same as point 3 above -

DPs will be allowed to use the old AOFs and DIS until March 31, 2008 or till such time the old AOFs and DIS stocks last, whichever is earlier. In the interim, DPs are advised to ensure that the additional information sought from account holders, for opening of new accounts, is taken on record on a separate sheet, duly signed by the account holder(s). In the case of Off-Market trades, the details of transactions may be taken on the face of the DIS or on a separate sheet duly signed by the account holders.

Further, DPs should obtain the additional details as prescribed in the revised AOF for existing accounts whenever any existing account is identified in the alerts generated by CDSL or by DPs under PMLA as specified by FIU-IND.

Further, an option to choose the SMS Alert and/or *easi* facility has also been included in the Account Opening Forms to facilitate registration for the same. DPs are also advised to enclose a Nomination Form (see **Annexure 2.4**), along with the Account Opening Form, at the time of opening of the accounts, in order to promote nomination facility.

Queries regarding this communiqué may be addressed to:

- ☐ **CDSL-Helpdesk** on telephone no. (022) 2272-3333 (extn. 8642, 8427, 8663, 8624, 8693, 8625, 8639), direct (022) 2272-1261, (022) 3246-2767, (022) 2272-2075 or email ID: helpdesk@cdslindia.com.
- ☐ the undersigned on telephone (022) 2272-3333 (extn. 8650), Direct nos. (022) 3246-2559, (022) 2272-2008 or email ID: iyerk@cdslindia.com.

sd/-

K H Iyer
Assistant Vice President – Operations
& Principal Officer

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

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 with out proper authorization, the BO should immediately inform the DP in writing.

Application Form for Opening a Demat Account

☐ Individual ☐ NRI ☐ Foreign National

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 the following details: -

Sole / First Holders Details

First Name											
Middle Name											
Last Name											
Father / Husband Name											
Title	☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other							Suffix			
Correspondence Address											
City						State					
Country						PIN					
Telephone No.			Fax No.			Mobile No.					
PAN											
E-mail ID											
Permanent Address (if different from Correspondence Address)											
City						State					
Country						PIN					
Telephone No.			Fax No.			Mobile No.					
E-mail ID											

Joint Holders – Second Holder's Details

First Name											
Middle Name											
Last Name											
Father / Husband Name											
Title	☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other							Suffix			
Permanent Address											
City						State					
Country						PIN					
Telephone No.			Fax No.			Mobile No.					
PAN											
E-mail ID											

Joint Holders – Third Holder's Details

First Name											
Middle Name											
Last Name											
Father / Husband Name											
Title	☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other							Suffix			
Permanent Address											
City						State					

Annexure 2.1

Country		PIN							
Telephone No.		Fax No.		Mobile No.					
PAN									
E-mail ID									

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 ☐ 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)	
I / We instruct the DP to receive each and every credit in my / our account [Automatic Credit] ☐ Yes ☐ No		
Account Statement Requirement	☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly	

Do you wish to receive dividend / interest directly in to your bank account given below through ECS?	☐ Yes ☐ No
--	--

Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR code)									
Bank Name									
Branch									
Bank Address									
City		State		Country		PIN			
Account number									
Account type	☐ Saving ☐ Current ☐ Cash Credit ☐ Others (specify)								

- (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 and not more than 4 months old, (or)
 (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 and it should be self-certified by the BO.

I/We have read the terms & conditions DP-BO agreement 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	Second Joint Holder	Third Joint Holder
Name			
Signatures			
Passport size Photograph	(Please sign across the photograph)	(Please sign across the photograph)	(Please sign across the photograph)

(Signatures should be preferably in black ink).

[In case of minor holder, photograph of guardian has to be affixed along with minor's photograph.]

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.	

Additional Details

SMS Alert Facility	☐ Yes MOBILE NO. +91 _____ Refer to Terms & Conditions given as Annexure-A	☐ No
easi	☐ Yes. If yes, please contact your DP for details [Facility through CDSL's website: www.cdslindia.com wherein a BO can view his ISIN balances, transactions and value of the portfolio online.]	☐ No

Details For First Holder	
Date of Birth	D D M M Y Y Y Y
Nationality	☐ Indian ☐ Others (specify) _____
Sex	☐ Male ☐ Female
Occupation	Service { ☐ Central Govt. ☐ State Govt. ☐ Public / Private Sector ☐ NGO ☐ Statutory Body} ☐ Professional ☐ Business ☐ Student ☐ Retired ☐ Housewife ☐ Others (Specify) _____
Nature of business: (Products / services provided)	
Financial Details:	Income Range per annum: ☐ Up to Rs.1,00,000 ☐ Rs.1,00,001 to Rs.2,00,000 ☐ Rs.2,00,001 to Rs.5,00,000 ☐ More than Rs.5,00,000

Details For Joint Second Holder	
Date of Birth	D D M M Y Y Y Y
Nationality	☐ Indian ☐ Others (specify) _____
Sex	☐ Male ☐ Female ☐ Corporate
Occupation	Service { ☐ Central Govt. ☐ State Govt. ☐ Public / Private Sector ☐ NGO ☐ Statutory Body} ☐ Professional ☐ Business ☐ Student ☐ Retired ☐ Housewife ☐ Others (Specify) _____
Nature of business: (Products / services provided)	

Details For Joint Third Holder	
Date of Birth	D D M M Y Y Y Y
Nationality	☐ Indian ☐ Others (specify) _____
Sex	☐ Male ☐ Female ☐ Corporate
Occupation	Service { ☐ Central Govt. ☐ State Govt. ☐ Public / Private Sector ☐ NGO ☐ Statutory Body} ☐ Professional ☐ Business ☐ Student ☐ Retired ☐ Housewife ☐ Others (Specify) _____
Nature of business: (Products / services provided)	

Details of Guardian (If First Holder or Second Holder or Third Holder is a minor)

First Name							
Middle Name							
Last / Search Name							
Relationship with the applicant							
Correspondence Address							
City				State			
Country				PIN			
Telephone No.	Fax No.		Mobile No.				
PAN							
E-mail ID							

For NRIs

Foreign Address							
City				State			
Country				PIN			

=====

(Perforated Card)

DP ID									Client ID								
-------	--	--	--	--	--	--	--	--	-----------	--	--	--	--	--	--	--	--

	First/Sole Holder	Second Holder	Third Holder
Name			
Specimen Signatures			

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

(To be filled by the Depository Participant)

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 joint Holder	
Name of Third joint Holder	

Depository Participant Seal and Signature

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

**Application Form for Opening a Demat Account
(For entities other than 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)

We request you to open a Demat Account in our name as per the following details: -

Name										
Search Name										
Correspondence Address										
City		State								
Country		PIN								
Telephone No.		Fax No.								
PAN										
E-mail ID										
Registered Office address (if different from Correspondence Address)										
City		State								
Country		PIN								
Telephone No.		Fax No.								
E-mail ID										

Other Holders – Second Holder Details

First Name										
Middle Name										
Last Name										
Father / Husband Name										
Title	☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other							Suffix		
Permanent Address										
City		State								
Country		PIN								
PAN										
Date Of Birth	D	D	M	M	Y	Y	Y	Y		
E-mail ID										
Telephone no.		Fax No.			Mobile No.					

Other Holders – Third Holder Details

First Name										
Middle Name										
Last Name										
Father / Husband Name										
Title	☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other							Suffix		
Permanent Address										
City		State								
Country		PIN								
PAN										

Annexure 2.2

Date Of Birth	D	D	M	M	Y	Y	Y	Y	
E-mail ID									
Telephone no.	Fax no.			Mobile no.					

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							
Date of Incorporation	D	D	M	M	Y	Y	Y	Y							
SEBI Registration No. (If Applicable)							SEBI Registration date	D	D	M	M	Y	Y	Y	Y
ROC Registration No. (If Applicable)							ROC 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 authorize you to receive credits in my / our account without any instruction from me / us.								[Automatic Credit] ☐ Yes ☐ No							
Account Statement Requirement	☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly														

Do you wish to receive dividend / interest directly in to your bank account given below through ECS?	☐ Yes ☐ No
--	--

Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR code)									
Bank Name									
Branch									
Bank Address									
City		State		Country		PIN			
Account number									
Account type	☐ Saving ☐ Current ☐ Cash Credit ☐ Others (specify)								

- (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 and not more than 4 months old, (or)
- (iii) Photocopy of the Passbook having name and address of the BO, (or)
- (iv) Letter from the Bank.
 - In case of option (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document and it should be self-certified by the BO.

For OCBs

Foreign Address																
City							State									
Country							PIN									
Telephone No.							Fax No.									
E-mail ID																
Indian Address																
City							State									
Country							PIN									
Telephone No.							Fax No.									
E-mail ID																
Currency																
RBI Reference No.							RBI Approval Date	D	D	M	M	Y	Y	Y	Y	

Clearing Members Details (To be filled by CMs only)

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

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.	

Additional Details:

SMS Alert Facility	☐ Yes MOBILE NO. +91 _____ Refer to Terms & Conditions given as Annexure-A	☐ No
easi	☐ Yes. If yes, please contact your DP for details [Facility through CDSL's website: www.cdslindia.com wherein a BO can view his ISIN balances, transactions and value of the portfolio online.]	☐ No

Details For Joint - Second Holder	
Nationality	☐ Indian ☐ Others (specify) _____
Sex	☐ Male ☐ Female
Occupation	Service { ☐ Central Govt. ☐ State Govt. ☐ Public / Private Sector ☐ NGO ☐ Statutory Body} ☐ Professional ☐ Business ☐ Student ☐ Retired ☐ Housewife ☐ Others (Specify) -----
Nature of business: (Products / services provided)	

Details For Joint – Third Holder	
Nationality	☐ Indian ☐ Others (specify) _____
Sex	☐ Male ☐ Female
Occupation	Service { ☐ Central Govt. ☐ State Govt. ☐ Public / Private Sector ☐ NGO ☐ Statutory Body} ☐ Professional ☐ Business ☐ Student ☐ Retired ☐ Housewife ☐ Others (Specify) -----
Nature of business: (Products / services provided)	

I/We have read the DP-BO agreement (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.

	First / Sole Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Designation			
Signature			
Passport size Photograph	(Please sign across the photograph)	(Please sign across the photograph)	(Please sign across the photograph)

===== Please Tear Here =====
(Perforated Card)

DP ID									Client ID							
	First Authorised Signatory				Second Authorised Signatory				Third Authorised Signatory							
Name																
Specimen Signature																

===== Please Tear Here =====
(To be filled by the Depository Participant)

Acknowledgement Receipt

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

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

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 nominate the following person 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															

Nominee details															
First Name															
Middle Name															
Last Name															
Address															
City								State							
Country								PIN							
Telephone No.								Fax No.							
E-mail ID															
Relationship with BO (If any)															
Date of birth (If nominee is a minor)															

As the nominee is a minor as on date, I/We appoint following person to act as guardian:

First name															
Middle name															
Last name															
Address															
City								State							
Country								PIN							
Age															

to receive the securities in this account on behalf of the nominee in the event of the death of the Sole holder / all Joint holders.

This nomination is in accordance with the **section 109 A of the companies act, 1956**, and 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			
Specimen Signature			

Note: Two witnesses shall attest signature(s) / Thumb impression(s).

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

(To be filled by DP)

Nomination accepted and registered with Registration No. _____ dated _____.

For Depository Participant
(Authorised Signatory)

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

Acknowledgement Receipt

Received nomination request from :

DP ID										Client ID							
Name																	
Address																	
Nomination in favor of																	
Registration No.									Registered on	D	D	M	M	Y	Y	Y	Y

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)

Annexure 6.2

Serial no:-----

☐ **Delivery**

☐ **Receipt**

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

Date: __ / __ / 20__

DP ID		BO (CLIENT) ID *		First / Sole Holder's Name	
S. No.	ISIN	Security Name	QUANTITY		Instruction Reference No. [to be filled by DP]
			In figures	In words	
1	IN	IN			
2	IN	IN			
3	IN	IN			
Total Instructions Used (In words only)			Cash Transfer	☐ Yes [*1] ☐ Not Required [*2] ☐ No	
ONLY for transfers from BO (Investor) Account to another BO (Investor) account, NOT RELATED to Stock Exchange Transactions					
[*1] If yes, consideration amount _____.					
[*2] If consideration not required , please specify reason (as given below):					
☐ Gift ☐ Transfer between two accounts of same holder ☐ Transfer between family members ☐ Others (explain):					

Fill the relevant columns -

Instruction Type	Transfer With in CDSL																Transfer Outside CDSL								For Market Trades															
	BO-CM, CM-BO, CM-CM								BO-BO								Inter Depository								Early Pay-in								Normal Pay-in							
Execution Date	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	NOT APPLICABLE								NOT APPLICABLE							
Exchange									NOT APPLICABLE																															
Settlement type / market type									NOT APPLICABLE																															
Settlement no.									NOT APPLICABLE																															
CM ID	NOT APPLICABLE								NOT APPLICABLE								NOT APPLICABLE																							
Counter DP ID / CM BP ID																																	NOT APPLICABLE							
Counter Client ID																																	NOT APPLICABLE							
Counter BO / CM Name																																								

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.

*Prestamped

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)

Annexure 6.3

Serial no:-----

☐ **Delivery**

☐ **Receipt**

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

Date : __ / __ / 20__

DP ID

BO (CLIENT) ID*

										First/ Sole Holder's Name																											
S. No.	ISIN	Security Name	QUANTITY		Instruction Reference No. [to be filled by DP]																																
			In figures	In words																																	
1	IN																																				
2	IN																																				
3	IN																																				
Total Instructions Used (In words only)			Cash Transfer	☐ Yes [*1]	☐ Not Required [*2]	☐ No																															
ONLY for transfers from BO (Investor) Account to another BO (Investor) account, NOT RELATED to Stock Exchange Transactions [*1] If yes , consideration amount : _____. [*2] If consideration not required , please specify reason (as given below): ☐ Gift ☐ Transfer between two accounts of same holder ☐ Transfer between family members ☐ Others (explain):																																					
Fill the relevant columns -																																					
Instruction Type	Transfer With in CDSL – Off Market										Transfer Out side CDSL – Inter Depository																										
	BO-CM, CM-BO, CM-CM					BO-BO					BO-BO					BO-CM, CM-BO, CM-CM																					
Execution Date	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y					
Exchange						NOT APPLICABLE					NOT APPLICABLE																										
Settlement type						NOT APPLICABLE					NOT APPLICABLE																										
Settlement no.									NOT APPLICABLE					NOT APPLICABLE																							
Counter DP ID / CM BP ID																																					
Counter Client ID																																					
Counter BO / CM Name																																					
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

* Prestamped