

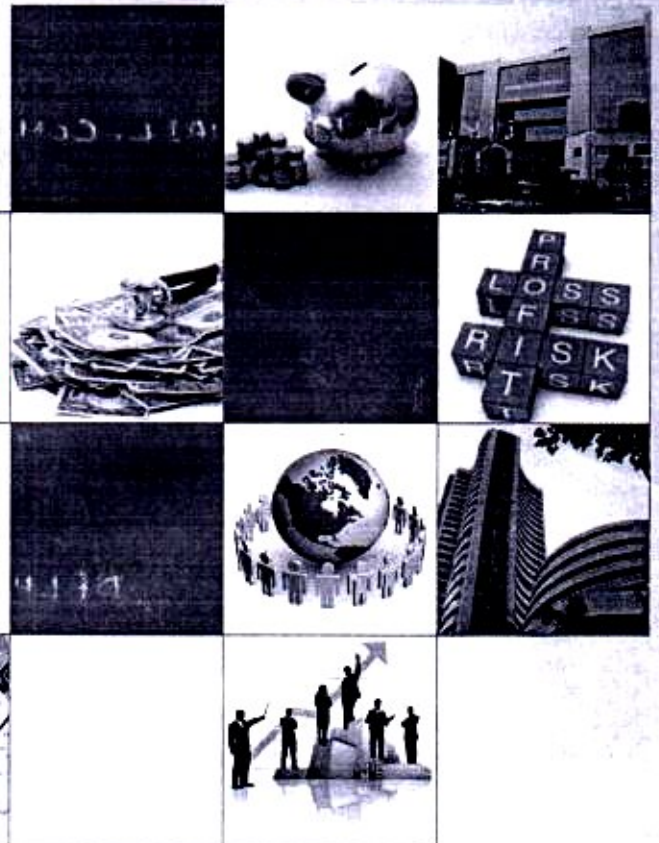
Demat Account Opening Form

INDIVIDUAL • NON-INDIVIDUAL

Application No. _____

INDIVIDUAL

SAMPLE FORM



MAASHITLA SECURITIES PRIVATE LTD.

CIN : U67100DL2010PTC208725

Depository Participant : NSDL

DP ID : IN303997, SEBI Regn. No.: IN-DP-267-2016

Registered Office : 451, Krishna Apra Business Square

Netaji Subhash Place, Pitam Pura, New Delhi-110034

Phone: +91-11-45121795-96-98 • E-mail: dp@maashitla.com



Maashitla

Creating Successful People

Client Name RAJESH KUMAR SINGH

Client ID _____

Date of Registration _____

Website : www.maashitla.com

Like us on facebook @ www.facebook.com/maashitla905

Instruction for Applicants

1. The account must be opened in same sequence / combination as appear on Income Tax database.
2. The investor may prefer to open an account in single name as opposed to joint name since nomination facility is available for depository accounts.
3. Standing instructions may be marked as 'yes' for simplified operations.
4. The agreement should be signed by all the joint holders on all the pages.
5. Photograph of sole/joint holder (s) to be affixed on form duly signed across the photograph.
6. Cheque for Rs. 500/- towards advance service charges, Please indicate account holders name (s) on the reverse of the cheque.
7. As proof of identity and address Photostate copies of the documents listed above to be provided. Originals of the documents to be furnished for verification by officials of DP.
8. No nomination to be recorded in case of HUF and account in the name of minor (s).
9. In case of Power of Attorney (POA) is to be registered, original or duly notarized Power of Attorney be furnished. Photograph of Power of Attorney holder must be attached duly signed across, signatures of POA holder should be attested on POA or separately. His/Her Identity/residence proof be also furnished.
10. In case account holder/nominee is minor-Photostate copy of Date of Birth certificate/marks sheet be provided. Photographs of both minor and guardian be provided duly signed across the photograph. Identity/residence proof of guardian be provided.
11. Signatures can be in English, 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 under his/her official seal.
12. Details of the Names, Address and Tel. No. etc of the Magistrate/Notary Public/Special Executive Magistrate are to be provided in case of any attested done by them.
13. In case of additional signatures, separate annexures should be attached to the application form.
14. In case of applications under a Power of Attorney, the relevant Power of Attorney or the certified and duly notarised copy thereof, Name of POA, Signature of the POA must be lodged with the DP alongwith the application.
15. All correspondence / queries shall be addressed to the First / Sole Applicant only.
16. Where the holder is minor, person lawfully entitled to act on behalf of the minor should sign the form



MAASHITLA SECURITIES PRIVATE LTD.

DP : NSDL : DP ID : IN303997 • SEBI Regn. No.: IN-DP-267-2016

Compliance Officer : **Mr. Mukul Agrawal**
Phone No.: **+91-9999963950**

Registered Office : 451, Krishna Apra Business Square,
Netaji Subhash Place, Pitam Pura, New Delhi-110034

Phone: +91-11-45121795-96-98

E-mail: dp@maashitla.com • Website: www.maashitla.com

E-mail for Investor Grievance : ig@maashitla.com

facebook.com/maashitla905

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SAMPLE FORM

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Tick (✓) wherever applicable.
- C) Please fill the form in English and in BLOCK letters.
- D) Please fill the date in DD-MM-YYYY format.
- E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.
- F) Please read section wise detailed guidelines / instructions at the end.
- G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- H) List of two character ISO 3166 country codes is available at the end.
- I) KYC number of applicant is mandatory for update application.
- J) The "OTP based E-KYC" check box is to be checked to accounts opened using OTP based E-KYC in non-face to face mode.



For office use only (To be filled by financial institution)

Application Type* New Update

KYC Number (Mandatory for KYC update request)

Account Type* Normal Minor Aadhaar OTP based E-KYC (in non-face to face mode)

1. PERSONAL DETAILS (Please refer instruction A at the end) **WRITE NAME AS PER NAME PRINTED ON PAN CARD**

Name* (Same as ID proof)

Prefix	First Name	Middle Name	Last Name
MR	RAJESH	KUMAR	SINGH
Maiden Name			
Father / Spouse Name			
Mother Name			
Date of Birth*			
Gender*			
Marital Status*			
PAN*			

08-09-1990

M- Male F- Female T-Transgender

Married Unmarried Others

Form 60 furnished

2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction B at the end)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number
- B- Voter ID Card
- C- Driving Licence
- D- NREGA Job Card
- E- National Population Register Letter
- F- Proof of possession of Aadhaar 1234

II. E- KYC Authentication

III. Offline verification of Aadhaar



Address

Line 1* 15-2 NEELKANTH HOSPITAL DLF PHASE-3

Line 2

Line 3

District* Pin / Post Code* 110055 State / U.T Code* DL ISO 3166 Country Code* IN

City / Town / Village* DELHI

3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

Same as above mentioned address (in such cases address details as below need not to be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number
- B- Voter ID Card
- C- Driving Licence
- D- NREGA Job Card
- E- National Population Register Letter
- F- Proof of possession of Aadhaar

II. E- KYC Authentication

III. Offline verification of Aadhaar

IV. Deemed Proof of Address - Document type Code

Address

Line 1*

Line 2

Line 3

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

City / Town / Village*

WRITE ADDRESS AS PER GIVEN ADDRESS PROOF



KNOW YOUR CLIENT (KYC) Application Form - For Individual

NEW CHANGE REQUEST (Please tick ✓ the appropriate)

Acknowledgement No. _____

Please fill this form in ENGLISH and in BLOCK LETTERS

(Please tick ✓ the box on left margin of appropriate row where CHANGE/CORRECTION is required and provide the details in the corresponding row)

A IDENTITY DETAILS

1. Name of the Applicant **RAJESH KUMAR SINGH**

2. Father's/Spouse Name **RAM KUMAR**

3a. Gender Male Female 3b. Marital status Single Married 3c. Date of Birth **08/09/1990**

4a. Nationality Indian Other (Please specify) _____

4b. Status Resident Individual Non Resident Foreign National

5a. PAN **AABPT1234H**

5b. Unique Identification Number (UID) / Aadhaar, if any: *******1234**

6. Specify Proof of Identity submitted PAN card Other (Please specify) _____

PHOTOGRAPH
PHOTO OF RAJESH KUMAR
 Please affix your recent passport size photograph and sign across it.
Sign
 (Cross Sign) **(3)**

B ADDRESS DETAILS

1. Address for Correspondence **15-2 NEELKANTH HOSPITAL**
DLF PHASE-3

City / Town / Village **DELHI** Country **INDIA** Pin Code **110055**
 State **DELHI**

2. Specify the Proof of Address submitted for Correspondence Address: _____

3. Contact Details
 Tel. (Off.) _____ Fax _____
 Tel. (Res.) _____ Mobile No **9999999999**
 E-Mail id **RKKUMAR@GMAIL.COM**

4. Permanent Address (If different from above or overseas address, mandatory for Non-Resident Applicant)

City / Town / Village _____ Pin Code _____
 State _____ Country _____

5. Specify the Proof of Address submitted for Permanent Address: _____

C DECLARATION

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

Date: **08/09/2017**

Rajesh **(4)**
 Signature of the Applicant

FOR OFFICE USE ONLY

In Person Verification (IPV) Details:
 Name of the person who has done the IPV: _____
 Designation: _____ Employee ID: _____
 Name of the Organization: **Maashitla Securities Private Ltd.**
 Date of IPV: **08/09/2017** Signature of the person who has done the IPV _____ Seal/Stamp of the Intermediary _____

(Originals Verified) True copies of Documents received
 (Self Attested) Self Certified Document copies received

Date _____ Signature of the Authorised Signatory _____

PLEASE DON'T PUT ANY DATE

INSTRUCTIONS/CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

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

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

- Unique Identification Number (UID) (Aadhaar)/ Passport/ Voter ID card/ Driving license.
- PAN card with photograph.
- Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

C. Proof of Address (POA): - List of documents admissible as Proof of Address:

- (*Documents having an expiry date should be valid on the date of submission.)
- Passport/ Voters Identity Card/ Ration Card/ Registered Lease or Sale Agreement of Residence/ Driving License/ Flat Maintenance bill/ Insurance Copy.
 - Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.

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

D. Exemptions/clarifications to PAN

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

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

E. List of people authorised to attest the documents:

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

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

Types of entity	Documentary requirements
Corporate	<input type="checkbox"/> Copy of the balance sheets for the last 2 financial years (to be submitted every year). <input type="checkbox"/> Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year). <input type="checkbox"/> Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations. <input type="checkbox"/> Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly. <input type="checkbox"/> Copies of the Memorandum and Articles of Association and certificate of incorporation. <input type="checkbox"/> Copy of the Board Resolution for investment in securities market. <input type="checkbox"/> Authorised signatories list with specimen signatures.
Partnership firm	<input type="checkbox"/> Copy of the balance sheets for the last 2 financial years (to be submitted every year). <input type="checkbox"/> Certificate of registration (for registered partnership firms only). <input type="checkbox"/> Copy of partnership deed. <input type="checkbox"/> Authorised signatories list with specimen signatures. <input type="checkbox"/> Photograph, POI, POA, PAN of Partners.
Trust	<input type="checkbox"/> Copy of the balance sheets for the last 2 financial years (to be submitted every year). <input type="checkbox"/> Certificate of registration (for registered trust only). <input type="checkbox"/> Copy of Trust deed. <input type="checkbox"/> List of trustees certified by managing trustees/CA. <input type="checkbox"/> Photograph, POI, POA, PAN of Trustees.
HUF	<input type="checkbox"/> PAN of HUF. <input type="checkbox"/> Deed of declaration of HUF/ List of coparceners. <input type="checkbox"/> Bank pass-book/bank statement in the name of HUF. <input type="checkbox"/> Photograph, POI, POA, PAN of Karta.
Unincorporated association or a body of individuals	<input type="checkbox"/> Proof of Existence/Constitution document. <input type="checkbox"/> Resolution of the managing body & Power of Attorney granted to transact business on its behalf. <input type="checkbox"/> Authorised signatories list with specimen signatures.
Banks/ Institutional Investors	<input type="checkbox"/> Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years. <input type="checkbox"/> Authorised signatories list with specimen signatures.
Foreign Institutional Investors (FII)	<input type="checkbox"/> Copy of SEBI registration certificate. <input type="checkbox"/> Authorised signatories list with specimen signatures.
Army/ Government Bodies	<input type="checkbox"/> Self-certification on letterhead. <input type="checkbox"/> Authorised signatories list with specimen signatures.
Registered Society	<input type="checkbox"/> Copy of Registration Certificate under Societies Registration Act. <input type="checkbox"/> List of Managing Committee members. <input type="checkbox"/> Committee resolution for persons authorised to act as authorised signatories with specimen signatures. <input type="checkbox"/> True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.

SAMPLE FORM



FATCA & CRS Declaration - Individual

PAN AABPT1234H Client ID _____

Name RAJESH KUMAR SINGH

Place of Birth _____ Country of Birth _____

Nationality INDIAN

Annual Income Below Rs. 1 Lac Rs. 1 Lac to 5 Lac Rs. 5 Lac to 10 Lac Rs. 10 Lac to 25 Lac Rs. 25 Lac to 1 Crore > 1 Crore

Net Worth Amount Rs. _____ Net Worth as on DDMMYY
(Net worth should not be older than 1 year)

Occupational Business Private Sector Professional Government Service Public Sector
Detail Agriculturist Housewife Student Retired Forex Dealer Others Pl. Specify

Politically Exposed Person (PEP) Related to Politically Exposed Person (RPEP)

Are you a tax resident of any country other than India Yes No

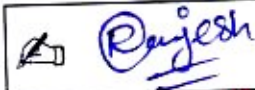
If yes please indicates the all countries in which you are resident for tax purpose and the associated Tax ID number below.

Sr. No.	Country	Tax Identification Number	Identification Type (TIN or Other, please specify)
1.			
2.			
3.			

DECLARATION

I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Maashitla Securities Private Ltd. for any modification to this information promptly.

I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

(Client Signature)  5

Date : _____ Place : DELHI

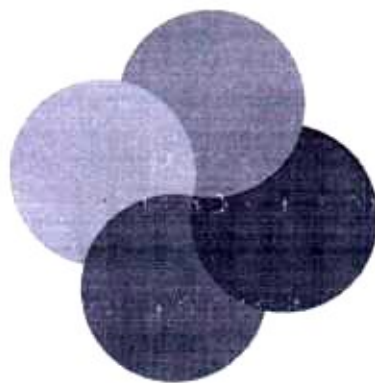
PLEASE DON'T PUT ANY DATE

For Investor convenience, Maashitla Securities Private Ltd. collecting this mandatory information for updating across all Group Companies of Maashitla Securities Private Ltd. whether you are already an investor or would become an investor in future.

Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest Maashitla Securities Private Ltd. branch or you can dispatch the hard copy to-

Maashitla Securities Private Ltd.
451, Krishna Apra Business Square, Netaji Subhash Place,
Pitam Pura, New Delhi-110034

• For Detail Terms & Conditions please visit www.maashitla.com



Maashitla

Creating Successful People

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Tick '✓' wherever applicable.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please fill the form in English and in BLOCK letters.
- E) KYC number of applicant is mandatory for update application.
- F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- G) List of two character ISO 3166 country codes is available at the end.
- H) Please read section wise detailed guidelines / instructions at the end.
- I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



For office use only Application Type* New Update
 (To be filled by financial institution) KYC Number _____ (Mandatory for KYC update request)

1. ENTITY DETAILS* (Please refer instruction A at the end)

Name* _____

Entity Constitution Type* Private Equity (Please refer instruction B at the end)

Date of Incorporation / Formation* DD-MM-YYYY Date of Commencement of Business DD-MM-YYYY

Place of Incorporation / Formation* _____ Country of Incorporation / Formation* _____ TIN or Equivalent Issuing Country _____

PAN* _____ Form 60 furnished

TIN / GST Registration Number _____

2. PROOF OF IDENTITY (PoI)* (Please refer instruction B at the end)

Officially void document(s) in respect of person authorised to transact

Certificate of Incorporation / Formation _____ Registration Certificate Regn. Certificate No. _____

Memorandum and Articles of Association Partnership Deed Trust Deed

Resolution of Board / Managing Committee Power or attorney granted to its manager, officers or employees to transact on its behalf

Activity Proof - 1 (For Sole Proprietorship Only) Activity Proof - 2 (For Sole Proprietorship Only)

3. ADDRESS* (Please refer instruction C at the end)

3.1 Registered Office Address / Place of Business*

Line 1* _____

Line 2 _____

Line 3 _____ City / Town / Village* _____

District _____ Pin / Post Code* _____ State / U.T. Code* _____ ISO 3166 Country Code* _____

3.2 Local Address in India (If different from Above)*

Proof of Address* Certificate of Incorporation / Formation Registration Certificate Other Document _____

Line 1* _____

Line 2 _____

Line 3 _____ City / Town / Village* _____

District _____ Pin / Post Code* _____ State / U.T. Code* _____ ISO 3166 Country Code* _____

4. CONTACT DETAILS (All communication will be sent to Mobile number / E-mail ID provided may be used) (Please refer instruction D at the end)

Tel. (Off) _____ FAX _____

Mobile _____ Email ID _____

Mobile _____ Email ID _____

5. NUMBER OF RELATED PERSONS _____ (Please refer instruction E at the end)

NON-INDIVIDUAL

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Tick '✓' wherever applicable.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please fill the form in English and in BLOCK letters.
- E) KYC number of applicant is mandatory for update application.
- F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- G) List of two character ISO 3166 country codes is available at the end.
- H) Please read section wise detailed guidelines / instructions at the end.
- I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



For office use only (To be filled by financial institution) Application Type* New Update Delete
 KYC Number: _____ (Mandatory for KYC update request)

1 DETAILS OF RELATED PERSON* (Please refer instruction E at the end)

Addition of Related Person Deletion of Related Person Update Related Person Details
 KYC Number of Related Person (if available*) _____ // KYC number is available, only 'Related Person Type' & 'Name' is mandatory
 Related Person Type* Director Promoter Karla Trustee Partner Court Appointment Official Proprietor
 Beneficiary Authorised Signatory Beneficial Owner Power of Attorney Holder Other (Please specify)
 DIN (Director Identification Number) _____ (Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS (Please refer instruction E at the end)

Name* (Same as ID proof)	Prefix	First Name	Middle Name	Last Name
Maiden Name				
Father / Spouse Name				
Mother Name				
Date of Birth*				
Gender*		<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Nationality*	<input type="checkbox"/> IN-Indian	<input type="checkbox"/> Others (ISO 3166 Country Code: _____)		
PAN*	_____ Form 60 furnished			


1.2 PROOF OF IDENTITY AND ADDRESS* (Please refer instruction E at the end)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number
- B- Voter ID Card
- C- Driving Licence
- D- NREGA Job Card
- E- National Population Register Letter
- F- Proof of possession of Aadhaar

II E-KYC Authentication

III Offline verification of Aadhaar

PHOTO* 

Address

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

1.3. CURRENT ADDRESS DETAILS (Please refer instruction E at the end)

Same as above mentioned address (in such cases address details as below need not be provided)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number
- B- Voter ID Card
- C- Driving Licence
- D- NREGA Job Card
- E- National Population Register Letter
- F- Proof of possession of Aadhaar

II E-KYC Authentication

III Offline verification of Aadhaar

IV Deemed PoA

V Self Declaration

NON-INDIVIDUAL

Address

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

1.4. CONTACT DETAILS (All communications will be sent on provided Mobile no/ Email ID) (Please refer instruction D at the end)

Tel. (Off) - Tel. (Res) - Mobile -
FAX - Email ID

2. APPLICANT DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it.
- I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.



Signature / Thumb Impression of Applicant

Date : - - Place :

3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification
 Digital KYC process Equivalent e-document

KYC VERIFICATION CARRIED OUT BY

Date - -
Emp. Name
Emp. Code
Emp. Designation
Emp. Branch

INSTITUTION DETAILS

Name **MAASHITLA SECURITIES PRIVATE LTD.**
Code

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Tick "✓" wherever applicable.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please fill the form in English and in BLOCK letters.
- E) KYC number of applicant is mandatory for update application.
- F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- G) List of two character ISO 3166 country codes is available at the end.
- H) Please read section wise detailed guidelines / instructions at the end.
- I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



For office use only Application Type* New Update Delete
 (To be filled by financial institution) KYC Number _____ (Mandatory for KYC update request)

1 DETAILS OF RELATED PERSON* (Please refer instruction E at the end)

Addition of Related Person Deletion of Related Person Update Related Person Details

KYC Number of Related Person (if available*) _____ If KYC number is available, only 'Related Person Type' & 'Name' is mandatory

Related Person Type* Director Promoter Karta Trustee Partner Court Appointment Official Proprietor
 Beneficiary Authorised Signatory Beneficial Owner Power of Attorney Holder Other (Please specify)

DIN (Director Identification Number) _____ (Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS (Please refer instruction E at the end)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)				
Maiden Name				
Father / Spouse Name				
Mother Name				
Date of Birth*				
Gender*		<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Nationality*	<input type="checkbox"/> IN-Indian	<input type="checkbox"/> Others (ISO 3166 Country Code _____)		
PAN*		Form 60 furnished		

1.2 PROOF OF IDENTITY AND ADDRESS* (Please refer instruction E at the end)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number
- B- Voter ID Card
- C- Driving Licence
- D- NREGA Job Card
- E- National Population Register Letter
- F- Proof of possession of Aadhaar

II E-KYC Authentication

III Offline verification of Aadhaar

Address

Line 1* _____

Line 2 _____

Line 3 _____

District* _____ Pin / Post Code* _____ City / Town / Village* _____ State / U.T. Code* _____ ISO 3166 Country Code* _____



1.3. CURRENT ADDRESS DETAILS (Please refer instruction E at the end)

Same as above mentioned address (in such cases address details as below need not be provided)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number
- B- Voter ID Card
- C- Driving Licence
- D- NREGA Job Card
- E- National Population Register Letter
- F- Proof of possession of Aadhaar

II E-KYC Authentication

III Offline verification of Aadhaar

IV Deemed PoA

V Self Declaration

NON-INDIVIDUAL

Address

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

1.4. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email ID) (Please refer instruction D at the end)

Tel. (Off)		Tel. (Res)		Mobile	
FAX		Email ID			

2. APPLICANT DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it.
- I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.



Signature / Thumb Impression of Applicant

Date : -- Place :

3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification
 Digital KYC process Equivalent e-document

KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Date <input type="text"/>	Name MAASHITLA SECURITIES PRIVATE LTD.
Emp. Name <input type="text"/>	Code <input type="text"/>
Emp. Code <input type="text"/>	
Emp. Designation <input type="text"/>	
Emp. Branch <input type="text"/>	
<input type="text"/>	

KNOW YOUR CLIENT (KYC) Application Form - For Non Individual

NEW CHANGE REQUEST (Please tick ✓ the appropriate)

Acknowledgement No. _____

Please fill this form in **ENGLISH** and in **BLOCK LETTERS**

(Please tick ✓ the box on left margin of appropriate row where **CHANGE/CORRECTION** is required and provide the details in the corresponding row)

A IDENTITY DETAILS

1. Name of the Applicant _____

2a. Date of Incorporation ____/____/____ 2b. Place of Incorporation _____

3. Date of commencement of business ____/____/____

4a. PAN _____

4b. Registration No. (e.g. CIN) _____

5. Status (Please tick ✓ the appropriate)

<input type="checkbox"/> Private Limited Co.	<input type="checkbox"/> Public Ltd. Co.	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Partnership
<input type="checkbox"/> Trust	<input type="checkbox"/> Charities	<input type="checkbox"/> NGO's	<input type="checkbox"/> FI	<input type="checkbox"/> FII
<input type="checkbox"/> HUF	<input type="checkbox"/> AOP	<input type="checkbox"/> Bank	<input type="checkbox"/> Government Body	<input type="checkbox"/> Non-Government Organization
<input type="checkbox"/> Defense Establishment	<input type="checkbox"/> BOI	<input type="checkbox"/> Society	<input type="checkbox"/> LLP	<input type="checkbox"/> Others (Please specify) _____

B ADDRESS DETAILS

1. Address for Correspondence _____

City / Town / Village _____ Pin Code _____
State _____ Country _____

2. Specify the Proof of Address submitted for Correspondence Address: _____

3. Contact Details

Tel. (Off.) _____ Fax _____
Tel. (Res.) _____ Mobile No. _____
E-Mail Id. _____

4. Registered Address (If different from above) _____

City / Town / Village _____ Pin Code _____
State _____ Country _____

5. Specify the Proof of Address submitted for registered Address: _____

C OTHER DETAILS (If space is insufficient, enclose these details separately (illustrative format enclosed))

1. Name, PAN, residential address and photographs of Promoters / Partners / Karta / Trustees and whole time directors : _____

2a. DIN of whole time directors : _____

2b. Aadhaar number of Promoters/Partners/Karta : _____

D DECLARATION

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

Date: ____/____/____

Name & Signature of the Authorised Signatory

FOR OFFICE USE ONLY

In Person Verification (IPV) Details:

Name of the person who has done the IPV: _____

Designation: _____ Employee ID: _____

Name of the Organization: _____

Date of IPV: ____/____/____

Signature of the person who has done the IPV _____

Seal/Stamp of the Intermediary _____

(Originals Verified) True copies of Documents received

(Self Attested) Self Certified Document copies received

Date _____ Signature of the Authorised Signatory _____

1. Name _____

2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____

3a. PAN _____ 3b. DIN _____

3c. Aadhaar (UID) Number _____

4. Residential/ Registered Address _____

City / Town / Village _____ Pin Code _____

State _____ Country *INDIA*

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

1. Name _____

2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____

3a. PAN _____ 3b. DIN _____

3c. Aadhaar (UID) Number _____

4. Residential/ Registered Address _____

City / Town / Village _____ Pin Code _____

State _____ Country _____

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

1. Name _____

2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____

3a. PAN _____ 3b. DIN _____

3c. Aadhaar (UID) Number _____

4. Residential/ Registered Address _____

City / Town / Village _____ Pin Code _____

State _____ Country _____

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

1. Name _____

2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____

3a. PAN _____ 3b. DIN _____

3c. Aadhaar (UID) Number _____

4. Residential/ Registered Address _____

City / Town / Village _____ Pin Code _____

State _____ Country *INDIA*

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

1. Name _____

2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____

3a. PAN _____ 3b. DIN _____

3c. Aadhaar (UID) Number _____

4. Residential/ Registered Address _____

City / Town / Village _____ Pin Code _____

State _____ Country _____

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

Name & Signature of the Authorised Signatory (ies)

Date: / /

INSTRUCTIONS/CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

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

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

- Unique Identification Number (UID) (Aadhaar)/ Passport/ Voter ID card/ Driving license.
- PAN card with photograph.
- Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

C. Proof of Address (POA): - List of documents admissible as Proof of Address:

(* Documents having an expiry date should be valid on the date of submission.)

- Passport/ Voters Identity Card/ Ration Card/ Registered Lease or Sale Agreement of Residence/ Driving License/ Flat Maintenance bill/ Insurance Copy.
- Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.

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

D. Exemptions/clarifications to PAN

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

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

E. List of people authorised to attest the documents:

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

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

Types of entity	Documentary requirements
Corporate	<input type="checkbox"/> Copy of the balance sheets for the last 2 financial years (to be submitted every year). <input type="checkbox"/> Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year). <input type="checkbox"/> Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations. <input type="checkbox"/> Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly. <input type="checkbox"/> Copies of the Memorandum and Articles of Association and certificate of incorporation. <input type="checkbox"/> Copy of the Board Resolution for investment in securities market. <input type="checkbox"/> Authorised signatories list with specimen signatures.
Partnership firm	<input type="checkbox"/> Copy of the balance sheets for the last 2 financial years (to be submitted every year). <input type="checkbox"/> Certificate of registration (for registered partnership firms only). <input type="checkbox"/> Copy of partnership deed. <input type="checkbox"/> Authorised signatories list with specimen signatures. <input type="checkbox"/> Photograph, POI, POA, PAN of Partners.
Trust	<input type="checkbox"/> Copy of the balance sheets for the last 2 financial years (to be submitted every year). <input type="checkbox"/> Certificate of registration (for registered trust only). <input type="checkbox"/> Copy of Trust deed. <input type="checkbox"/> List of trustees certified by managing trustees/CA. <input type="checkbox"/> Photograph, POI, POA, PAN of Trustees.
HUF	<input type="checkbox"/> PAN of HUF. <input type="checkbox"/> Deed of declaration of HUF/ List of coparceners. <input type="checkbox"/> Bank pass-book/bank statement in the name of HUF. <input type="checkbox"/> Photograph, POI, POA, PAN of Karta.
Unincorporated association or a body of individuals	<input type="checkbox"/> Proof of Existence/Constitution document. <input type="checkbox"/> Resolution of the managing body & Power of Attorney granted to transact business on its behalf. <input type="checkbox"/> Authorised signatories list with specimen signatures.
Banks/ Institutional Investors	<input type="checkbox"/> Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years.* <input type="checkbox"/> Authorised signatories list with specimen signatures.
Foreign Institutional Investors (FII)	<input type="checkbox"/> Copy of SEBI registration certificate. <input type="checkbox"/> Authorised signatories list with specimen signatures.
Army/ Government Bodies	<input type="checkbox"/> Self-certification on letterhead. <input type="checkbox"/> Authorised signatories list with specimen signatures.
Registered Society	<input type="checkbox"/> Copy of Registration Certificate under Societies Registration Act. <input type="checkbox"/> List of Managing Committee members. <input type="checkbox"/> Committee resolution for persons authorised to act as authorised signatories with specimen signatures. <input type="checkbox"/> True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.



FATCA & CRS Declaration - Non Individual

PAN Client ID
 Name

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India Yes No
 (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Sr. No.	Country	Tax Identification Number	Identification Type (TIN or Other, please specify)
1.			
2.			

In case Tax Identification Number is not available, kindly provide its functional equivalent.
 In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a, Financial institution (Refer 1 of Part C) or Direct reporting NFE (Refer 3(vii) of Part C) (please tick as appropriate)

GIIN

Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

Name of sponsoring entity

GIIN not available (please tick as applicable) **Applied for** **Not obtained - Non-participating FI**
 Not required to apply for - please specify 2 digits sub-category (Refer 1 A of Part C)

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1. Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C) Yes (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange

2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C) Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company
 Nature of relation: Subsidiary of the Listed Company or Controlled by a Listed Company
 Name of stock exchange

3. Is the Entity an active NFE (Refer 2c of Part C) Yes Nature of Business
 Please specify the sub-category of Active NFE (Mention code - refer 2c of Part C)

4. Is the Entity a passive NFE (Refer 3(ii) of Part C) Yes Nature of Business

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category): Unlisted Company Partnership Firm Limited Liability Partnership Company
 Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust
 Others (please specify)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
PAN [†]			
Address	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Tax ID [‡]			
Tax ID Type			
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	DD:MM/YYYY	DD:MM/YYYY	DD:MM/YYYY
Percentage of Holding (%) [§]			

* To include US, where controlling person is a US citizen or green card holder

† If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.


‡ In case Tax Identification Number is not available, kindly provide functional equivalent

§ Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

DECLARATION

I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Maashitla Securities Private Ltd. for any modification to this information promptly.

I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

Name			
Designation			
(Client Signature)		Date :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Place :	<input type="text"/>

For Investor convenience, Maashitla Securities Private Ltd. collecting this mandatory information for updating across all Group Companies of Maashitla Securities Private Ltd. whether you are already an investor or would become an investor in future.

Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest Maashitla Securities Private Ltd. branch or you can dispatch the hard copy to-

Maashitla Securities Private Ltd.
45 I, Krishna Apra Business Square, Netaji Subhash Place,
Pitam Pura, New Delhi-110034

• For Detail Terms & Conditions please visit www.maashitla.com

DECLARATION BY HUF

To,
MAASHITLA SECURITIES PRIVATE LTD.

Registered Office : 451, Krishna Apra Business Square, Netaji Subhash Place, Pitam Pura, New Delhi-110034

DP ID	I	N	3	0	3	9	9	7	Client ID								
--------------	----------	----------	----------	----------	----------	----------	----------	----------	------------------	--	--	--	--	--	--	--	--

As our HUF firm wishes to open an account with your DP in the said name _____

we beg to say that the first signatory to this letter, Mr _____ is the Karta of the Joint Family and other signatories are the adult co-parceners of the said family.

We further confirm that the business of the said joint family is carried on mainly by the said Karta as also by the other signatories hereto in the interest and for the benefit of the entire body of co-parceners of the joint family. We all undertake that claims due to the DP from the said family shall be recoverable personally from all or any of us and also for the entire family properties of which the first signatory is the Karta, including the share of minor co-parceners.

In view of the fact that ours is not a firm governed by the Indian Partnership Act of 1932, we have not got our said firm registered under the said Act.

We hereby undertake to inform the DP of the death or birth of a co-parcener of any change occurring at any time in the membership of our joint family during the currency of the account.

Your's Sincerely

Name & signature of Karta _____

Name & Signature of Adult Co-parceners and date of birth of Minor Co-parceners
(Use Annexure for Additional Members)

S.No.	Name	Sex	Relation with Karta	Date of Birth	Signature
1.					⊗ _____
2.					⊗ _____
3.					⊗ _____
4.					⊗ _____

FORMAT OF BOARD RESOLUTION IN CASE OF CORPORATE

(To be obtained on pre-printed letterhead of the company)

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED BY THE BOARD OF DIRECTORS _____ LTD. AT THEIR MEETING HELD ON _____ AM/PM AT THEIR REGISTERED OFFICE.

- Resolved that a Corporate Beneficiary Account to be opened for depository purposes with Maashitla Securities Private Ltd.; Registered Office : 451, Krishna Apra Business Square, Netaji Subhash Place, Pitam Pura, New Delhi-110034.
- Further resolved that Mr./Miss/Mrs. _____, Mr./Miss/Mrs. _____ and Mr./Miss/Mrs. _____ Director of the Company whose specimen signature are attested below be jointly / severally authorized to sign on behalf of the company, all documents and forms relating to such account (in relative debit or credit or otherwise) in such forms as may be required by Maashitla Securities Private Ltd. and further any instruction indemnities and counter indemnities which may be required by Maashitla Securities Private Ltd. from the company connection with the above mentioned account.
- That this resolution be communicated to the Maashitla Securities Private Ltd. and remain in force until further notice in.....to be given to the Maashitla Securities Private Ltd.

For _____ Ltd.

Chairman/Company Secretary

(Signature to be verified by the Banker)

Specimen Signatures of the Authorized Persons

Sr. No.	Name	Specimen Signature
1.
2.

The above signature to be attested by the person signing the resolution for account opening on behalf of the Company.



MAASHITLA SECURITIES PRIVATE LTD.

DP : NSDL, DP ID : IN303997 • SEBI REGN. NO.: IN-DP-267-2016

Registered Office : 451, Krishna Apra Business Square, Netaji Subhash Place,

Pitam Pura, New Delhi-110034 • Phone: +91-11-45121795-96-98

E-mail: dp@maashitla.com • Website: www.maashitla.com

PLEASE DON'T
PUT ANY DATE

(To be filled by the Depository Participant)

Client ID						Date	D	D	M	M	Y	Y	Y	Y
-----------	--	--	--	--	--	------	---	---	---	---	---	---	---	---

I/We request you to open a depository account in my/our name as per following details :

(Please fill all the details in CAPITAL/BLOCK LETTERS only)

A. DETAILS OF ACCOUNT HOLDER(S) WRITE NAME AS PER NAME PRINTED ON PAN CARD

Account Holder(s)	Sole/First Holder	Second Holder	Third Holder
Name	RAJESH KUMAR SINGH		
Father/Husband Name	RAM KUMAR		
Address	15-2, NEELKANTH HOSPITAL DLF PHASE-3, DELHI	WRITE ADDRESS AS PER GIVEN ADDRESS PROOF	
Mobile No.	9999999999		
Separate Mobile No.	<input type="checkbox"/> Me or <input type="checkbox"/> My Family	<input type="checkbox"/> Me or <input type="checkbox"/> My Family	<input type="checkbox"/> Me or <input type="checkbox"/> My Family
Telephone No.			
E-mail Id	RKKUMAR@GMAIL.COM		
Separate E-mail Address	<input type="checkbox"/> Me or <input type="checkbox"/> My Family	<input type="checkbox"/> Me or <input type="checkbox"/> My Family	<input type="checkbox"/> Me or <input type="checkbox"/> My Family
PAN	A A B P T 1 2 3 4 H		
Aadhaar No.	**** * * * * 1 2 3 4		
Occupation (Please tick any one and give brief details)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Public Sector <input type="checkbox"/> Retired <input type="checkbox"/> Govt. Service <input type="checkbox"/> Housewife <input checked="" type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Others (Pl. Spcify)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Public Sector <input type="checkbox"/> Retired <input type="checkbox"/> Govt. Service <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Others (Pl. Spcify)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Public Sector <input type="checkbox"/> Retired <input type="checkbox"/> Govt. Service <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Others (Pl. Spcify)
Brief Details			

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

Name	PAN								
------	-----	--	--	--	--	--	--	--	--

C. TYPE OF ACCOUNT

<input checked="" type="checkbox"/> Ordinary Resident	<input type="checkbox"/> NRI-Repatriable	<input type="checkbox"/> Margin	<input type="checkbox"/> Promoter	<input type="checkbox"/> HUF
<input type="checkbox"/> Qualified Foreign Investor	<input type="checkbox"/> NRI-Non Repatriable	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Others (Specify) _____	
<input type="checkbox"/> Body Corporate	<input type="checkbox"/> FI	<input type="checkbox"/> FII	<input type="checkbox"/> Qualified Foreign Investor	<input type="checkbox"/> Mutual Fund
<input type="checkbox"/> Trust	<input type="checkbox"/> Bank	<input type="checkbox"/> CM	<input type="checkbox"/> Others (Specify) _____	

D. INCOME DETAILS (please specify)

Income Range per annum (please tick any one) <input type="checkbox"/> Below Rs. 1 Lac <input type="checkbox"/> Rs. 25 - 50 Lac <input type="checkbox"/> Rs. 1 - 5 Lac <input type="checkbox"/> Rs. 50 - 1 Crore <input checked="" type="checkbox"/> Rs. 5 Lac - 10 Lac <input type="checkbox"/> Above Rs. 1 Crore <input type="checkbox"/> Rs. 10 Lac - 25 Lac	and	Network Amount Rs. _____ As on (Date) <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 5%;">D</td><td style="width: 5%;">D</td><td style="width: 5%;">M</td><td style="width: 5%;">M</td><td style="width: 5%;">Y</td><td style="width: 5%;">Y</td><td style="width: 5%;">Y</td><td style="width: 5%;">Y</td> </tr> </table> (Network should not be older than 1 year)	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			

SAMPLE FORM

WRITE APPLICANT BANK DETAILS AND ENSURE
BANK PROOF SHOULD BE IN THE NAME OF APPLICANT

E. In Case of NRIs/Foreign Nationals/FIIs/Others (as may be applicable)

RBI Approval Reference Number		RBI Approval Date	D	D	M	M	Y	Y
SEBI Registration Number (For FIIs)								

F. BANK DETAILS

1. Bank Account Type	<input checked="" type="checkbox"/> Saving A/c <input type="checkbox"/> Current A/c <input type="checkbox"/> Other (Pl. Specify) _____										
2. Bank Account Number	15281000002617										
3. Bank Name	STATE BANK OF INDIA										
4. Branch Address	SHOP NO. 16 DLF CITY COURT										
	City/Town/Village	DELHI			Pin Code	11	00	56			
	State	DELHI			Country	INDIA					
	5. MICR Code	1	1	0	4	5	0	9	0	6	
6. IFSC	S	B	I	N	0	0	0	0	1	2	3

G. Please tick, if applicable, for any of your authorized signatories/ Promoter/Partners/ Karta/Trustees/whole time directors :	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)
--	--

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

1. Name of Stock Exchange	
2. Name of Clearing Corporation/Clearing House	
3. Clearing Member ID	
4. SEBI Registration Number	
5. Trade Name	
6. CM-BP-ID (to be filled up by Participant)	

I. STANDING INSTRUCTIONS

1. I/We authorise you to receive credits automatically into my/our account	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
2. Account to be operated through Power of Attorney (PoA)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
3. SMS Alert facility : [Mandatory if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form]			
Sr. No.	Holder	Yes	No
1.	Sole / First Holder	<input type="checkbox"/>	<input type="checkbox"/>
2.	Second Holder	<input type="checkbox"/>	<input type="checkbox"/>
3.	Third Holder	<input type="checkbox"/>	<input type="checkbox"/>
4. Mode of Receiving Statement of Account (Tick any one)	<input type="checkbox"/> Physical Form <input checked="" type="checkbox"/> Electronic Form [Read Note 4 and ensure that email ID is provided in KYC Application Form]		
5. Mode of Receiving Right & Obligations (Tick any one)	<input type="checkbox"/> Physical Form <input checked="" type="checkbox"/> Electronic Form		
6. Option to received Annual Reports, AGM Notice and other communication from broker. (Tick any one)	<input type="checkbox"/> Physical Form <input checked="" type="checkbox"/> Electronic Form		
7. Standing Instruction for Auto Pledge confirmation by Pledgee (Tick any one)	<input type="checkbox"/> Yes [Read Note 18] <input checked="" type="checkbox"/> No		

J. GUARDIAN DETAILS (where sole holder is a minor) :

[For account of a minor, two KYC Application Forms must be filled i.e. one for the guardian and another for the minor (to be signed by guardian)]									
Guardian Name									
PAN									
Relationship of Guardian with Minor									

NOMINATION FORM

(Annexure-A)

(To be filled in by individual applying singly or jointly)

MAASHITLA SECURITIES PRIVATE LTD.

Registered Office : 451, Krishna Apra Business Square,
Netaji Subhash Place, Pitam Pura, New Delhi-110034

PLEASE DON'T
PUT ANY DATE

DATE	D	D	M	M	Y	Y	Y	Y
------	---	---	---	---	---	---	---	---

DP ID	I	N	3	0	3	9	9	7	Client ID								
-------	---	---	---	---	---	---	---	---	-----------	--	--	--	--	--	--	--	--

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

NOMINATION DETAILS

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.

Nomination can be made upto three nominees in the account		Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
1.	Name of the nominee(s) Mr./Ms.)			
2.	Share of each Nominee Equally <small>[If not equally please specify percentage]</small>	%	%	%
<i>Any odd lot after division shall be transferred to the first nominee mentioned in the form.</i>				
3.	Relationship with the Applicant (if any)			
4.	Address of Nominee(s) City / Place State / Country PIN Code			
5.	Mobile/Telephone No. of Nominee(s)			
6.	Email ID of nominee(s)			
7.	Nominee Identification details - [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> AADHAAR <input type="checkbox"/> Saving Bank A/c No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			

Sr. Nos. 8-14 should be filled only if nominee(s) is a minor :

8.	Date of Birth (in case of minor nominee(s))			
9.	Name of Guardian (Mr./Ms.) (in case of minor nominee(s))			
10.	Address of Guardian(s) City / Place State / Country PIN Code			
11.	Mobile/Telephone No. of Guardian			
12.	Email ID of nominee(s)			

Fill Nominee details if nominee is to be appointed/opted.

SAMPLE FORM

13.	Relationship of Guardian with nominee		
14.	Guardian Identification details - [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> AADHAAR <input type="checkbox"/> Saving Bank A/c No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID		

	Name(s) of Holder(s)	Signature(s) of Holder
Sole/First Holder (Mr./Ms.)		(6)
Second Holder (Mr./Ms.)		
Third Holder (Mr./Ms.)		

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

Note:

This nomination shall supersede any prior nomination made by the account holder(s), if any.

The Trading Member / Depository Participant shall provide acknowledgement of the nomination form to the account holder(s).

DECLARATION FORM FOR OPTING OUT OF NOMINATION

(Annexure-B)

To,

MAASHITLA SECURITIES PRIVATE LTD.

Registered Office : 451, Krishna Apra Business Square,
 Netaji Subhash Place, Pitam Pura, New Delhi-110034

Sign if no nominee is opted.

DATE	D	D	M	M	Y	Y	Y	Y
------	---	---	---	---	---	---	---	---

DP ID	I	N	3	0	3	9	9	7	Client ID					
-------	---	---	---	---	---	---	---	---	-----------	--	--	--	--	--

Sole/First Holder Name	
Second Holder Name	
Third Holder Name	

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.

Signatures of Holder(s)

(7)

Signature of 1st Holder

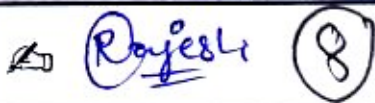


Signature of 2nd Holder

Signature of 3rd Holder

DECLARATION

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/we hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it. In case non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations. I/we acknowledge the receipt of copy of the document "Right and Obligations of the Beneficial Owner & Depository Participant".

Authorised Signatories (Enclose a Board Resolution for Authorised Signatories)

Holder	Name	Signature
Sole / First Holder / Guardian (Mr./Ms.) (in case of Minor) / Karta of HUF / Authorised Signatory	RAJESH KUNAR SINGH	
Second Holder/ Authorised Signatory		
Third Holder/ Authorised Signatory		

Other Holders

Second Holder		
Third Holder		

Mode of Operation for Sole/First Holder (in case of joint holdings, all the holders must sign)

<input type="checkbox"/> Any one singly	
<input type="checkbox"/> Jointly by	
<input type="checkbox"/> As per resolution	
<input type="checkbox"/> Others (Pl. Specify)	

Notes:

1. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non- individuals including society, trust, body corporate, partnership firm and Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly, all joint holders will sign the nomination form.
2. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
3. Only individual / natural person(s) can be a nominee(s). The Nominee(s) shall not be artificial person created/dressed by the law or by a fiction such as trust, society, body corporate, partnership firm, Hindu Undivided Family, etc. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
4. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
5. Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.
6. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non- individuals including society, trust, body corporate, partnership firm and Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
7. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee(s).
8. Nomination can be made upto three nominees in a demat account. In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total upto hundred percent. In the event of the beneficiary owner not indicating any percentage of allocation/share for each of the nominees, the default option shall be to settle the claims equally amongst all the nominees.
9. On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned in the FORM 10 at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.
10. Copy of any proof of identity must be accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure D.
11. Savings bank account details shall only be considered if the account is maintained with the same participant.
12. DP ID and client ID shall be provided where demat details is required to be provided.

**RIGHTS AND OBLIGATIONS OF BENEFICIAL OWNER AND DEPOSITORY PARTICIPANT
AS PRESCRIBED BY SEBI & 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.

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.

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.

I/We acknowledge the receipt of copy of the "Rights and Obligations of the Beneficial Owner and Depository Participant".

Signature of Account Holder(s)



Signature of Sole/First Holder



Signature of Second Holder



Signature of Third Holder

SAMPLE FORM

MOBILE NO. AND E-MAIL ID DECLARATION BY FAMILY ACCOUNT

To,

MAASHITLA SECURITIES PRIVATE LTD.

Registered Office : 451, Krishna Apra Business Square,

Netaji Subhash Place, Pitam Pura, New Delhi-110034

Date : _____

PLEASE DON'T
PUT ANY DATE

We are having following demat accounts with Maashitla Securities Private Ltd. We do hereby declare that our family contact no. is 9999999999 and our family

E-mail id is RKKUMAR@GMAIL.COM

We hereby authorize Maashitla Securities Private Ltd. to send us any information such as alert/SMS/call/ email etc. at above mentioned contact no. and email id.


We declare that this contact no. and E-mail id belong to our family consisting of persons as per following detail.

S.No.	Code	Name	Relation

I hereby declare that the aforesaid mobile number or E-mail ID belongs to Me or My Family
(Spouse, dependent children and dependent parents)

I further declare that the above mentioned statement is true and correct.

Yours Faithfully,

 (10)

(Client Signature)

(OPTIONAL FOR INDIVIDUAL / HUF)

INTRODUCTION

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

DP-ID IN _____ Client ID _____

(In case of existing account holder.)

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

Name : AJAY KUMAR

Address : 16-1 NEELKANTH HOSPITAL
DLF PHASE-3 DELHI

Signature of Introducer/Signature and
Seal in case of Bank (To be verified by DP Official)

FEMA DECLARATION

To, **MAASHITLA SECURITIES PRIVATE LTD.**

Registered Office : 451, Krishna Apra Business Square,
Netaji Subhash Place, Pitam Pura, New Delhi-110034

Date : _____

I/WEHAS COMPLIED AND WILL CONTINUE TO
COMPLY WITH FEMA REGULATIONS.

SIGN  Sole/First Holder Signature  Second Holder Signature  Third Holder Signature

NAME.....

VOLUNTARY ADDITIONAL TERMS & CONDITIONS FOR AVAILING DEPOSITORY SERVICES

1. The Client shall immediately notify the Depository Participant in writing if there is any change in client's personal information for example contact phone and mobile numbers, communication address, permanent address, income details, along with requisite supporting wherever required.
2. Client to please ensure taking written acknowledgement while submitting any document to Depository Participant's Officer, example being Delivery Instruction Slips, Demat Requests, Profile Change Request, and Requisition Slip/Request for Issuance of Booklet etc. Depository Participant shall not be in a position to help in absence of written acknowledgement if client suffers damages and losses.
3. Depository Participant may re-verify / confirm through alternate means (say by telecalling) the authenticity of any instruction like Delivery Instruction Slip, Dematerialization request, Issuance of Delivery Instruction Booklet etc. received / submitted by client's messenger, or received by depository participant through courier, or any other means of communication.
4. Depository Participant provides online access through its web portal for which client has been provided a secured login and password, so that client is able to view holdings, transaction statement, bills, dues and other details. Depository Participant further sends the holding/transaction and ledger statement to client's registered address or through electronic means to client's registered email ID. Client must verify his/her account details on regular basis and review his/her account status and in case of discrepancy is observed client shall immediately brought to the notice of the Depository Participant so as to enable the Depository Participant to take required remedial action as may be possible.
5. If client avails any additional service of which charges have not been decided before hand in schedule of charges, the Depository Participant has the right to charge alongwith separate intimation to the client.

Client confirms having read & accepted the terms & conditions of this document titled "VOLUNTARY ADDITIONAL TERMS & CONDITIONS FOR AVAILING DEPOSITORY SERVICES" and agrees to be bound by all of them.

SIGN  Sole/First Holder Signature  Second Holder Signature  Third Holder Signature

Name (.....)

Date :- DD MM YYYY

SAMPLE FORM

OPTION FOR ISSUANCE OF DIS BOOKLET ALONGWITH ACCOUNT OPENING

MAASHITLA SECURITIES PRIVATE LTD.




Registered Office : 451, Krishna Apra Business Square,
Netaji Subhash Place, Pitam Pura, New Delhi-110034

DP ID	I	N	3	0	3	9	9	7
-------	---	---	---	---	---	---	---	---

Option for Issue of DIS booklet (Please tick any one)

Option1 I/We wish to receive the Delivery Instruction Slip (DIS) booklet with account opening.

Option2 I/We do not wish to receive the DIS booklet with account opening. However, the DIS booklet should be issued to me/us immediately on my/our request at any later date.

Beneficial Owner	Name(s) of account holder(s)	Signature with date
Sole/First Holder	RAJESH KUMAR SINGH	 (13)
Second Holder		
Third Holder		

ACCOUNT OPENING DETAILS

Date	Particulars	Name	Signatures
	Received By		
	Entered By		
	Checked By		
	Verified By		

(Signature of DP Manager)

SCHEDULE - A: SCHEDULE OF CHARGES FOR DEPOSITORY SERVICES FOR RESIDENT ACCOUNTS

PARTICULARS	CHARGE STRUCTURE	
ACCOUNT OPERATIONS		
Account Opening Charges	NIL	
NIL AMC SCHEME	<input type="checkbox"/> "LIBERTY" account with non-refundable one time subscription fee of ₹ 2000/- (Taxes additional)	
AMC SCHEMES (For Individual)	<input checked="" type="checkbox"/> Digital Statements ₹ 500/- per annum (Taxes additional) (Email id mandatory)	<input type="checkbox"/> Physical Statements ₹ 550/- per annum (Taxes additional)
	AMC FOR NON-INDIVIDUAL ₹ 1500/- per annum (Taxes Additional)	

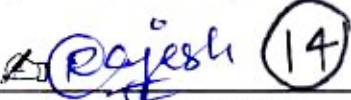
TRANSACTION CHARGES

• Credit	NIL
• Debit - Transfer to any other Account	₹ 25/- per debit or 0.03% of the value of transaction whichever is higher.
Dematerialization Demat Processing Charges	₹ 50/- per certificate subject to minimum of ₹ 100/- (Taxes Additional)
Conversion of Mutual Fund units represented by SOA into Demat	₹ 250/- per request
Courier Charges for Demat/Remat/Repurchase/ Redemption Conversion of Mutual Fund units represented by SOA/ Reconversion of Mutual Fund units into SOA	On Actuals
Demat Rejection Charges	₹ 100/- per rejection
Rematerialisation/Repurchase/Redemption of Mutual Fund/ Reconversion of Mutual Fund units into SOA Charges	₹ 250/- per request + NSDL Charges
Pledge/ Hypothecation (per transaction) Creation/ closure/ Confirmation/ Invocation	0.03% of the value of securities plus NSDL Charges (Min ₹ 200/- per instruction, Taxes Additional)
Delivery Instruction Booklet	₹ 50/- per book (for 05 leafs)
Pledge Instruction Booklet	₹ 150/- per book

Terms & Conditions :

- Client will be required to pay ₹ 500/- security amount towards depository charges that the company would charge pursuant to the transactions executed by the client. Client needs to replenish the balance immediately when it falls below ₹ 500/-
- For all payments cheque should be in favor of "Maashitla Securities Pvt. Ltd."
- Any other service, which is not mentioned above, will be charged separately as per the rates applicable from time to time. Out of pocket expenses including courier charges for overseas consignment will be charged extra on actual basis.
- The value of transactions will be in accordance with rates provided by NSDL.
- All charges are payable on monthly basis and delayed payment will be liable for interest @ 2% per month.
- An amount of ₹ 100/- shall be charged if DIS reissuance request is received on plain paper and DIS booklet is reported lost.
- Changes in Client Master Details ₹ 150/- per modification shall be charged.
- Maashitla may suspend/freeze the depository services of the account holder on non-payment of outstanding bills.
- Any additional charges/taxes/statutory levies, charged by statutory authority as and when applicable will be levied.
- In case, client wish to opt for BSDA services, the above schedule of charges will get amended as per regulatory guidelines.
- Kindly ask DP to provide schedule of charges in case of NRI, Foreign National or Foreign Body Corporate demat accounts.

Any other specific charges structure : _____

 (14)
Signature of Sole/First Holder

Signature of Second Holder

Signature of Third Holder

FOR MAASHITLA SECURITIES PRIVATE LTD.

⊗
(Authorised Signatory)

SAMPLE FORM

CHECK LIST FOR CLIENT REGISTRATION FORM

FORM RECEIVING DATE :	BRANCH CODE :	CLIENT CODE
ACCOUNT OPENING DATE : TM DP	GROUP CODE :	TM : DP :

1.	CHECKING DETAILS	YES	REMARKS
a)	Name as it appears on the ID & Address Proof (in capital letter)		
b)	Signature of Client on all pages and wherever necessary (Witness wherever required) <input type="checkbox"/>		
c)	Signature Checked and Verified.		
d)	Photograph (duly signed) <input type="checkbox"/>		
e)	A copy of PAN Card (Self Attested) <input type="checkbox"/>		
f)	Address Proof (Self Attested) <input type="checkbox"/>		
g)	Bank Proof containing Client Name (Self Attested) <input type="checkbox"/>		
2.	Franchisee and Client to be informed if any of the above detail is missing or invalid by _____ Date _____ Time _____		
3.	Details Punched in Computer by DP _____		
4.	Gross Checking done by _____		
5.	BACK OFFICE WEB LOGIN User Name ID _____ Password _____		
6.	DP WEB LOGIN User Name ID _____ Password _____		
7.	Form sent to Surveillance by _____ Date : _____ Time : _____		
8.	Form sent to DP by _____ Date : _____ Time : _____		
9.	Client Account Status Report issued by		
10.	Form Returned to Compliance by _____ Date : _____ Time : _____		
11.	Kit Dispatched on _____ (Date)		



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MAASHITLA SECURITIES PRIVATE LTD.

DEPOSITORY PARTICIPANT - NSDL • DP ID : IN303997 • SEBI Regn. No.: IN-DP-267-2016




Registered Office : 451, Krishna Apra Business Square, Netaji Subhash Place, Pitam Pura, New Delhi-110034

Phone: +91-11-45121795-96-98 • E-mail: dp@maashitla.com

Website: www.maashitla.com

ACKNOWLEDGEMENT RECEIPT

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

	Name	Signature(s) of Account Holder(s)
Sole/First Holder		 Rajesh (15)
Second Holder		
Third Holder		

(Depository Participant Seal and Signature)

FOR OFFICE USE ONLY

	Name	Employee Code	Signature
Pre-punched by			
Pre-verified by			
Pre-rejected by			
Punched by			
Verified by			
Rejected by			



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