



FINQUEST SECURITIES (P) LTD.

Member : BSE, NSE, MCX-SX

DP ID : 12048000 Sebi Regd. No. IN-DP-CDSL-380-2006

602 Boston House, Next to Cinemax, Suren Road, Andheri (East) Mumbai 400 093.

Phone : +91 - 22 - 4000 2600 Fax : +91 - 22 - 4000 2605 website : www.finquestonline.com

DEMAT ACCOUNT OPENING FORM Individual

DP ID : 12048000 Sebi Regd. No. IN-DP-CDSL-380-2006

BO ID : _____

Client Name : _____

Internal reference No. : _____

In Person Verification Done

Employee Name : _____

Employee Signature : _____ Date : _____

Pan Verified with Webside Yes No Pan card verified with Original Yes No

Document checklist for Individual/ NRI / HUF/ Minor

- All the forms should be filled in BLACK ink and with BLOCK LETTERS.
 - Passport size Photograph to be pasted and signed across on the space provided in account opening form.
- Photocopy of PAN CARD is mandatory for all the categories listed above and for all the joint holders. The same will be treated as Proof of Identity.

Introduction by RM/BM is Mandatory.

Mandatory for all the categories mentioned below: Bank Details with proof showing MICR Code is mandatory and for MICR Code the cheque leaflet should be collected which shows name of client printed on cheque. In case name is not appearing on cheque leaf then additional document like pass book/Bank Statement duly attested by bank with Banks Stamp and Authorized Signatories sign or a letter from Bank on Banks Letter Head showing Bank Account Number, Name of Account Holder(s), MICR Code should accompany the cheque Leaflet.

Address Proof- Any One of The Following - Required for all the holders

- Photocopy of Ration Card.
- Photocopy of Bank Pass Book/Statement not older than 6 Months, Banks stamp and bank officials sign on the statement and passbook first page is a must under any circumstances.
- Photocopy of Valid Driving License.
- Photocopy of Election ID Card
- Photocopy of Valid Passport.
- Photocopy of Telephone Bill not older than 3 months
- Photocopy of Electricity Bill not older than 3 months
- Photocopy of Leave & License Agreement (As Correspondence address) 'Agreement of sale (Both Correspondence and Permanent Address)
- Letter from Employee on Company's Letter Head stating the Address and duly certified by Senior Official of the Company.
- Photocopy of Identity Card' Document with address, issued by
 - ◆ Central State Government and its Departments,
 - ◆ Statutory I Regulatory Authorities,
 - ◆ Public Sector Undertakings,
 - ◆ Scheduled Commercial Banks,
 - ◆ Public Financial Institutions.
 - ◆ College affiliated to universities; and
 - ◆ Professional Bodies such as ICAI, ICWAI, Bar Council etc., to their members.

If the Correspondence Address and Permanent Address is different, provide proof for both address. In case Correspondence Address is not in name of V' holder then Permanent Address is mandatory and should be in name of 1st Holder. In case of Lease Agreement or any Temporary Address in name of 111 holder please note Permanent Address in name of 1st holder is Mandatory.

Additional Documents for For NRIs

- Photocopy of Passport
- Proof of Foreign address anyone of above documents
- PINS (KBI Permission) is required for any NRI client
- Proof of Indian Address (If any) anyone of above documents, in case of NRI without repatriation proof of Indian address has to be given.
- NRO I NKE bank account proof either statement (not older than 6 months) or Passbook. Same must be with Banks stamp and sign of bank official.

Other additional documents HUF

- PAN CARD in name of HUF and proof of identity of Karta
- Declaration of Coparceners with D.O.B., Name, Sex and Relationship with Karta duly signed by Karta with HUF Stamp.
- Stamp of KARTA to be put, wherever Karta signs.
- Bank Passbook Copy or Bank Statement not older than 6 Months of HUF Account only. The same should be with Banks stamp and sign of bank official.

Other additional documents Minor

- PAN CARD of Minor and Guardian

ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT
FINQUEST Securities (P) Ltd.

 602 Boston House, Next to Cinemax,
 Suren Road, Andheri (East),
 Mumbai 400 093.

(To be filled by the Depository Participant)

Application No.											Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.																			
DP ID	1	2	0	4	8	0	0	0	Client ID										

 (To be filled by the applicant in **BLOCK LETTERS** in English)

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

HOLDERS DETAILS

Sole / First Holder's Name											PAN									
											UID									
Second Holder's Name											PAN									
											UID									
Third Holder's Name											PAN									
											UID									
Name *																				
* In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.																				

TYPE OF ACCOUNT (Please tick whichever is applicable)

Status	Sub-Status			
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident	<input type="checkbox"/> Individual-Director	<input type="checkbox"/> Individual Director's Relative	
	<input type="checkbox"/> Individual HUF / AOP	<input type="checkbox"/> Individual Promoter	<input type="checkbox"/> Minor	
	<input type="checkbox"/> Individual Margin Trading A/C (MANTRA)	<input type="checkbox"/> Others(specify) _____		
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable	<input type="checkbox"/> NRI Non-Repatriable	<input type="checkbox"/> NRI Repatriable Promoter	
	<input type="checkbox"/> NRI Non-Repatriable Promoter	<input type="checkbox"/> NRI - Depository Receipts	<input type="checkbox"/> Others (specify) _____	
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National - Depository Receipts	<input type="checkbox"/> Others (specify) _____	

DETAILS OF GUARDIAN (in case the account holder is minor)

Guardian's Name											PAN								
Relationship with the applicant																			
I / We instruct the DP to receive each and every credit in my / our account. (If not marked, the default option would be 'Yes').															[Automatic Credit] <input type="checkbox"/> YES <input type="checkbox"/> NO				
I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end. (If not marked, the default option would be 'No')															<input type="checkbox"/> YES <input type="checkbox"/> NO				
Account Statement Requirement <input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly																			
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID :															<input type="checkbox"/> YES <input type="checkbox"/> NO				
I/ We would like to share the email ID with the RTA															<input type="checkbox"/> YES <input type="checkbox"/> NO				
I / We would like to receive the Annual Report <input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in Physical)																			
Do you wish to receive dividend / interest directly in to your bank account given below through ECS? (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]															<input type="checkbox"/> YES <input type="checkbox"/> NO				

BANK DETAILS [Dividend Bank Details]											
Bank Code (9 digit MICR code)						IFS Code (11 character)					
Account No.				Account Type <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (Specify) _____							
Bank Name						Branch Name					
Bank Branch Address											
										PIN Code	
City				State				Country			
(i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or). (ii) Photocopy of the Bank Statement having name and address of the BO. (iii) Photocopy of the Passbook having name and address of the BO, (or) (iv) Letter from the Bank. In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.											

Other Details Gross Annual Income Details	Income Range per annum:											
	<input type="checkbox"/> Up to Rs. 1,00,000			<input type="checkbox"/> Rs. 1,00,000 to Rs 5,00,000				<input type="checkbox"/> Rs. 5,00,000 to Rs 10,00,000				
	<input type="checkbox"/> Up to Rs. 10,00,000 to Rs 25,00,000			<input type="checkbox"/> More than Rs 25,00,000								
Net worth as on (Date)		D	D	M	M	Y	Y	Y	Y	Rs		
<i>[Net worth should not be older than 1 year]</i>												
Occupation	<input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Specify)											
Please tick, if applicable:		<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)										
Any other information:												

SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4	MOBILE NO. +91 _____ [(Mandatory , if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).											
Transactions using Secured Texting Facility (TRUST), Refer to Terms and Conditions Annexure - 2.6	I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for the same. <input type="checkbox"/> YES <input type="checkbox"/> NO I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST											
	Stock Exchange Name/ID	Clearing Member Name					Clearing Member ID (Optional)					
<i>Easi</i>	To register for <i>Easi</i> , please visit our website www.cdslindia.com . <i>Easi</i> allows a BO to view his ISIN balances, transactions and value of the portfolio online.											
MODE OF OPERATION FOR EXECUTION OF TRANSACTIONS (Transfer, Pledge & Freeze)												
<input type="checkbox"/> Jointly <input type="checkbox"/> Anyone of the Holder												

NOMINATION DETAILS																			
Nomination Registration No.						Dated						D	D	M	M	Y	Y	Y	Y
I /We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that: <input type="checkbox"/> I/We do not wish to nominate any one for this demat account. <input type="checkbox"/> I/We nominate the following persons who is/are entitled to receive security balances lying in my/our account, particulars where of are given below, in the event of my / our death.																			
Nomination Details			Nominee 1				Nominee 2				Nominee 3								
Nominee Name :																			
*First Name:			-----				-----				-----								
Middle Name:			-----				-----				-----								
*Last Name			-----				-----				-----								
Nomination Details			Nominee 1				Nominee 2				Nominee 3								

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

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

* Marked is Mandatory field

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

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

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

I / We have received and read the Rights and Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signatures	+		

(Signatures should be preferably in black ink)

----- Tear Here -----

ACKNOWLEDGEMENT RECEIPT

Application No.		Date	D	D	M	M	Y	Y	Y	Y
We hereby acknowledge the receipt of the Account Opening Application Form:										
Name of the Sole / First Holder										
Name of Second Holder										
Name of Third Holder										

Depository Participant Seal and Signature

----- Tear Here -----

‡ Reference Communiqué no. CDSL/OPS/DP/SYSTEM/6250 dated November 17, 2016

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

[SMS Alerts will be sent by CDSL to BOs for all debits]

Definitions:

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

1. "Depository" means Central Depository Services (India) Limited a company incorporated in India under the Companies Act 1956 and having its registered office at 17th Floor, P.J. Towers, Dalal Street, Fort, Mumbai 400001 and all its branch offices and includes its successors and assigns.
2. "DP" means Depository Participant of CDSL. The term covers all types of DPs who are allowed to open demat accounts for investors.
3. "BO" means an entity that has opened a demat account with the depository. The term covers all types of demat accounts, which can be opened with a depository as specified by the depository from time to time.
4. SMS means "Short Messaging Service"
5. "Alerts" means a customized SMS sent to the BO over the said mobile phone number.
6. "Service Provider" means a cellular service provider(s) with whom the depository has entered / will be entering into an arrangement for providing the SMS alerts to the BO.
7. "Service" means the service of providing SMS alerts to the BO on best effort basis as per these terms and conditions.

Availability:

1. The service will be provided to the BO at his / her request and at the discretion of the depository. The service will be available to those accountholders who have provided their mobile numbers to the depository through their DP. The services may be discontinued for a specific period / indefinite period, with or without issuing any prior notice for the purpose of security reasons or system maintenance or for such other reasons as may be warranted. The depository may also discontinue the service at any time without giving prior notice for any reason whatsoever.
2. The service is currently available to the BOs who are residing in India.
3. The alerts will be provided to the BOs only if they remain within the range of the service provider's service area or within the range forming part of the roaming network of the service provider.
4. In case of joint accounts and non-individual accounts the service will be available, only to one mobile number i.e. to the mobile number as submitted at the time of registration / modification.
5. The BO is responsible for promptly intimating to the depository in the prescribed manner any change in mobile number, or loss of handset, on which the BO wants to receive the alerts from the depository. In case of change in mobile number not intimated to the depository, the SMS alerts will continue to be sent to the last registered mobile phone number. The BO agrees to indemnify the depository for any loss or damage suffered by it on account of SMS alerts sent on such mobile number.

Receiving Alerts:

1. The depository shall send the alerts to the mobile phone number provided by the BO while registering for the service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
2. The BO acknowledges that the alerts will be received only if the mobile phone is in 'ON' and in a mode to receive the SMS. If the mobile phone is in 'Off' mode i.e. unable to receive the alerts then the BO may not get / get after delay any alerts sent during such period.
3. The BO also acknowledges that the readability, accuracy and timeliness of providing the service depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.
4. The BO further acknowledges that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/ or inaccuracy. In case the BO observes any error in the information provided in the alert, the BO shall inform the depository and/ or the DP immediately in writing and the depository will make best possible efforts to rectify the error as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred/ suffered by the BO on account of opting to avail SMS alerts facility.
5. The BO authorizes the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity.
6. The BO agrees to inform the depository and DP in writing of any unauthorized debit to his BO account/ unauthorized transfer of securities from his BO account, immediately, which may come to his knowledge on receiving SMS alerts. The BO may send an email to CDSL at complaints@cdslindia.com. The BO is advised not to inform the service provider about any such unauthorized debit to/ transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse communication between the service provider and the depository.
7. The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.
8. The depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
9. If the BO finds that the information such as mobile number etc., has been changed with out proper authorization, the BO should immediately inform the DP in writing.

OPTION FORM FOR ISSUE OF DIS BOOKLET

Date	D	D	M	M	Y	Y	Y	Y
------	---	---	---	---	---	---	---	---

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

To,
Depository Participant Name
Address

Dear Sir / Madam,

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

OPTION 1:

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

Yours faithfully

	First/Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures	X		

OR

OPTION 2:

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

Yours faithfully

	First/Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures			

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

Acknowledgement Receipt

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

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

Depository Participant Seal and Signature

Terms And Conditions for availing Transaction Using Secured Texting (TRUST) Service offered by CDSL
1. Definitions:

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

- i. "Depository" means Central Depository Services (India) Limited (CDSL)
 - ii. TRUST means "Transactions Using Secured Texting" service offered by the Depository.
 - iii. "Service Provider" means a cellular service provider(s) with whom the Depository has entered / shall enter into an arrangement for providing the TRUST service to the BO.
 - iv. "Service" means the service of providing facility to receive/give instructions through SMS on best effort basis as per the following terms and conditions. The types of transaction that would normally qualify for this type of service would be informed by CDSL from time to time.
 - v. "Third Party" means the operators with whom the Service Provider is having / will have an arrangement for providing SMS to the BO.
2. The service will be provided to the BO at his / her request and at the discretion of the depository provided the BO has registered for this facility with their mobile numbers through their DP or by any other mode as informed by CDSL from time to time. Acceptance of application shall be subject to the verification of the information provided by the BO to the Depository
 3. The messages will be sent on best efforts basis by way of an SMS on the mobile no which has been provided by the BOs. However Depository shall not be responsible if messages are not received or sent for any reason whatsoever, including but not limited to the failure of the service provider or network.
 4. The BO is responsible for promptly informing its DP in the prescribed manner any change in mobile number, or loss of handset on which the BO wants to send/receive messages generated under TRUST. In case the new number is not registered for TRUST in the depository system, the messages generated under TRUST will continue to be sent to the last registered mobile number. The BO agrees to indemnify the depository for any loss or damage suffered by it on account of messages sent on such mobile number.
 5. The BO agrees that SMS received by the Depository from the registered mobile number of the BO on the basis of which instructions are executed in the depository system shall be conclusive evidence of such instructions having been issued by the BO. The DP / CDSL will not be held liable for acting on SMS so received.
 6. The BO shall be responsible for submitting response to the 'Responsive SMS' within the specified time period. Transactions for which no positive or negative confirmation is received from the BO, will not be executed except for transaction for deregistration. Further, CDSL shall not be responsible for BOs not submitting the response to the said SMS within the time limit prescribed by CDSL.
 7. The BO agrees that the signing of the TRUST registration form by all joint holders shall mean that the instructions executed on the basis of SMS received from the registered mobile for TRUST shall be deemed to have been executed by all joint holders.
 8. The BO agrees to ensure that the mobile number for TRUST facility and SMS alert (SMART) facility is the same. The BO agrees that if he is not registered for SMART, the DP shall register him for SMART and TRUST. If the mobile number provided for TRUST is different from the mobile number recorded for SMART, the new mobile number would be updated for SMART as well as TRUST.
 9. BOs are advised to check the status of their obligation from time to time and also advise the respective CMs to do so. In case of any issues, the BO/CM should approach their DPs to ensure that the obligation is fulfilled through any other mode of delivery of transactions as may be informed / made available by CDSL from time to time including submission of Delivery Instruction Slips to the DP .
 10. The BO acknowledges that CDSL will send the message for confirmation of a transaction to the BO only if the Clearing Member (registered by the BO for TRUST) enters the said transaction in CDSL system for execution through TRUST within prescribed time limit.

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11. The BO further acknowledges that the BO/CM shall not have any right to any claim against either the DP or Depository for losses, if any, incurred due to non receipt of response on the responsive SMS or receipt of such response after the prescribed time period. In the event of any dispute relating to the date and time of receipt of such response, CDSL's records shall be conclusive evidence and the Parties agree that CDSL's decision on the same shall be final and binding on both Parties.
 12. The BO may request for deregistration from TRUST at any time by giving a notice in writing to its DP or by any other mode as specified by Depository in its operating instructions. The same shall be effected after entry of such request by the DP in CDSL system if the request is received through the DP.
 13. Depository reserves the right to charge such fees from time to time as it deems fit for providing this service to the BO.
 14. The BO expressly authorises Depository to disclose to the Service Provider or any other third party, such BO information as may be required by them to provide the services to the BO. Depository however, shall not be responsible and be held liable for any divulgence or leakage of confidential BO information by such Service Providers or any other third party.
 15. The BO takes the responsibility for the correctness of the information supplied by him to Depository through the use of the said Facility or through any other means such as electronic mail or written communication.
 16. The BO is solely responsible for ensuring that the mobile number is not misused and is kept safely and securely. The Depository will process requests originated from the registered Mobile as if submitted by the BO and Depository is not responsible for any claim made by the BO informing that the same was not originated by him.
 17. Indemnity: In consideration of providing the service, the BO agrees that the depository shall not be liable to indemnify the BO towards any damages, claims, demands, proceedings, loss, cost, charges and expenses whatsoever as a consequence of or arising out of interference with or misuse, improper or fraudulent use of the service by the BO.
 18. Disclaimer: Depository shall be absolved of any liability in case:-
 - a. There is loss of any information during processing or transmission or any unauthorized access by any other person or breach of confidentiality.
 - b. There is any lapse or failure on the part of the service providers or any third party affecting the said Facility and that Depository makes no warranty as to the quality of the service provided by any such service provider.
 - c. There is breach of confidentiality or security of the messages whether personal or otherwise transmitted through the Facility.

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

General Clause

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Rules and Regulations of Securities and Exchange Board of India (SEBI), Circulars/Notifications/Guidelines issued there under, Bye Laws and Business Rules/Operating Instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.
2. The DP shall open/activate demat account of a beneficial owner in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time.

Beneficial Owner information

3. The DP shall maintain all the details of the beneficial owner(s) as mentioned in the account opening form, supporting documents submitted by them and/or any other information pertaining to the beneficial owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.
4. The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of opening the demat account or furnished to the DP from time to time.

Fees/Charges/Tariff

5. The Beneficial Owner shall pay such charges to the DP for the purpose of holding and transfer of securities in dematerialized form and for availing depository services as may be agreed to from time to time between the DP and the Beneficial Owner as set out in the Tariff Sheet provided by the DP. It may be informed to the Beneficial Owner that "no charges are payable for opening of demat accounts"
6. In case of Basic Services Demat Accounts, the DP shall adhere to the charge structure as laid down under the relevant SEBI and/or Depository circulars/directions/notifications issued from time to time.
7. The DP shall not increase any charges/tariff agreed upon unless it has given a notice in writing of not less than thirty days to the Beneficial Owner regarding the same.

Dematerialization

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

Separate Accounts

9. The DP shall open separate accounts in the name of each of the beneficial owners and securities of each beneficial owner shall be segregated and shall not be mixed up with the securities of other beneficial owners and/or DP's own securities held in dematerialized form.
10. The DP shall not facilitate the Beneficial Owner to create or permit any pledge and /or hypothecation or any other interest or encumbrance over all or any of such securities submitted for dematerialization and/or held in demat account except in the form and manner prescribed in the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996 and Bye-Laws/ Operating Instructions/Business Rules of the Depositories.

Transfer of Securities

11. The DP shall effect transfer to and from the demat accounts of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the Beneficial Owner and the DP shall maintain the original documents and the audit trail of such authorizations.
12. The Beneficial Owner reserves the right to give standing instructions with regard to the crediting of securities in his demat account and the DP shall act according to such instructions.

Statement of account

13. The DP shall provide statements of accounts to the beneficial owner in such form and manner and at such time as agreed with the Beneficial Owner and as specified by SEBI/depository in this regard.
14. However, if there is no transaction in the demat account, or if the balance has become Nil during the year, the DP shall send one physical statement of holding annually to such BOs and shall resume sending the transaction statement as and when there is a transaction in the account.
15. The DP may provide the services of issuing the statement of demat accounts in an electronic mode if the Beneficial Owner so desires. The DP will furnish to the Beneficial Owner the statement of demat accounts under its digital signature, as governed under the Information Technology Act, 2000. However if the DP does not have the facility of providing the statement of demat account in the electronic mode, then the Participant shall be obliged to forward the statement of demat accounts in physical form.
16. In case of Basic Services Demat Accounts, the DP shall send the transaction statements as mandated by SEBI and/or Depository from time to time.

First Holder _____

Second Holder _____

Third Holder _____

Manner of Closure of Demat account

17. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository. Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided no charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their demat account should be transferred to another demat account of the Beneficial Owner held with another DP or to rematerialize the security balances held.
18. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of thirty days as per procedure specified from time to time by the depository. Provided further, closure of demat account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

Default in payment of charges

19. In event of Beneficial Owner committing a default in the payment of any amount provided in Clause 5 & 6 within a period of thirty days from the date of demand, without prejudice to the right of the DP to close the demat account of the Beneficial Owner, the DP may charge interest at a rate as specified by the Depository from time to time for the period of such default.
20. In case the Beneficial Owner has failed to make the payment of any of the amounts as provided in Clause 5&6 specified above, the DP after giving two days notice to the Beneficial Owner shall have the right to stop processing of instructions of the Beneficial Owner till such time he makes the payment along with interest, if any.

Liability of the Depository

21. As per Section 16 of Depositories Act, 1996,
1. Without prejudice to the provisions of any other law for the time being in force, any loss caused to the beneficial owner due to the negligence of the depository or the participant, the depository shall indemnify such beneficial owner.
 2. Where the loss due to the negligence of the participant under Clause (1) above, is indemnified by the depository, the depository shall have the right to recover the same from such participant.

Freezing/ Defreezing of accounts

22. The Beneficial Owner may exercise the right to freeze/defreeze his/her demat account maintained with the DP in accordance with the procedure and subject to the restrictions laid down under the Bye Laws and Business Rules/Operating Instructions.
23. The DP or the Depository shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any regulator or court or any statutory authority.

Redressal of Investor grievance

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

Authorized representative

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

Law and Jurisdiction

26. In addition to the specific rights set out in this document, the DP and the Beneficial owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Rules, Bye Laws and Regulations of the respective Depository in which the demat account is opened and circulars/notices issued there under or Rules and Regulations of SEBI.
27. The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars/ notices issued by SEBI and Rules, Regulations and Bye-laws of the relevant Depository, where the Beneficial Owner maintains his/ her account, that may be in force from time to time.
28. The Beneficial Owner and the DP shall abide by the arbitration and conciliation procedure prescribed under the Bye-laws of the depository and that such procedure shall be applicable to any disputes between the DP and the Beneficial Owner.
29. Words and expressions which are used in this document but which are not defined herein shall unless the context otherwise requires, have the same meanings as assigned thereto in the Rules, Bye-laws and Regulations and circulars/notices issued there under by the depository and /or SEBI
30. Any changes in the rights and obligations which are specified by SEBI/Depositories shall also be brought to the notice of the clients at once.
31. If the rights and obligations of the parties hereto are altered by virtue of change in Rules and regulations of SEBI or Bye-laws, Rules and Regulations of the relevant Depository, where the Beneficial Owner maintains his/her account, such changes shall be deemed to have been incorporated herein in modification of the rights and obligations of the parties mentioned in this document.

First Holder _____ Second Holder _____ Third Holder _____

FAX INDEMNITY

AGREEMENT BETWEEN THE DEPOSITORY PARTICIPANT AND THE PERSON SEEKING TO OBTAIN FAX INDEMNITY WITH THE DEPOSITORY PARTICIPANT

I/We Mr. / Mrs. M/s _____

residing / having registered office at _____

execute this UNDERTAKING CUM INDEMNITY in favor of Finquest Securities (P) Ltd. having its registered office at 602 Boston House, Next to Cinemax, Suren Road, Andheri (East) Mumbai 400093 here after Called Finquest Securities (P) Ltd. (witch expression shall unless it be repugnant to the context or meaning thereof mean and include it's successors) on _____ day of _____ as follows

WHEREAS I/We maintain Depository Account(s) nos. 12048000 Client Id _____ with Finquest Securities (P) Ltd). and as per the instructions for operation of the said Account(s) the same is allowed to persons authorized, (hereinafter referred to as Authorized Persons) AND WHEREAS in the day to any business, I/We are required to give urgent instructions to Finquest Securities (P) Ltd. for operation of any of the said accounts.

WHERE AS Finquest Securities (P) Ltd. has agreed to accept for Submission & Sind by the authorized Persons to operate the said Accounts under their signature in a similar way and manner as provided in the said operating instructions / account opening form and subject to the indemnity herein offered by me / us to Finquest Securities (P) Ltd. and the terms and conditions Herein mentioned.

AND IN CONSIDERATION OF THE ABOVE, I/We hereby irrevokable agree, confirm and undertake with Finquest Securities (P) Ltd. and there presents witness to as follows:

- 1. We shall transit the fax instructions only to the fax number informed / provided to us by to Finquest Securities (P) Ltd. and use this number for such fax submission only and not any for other transmission / purpose
2. The fax submission shall be signed by the authorized persons sectioned in the list of authorized person's submitted by me / us in the account opening from on behalf of me / us and this signature's shall be in the same manner and any as has been informed to Finquest Securities (P) Ltd. by me/us and to Finquest Securities (P) Ltd. is hereby requested and authorized but is not obliged to rely upon and act. in accordance with such fax submission which is signed or, believed by to Finquest Securities (P) Ltd. to have been given by the Authorized Person's.
3. Finquest Securities (P) Ltd. is requested by us and be entitled to treat any fax submission, to be obliged or issued and fully authorized by and binding upon us and further be entitled (but not bound) to take any steps relying upon the same and to act upon the same, bellowing the fax submission, in good faith as appropriate, regardless, of the amount of money involved and not withstanding any error in transmissions or reception of such fax submission or an misunderstanding or ambiguity or lack of clarity in the terms of such fax submission.
4. I/We shall upon marking any telefax submission hereunder. deliver to Finquest Securities (P) Ltd. without any delay within Two working days, the original hand Copy of the fax submission hard copy signed by the authorised persons as aforesaid Provided that to to Finquest Securities (P) Ltd., may. but shall not be obliged to, await receipt of the hard copy prior to taking any action is connection with fax submissions and shall not be obliged of follow up with me/ us for originals. Further the storage of a photocopy of the fax transmissions sent by me/us shall be the conclusive evidence of instructions to to Finquest Securities (P) Ltd. for

having acted on such instructions to Finquest Securities (P) Ltd. for having acted on such instructions and I/We hereby agree and acknowledge the same.

- 5. Finquest Securities (P) Ltd. shall not be liable for any losses or damages which we may suffer as a consequence of Finquest Securities (P) Ltd. acting in accordance with or in reliance upon, any fax submission or otherwise pursuant to the authority conferred herein, open Finquest Securities (P) Ltd.
6. I/We shall indemnify Finquest Securities (P) Ltd. and keep Finquest Securities (P) Ltd. indemnified and save harmless at all times against any and all claims, losses damages, costs, liabilities and expense incurred, sufferers incurred, sufferers or paid by Finquest Securities (P) Ltd. or required to be incurred, sufferers or paid by Finquest Securities (P) Ltd. and also against all demands, actions suits, proceedings made, filed instituted against Finquest Securities (P) Ltd. in connection with or arising out of or in relation to.
a) Finquest Securities (P) Ltd. action pursuant to, in accordance with or relying upon any fax submission pursuant to the request and authority conferred herein and or.
b) Finquest Securities (P) Ltd. acting pursuant to. in accordance with or relying upon and fax submission received by Finquest Securities (P) Ltd. which it believes in good faith to be such fax submission : and/
Or
c) Any Unauthorized or fraudulent fax submission to Finquest Securities (P) Ltd.
7. Finquest Securities (P) Ltd. shall not be under any obligation at any time to maintain any facility for the receipt of any submission to ensure the continued operations or availability of any such facsimile or equipment.
8. I/We acknowledge and confirm that I/We am/are aware of the nature of telecommunications services that the fax transmissions may not be received properly and may be read by or the known to any unauthorized person. I/We agree to assume and best bear all the risks involved in respect of such errors and misunderstanding and Finquest Securities (P) Ltd. shall not be responsible in any manner for the same or breach of confidentially there to and shall not be liable for any claims, loss, damages, cost or expenses and liability arising there from.
9. This indemnity is without prejudice to Finquest Securities (P) Ltd. other rights privileges, powers and remedies in law and Finquest Securities (P) Ltd. may delay enforcing its rights without any time losing them and any waiver of a right by Finquest Securities (P) Ltd. hereunder or available to it by law, shall not be deemed to be a waiver of any right at another time.
10. Finquest Securities (P) Ltd. may stop terminals this facility given to me/us by giving seven days prior written notice to me/us. However any such termination shall not affect anything done or any rights or liabilities accrued incurred prior to the termination and all the above indemnities given by me/us to Finquest Securities (P) Ltd. shall service any such termination.

I/We specially agree and conform that any matter or issue arising hereunder shall be governed and constructed exclusively in accordance with the Indian laws and shall be subject to the jurisdiction of the courts of Mumbai in India.

Given by

Name _____

First Holder _____ Second Holder _____ Third Holder _____



FINQUEST SECURITIES (P) LTD.

Member : BSE, NSE, MCX-SX

DP ID : 12048000 Sebi Regd. No. IN-DP-CDSL-380-2006

602 Boston House, Next to Cinemax, Suren Road, Andheri (East) Mumbai 400 093.

Phone : +91 - 22 - 4000 2600 Fax : +91 - 22 - 4000 2605 website : www.finquestonline.com

Charges for the Depository Services (CDSL)

I/We agree to pay the charges as per following charge structure for our Demat account with FINQUEST SECURITIES (P) LTD.
(First Holder's Signatures)

Sr. No	SERVICE	CHARGES
1.	Account Opening Charges	NIL
2.	Account Maintenance Charges (Per Annum)	
2.1	For Individuals	Rs. 250.00
2.2	For Corporate Bodies	Rs. 500.00
2.3	For Clearing Member	Rs.1000.00
3.	Transaction Charges (For Debits)	
3.1	On Market Trades	Rs. 7.00 /Transaction.
3.2	Off Market Trades	Rs. 7.00 /Transaction.
3.3	Inter Depository Transfer	Rs. 7.00 /Transaction
	No Charges for CM a/c for pay-in Flat charges per Month	Rs .1000.00
4	Transaction Charges (For Credits)	
4.1	On Market Trades	NIL
4.2	Off Market Trades	NIL
4.3	Inter Depository Transfer	NIL
5.	Dematerialization Charges	Rs. 2.00/Certificate (Max Rs. 250.00/-) Rs. 25.00 (Postal Charges Per DRF)
6.	Rematerialization Charges	Rs-25/Certificate
7.	Pledge Charges	Pledge Creation : 0.02% of the value (Minimum Rs. 25/-Per Transaction) Pledge Cancellation : Nil Pledge Invocation: 0.02% of the value (Minimum Rs 25/-Per Transaction)
8.	Account Closing Charges	NIL
9.	Holding & Transaction Statement Charges	Extra statements shall be charged at Rs.25/-Account

Other point:

- All charges would attract the service tax/cess/levies and/or other such taxes as applicable from time to time.
- All payment have to be made favoring "Finquest Securities Pvt. Ltd." You can pay by cheques or demand drafts payable at the local branch where the account is opened, outstation cheques will not be accepted.
- All the percentages in the above structure would be applied on the value of the transaction as computed by NSDL.
- Out of Pocket expenses incurred on the Dispatch of securities for dematerialization and communication charges incurred on out-station calls/faxes made specifically on request of Uiedienl will be charged on actuals.
- Charges quoted above are for the services listed. Any services not listed above will be charged separately.
- Any advance payments over and above the normal amount due can also be made. Any such higher amount paid than the minimum amount payable at the of account opening shall be adjusted against the bills raised from the time to time.

Important note:

1. DP bills should be paid on or before the due date. Interest shall be levy @2% per annum on outstanding amount for nonpayment from the bill due date. Pursuant to clause 9 of the client-DP agreement; in case of non-payment DP charges within the due date. DP reserves the right to discontinue operation of the demat account till such time that the payment is received
2. For all the purposes the bill date shall be construed as the date of demand and the bill will be considered as the bill cum notice for payment and, Finquest Securities Pvt. Ltd. Reserves the right to "freeze depository account for debit transactions", in case of non-payment of charges after two days from the bill due date.
3. The renewal charges for resuming the depository operations will be rs.100/- per account and the services will be resumed in minimum of two working days from the date of receipt of request at Finquest Securities Pvt. Ltd.
4. I/we understand that the above charges are subject to revision by Finquest Securities Pvt. Ltd. after providing a notice period of 30 days. Such revisions will be notified by ordinary post/courier.

Signature (s)

X

(First Holder's Signature)

(Second Holder's Signature)

(Third Holder's Signature)



Nomination Form

[Annexure A to SEBI circular No. SEBI/HO/MIRSD/RTAMB/CIR/P/2021/601 dated July 23, 2021 on Mandatory Nomination for Eligible Trading and Demat Accounts]

TM / DP Name and Address		FORM FOR NOMINATION <i>(To be filled in by individual applying singly or jointly)</i>																				
Date	D	D	M	M	Y	Y	Y	Y	UCC/DP ID	I	N			Client ID								
I/We wish to make a nomination. <i>[As per details given below]</i>																						
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]																					
		Photograph & Signature PAN																				
		<input type="checkbox"/> Aadhaar Saving Bank account no.																				
		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 Guardian						
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 account no. Proof of Identity <input type="checkbox"/> Demat Account ID						
Name(s) of holder(s)						Signature(s) of holder*	
Sole / First Holder (Mr./Ms.)		X					
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


This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.	
§ Note: One witness shall attest signature(s) / thumb impression(s)	
Details of the Witness	First Witness
Name of Witness	
Address of Witness	
Signature of Witness	
I / We have received and read the Rights and Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.	

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 SEBI circular No. SEBI/HO/MIRSD/RTAMB/CIR/P/2021/601 dated July 23, 2021 on Mandatory Nomination for Eligible Trading and Demat Accounts]

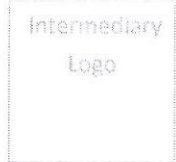
To	Date	D	D	M	M	Y	Y	Y	Y
Trading Member/Participant's Name									
Trading Member/Participant's Address									
UCC/DP ID									
Client ID (only for Demat account)									
Sole/First Holder Name									
Second Holder Name									
Third Holder Name									
<p>I / We hereby confirm that I / We do 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.</p>									
Name and Signature of Holder(s)*									
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;">  1. _____ </div> <div style="text-align: center;"> 2. _____ </div> <div style="text-align: center;"> 3. _____ </div> </div>									

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

Know Your Client (KYC)
Application Form (For Individuals Only)



CDSL VENTURES LIMITED
... Exploring New Horizons



Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

Fields marked * are pertaining to CKYC and mandatory only if processing CKYC also

Application Number: _____

Application Type*: New KYC Modification KYC

KYC Mode*: Please Tick (✓)

Normal EKYC OTP EKYC Biometric Online KYC Offline EKYC Digilocker

1. Identity Details (please refer guidelines overleaf)

PAN* _____ Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof) _____

Maiden Name* (if any) _____

Fathers/Spouse's Name* _____

Date of Birth* _____

Gender* Male Female Transgender

Marital Status* Single Married

Nationality* Indian Other _____

Residential Status* Resident Individual Non Resident Indian

Please Tick (✓) Foreign National Person of Indian Origin

(Passport mandatory for NRIs, PIOs and Foreign Nationals)



Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

A — Aadhaar Card XXXX XXXX _____

B — Passport Number _____ (Expiry Date) _____

C — Voter ID Card _____ (Expiry Date) _____

D — Driving License _____ (Expiry Date) _____

E — NREGA Job Card _____

F — NPR _____

Z — Others _____ (any document notified by Central Government)

Identification Number _____

2. Address Details* (please refer guidelines overleaf)

A. Correspondence/ Local Address*

Line 1* _____

Line 2 _____

Line 3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified

Applicant e-SIGN

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1* _____
 Line 2 _____
 Line3 _____
 City/
 Town/Village* _____ District* _____ Pin Code* _____
 State* _____ Country* _____
 Address Type* Residential/Business Residential Business Registered Office Unspecified

Proof of Address* (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

A — Aadhaar Card XXXX XXXX _____
 B — Passport Number _____ (Expiry Date) _____
 C — Voter ID Card _____
 D — Driving License _____ (Expiry Date) _____
 E — NREGA Job Card _____
 F — NPR Letter _____
 Z—Others _____ (any document notified by Central Government)
 Identification Number _____

3. Contact Details

Email ID _____
 Mobile No. _____
 Tel (Off) _____ Tel (Res) _____

4. Applicant Declaration

<p>I hereby declare that the details furnished above are true and correct to the best of my/our 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/We are aware that I/We may be held liable for it.</p> <p>I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.</p> <p>DATE: _____ (DD-MM-YYYY) PLACE: _____</p>	Applicant e-SIGN	Applicant Wet Signature

5. For Office Use Only

In-Person Verification (IPV) carried out by*	Intermediary Details*
IPV Date _____ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested) AMC / Intermediary Name : _____ _____
Employee Signature and Stamp	Authorised Name and Stamp

Important Instructions:

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



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

Application Type* New Update

KYC Number (Mandatory for KYC update request)

Account Type* Normal Simplified (for low risk customers) Small

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

Prefix First Name Middle Name Last Name

Name* (Same as ID proof)

Maiden Name (If any*)

Father / Spouse Name*

Mother Name*

Date of Birth* DD - MM - YYYY

Gender* M- Male F- Female T-Transgender


Marital Status* Married Unmarried Others

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

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

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

PHOTO



Signature / Thumb Impression

2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* ISO 3166 Country Code of Birth*

3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

A- Passport Number Passport Expiry Date DD - MM - YYYY

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date DD - MM - YYYY

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document notified by the central government) Identification Number

S- Simplified Measures Account - Document Type code Identification Number

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type* Residential / Business Residential Business Registered Office Unspecified

Proof of Address* Passport Driving Licence UID (Aadhaar)
 Voter Identity Card NREGA Job Card Others please specify

Simplified Measures Account - Document Type code

Address

Line 1*

Line 2

Line 3

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

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

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*

Line 2

Line 3 City / Town / Village*

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

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

Same as Current / Permanent / Overseas Address details Same as Correspondence / Local Address details

Line 1*

Line 2

Line 3 City / Town / Village*

State* ZIP / Post Code* ISO 3166 Country Code*

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

Tel. (Off) - Tel. (Res) - Mobile -

FAX - Email ID

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

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

Related Person Type* Guardian of Minor Assignee Authorized Representative

Name* Prefix First Name Middle Name Last Name

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)

A- Passport Number Passport Expiry Date

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document notified by the central government) Identification Number

S- Simplified Measures Account - Document Type code Identification Number

7. REMARKS (if any)

8. APPLICANT DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I 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.

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : - - Place :

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch


INSTITUTION DETAILS

Name

Code

[Employee Signature]

[Institution Stamp]

		FATCA-CRS Declaration & Supplementary KYC information Declaration Form for Individuals <i>Please seek appropriate advice from your tax professional on your tax residency, related FATCA & CRS guidance</i>							
PAN / PEKRN*									
Name									
Address Type <i>(for KYC address)</i>		<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business		Nationality		<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others <i>(Please specify)</i>			
Place of Birth						Country of Birth			
Gross Annual Income Details in INR		<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr <input type="checkbox"/> > 1 Crore		Occupation Details. [Please tick any one (✓)]		<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others [Please specify] _____			
Net Worth in INR. In Lacs & Date <i>(Optional)</i>		_____ dd-mmm-yyyy							
Politically Exposed Person [PEP]		<input type="checkbox"/> Yes <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable		Any other information [if applicable]		<i>[Please specify]</i>			

Are you a tax resident (i.e. are you assessed for Tax) in any other country other than India? Yes No

If 'Yes', please fill for all countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries.

S. No.	Country of Tax Residency	Tax Identification Number (TIN) or Functional Equivalent	Identification Type <i>[TIN or other, please specify]</i>	If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C [as defined below]
1				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- Reason A → The country where the Account Holder is liable to pay tax does not issue TIN to its residents.
- Reason B → No TIN required [Select this reason only if the authorities of the respective country of tax residence do not required the TIN to be collected]
- Reason C → Others - Please specify the reasons _____

Declaration:

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I am aware that I may liable for it. I hereby authorize you [FSP/LFund/AMC] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account (s) without any obligation of advising me of the same. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same

Date:
Place:

Signature:

X _____

Please submit the form duly filled, signed, for all the holders, separately, and submit at Finquest Securities Pvt. Ltd., 602, Boston House, Next to Cinemax, Suren Road, Andheri (East), Mumbai 400093

FATCA & CRS Terms & Conditions

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income- tax Rules, 1962, which require Indian financial institutions such as the Banks/other financial entities to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with (Insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

FATCA & CRS Instructions

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or green-card holder, please include United States in the foreign country information field along with your US Tax Identification Number.

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

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

FATCA & CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS indicia
U.S. place of birth	<ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below);AND 3. Any one of the following documents: Certified Copy of "Certificate of Loss of Nationality <i>or</i> Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; <i>or</i> Reason the customer did not obtain U.S. citizenship at birth
Residence/ mailing address in a country other than India	<ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below)
Telephone number in a country other than India	<p><i>If no Indian telephone number is provided</i></p> <ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below) <p><i>If Indian telephone number is provided along with a foreign country telephone number</i></p> <ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; OR
Telephone number in a country other than India	<ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below)

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

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

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

Declaration for availing of Basic Services Demat Account (BSDA) facility

To,
 Finquest Securities Pvt. Ltd.
 602, Boston House, Suren Road,
 Andheri – E, Mumbai - 400093

Date:

D	D	M	M	Y	Y	Y	Y
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Dear Sir / Madam,

I / We do not wish to avail the BSDA facility for the new account for which we have submitted my account opening form.

I / We wish to avail the BSDA facility for my / our below mentioned demat account number.

I / We wish to Opted out the BSDA facility.

DP ID	1	2	0	4	8	0	0	0	Client ID										
-------	---	---	---	---	---	---	---	---	-----------	--	--	--	--	--	--	--	--	--	--

	Name	PAN																		
Sole/First Holder																				
Second Holder																				
Third Holder																				

I/We have read and understood the regulatory (SEBI) guidelines for opening a Basic Services Demat Account and undertake to comply with the aforesaid guidelines from time to time. I/we also undertake to comply with the guidelines issued by any such authority for BSDA facility from time to time. I/We also agree that in case our demat account opened under BSDA facility does not meet the eligibility for BSDA facility as per guideline issued by SEBI or any such authority at any point of time, my / our BSDA account will be converted to regular demat account without further reference to me/us and will be levied charges as applicable to regular accounts as informed by the DP.

I, the first / Sole holder also hereby declare that I do not have / propose to have any other demat account across depositories as a first / sole holder.

	Signature
Sole/First Holder	X
Second Holder	
Third Holder	

===== (Please Tear here) =====
Acknowledgement Receipt

Received BSDA declaration form from:

DP ID	1	2	0	4	8	0	0	0	Client ID												
Name																					
Address																					

Date :

Depository Participant Seal and Signature

