

**Instructions to the Applicants (BOs) for account opening:**

1. Signatures can be in English or Hindi or any of the other languages contained in the 8<sup>th</sup> Schedule of the Constitution of India. Thumb impressions and signatures other than the above mentioned languages must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate / Special Executive Officer under his/her official seal.
2. Signatures should be preferably in black ink.
3. Details of the Names, Address, Telephone Number(s), etc., of the Magistrate / Notary Public / Special Executive Magistrate / Special Executive Officer are to be provided in case of attestation done by them.
4. In case of additional signatures (for accounts other than individuals), separate annexures should be attached to the account opening form.
5. In case of applications containing a Power of Attorney, the relevant Power of Attorney or the self-certified copy thereof, must be lodged along with the application.
6. All correspondence / queries shall be addressed to the first / sole applicant.
7. Strike off whichever option, in the account opening form, is not applicable.

\*\*\*\*\*

**<https://scores.gov.in/scores/Welcome.html>**

**SCORES**

**Filing complaint on SCORES-**

**Easy & Quick**

- a. Register on SCORES portal
- b. Fill Mandatory details for filing complaints on SCORES
  1. Name, Pan, Address, Mobile No, Email ID
- c. Benefits
  - i. Effective Communication
  - ii. Speedy Redressal of the Grievances.

X

## DOCUMENTS REQUIRED FOR INDIVIDUAL CDSL DEMAT

1. WHEREEVER X- MARK PL. SIGN WITH BLACK PEN
2. TWO PHOTO OF THE HOLDER DULY SOIGNED ACROSS
3. SELF ATTESTED PAN CARD COPY REQUIRED.
4. IF SECOND HOLDER IS THERE THEN SEPARATE FORM SHOULD BE FILLED .
5. IF CORRESPONDENCE AND PERMMANENT ADDRESS ARE DIFFERENT, THEN PROOFS OF BOTH REQUIRED WITH SELF ATTESTED.
6. LATEST LIGHT BILL / TELEPHONE BILL / PASSPORT COPY / ELECTION CARD / UNIQUE IDENTIFICATION NUMBER (AADHAR) DULY SELF ATTESTED FOR ADDRESS PROOF
7. IF BANK STATEMENT IS PROVIDED THAN LAST THREE MONTHS TRANSACTION AND THE FIRST PAGE ON WHICH NAME AND ADDRESS IS THERE SHOULD BE ORIGINALLY CERTIFIED BY THE BANK OFFICER.
8. CANCEL CHEQUE ON WHICH NAME IS PRE PRINTED AND IF NOT THAN BANK STATEMENT FOR THE LAST THREE OR SIX MONTHS SHOULD BE ENCLOSED DULY SELF ATTESTED.
9. CHEQUE OF RS. 450/- IN THE NAME OF R.B.K. SHARE BROKING LTD
10. FOR HUF A/C KARTA SHOULD SIGN ALONG WITH THE RUBBER STAMP.
11. DETAILS OF KARAT FAMILY DETAILS REQUIRED.
12. PAN CARD OF BOTH HUF & SOLE DULY SELF ATTESTED REQUIRED.

### Filing Complaints on SCORES- Easy & quick

- a. Register on SCORES portal
- b. Mandatory details for filing complaints on SCORES:
  - i. Name, PAN, Address, Mobile Number, Email ID
- c. Benefits:
  - i. Effective Communication
  - ii. Speedy redressal of the grievances"

X

**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\*

X

Cross Signature across photograph

(Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC. Select NRI or Foreign National based on Nationality of the individual)

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

- A — Aadhaar Card XXXX XXXX \_\_\_\_\_ (Expiry Date) \_\_\_\_\_
- B — Passport Number \_\_\_\_\_ (Expiry Date) \_\_\_\_\_
- C — Voter ID Card \_\_\_\_\_ (Expiry Date) \_\_\_\_\_
- D — Driving License \_\_\_\_\_
- 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

X

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

Line 1\* \_\_\_\_\_  
 Line 2 \_\_\_\_\_  
 Line 3 \_\_\_\_\_  
 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 \_\_\_\_\_ (Expiry Date) \_\_\_\_\_  
 B — Passport Number \_\_\_\_\_ (Expiry Date) \_\_\_\_\_  
 C — Voter ID Card \_\_\_\_\_ (Expiry Date) \_\_\_\_\_  
 D — Driving License \_\_\_\_\_  
 E — NREGA Job Card \_\_\_\_\_  
 F — NPR Letter \_\_\_\_\_  
 Z — Others \_\_\_\_\_ (any document notified by Central Government)  
 Identification Number \_\_\_\_\_

**3. Contact Details (in CAPITAL)**

Email ID\* \_\_\_\_\_  
 Mobile No. \* \_\_\_\_\_  
 Tel (off) \_\_\_\_\_ Tel (Res) \_\_\_\_\_

**4. Applicant Declaration**

<p>I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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>I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.</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 : _____



2 NO HOLDER

**KNOW YOUR CLIENT (KYC) APPLICATION FORM**

For Individuals

PHOTOGRAPH  
Please affix your recent passport size photograph and sign across it

Please fill this form in ENGLISH and in BLOCK LETTERS.

**A. IDENTITY DETAILS**

- Name of the Applicant: \_\_\_\_\_
- Father's/ Spouse Name: \_\_\_\_\_
- a. Gender: Male/ Female      b. Marital status: Single/ Married      c. Date of birth: \_\_\_\_\_ (dd/mm/yyyy)
- a. Nationality: \_\_\_\_\_      b. Status: Resident Individual/ Non Resident/ Foreign National
- a. PAN: \_\_\_\_\_      b. Aadhaar Number, if any: \_\_\_\_\_
- Specify the proof of Identity submitted: \_\_\_\_\_

**B. ADDRESS DETAILS**

- Residence Address: \_\_\_\_\_  
City/town/village: \_\_\_\_\_ Pin Code: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_
- Contact Details: Tel. (Off.) \_\_\_\_\_ Tel. (Res.) \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Fax: \_\_\_\_\_ Email id: \_\_\_\_\_
- Specify the proof of address submitted for residence address: \_\_\_\_\_
- Permanent Address (if different from above or overseas address, mandatory for Non-Resident Applicant): \_\_\_\_\_  
City/town/village: \_\_\_\_\_ Pin Code: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

**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.

X  
Signature of the Applicant

Date: \_\_\_\_\_ (dd/mm/yyyy)

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 10,00,000 <input type="checkbox"/> Rs 10,00,000 to Rs 25,00,000 <input type="checkbox"/> More than Rs 25,00,000									
	Net worth as on (Date)	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> Rs	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
	[Net worth should not be older than 1 year]									
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:										

**FOR OFFICE USE ONLY**

Originals verified and Self-Attested Document copies received

(.....)  
Name & Signature of the Authorised Signatory

Date .....

Seal/Stamp of the intermediary

**KNOW YOUR CLIENT (KYC) APPLICATION FORM**

For Individuals

PHOTOGRAPH  
Please affix your recent passport size photograph and sign across it

Please fill this form in ENGLISH and in BLOCK LETTERS.

**A. IDENTITY DETAILS**

1. Name of the Applicant: \_\_\_\_\_
2. Father's/ Spouse Name: \_\_\_\_\_
3. a. Gender: Male/ Female      b. Marital status: Single/ Married      c. Date of birth: \_\_\_\_\_ (dd/mm/yyyy)
4. a. Nationality: \_\_\_\_\_      b. Status: Resident Individual/ Non Resident/ Foreign National
5. a. PAN: \_\_\_\_\_      b. Aadhaar Number, if any: \_\_\_\_\_
6. Specify the proof of Identity submitted: \_\_\_\_\_

**B. ADDRESS DETAILS**

1. Residence Address: \_\_\_\_\_  
City/town/village: \_\_\_\_\_ Pin Code: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_
2. Contact Details: Tel. (Off.) \_\_\_\_\_ Tel. (Res.) \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Fax: \_\_\_\_\_ Email id: \_\_\_\_\_
3. Specify the proof of address submitted for residence address: \_\_\_\_\_
4. Permanent Address (if different from above or overseas address, mandatory for Non-Resident Applicant): \_\_\_\_\_  
City/town/village: \_\_\_\_\_ Pin Code: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

**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.

Signature of the Applicant \_\_\_\_\_

Date: \_\_\_\_\_ (dd/mm/yyyy)

Other Details Gross Annual Income Details	<b>Income Range per annum:</b>									
	<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 10,00,000 <input type="checkbox"/> Rs 10,00,000 to Rs 25,00,000 <input type="checkbox"/> More than Rs 25,00,000									
	Net worth as on (Date)	<table border="1" style="display: inline-table;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> Rs	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
	<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:										

**FOR OFFICE USE ONLY**

Originals verified and Self-Attested Document copies received

(.....)  
Name & Signature of the Authorised Signatory

Date .....

Seal/Stamp of the intermediary

## Additional KYC Form for Opening a Demat Account

## For Individuals 5

<b>Depository Participant Name/Address</b> <b>R.B.K. SHARE BROKING LTD</b> <b>1/A, ALLI CHAMBERS, MEDOWS STREET, FORT, MUMBAI – 400 001.</b> <b>TEL. NO. : 022 22652646 / 1529, EMAIL ID : rbksbl585@gmail.com</b>
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(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	2	4	5	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																
	UCC																
	Exchange Name & ID																
Second Holder's Name	PAN																
	UID																
Third Holder's Name	PAN																
	UID																

**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's Relative <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Individual Margin Trading A/C (MANTRA)	<input type="checkbox"/> Individual-Director <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Minor <input type="checkbox"/> Others(specify) _____
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Repatriable Promoter <input type="checkbox"/> NRI – Depository Receipts	<input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> NRI Non-Repatriable Promoter <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 (Tick the applicable box. If not marked the default option would be in Physical)	<input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic								

I/ We wish to receive dividend / interest directly in to <b>my</b> bank account as given below through ECS (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time ]	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Bank Details [Dividend Bank Details]									
Bank Code (9 digit MICR code)									
IFS Code (11 character)									
Account number									
Account type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify) _____								
Bank Name	_____								
Branch Name	_____								
Bank Branch Address	_____								
City	State	Country	PIN code						

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
- (ii) Photocopy of the Bank Statement having name and address of the BO
- (iii) Photocopy of the Passbook having name and address of the BO, (or)
- (iv) Letter from the Bank.
  - > In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

Other Details Gross Annual Income Details	Income Range per annum:									
	<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 10,00,000 <input type="checkbox"/> 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
[Net worth should not be older than 1 year]										
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).									
	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.									
Transactions Using Secured Texting Facility (TRUST). Refer to Terms and Conditions Annexure – 2.6	<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									
	<table border="1" style="width: 100%;"> <thead> <tr> <th>Stock Exchange Name/ID</th> <th>Clearing Member Name</th> <th>Clearing Member ID (Optional)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)					
Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)								
Easi	To register for <b>easi</b> , please visit our website <a href="http://www.cdslindia.com">www.cdslindia.com</a> . <b>Easi</b> allows a BO to view his ISIN balances, transactions and value of the portfolio online.									



	City / Place: State & Country:				
	PIN Code				
11	<b>Mobile / Telephone no. of Guardian</b>				
12	<b>Email ID of Guardian</b>				
13	<b>Relationship of Guardian with nominee</b>				
14	<b>Guardian Identification details –</b> [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				
<b>Name(s) of holder(s)</b>					<b>Signature(s) of holder*</b>
Sole / First Holder (Mr./Ms.)					+
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 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									
R.B.K. SHARE BROKING LTD 1/A, ALLI CHAMBERS, MEDOWS STREET, FORT, MUMABI -400001										
UCC/DP ID	I	N								
Client ID (only for Demat account)										
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.										
<b>Name and Signature of Holder(s)*</b>										
1. 	2.							3.		

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

## HUF DECLARATION

Date :

To,  
M/s. R..K. SHARE BROKING LTD  
1/A, ALLI CHAMBERS,  
MEDOWS STREET, FORT,  
MUMBAI – 400 001.

Dear Sir,

I hereby request you to open our demat account with you for our HUF

Being Karta of my family, I hereby declare that following is the list of family members in our HUF, as on date of Application i.e. \_\_\_\_\_


Sr. No.	Name of Family Member	Relations	Male/Female	Date of Birth

I hereby also declare that the particulars given by me as stated above are true to the best of my knowledge as on date of making this Application to open a new Demat Account.

I agree that any false/misleading information given by me or suppression of any material information will render my said account liable for termination and further action. Further, I agree that I will immediately intimate any death/s or birth/s in the family as it changes the constitution of the HUF.

Thanking you,

Your's truly,

  
\_\_\_\_\_  
Sign of Karta with HUF Stamp.

**R.B.K. SHARE BROKING LTD**  
**1/A, ALI CHAMBERS, MEDOWS STREET, FORT, MUMBAI – 400 001.**  
**SEBI REG. NO. : IN-DP-253-2016. TEL. NO. : 22652646 / 1529, EMAIL ID : [rbksbi585@gmail.com](mailto:rbksbi585@gmail.com)**

&lt;Reference Number&gt;

**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](mailto:complaints@cdslindia.com). The BO is advised not to inform the service provider about any such unauthorized debit to/ transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse communication between the service provider and the depository.**
7. The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.
8. The depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
9. If the BO finds that the information such as mobile number etc., has been changed without proper authorization, the BO should immediately inform the DP in writing.



**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.

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

### **Transfer of Securities**

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

### **Statement of account**

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

### **Manner of Closure of Demat account**

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

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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

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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.
32. The stock broker / stock broker and depository participant shall not directly / indirectly compel the clients to execute Power of Attorney (POA) or Demat Debit and Pledge instruction (DDPI) or deny services to the client if the client refuses to execute PAO or DDPI."

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FATCA/CRS Self Declaration Form (Individuals)

First Holder Name:

Part I - Please fill in the country for each of the following:

- a Country of Birth \*
- b Country of Nationality \*  
Fill one or more Countries
- 2 US Person \*  Yes  No
- c Country of Citizenship\*  
Fill one or more Countries
- d Country of Residence for Tax Purposes \*  
Fill one or more Countries

Instructions:

- i. If in all fields above, the country mentioned by you is India and if you do not have US person status, please proceed to Part III for signature.
- ii. If for any of the above field, the country mentioned by you is not India and/or if your US Person status is Yes, please provide the Tax Identification Number(TIN) or functional equivalent as issued in the specific country in the table below in Part II:
- iii. In case any of the parameters in Part I indicates that you are a US person or a person resident outside of India for tax purpose and you do not have Taxpayer Identification Number/functional equivalent, please complete and sign the Self Certification Section given in Part IV.
- iv. In case you are declaring, US person status as 'No' but your Country of Birth is US, please provide document evidencing Relinquishment of Citizenship. If not available provide reasons for not having relinquishment certificate. Please also fill Part IV Self Certification.

Part II:

- 1. TIN Country of Issue
- 2. TIN Country of Issue

Part III- Customer Declaration (Applicable for all customers):

- i. Under penalty of perjury, I/We certify that:
  - 1. The applicant is (i) an applicant taxable as a US person under the laws of the United States of America("U.S") or any other state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S federal income tax regardless of the source thereof.(This clause is applicable only if the account holder is identified as a US person)
  - 2. The applicant is an applicant taxable as a tax resident under the laws of the country outside India.(This clause is applicable only if the account holder is a tax resident outside of India)
- ii. I/We understand that the Tanna Financial Services Pvt Ltd is relying on this information for the purpose of determining the status of the applicant named below in compliance with FATCA/CRS. Tanna Financial Services Pvt Ltd is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/We shall seek advice from professional tax advisor for any tax questions.
- iii. I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- iv. I/We agree that as may be required by domestic regulators/tax authorities, Tanna Financial Services Pvt Ltd may also be required to report, reportable details to CBDT or close or suspend my account.
- v. I/We certify that I/We provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.

Signature:

Date(DD/MM/YYYY):

Part IV- Self - Certification:

To be filled only if-

- (a) Name of the country in Part I is other than India and TIN or functional equivalent is not available, or functional equivalent is not available, or
- (b) US person is mentioned as Yes in Part I, and TIN is not available

I confirm that I am neither a US person nor a resident for Tax purpose in any country other than India, though one or more parameters suggest my relation with the country outside India. Therefore, I am providing the following document as proof of my citizenship and residency in India.

- Document Proof Submitted (Please tick Document being submitted)
- Passport  Election ID card  Pan Card  Driving License
  - UIDAI Letter  NREGA  Job Card  Govt. Issued ID Card

Signature



### CDSL TARRIF

DP ID	24500
ABOUT US	WE ARE THE MEMBER OF BSE /NSE FOR THE LAST 25 YEAR
SERVICES	DEPOSITORY SERVICES
STATUTORY CHARGES AT THE TME OF ACCOUNT OPENING	NIL
ADVANCE / DEPOSIT	CHEQUE OF RS. 450/- FOR INDIVIDUAL CHEQUE OF RS. 1180/- FOR NON INDIVIDUAL
ACCOUNT MAINTENANCE	RS. 300/- P.A (INDIVIDUAL) RS.1000/- P.A. (CORPORATE)
DEMAT	RS. 25/- PER DRN, RS. 3/- PER CERTIFICATE RS. 25/- FOR LOCAL COURIER & RS. 50/- FOR OUTSTATION
REMAT	RS. 25/- PER RRN & RS. 25/- PER CERTIFICATE
TRANSACTION (DEMIT)	RS. 12/- PER ISIN UPTO 5,00,000.00
TRANSACTION (DEBIT)	0.10 % PER ISIN > 5,00,000.00
PLEDGE CREATION	0.02 % (MINIMUM RS. 50/-)
PLEDGE CREATION CONFIRMATION	NIL
PLEDGE CLOSURE	0.02 % (MINIMUM RS. 50/-)
PLEDGE CLOSURE CONFIRMATION	NIL
PLEDGE INVOCATION	0.04 % (MINIMUM RS. 75/)
OTHER CHARGES	RS. 25/- PER INSTRUCTION BOOK DEBTS INT : 0.04 % (MAXMIMUM RS. 100)
BSDA CHGS	RS. 100 P.A.
DESIGNATED DIRECTOR UNDER PMLA	MR. PRIYANK KHANDELWAL
EMAIL ID OF DESIGNATED DIRECTOR	priyank@rbksbl.com

PLEASE ACKNOWLEDGE AND SIGN ON THE TARRIF SHEET

BO NAME

  
SIGNATURE OF THE BO

## Parent consent letter

To,  
R.B.K. SHARE BROKING LTD  
1/A, ALLI CHAMBERS,  
MEDOWS STREET, FORT,  
MUMBAI - 400 001.

BO ID	1	2	0	2	4	5	0	0	0	0							
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Sole / First Holders Name	
Second Holders Name	
Third Holders Name	

Email ID : \_\_\_\_\_

Client Email ID. belonging to :  Self  Spouse  Dependent Children

Dependent Parents


(Please write only ONE valid email ID on which communication, if any is to be sent)

Mobile Number on which messages are to be sent																	
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

The Mobile number is Registered In the Name of : \_\_\_\_\_

Client Mobile No. belonging to :  Self  Spouse  Dependent Children

Dependent Parents

	Sole / First Holder	Second Holder	Third Holder
Name			
Signature			

Date :

Place :

**Depository Account Opening Documents – Checklist (Individual)**

<b>Sr. No.</b>	<b>Name of the Document</b>	<b>Mandatory</b>	<b>Non Mandatory</b>
1.	Account Opening Form	<input type="checkbox"/>	<input type="checkbox"/>
2.	Depository Agreement	<input type="checkbox"/>	<input type="checkbox"/>
3.	Specimen Signature List	<input type="checkbox"/>	<input type="checkbox"/>
4.	Fax Indemnity (Optional)	<input type="checkbox"/>	<input type="checkbox"/>
5.	Photograph of Election ID Card / Passport / Ration Card / PAN No. / Bank Pass Book / UID	<input type="checkbox"/>	<input type="checkbox"/>
6.	Signed Photograph on Signature Cards	<input type="checkbox"/>	<input type="checkbox"/>
7.	Date of Birth Certificate in case of minors	<input type="checkbox"/>	<input type="checkbox"/>
8.	Proof of NRI Status	<input type="checkbox"/>	<input type="checkbox"/>
9.	Copy of RBI Approval for NRI's	<input type="checkbox"/>	<input type="checkbox"/>

**Instructions for the Applicants :**

1. If the Clearing Member is a Sole Proprietor or an Individual then the Corporate Account Opening Form should be filled in.
2. Signatures can be in English, Hindi or any of the other language contained in the 8<sup>th</sup> schedule of the Constitution of India. Thumb impressions and signatures other than the above mentioned language must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate under his / her official seal.
3. Details of the Names, Address and Tel. No. etc. of the Magistrate / Notary Public / Special Magistrate are to be provided in case of any attestation done by them.
4. In case of additional signatures, separate annexure should be attached to the application form.
5. In case of applications under a Power of Attorney, the relevant Power of Attorney or the certified and duly notarized copy thereof, Name of the POA, Signature of the POA, must be lodged with the DP along with the application.
6. All correspondence / queries shall be addressed to the First / Sole Applicants only.
7. Where the holder is a minor, person lawfully entitled to act on behalf of the minor should sign the Nomination.
8. Strike off whichever is not applicable.
9. The following documents are to be submitted by the Investors :-
  - The introduction is required for all the accounts opened as per SEBI regulations.
  - Any one of the following documents determining the bonafides of the BO needs to be obtained by the DP.  
Photocopy of the Election ID Card / Passport / Ration Card / Bank Pass Book / PAN No.
  - Date of Birth Certificate in case of Minors.
  - Proof of NRI Status.
  - Copy of RBI Approval for NRI's.
  - One Passport size photograph of each Account Holder.
10. Suffix refers to Mr. X Junior or Mr. X Senior or Lord YI or Lord YII etc.

**For Office Use only :-**

Details entered in the System : Yes / No Date : \_\_\_\_\_

Intimation sent to CM / Corporate : Yes / No Date : \_\_\_\_\_

Name of the Officer \_\_\_\_\_ : Signature : \_\_\_\_\_