



Annexure – K

# Stock Holding Corporation of India Limited

Regd. Office: 301, Centre Point, Dr. Babasaheb Ambedkar Road, Parel, Mumbai- 400 012.

Phone : 91-22-6177 9400 to 09, Fax : 91-22-6177 9022

Website : www.shcil.com

**NATIONAL SECURITIES DEPOSITORY LTD.**

**PART I - KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Non-Individuals)**

<p><b>Photograph</b></p> <p>Please affix the recent passport size photograph and sign across it</p>
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Please fill this form in ENGLISH and in BLOCK LETTERS

**A. IDENTITY DETAILS**

1	Name of the Applicant													
2	Date of incorporation	D	D	M	M	Y	Y	Y	Y	Place of incorporation				
3	Date of commencement of business	D	D	M	M	Y	Y	Y	Y					
4	a) PAN									b) Registration No. (e.g. CIN)				
5	<b>Status (please tick any one):</b>													
	<input type="checkbox"/> Private Limited Co.	<input type="checkbox"/> Bank	<input type="checkbox"/> Partnership											
	<input type="checkbox"/> Public Ltd. Co.	<input type="checkbox"/> Government Body	<input type="checkbox"/> FI											
	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Non Government Organization	<input type="checkbox"/> FII											
	<input type="checkbox"/> Trust	<input type="checkbox"/> Defense Establishment	<input type="checkbox"/> HUF											
	<input type="checkbox"/> Charities	<input type="checkbox"/> Society	<input type="checkbox"/> AOP											
	<input type="checkbox"/> NGO's	<input type="checkbox"/> LLP	<input type="checkbox"/> BOI											
	<input type="checkbox"/> Others (please specify) _____													

**B. ADDRESS DETAILS**

1	Correspondence Address	<hr/> <hr/>									
	City/town/village		PIN Code								
	State		Country								
2	Specify the proof of address submitted for correspondence address										





**D. DECLARATION**

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

Name & Signature of the Authorised Signatory(ies) \_\_\_\_\_

<b>Date</b>	D	D	M	M	Y	Y	Y	Y
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**FOR OFFICE USE ONLY**

- (Originals verified) True copies of documents received
- (Self-Attested) Self Certified Document copies received

**Signature of the Authorised Signatory**

\_\_\_\_\_

**Date**

D	D	M	M	Y	Y	Y	Y
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**Seal/Stamp of the intermediary**



**Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client  
(KYC) Application Form for Non-Individuals**

Sr. No.	Name	Relationship with Applicant <i>(i.e. promoters, whole time directors etc.)</i>	PAN	Residential / Registered Address	DIN/UID	Photograph						
1												
2												
3												
4												
5												
<b>Name &amp; Signature of the Authorised Signatory(ies)</b>												
				<b>Date</b>	D	D	M	M	Y	Y	Y	Y



**Annexure – K**  
**PART II – ACCOUNT OPENING FORM**  
**(FOR NON-INDIVIDUALS)**  
**NATIONAL SECURITIES DEPOSITORY LTD.**

DP ID No  Scheme Code  AWT

STOCK HOLDING CORPORATION OF INDIA LTD. (DP ID _____) Regd. Office : 301, Centre Point, Dr. Babasaheb Ambedkar Road, Parel, Mumbai – 400 012		<b>Client –ID</b> (To be filled by Participant)								
We request you to open a depository account in our name as per the following details: <i>(Please fill all the details in CAPITAL LETTERS only)</i>		<b>Date</b>	D	D	M	M	Y	Y	Y	Y
A)	<b>Details of Account holder(s):</b>									
		Name				PAN				
	Sole/ First Holder									
	Second Holder									
	Third Holder									
B)	<b>Type of account</b>									
	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> FI	<input type="checkbox"/> FII							
	<input type="checkbox"/> Qualified Foreign Investor	<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> Trust							
	<input type="checkbox"/> Bank	<input type="checkbox"/> CM	<input type="checkbox"/> Other (Please specify) _____							
C)	For HUF, Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., although the account is opened in the name of the karta, partner(s), trustee(es) etc., the name & PAN of the HUF, Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., should be mentioned below:									
	a) Name									
	b) PAN									
D)	<b>In case of FIIs/Others (as may be applicable)</b>									
	RBI Approval Reference Number									
	RBI Approval date	D	D	M	M	Y	Y	Y	Y	
	SEBI Registration Number (for FIIs)									
E)	<b>Bank details</b>									
1	Bank account type	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Current Account	<input type="checkbox"/> Others (Please specify) _____						
2	Bank Account Number									
3	Bank Name									
4	Branch Address	_____								
		City/town/village			PIN Code					



		State		Country	
5	MICR Code				
6	IFSC				
F)	<b>Clearing Member Details (to be filled up by Clearing Members only)</b>				
1	Name of Stock Exchange				
2	Name of Clearing Corporation/ Clearing House				
3	Clearing Member ID				
4	SEBI Registration Number				
5	Trade Name				
6	CM-BP-ID (to be filled up by Participant)				
G)	<b>Standing Instructions</b>				
1	We authorise you to receive credits automatically into our account.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Account to be operated through Power of Attorney (PoA)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	<b>SMS Alert facility</b>				
	<b>Sr. No.</b>	<b>Holder</b>	<b>Yes</b>	<b>No</b>	
	1	Sole/First Holder	<input type="checkbox"/>	<input type="checkbox"/>	
	2	Second Holder	<input type="checkbox"/>	<input type="checkbox"/>	
	3	Third Holder	<input type="checkbox"/>	<input type="checkbox"/>	

**Declaration**

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by us and we have understood the same and we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, we are aware that we may be held liable for it.



**Authorised Signatories** (Enclose a Board Resolution for Authorised Signatories)

<b>Sole/First Holder</b>	<b>Name</b>	<b>Signature(s)</b>
First Signatory		X
Second Signatory		X
Third Signatory		X
<b><u>Other Holders</u></b>		
Second Holder		X
Third Holder		X

<b>Mode of Operation for Sole/First Holder</b> (In case of joint holdings, all the holders must sign)	
<input type="checkbox"/> Any one singly	
<input type="checkbox"/> Jointly by	
<input type="checkbox"/> As per resolution	
<input type="checkbox"/> Others (please specify)	

**Notes:**

1. In case of additional signatures, separate annexures should be attached to the application form.
2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
3. Strike off whichever is not applicable.

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**Acknowledgement**  
Participant Name, Address & DP ID

Received the application from M/s \_\_\_\_\_ as the sole/first holder alongwith \_\_\_\_\_ and \_\_\_\_\_ as the second and third holders respectively for opening of a depository account. Please quote the DP ID & Client ID allotted to you (CM-BP-ID in case of Clearing Members) in all your future correspondence.

Date: 

D	D	M	M	Y	Y	Y	Y
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**Participant Stamp & Signature**



**CLIENT'S MANDATE FORM FOR DIRECT PAYMENT OF DEPOSITORY PARTICIPANT BILLS THROUGH ELECTRONIC CLEARING SCHEME**

1) Client Name : (Name of the First Holder)	2) Depository Name (NSDL/CDSL) :
3) DP ID :	4) Client Account No:
5) Particulars of Bank Account : (It should be the same bank as given in the account opening form) Bank Name :	
Bank Branch :	
9 Digit MICR Code :	
Bank Account Number :	
Type of A/C (Saving/Current/Cash Credit) with code 10/11/13 :	

I hereby express my willingness to settle the payment of depository participant bills raised on the client account number referred to above through my bank account as mentioned above for Direct Payment of my Depository Participant Bills. I hereby authorise Stock Holding Corporation of India Limited to raise the debits on my above account. The instruction will remain in force till further notice from me, which will be delivered to you in writing against your acknowledgment.

I understand that the Bank's responsibility ends with making payment of the bill and it will no way be responsible for any dispute between Stock Holding Corporation Of India Ltd and me.

I hereby authorise my Bank to honour the debits raised for payment of depository participant bills.

\_\_\_\_\_  
Signature of First Account Holder  
(As per SHCIL records)

\_\_\_\_\_  
Signature of Second Account Holder  
(As per SHCIL records)

\_\_\_\_\_  
Signature of Third Account Holder  
(As per SHCIL records)

\_\_\_\_\_  
Signature of Account Holder  
(As in Bank Records)\*

\_\_\_\_\_  
Signature/s of Joint Account Holder/s  
(As in Bank Records)\*

\* Where the bank account mentioned above is operated jointly, the signatures of the joint holders are also required

\_\_\_\_\_  
For use of Bank only

Standing instructions accepted by us and the Bank A/C No. & signature of a/c holder has been verified. Branch :

Date:

\_\_\_\_\_  
Authorised Signatory of Bank with Bank Stamp



**For Office Use only (Not to be filled in by Client)**

**Recorded on** \_\_\_\_\_

**Recorded By** \_\_\_\_\_

**Note :**

- 1) The client's bank branch should participate in Electronic Clearing Scheme (Debit Clearing) of RBI.**
- 2) The client will submit the ECS debit mandate form duly countersigned by his bank as having noted his ECS debit mandate.**
- 3) If any field in bank particulars (point 5 in ECS mandate form) is not preprinted, please manually enter and attach a photocopy of a blank cheque leaf.**
- 4) Please arrange to submit the ECS mandate form duly filled and signed to the nearest SHCIL Branch.**



To  
Stockholding Corporation of India Ltd.

Date :

Branch : \_\_\_\_\_

LETTER OF AUTHORITY/MANDATE  
FOR ISSUANCE OF STATEMENT IN ELECTRONIC FORM

Dear Sir/Madam,

I/ We hereby give consent and authorize you to send me digital signed transaction statement, monthly/quarterly demat statement of accounts/ holding statement(s)/bills or other reports, statement(s), related notices, Circulars, amendments and such other correspondence, documents, records by whatever name called (hereafter referred to as "statement(s)") issued from time to time, at the below mentioned email id :

Email ID	
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Further I/We (referred to as client below) have read the terms and conditions mentioned below and agree to the same:

- i) I/ We are aware that we will not receive the transaction statements in paper form.
- ii) I/ We will take all the necessary steps to ensure confidentiality and secrecy of the login name and password of the internet/email account.
- iii) I/ We are aware that the transaction statement may be accessed by other entities in case the confidentiality/secrecy of the login name and password is compromised.
- iv) In case the statements are sent by email, I/We shall immediately inform the DP about change in email address, if any.
- v) Further, The DPs and I/We shall have the right to terminate such service provided a written notice is given atleast 10 days in advance to the other party.

Client ID : \_\_\_\_\_ DP ID: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ SMS Flag : Yes/No

<p>I/We authorize Mr/Ms _____ to submit the request on my/our behalf at my/our risk &amp; responsibility. The representative signature is appended below and it is attested by me/us.*</p> <p>Signature of authorized representative : _____</p>
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Signature of Holders: \* \_\_\_\_\_

First Holder
Second Holder
Third Holder

\* Please carry Proof of Identity while submitting the documents at the counter.

<p>(To be filled in at counter)</p> <p>Signature of the client/authorized representative submitting the request at the counter :</p> <p>_____</p> <p>Verified and accepted by: (Branch stamp, Emp name, code and Signature) : _____</p>
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