

INSTRUCTIONS FOR THE APPLICANTS FOR ACCOUNT OPENING

Applicant shall fill up the KYC Application form as specified by the KYC Registration Agency for Individuals or for Non-Individuals as the case may be and additional KYC Form for opening a Demat Account for Individuals (Annexure 2.1) or for Non-Individuals (Annexure 2.2) and submit the same to the DP. The applicant should submit any one of the documents as valid Proof of Identity and Proof of address as specified by SEBI from time to time. If the investor is already KRA compliant, the investor should disclose such details of KRA with whom he / she is registered. Such investor need not submit KYC documents and KYC application form again. A Power of Attorney holder cannot open a demat account on behalf of the BO. DP must collect separate KYC application forms from sole / first holder, second holder and third holder in case of Joint Accounts. In case, if sole holder is a minor, KYC application form should be collected from the guardian also. Separate KYC application form to be collected from the HUF entity, Karta, Trust and Trustees in case of unregistered Trust and Partnership Firms. In order to open an account, the investor needs to fill up KYC Application form (if not KRA compliant) and Additional KYC form for opening a demat account. As per the format provided by CDSL (Annexures 2.1 or 2.2). The investor shall complete the standard form in all respects and submit the same to the DP along with the relevant documents as prescribed by SEBI vide circular no. MIRSD/SE/CIR-21/2011 dated October 5, 2011 & circular no. MIRSD/CIR-26/2011 dated December 23, 2011. However, the DPs can obtain a single form from the CM for opening the multiple accounts of same exchange, e.g. CM Principal and CM USA accounts for BSE and CM Clearing Member for exchanges other than BSE. Instructions to the applicants / BOs for account opening as given in Annexure 2.3 may also be printed on the account opening forms or given to the BOs as a separate sheet along with the accounting form. Those section of the application form, which are not relevant to any particular type of BO, shall be marked "Not Applicable". BO must provide photocopies of documents submitted on regular paper and not on thermal facsimile paper.

Obtaining PAN Card details of all holders is compulsory for all categories of demat account holder (s) & updation of the same in CDSL system. In some cases, the PAN is not required to be entered. Such cases are to be handled by entering appropriate exemption code. The exemption codes provided are as follows:

Exemption Code	D	G	P	S	U	H
Exemption Description for the account holder	Custodian	Governor	President of India	Sikkim Resident	UN entities / Multilateral Agencies	Holder Deceased

CHECK-LIST → (All the documents must be self attested by applicant)

(A) Correspondence Address

- This is applicable to all types of investors. • If correspondence address of the BO is not the same as permanent address, then the DP shall obtain proof of correspondence address and enter the same in the system, in case the BO is not registered with KRA.
- If the BO is registered with KRA and wants to use the same correspondence address mentioned in the KRA system, the BO will inform the DP accordingly. • If the BO is registered with KRA and does not want to use the correspondence address mentioned in the KRA system, the BO will inform the DP and submit SEBI specified proof of address document for the address to be entered on CDSL system.
- As per SEBI Circular No. CIR/MRD/DP/37/2010 dated December 14, 2010, address of a third party as a correspondence address, may be captured in a BO account provided that the Depository Participant (DP) ensures that all prescribed 'Know Your Client' norms are fulfilled for the third party also. The DP shall obtain proof of identity and proof of address for the third party. The DP shall also ensure that customer due diligence norms as specified in Rule 9 of Prevention of Money Laundering Rules, 2005 are complied with in respect of the third party.
- Where third party address is accepted as correspondence address, the DP shall ensure that proof of permanent address for the BO has been obtained and the same has been entered in the system. DPs should ensure that the statement of transactions and holdings are sent to the BO's permanent address atleast once in a year. • In case of PMS accounts, portfolio manager's address cannot be captured as correspondence address.

(B) Minor Details

The minor shall be the first and sole holder in the account i.e. there shall not be any joint accounts where a minor is a First / Second / Third joint holder. PAN card details of minor have to be entered in CDSL system.

In case of death of Guardian of existing Minor account holder:

In the case of death of the guardian of an existing minor account holder, the following procedure shall be followed:

- i. Original Death Certificate of the deceased Guardian or a copy of the same, duly notarized or attested by a Gazetted Officer.
 - ii. The minor's account shall be frozen under the appropriate reason code till the new guardian has completed all formalities.
 - iii. Original or copy of the Court Order (duly notarized or attested by a Gazetted Officer), if the new guardian has been appointed by the Court.
 - iv. The new guardian shall submit a new account opening form duly complete in all respects along with KYC application form or details of KRA registered with.
 - v. DP has to provide a copy of Rights and Obligations document to the new guardian and keep an acknowledgement of the same on record.
 - vi. The new guardian shall submit a fresh Nomination Form for the minor's account.
 - vii. After verification of the AOF and documentation, details of the Guardian of the Minor account holder shall be suitably modified in the CDSL system.
 - viii. The signature of the deceased guardian shall be deleted and the signature of the new guardian shall be recorded in the CDSL system.
 - ix. POA documents/details, if any, recorded with the signature of the deceased guardian shall be deleted.
- After the minor has attained majority, DP must collect new KYC application form after the minor has attained majority. The following procedure is to be adopted: • The account holder shall submit KYC application form or details of KRA registered with. • The account holder shall submit a new account opening form duly complete in all respects. The DP shall provide a copy of the Rights and Obligations document to the account holder and shall keep an acknowledgement of the same on record. • The guardian's details shall be deleted and guardian's signature shall be replaced by account holder's signature.

The above procedure can be followed only if the word 'minor' is not present in the "Account Holder's name" when the account was opened. If "minor" word is present, then the existing account has to be closed and a new account shall be opened.

(C) HUF The documents to be obtained are:

- a) The PAN details of the HUF entity would have to be entered in the CDSL system.
- b) Declaration by Karta giving details of the family members of the HUF with their names, sex (male/ female), date of birth and relationship with the Karta.
- c) DPs shall note the following while opening a HUF account:
 - HUF accounts cannot be opened with joint holder(s).
 - HUF accounts cannot appoint a nominee.
 - In the account opening form, the Karta shall sign under the HUF stamp.
 - Account can be opened in the name of - Existing Karta / HUF entity
 - The name shall be as it appears in the PAN card, e.g. A H Doshi & Sons, Bal Govind Zangle (HUF).
 - In case POA is to be given by the karta to some other entity to operate the HUF Account, the POA shall be signed by all the members of the HUF account in addition to the karta.

Procedure to be adopted in the event of death of Karta is as follows:

- HUF, being a Hindu Undivided Family, the property of the family is managed by the Karta, • HUF does not come to an end in the event of death of the Karta. In such a case, the members of the HUF will appoint the new Karta. • The new karta shall submit the new list of members and a no objection from the surviving members of the HUF for him to act as Karta of the HUF. • The new Karta will submit to the DP the account modification form and record change in signature of the new Karta to operate the account. • The previous account need not be closed and the same account can continue.

Procedure to be followed in case of partition of HUF:

In case of partial partition of the HUF, if one or two members of the HUF have left, the others can still continue the HUF in the existing name. In case of full partition, the entire HUF is dissolved. In both the above cases, the Karta can transfer shares to the members who seek partition. If the issue of transfer cannot be amicably settled, the family members can go to court and transfer of shares can then be based on the Court directions.

Procedure to be followed in case of POA being given for the HUF

The Power of Attorney (POA) document shall be signed by the Karta of the HUF and all the co-parceners.

(D) NRI

- a) In case of foreign address, if address with P.O. Box No. has been submitted as Permanent and/or Correspondence address. Additionally the DPs shall obtain the complete residential address of the NRI BO, under declaration at the time of opening of the account. Such BO shall give an undertaking that whenever there is a change in the residential address, the BO shall inform the DP.
- b) A declaration duly signed by the NRI that he/she has complied with and will continue to comply with, FEMA regulations and other applicable laws. Change of status from NRI to Resident and vice versa: It is the responsibility of the individual to inform the change of status to the DP with whom he/she has opened the demat account. Subsequently, a new demat account in the new status will have to be opened, securities shall be transferred from the old demat account to the new demat account and then the old demat account shall be closed.

(E) Foreign Nationals

- a) Documents – same as NRI. • b) If the foreign address with P.O. Box No. is given as Permanent and/or Correspondence address, additionally, the DPs should obtain the complete residential address of the Foreign National BO, under declaration at the time of opening of the account. Such BO shall give an undertaking that whenever there is a change in the residential address, the BO shall inform the DP.

(F) **Association of Persons (AOP)**

- a) Object of the association. b) Powers of the Managing Committee. c) Copy of the Bye Laws.

(G) **Proprietary / Partnership Firms**

BO accounts in the name of the Proprietorship Concern or Partnership Firm cannot be opened in CDSL system. KYC application form / KRA details are to be obtained for proprietor / partners and partnership firm. For Partnership firm, Partnership deed is also to be obtained. The pan card details of the partnership firm / proprietor is to be updated in the CDSL system.

BO's Account can have a maximum of three names associated with it: the Sole/ First Account holder, the First Joint holder and the Second Joint holder. One passport-size photograph of each applicant shall be pasted on the form along with their signatures across the photograph and Account Opening Form.

(H) **Foreign Corporate**

A duly signed declaration that the corporate has complied with, and will continue to comply with, FEMA Regulations and other applicable laws.

(I) **Clearing Member (CM)**

- a) If CM is a corporate body: True copy of certificate of registration with SEBI, certified by Managing Director/Company Secretary / notarized.
b) If CM is a not a corporate body: • The CM account (CM Pool / CM Principal / 1 / Early Pay-in) may be opened in the CDSL system:
i)- either in the name of the partnership firm/entity as mentioned on the Certificate of Registration with SEBI, or ii)- in the name of the proprietor or partners (up to three partners). • Photocopy of Certificate of Registration with SEBI, duly notarized.
c) Asset Management Company (AMC) Pool Account: • This account is linked with a stock exchange.
Following document is to be submitted by the AMC for opening the pool account with any DP of CDSL for the purpose of settlement of mutual fund units:
• Letter / circular / instructions issued by the concerned Stock Exchange indicating the CM ID.

(J) **OCBs**

- a) Certified true copy of Board Resolution, certified by Managing Director/Company Secretary for persons authorized by the Board to act as authorized signatory (ies).
b) Names of the authorized signatory (ies), designation, photographs and their specimen signatures, certified by Managing Director/Company Secretary.
c) Memorandum and Articles of Association of the Company.
d) RBI Registration Certificate.
e) Declaration from the OCB that it meets with the guidelines issued by RBI / Ministry of Finance.
f) Certificate from overseas auditors in Form OAC or OAC – 1, as may be applicable.
g) Statement of account from the Bank.

(K) **Society**

Registered Society: The account shall be opened in the name of the society.

Unregistered Society: a) The account shall be opened in the names of the members under "Individual" category (maximum three accountholders).

b) All the documents, as applicable for account opening under individual category, shall be obtained.

(L) **Trust**

Public Trust/ Charitable Trust and Trust capable of holding property in its name (Registered Trust /Public Trust):

- a) Account shall be opened in the name of the Trust.
b) Certificate of Registration of Trust under the Societies Registration Act/Public Trust Act,1860 / Bombay Public Trust Act,1950 / Public Trust Act, of relevant State.
c) Certified true copy of Board Resolution to open the demat account and specifying the persons authorized by the Board to act as Authorized signatory(ies) to operate the demat account.
d) Names of the authorized signatories, designation, and their specimen signatures duly verified by the Managing Trustee.

Private Trust:

- a) The Board of Trustees shall specify the names of the trustee/s who shall hold/ operate the demat account.
b) The account shall be opened in the names of the trustees under "Individual" category of the first named trustee (maximum three account holders).
Recognized Funds / Trusts/ Other similar entities.

The Funds/ Trusts/ Entities presently included under this category are as follows:

- a) Employees Provident Fund, which have been recognized by the Provident Fund Commissioner under Employee's Provident Funds & Miscellaneous Provisions Act, 1952.
b) Employees Gratuity Fund, which are formed under Payment of Gratuity Act, 1972.
c) Superannuation Fund which are formed under the guidelines issued by Income Tax Department.
d) Venture Capital Funds which are registered by SEBI.
e) ESOP Trust formed pursuant to the guidelines issued by SEBI).

Accounts of the above Funds/ Trusts/ Entities shall be opened in the name of above Funds/ Trusts/ Entities as they are recognized either under the Income Tax Act or Securities & Exchange Board of India Act, etc.

Documents to be furnished by the above Funds/ Trusts/ Entities and other Funds/ Trusts/ Entities, which are similarly placed, are:

• Certificate of Registration, if any, issued by the authority recognizing the Fund / Trust / Entity as such; • Trust Deed and Rules and/or any document or charter defining their constitution and providing for management thereof; • List of Members on the Board of Trustees/Governing Body; • Certified true copy of the Resolution passed by the Board of Trustees/Governing Body to open the demat account and specifying the persons authorized by the Board to act as Authorized signatory(ies) to operate the demat account; • Names of the authorized signatories, designation, and their specimen signatures duly verified by the Managing Trustee;

(M) **Banks**

- a) Certified true copy of Board Resolution, or b) Letter on the letterhead of the bank, signed by the Chairman/MD authorizing opening of account and authority given to authorized signatories to open and operate the demat account.

(N) **Mutual Funds**

SEBI Registration Certificate clearly indicating the name of the Mutual Fund.

(O) **Escrow Account**

• KYC form / KRA details of entity that is opening the account (RTA / Clearing Member / Manager to the Issue). • The photographs of the authorized signatory (ies) who would be operating the account. • PAN card of both parties i.e. Corporate entity & Escrow Agent. The PAN details of the Corporate entity would have to be captured in the CDSL system.

Procedure for opening Escrow account.

• The escrow account shall be opened in the name and form of < Issuer name> - <Reason for opening the escrow account>-operated by-<Operator Name> for e.g. Infosys Technologies Ltd. – Buyback Account - Operated by – Karvy Consultants Ltd. • The photographs of authorized signatories who will be opening the account as well as who will be operating the account along with name, designation shall also be obtained. • The escrow account shall be active for the limited period of the activity for which it has been opened. Such period shall be as specified by SEBI / CDSL or any such regulating authority from time to time. After the specified period is over the account shall be closed by the DP irrespective of whether the closure instruction is received from the account holder or not.

(P) **Limited Liability Partnership Firm**

Demat Account for Limited Liability Partnership Firm [which is registered under the Limited Liability Partnership Act (2008)]

Such an account shall be opened as: <"Company Name" Limited Liability Partnership> or <"Company Name" LLP>. For example, if the company name is "ABC" then the demat account shall be opened in the name of <ABC Limited Liability Partnership> or <ABC LLP>.

The following documents shall be obtained :

(i) Registration Certificate granted by the Registrar to the LLP under the LLP Act 2008. (ii) Declaration, on the letterhead of the LLP signed by all the designated partner/s clearly stating that the within named persons, who are designated partners of the LLP, have been nominated as authorized signatories to open and operate the said demat account on behalf of the LLP. (iii) The declaration shall specify the manner in which the account will be operated, that is: jointly or severally and shall give details of the names, addresses and DPIN [Designated Partner Identification Number allotted by the Registrar for each designated partner]/DIN [Directors Identification Number] along with their signatures and photographs. (iv) PAN Card details of the LLP are to be entered in the CDSL system. (v) The bank details in the name of the LLP, as sole / first holder in the bank account. (vi) PAN card of the authorized signatories to be kept on record. (vii) In case of change in registered office address of the LLP, the DP should take on record the notice of change of address filed by the LLP with the Registrar

• Joint holders in the demat account may be allowed. • Nomination in such demat accounts shall not be allowed. • Such demat accounts shall be opened under "Corporate" status in the CDSL system with the sub-status "Limited Liability Partnership".

Dos and Don'ts and best practices to be followed for CDSL demat account holders

In CDSL's endeavor towards making Indian Securities Market - Transparent, Efficient, & Investor friendly by providing safe, reliable, transparent and trusted record keeping platform for investors to hold and transfer securities in dematerialized form, following are the simple Dos and Don'ts and best practices to be followed by the investors to protect themselves from fraudulent practices.

- To register for CDSL's internet based facility 'easi' to monitor your demat account yourself:
Login to <https://web.cdslindia.com/myeasineew/Registration/EasiRegistration>
- Register for CDSL's SMS Alert facility - SMART and obtain alerts for any debits in your demat account.
- CDSL sends alerts to investors on their registered mobile number through SMS and e- mail for any modification done in their master details, debit in demat account, pledge creation, change in nominee etc.
- Pay attention to SMS's and emails regularly sent by CDSL. If you receive an SMS for a transaction not executed by you, inform your DP/CDSL immediately.
- Inform your DP of any change in your Personal Information (for example address or Bank Account details, email ID, Mobile number) linked to your demat account in the prescribed format and obtain confirmation of updation in system.
- Protect your login details and do not share login credentials with anyone. Password should be unique. Keep strong and complex passwords and change the password at regular intervals.
- Do not share One Time Password (OTP) received from your DP/ CDSL. These are meant to be used by you only.
- Do not share login credentials of e-facilities provided by CDSL such as e-DIS, easiest etc. with anyone else.
- Do not download any unknown application on your phone / device. The application may access your confidential data secretly.
- Exercise the option to freeze the Demat account if not being used for long duration.
- Before granting Power of Attorney (PoA) to anyone, to operate your demat account, carefully examine the scope & implications of powers being granted.
- Ensure that, your holding and transaction statements are received periodically as instructed to your DP. You are entitled to receive a transaction statement every month if you have any transactions.

Check your demat account statement on receipt. In case you notice any unauthorized debits or credits, contact us for clarification. If not resolved, you may lodge your complaint by visiting www.cdslindia.com > Post Your Grievances (<https://www.cdslindia.com/Footer/grievances.aspx>).

For any grievance/dispute please contact **SPS SHARE BROKERS PRIVATE LIMITED** at email id: investors@spssharebrokers.com and Phone no. 91-022-6274 6274. In case not satisfied with the response, please contact SEBI for filing complaints on SCORES Tel.: 1800 266 7575 or 1800 22 7575 • www.scores.sebi.gov.in

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**Know Your Client (CKYC) + KRA Form
Application Form (For Individuals Only)**



**MANDATORY
(Second Holder)**

Please fill this form in English & in BLOCK letters
Fields marked * are mandatory
Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also

SPS Share Brokers Private Limited

KYC Mode*: Please Tick by Click on Box

Application Number: _____

Please tick by click of a BOX

Application Type* ☐ NEW KYC ☐ Modification KYC

CKYC Number: _____

☐ Normal ☐ EKYC OTP ☐ EKYC Biometric ☐ Online KYC ☐ Online KYC ☐ Offline KYC ☐ 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) _____

Father / Spouse Name* _____

Date of Birth* _____

Gender* ☐ M- Male ☐ F- Female ☐ T-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 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)

Recent passport size
Applicant Photo



Cross Signature across
photograph

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 Licence _____ (Expiry Date) _____
- ☐ E - NREGA Job Card _____
- ☐ F - National Population Register Letter _____
- ☐ 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

Not Applicable

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 _____
- ☐ B - Passport Number _____ (Expiry Date) _____
- ☐ C - Voter ID Card _____
- ☐ D - Driving Licence _____ (Expiry Date) _____
- ☐ E - NREGA Job Card _____
- ☐ F - National Population Register Letter _____
- ☐ Z - Others _____ (any document notified by Central Government)
- Identification Number _____

3. Contact Details* (in CAPITAL)

Email ID* _____

Mobile Number* _____

Tel. (Off.) _____ Tel. (Res.) _____

4. Applicant Declaration

- 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 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 aware that I/we may be held liable for it.
- I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/email address.
- 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.

Date: _____ (DD-MM-YYYY)

Place: _____

Applicant e-SIGN

Applicant Wet-signature

Not Applicable

5. For Office Use Only**In Person Verification (IPV) carried out by***

IPV Date _____

Emp. Name: _____

Emp. Code: _____

Emp. Designation: _____

☐ Self Certified document copies received (OVD)☐ True Copies of documents received (Attested)

Pos Code: _____

SPS SHARE BROKERS PRIVATE LIMITED**CODE:** _____**IPV Stamp & Signature Required**

Employee Signature and Stamp

**Know Your Client (CKYC) + KRA Form
Application Form (For Individuals Only)**



**MANDATORY
(Third Holder)**

Please fill this form in English & in BLOCK letters
Fields marked * are mandatory
Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also

SPS Share Brokers Private Limited

KYC Mode*: Please Tick by Click on Box

Application Number: _____

Please tick by click of a BOX

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CKYC Number: _____

☐ Normal ☐ EKYC OTP ☐ EKYC Biometric ☐ Online KYC ☐ Online KYC ☐ Offline KYC ☐ Digilocker

1. IDENTITY DETAILS (Please refer guidelines overleaf)

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Name* (same as ID proof) _____

Maiden Name* (if any) _____

Father / Spouse Name* _____

Date of Birth* _____

Gender* ☐ M- Male ☐ F- Female ☐ T-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 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)

Recent passport size
Applicant Photo



Cross Signature across
photograph

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 Licence _____ (Expiry Date) _____
- ☐ E - NREGA Job Card _____
- ☐ F - National Population Register Letter _____
- ☐ Z - Others _____ (any document notified by Central Government)

Identification Number _____

2. Address Details* (Please refer guidelines overleaf)

A. Correspondence/Local Address*

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Line 3 _____

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

State* _____ Country* _____

Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Applicant e-SIGN

Not Applicable

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)**

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- ☐ D - Driving Licence _____ (Expiry Date) _____
- ☐ E - NREGA Job Card _____
- ☐ F - National Population Register Letter _____
- ☐ Z - Others _____ (any document notified by Central Government)
- Identification Number _____

3. Contact Details* (in CAPITAL)

Email ID* _____

Mobile Number* _____

Tel. (Off.) _____ Tel. (Res.) _____

4. Applicant Declaration

- 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 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 aware that I/we may be held liable for it.
- I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/email address.
- 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.

Date: _____ (DD-MM-YYYY)

Place: _____

Applicant e-SIGN

Applicant Wet-signature

Not Applicable

5. For Office Use Only**In Person Verification (IPV) carried out by***

IPV Date _____

Emp. Name: _____

Emp. Code: _____

Emp. Designation: _____

☐ Self Certified document copies received (OVD)☐ True Copies of documents received (Attested)

Pos Code: _____

SPS SHARE BROKERS PRIVATE LIMITED**CODE:** _____**IPV Stamp & Signature Required**

Employee Signature and Stamp

SPS SHARE BROKERS PVT. LTD.

Regd. Office: 66, Tamarind Lane, 4/5, Haji Kasam Building, 1st Floor, Fort, Mumbai - 400001.
Corporate Office: 4-C, Vulcan Insurance Building, 4th Floor, Veer Nariman Road, Churchgate, Mumbai - 400020. Tel No.: 022-6274 6274
Website: www.spssharebrokers.com, www.sps.group

SEBI Regn. No.: IN-DP-80-2015

ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT (INDIVIDUAL)

(To be filled by the Depository Participant)

Application No.											Date								
DP Internal Reference No.																			
DP ID	1	2	0	2	2	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 the following details: -

Holders Details

Sole / First Holder's Name											PAN								
											UID								
Exchange Name & ID											UCC								
Second Holder's Name											PAN								
											UID								
Third Holder's Name											PAN								
											UID								

Name*																		
<p>* 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.</p>																		

Type of Account	(Please tick whichever is applicable)			
Status	Sub – Status			
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Minor	<input type="checkbox"/> Individual-Director <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Others (specify)	<input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Individual Margin Trading A/C (MANTRA)	
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Non-Repatriable Promoter	<input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> NRI – Depository Receipts	<input type="checkbox"/> NRI-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										
Relationship with the applicant										

I / We instruct the DP to receive each and every credit in my / our account [Automatic Credit] (If not marked, the default option would be 'Yes')	<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 & Consolidated Account Statement (CAS) 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)	
I / We wish to receive dividend / interest directly in to my 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
I would like to receive the CAS statement <input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> No (Tick the appropriate box, if not market the default option would be Electronic)	

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"/> Cash Credit <input type="checkbox"/> Others (specify)													
Bank Name														
Branch Name														
Bank Branch Address														
City				State				Country				PIN		

- (i) Photocopy of the cheque/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, (or) (iii) Photocopy of the Passbook having name and address of the BO, (or) (iv) Letter from the Bank.
- In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document and it shall be self-certified by the BO. **MICR code starting with 000 will not be eligible for ECS.**

OTHER DETAILS FOR 1ST HOLDER	
1. Gross Annual Income details (please specify) : Income Range per annum	
<input type="checkbox"/> Upto Rs. 1,00,000/- <input type="checkbox"/> Rs. 1,00,001/- to Rs. 5,00,000/- <input type="checkbox"/> Rs. 5,00,001/- to Rs. 10,00,000/- <input type="checkbox"/> Rs. 10,00,001/- to Rs. 25,00,000/- <input type="checkbox"/> Above Rs. 25,00,001/-	
Net worth as on Date : _____ Rs. _____ (Net worth should not be older than 1 year)	
2. Occupation (please tick any one and give brief details)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Others (Specify)
3. Please tick, if applicable	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP)
4. Any other information	

OTHER DETAILS FOR 2ND HOLDER	
1. Gross Annual Income details (please specify) : Income Range per annum	
<input type="checkbox"/> Upto Rs. 1,00,000/- <input type="checkbox"/> Rs. 1,00,001/- to Rs. 5,00,000/- <input type="checkbox"/> Rs. 5,00,001/- to Rs. 10,00,000/- <input type="checkbox"/> Rs. 10,00,001/- to Rs. 25,00,000/- <input type="checkbox"/> Above Rs. 25,00,001/-	
Net worth as on Date : _____ Rs. _____ (Net worth should not be older than 1 year)	
2. Please tick, if applicable	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP)
3. Declaration for Mobile No.	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Others
4. Declaration for Email id	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Others

OTHER DETAILS FOR 3RD HOLDER	
1. Gross Annual Income details (please specify) : Income Range per annum	
<input type="checkbox"/> Upto Rs. 1,00,000/- <input type="checkbox"/> Rs. 1,00,001/- to Rs. 5,00,000/- <input type="checkbox"/> Rs. 5,00,001/- to Rs. 10,00,000/- <input type="checkbox"/> Rs. 10,00,001/- to Rs. 25,00,000/- <input type="checkbox"/> Above Rs. 25,00,001/-	
Net worth as on Date : _____ Rs. _____ (Net worth should not be older than 1 year)	
2. Please tick, if applicable	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP)
3. Declaration for Mobile No.	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Others
4. Declaration for Email id	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Others

SMS Alert Facility <small>Refer to Terms & Conditions given at Website</small>	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).	<input type="checkbox"/> Yes <input type="checkbox"/> No
easi	To register for easi, please visit our website www.cdslindia.com Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.	<input type="checkbox"/> Yes <input type="checkbox"/> No

MODE OF OPERATION FOR EXECUTION OF TRANSACTIONS (Transfer, Pledge & Freeze)

<input type="checkbox"/> Jointly <input type="checkbox"/> Anyone of the Holder		
Consent for Communication to be received by first account holder/ all Account holder: (Tick the applicable box. If not marked the default option would be first holder.		
<input type="checkbox"/> First Holder	<input type="checkbox"/> All Holder	Email id
	<input type="checkbox"/> Second Holder	
	<input type="checkbox"/> Third Holder	

Date	D	D	M	M	Y	Y	Nomination Form for Demat Accounts and Mutual Fund (MF) Folios [SEBI/HO/OIAE/OIAE_IAD-3/P/ON/202501650, dated January 10, 2025]										UCC								
TM/DP	SPS SHARE BROKERS PRIVATE LIMITED																DP ID	1	2	0	2	0	0	0	
Name & Address	4-C, Vulcan Insurance Building, 4th Floor, Veer Nariman Road, Churchgate, Mumbai - 400020.						Nomination Registration No.										Dated								
<input type="checkbox"/> I/We wish to make a nomination [Annexure A] [As per Nomination details given below] I/We hereby nominate the following person(s) who shall receive all the assets held in my/our Folio/demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio/demat account.													<input type="checkbox"/> I/We do not wish to make a nomination [Annexure B] I/We do not wish to appoint any nominee(s) in my/our MF Folio/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 MF Folio/demat account.												
Nominee		Name of nominee		Share of nominee (%)**		Relationship		Postal Address		Mobile No. & Email		Identity Number ***		D.O.B. of nominee		Guardian									
1. First Name																									
Middle Name																									
Last Name																									
2. First Name																									
Middle Name																									
Last Name																									
3. First Name																									
Middle Name																									
Last Name																									
4. First Name																									
Middle Name																									
Last Name																									
5. First Name																									
Middle Name																									
Last Name																									
6. First Name																									
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7. First Name																									
Middle Name																									
Last Name																									
8. First Name																									
Middle Name																									
Last Name																									
9. First Name																									
Middle Name																									
Last Name																									
10. First Name																									
Middle Name																									
Last Name																									

***Joint Accounts:**







Event	Transmission of Account/Folio to
Demise of one or more joint holder(s)	Surviving holder(s) through name deletion The surviving holder(s) shall inherit the assets as owners.
Demise of all joint holders simultaneously - having nominee	Nominee
Demise of all joint holders simultaneously - not having nominee	Legal heir(s) of the youngest holder

** if % is not specified, then the assets shall be distributed equally amongst all the nominees (see table in 'Transmission aspects').

*** Provide only number: PAN or Driving Licence or Aadhaar (last 4). Copy of the document is not required.

**** to be furnished only in following conditions/circumstances:

- Date of Birth (DoB): please provide, only if the nominee is minor.
 - Guardian: It is optional for you to provide, if the nominee is minor.
- 1) I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/us by the AMC / DP as follows; (please tick, as appropriate)
- ☐ Name of nominee(s) _____ ☐ Nomination: Yes / No
- 2) I hereby authorize _____ (nominee number _____) to operate my account on my behalf, in case of my incapacitation in terms of paragraph 3.5 of the circular. He/She is authorized to encash my assets up to _____ % of assets in the account/folio or Rs. _____.
(strike off portions that are not relevant)
- 3) This nomination shall supersede any prior nomination made by me/us, if any.

	Name(s) of holder(s)		Signature(s) of holder	Witness Signature*
1)				
2)				
3)				

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

Name & Address - Witness 1	Name & Address - Witness 2	Name & Address - Witness 3

Rights, Entitlement and Obligation of the investor and nominee:

- If you are opening a new demat account/MF folios, you have to provide nomination. Otherwise, you have to follow procedure as per 3.10 of this circular.
- You can make nomination or change nominee any number of times without any restriction.
- You are entitled to receive acknowledgement from the AMC/DP for each instance of providing or changing nomination.
- Upon demise of the investor, the nominees shall have the option to either continue as joint holders with other nominees or for each nominee(s) to open separate single account/folio.
- In case all your nominees do not claim the assets from the AMC/DP, then the residual unclaimed asset shall continue to be with the AMC in case of MF units and with the concerned Depository in case of Demat account.
- You have the option to designate any one of your nominees to operate your account/folio, in case of your physical incapacitation. This mandate can be changed any time you choose.
- The signatories for this nomination form in joint folios/account, shall be the same as that of your joint MF folio/demat account. i.e.
 - 'Either or Survivor' Folios/Accounts - any one of the holder can sign
 - 'Jointly' Folios/Accounts - both holders have to sign

Transmission aspects

- AMCs/DPs shall transmit the folio/account to the nominee(s) upon receipt of 1) copy of death certificate and 2) completion/ updation of KYC of the nominee(s). The nominee is not required to provide affidavits, indemnities, undertakings, attestations or notarization.
- Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the AMC/DP.
- In case of multiple nominees the assets shall be distributed pro-rata to the surviving nominees, as illustrated below.

% share as specified by investor at the time of nomination		% assets to be apportioned to surviving nominees upon demise of investor and nominee 'A'			
Nominee	% share	Nominee	% initial share	% of A's share to be apportioned	Total % share
A	60%	A	0	0	0
B	30%	B	30%	45%	75%
C	10%	C	10%	15%	25%
Total	100%	-	40%	60%	100%

SPS SHARE BROKERS PVT. LTD.

Regd. Office: 66, Tamarind Lane, 4/5, Haji Kasam Building, 1st Floor, Fort, Mumbai - 400001.
Corporate Office: 4-C, Vulcan Insurance Building, 4th Floor, Veer Nariman Road, Churchgate, Mumbai - 400020.
Tel No.: 022-6274 6274
Website: www.spssharebrokers.com, www.sps.group

SEBI Regn. No.: IN-DP-80-2015

ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT (For entities other than Individuals)

(To be filled by the Depository Participant)

Application No.											Date								
DP Internal Reference No.																			
DP ID	1	2	0	2	2	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 the following details: -

Sole / First Holder's Name																		
Search Name											PAN							
Exchange Name & ID											UCC							
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"/> Body Corporate	<input type="checkbox"/> Banks	<input type="checkbox"/> Trust	<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> OCB	<input type="checkbox"/> FI					To be filled by the DP	
<input type="checkbox"/> CM	<input type="checkbox"/> FI	<input type="checkbox"/> Clearing House	<input type="checkbox"/> Other (Specify)								
Date of Incorporation											
SEBI Registration No. (If Applicable)						SEBI Registration Date					
RBI Registration No. (If Applicable)						RBI Approval Date					
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) _____										

I / We instruct the DP to receive each and every credit in my / our account [Automatic Credit] (If not marked, the default option would be 'Yes')	<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)	

Clearing Member Details (To be filled by CMs only)

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

I / We wish to receive dividend / interest directly in to my 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 number									
Account type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit <input type="checkbox"/> Others (specify)								
Bank Name									
Branch Name									
Bank Branch Address									
City		State		Country		PIN			

(i) Photocopy of the cheque/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, (or)

(iii) Photocopy of the Passbook having name and address of the BO, (or)

(iv) Letter from the Bank.

- In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document and it shall be self-certified by the BO.

MICR code starting with 000 will not be eligible for ECS.

OTHER DETAILS

Gross Annual Income details (please specify) : Income Range per annum

- ☐ Up to Rs 1,00,000 ☐ Rs 1,00,000 to Rs.5,00,000 ☐ Rs.5,00,000 to Rs. 10,00,000 ☐ Rs. 10,00,000 to Rs. 25,00,000
☐ Rs.25,00,000 to Rs. 1,00,00,000 ☐ More than Rs.1,00,00,000

Net worth as on Date : _____ Rs. _____ (Net worth should not be older than 1 year)

Please tick If any of the authorized signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors is either Politically Exposed Person (PEP) or Related to Politically Exposed Person (RPEP) ☐ Please provide details as per Annexure 2.2 A.

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).




- ☐ Yes
☐ No

easi

To register for easi, please visit our website www.cdslindia.com. Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.

- ☐ Yes
☐ No

I/We have received and read the document of 'Rights and Obligation of BO-DP' (DP-CM agreement for BSE Clearing Member Accounts) including the schedules thereto and the terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

	First/Sole Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Designation			
Signature			

(Signatures should be preferably in black ink).

For SPS SHARE BROKERS PVT. LTD.

Director / Authorised Signatory

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

Definitions:

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

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

Availability:

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

Receiving Alerts:

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

Fees:

Depository reserves the right to charge such fees from time to time as it deems fit for providing this service to the BO.

Disclaimer:

The depository shall make reasonable efforts to ensure that the BO's personal information is kept confidential. The depository does not warranty the confidentiality or security of the SMS alerts transmitted through a service provider. Further, the depository makes no warranty or representation of any kind in relation to the system and the network or their function or their performance or for any loss or damage whenever and howsoever suffered or incurred by the BO or by any person resulting from or in connection with availing of SMS alerts facility. The Depository gives no warranty with respect to the quality of the service provided by the service provider. The Depository will not be liable for any unauthorized use or access to the information and/ or SMS alert sent on the mobile phone number of the BO or for fraudulent, duplicate or erroneous use/ misuse of such information by any third person.

Liability and Indemnity:

The Depository shall not be liable for any breach of confidentiality by the service provider or by any third person due to unauthorized access to the information meant for the BO. In consideration of the depository providing the service, the BO agrees to indemnify and keep safe, harmless and indemnified the depository and its officials from any damages, claims, demands, proceedings, loss, cost, charges and expenses whatsoever which a depository may at any time incur, sustain, suffer or be put to as a consequence of or arising out of interference with or misuse, improper or fraudulent use of the service by the BO.

Amendments:

The depository may amend the terms and conditions at any time with or without giving any prior notice to the BOs. Any such amendments shall be binding on the BOs who are already registered as user of this service.

Governing Law and Jurisdiction:

Providing the Service as outlined above shall be governed by the laws of India and will be subject to the exclusive jurisdiction of the courts in Mumbai.

I/We wish to avail the SMS Alerts facility provided by the depository on my/our mobile number provided in the registration form subject to the terms and conditions mentioned below. I/ We consent to CDSL providing to the service provider such information pertaining to account/transactions in my/our account as is necessary for the purposes of generating SMS Alerts by service provider, to be sent to the said mobile number.

I/We have read and understood the terms and conditions mentioned above and agree to abide by them and any amendments thereto made by the depository from time to time. I/ we further undertake to pay fee/ charges as may be levied by the depository from time to time.

I / We further understand that the SMS alerts would be sent for a maximum four ISINs at a time. If more than four debits take place, the BOs would be required to take up the matter with their DP.

I/We am/ are aware that mere acceptance of the registration form does not imply in any way that the request has been accepted by the depository for providing the service.

I/We provide the following information for the purpose of **registration / modification** (Please cancel out what is not applicable).

BOID

1	2	0	2	2	0	0	0								
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

(Please write your 8 digit DPID) (Please write your 8 digit Client ID)

Sole / First Holder's Name : _____

Second Holder's Name : _____

Third Holder's Name : _____

Mobile Number on which messages are to be sent

+91											
-----	--	--	--	--	--	--	--	--	--	--	--

(Please write only the mobile number without prefixing country code or zero)

The mobile number is registered in the name of: _____

Email Id: _____
(Please write only ONE valid email ID on which communication; if any, is to be sent)

Signatures Sole / First Holder Second holder Third Holder
 Place: _____ Date: _____

Details of Politically Exposed Persons (PEP)/ Related to Politically Exposed Person (RPEP). [For-non-individual]

Name of holder _____ PAN of the holder _____

Sr. No.	Name of the Authorized signatories /Promoters /Partners / Karta/ Trustees /Whole Time Directors	Relation with the holder (i.e. promoters, whole time directors etc)	Please tick the relevant option.
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP

Name & Signature of the Authorised Signatories Date ____/____/____

PEP: Politically Exposed Person **RPEP:** Related to politically Exposed Person

Tariff Sheet for Dp

Demat Account No.: 12022000 _____

Sr. No.	Particulars	For Regular Account	For BSDA Account
1.	Account Opening Charges	At Actual	At Actual
2.	Account Maintenance Charges		
	a) Individual/HUF/NRI	Min. Rs. 250/- to Max Rs. 600/-	No AMC if the value of Holding is up to Rs. 400000/- and for Value of Holding from Rs. 400001/- to Rs. 1000000/- AMC Rs. 100/-
	b) Corporate	Min. Rs. 750/- to Max Rs. 1500/-	N.A.
3.	Transaction Cost (All Credit Free)		
	On Market	Sale Rs. 15/- per ISIN or 0.02% to 0.04% per ISIN whichever is higher	Sale Rs. 15/- per ISIN or 0.02% to 0.04% per ISIN whichever is higher
	Off Market	Rs. 25/- per ISIN or 0.02% to 0.04% per ISIN whichever is higher	Rs. 25/- per ISIN or 0.02% to 0.04% per ISIN whichever is higher
4.	Pledge / Unpledge / Confiscation	Rs. 50/- per ISIN or 0.02% to 0.04% per ISIN whichever is higher	Rs. 50/- per ISIN or 0.02% to 0.04% per ISIN whichever is higher
5.	Demat	Rs. 10/- per certificate & Rs. 100/- per DRF plus out of pocket expenses if any	Rs. 10/- per certificate & Rs. 100/- per DRF plus out of pocket expenses if any
6.	Remat	Rs. 15/- per 100 shares plus Rs. 50/- per ISIN towards out of pocket expenses	Rs. 15/- per 100 shares plus Rs. 50/- per ISIN towards out of pocket expenses
7.	Instruction Book Charges	NIL	NIL
8.	Custody Charges	NIL	NIL
9.	GST	As applicable	As applicable
10.	NDU Charges	Rs. 500/- per ISIN or 0.02% to 0.04% per ISIN whichever is higher	Rs. 500/- per ISIN or 0.02% to 0.04% per ISIN whichever is higher
11.	Margin Pledge Repledge & Unpledge	Pledge- UPTO Rs.15 PER ISIN Unpledge - UPTO Rs.15 PER ISIN For Repledge - NIL	Pledge- UPTO Rs.15 PER ISIN Unpledge - UPTO Rs.15 PER ISIN For Repledge - NIL

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 in case I opt for BSDA I do not have/propose to have any other demat account across depositories as a first/sole holder.

First/Sole Holder

Second Joint Holder

Third Joint Holder

COMMON MOBILE NUMBER / EMAIL ID**VOLUNTARY**

It is to be informed that as per SEBI guidelines common mobile no. / Email id cannot be used for single participant. However, under exceptional circumstances, the participants may provide common mobile no. or Email id at his / her specific request (in the declaration as mentioned below) provided such client belongs to one family.

"Family" means self, spouse, dependent children and dependent parents.

Declaration for common mobile no./ Email ID

Date: _____

To,

SPS SHARE BROKERS PVT. LTD.

4-C, Vulcan Insurance Building,

4th Floor, Veer Nariman Road,

Churchgate, Mumbai - 400020.

Ref.: Demat Account No. 12022000 _____ with your company

Sub: E-mail ID and Mobile Number

Dear Sir,

This is with reference to the above subject I / We hereby state and confirm that the following mobile number & email ID given for Demat account is of my / our Joint family member:

Mobile no.: _____

Email ID: _____

Relation with BO: _____

I / We further confirm that we have no objection in communicating our trade / transactions / instruction details to the above mentioned mobile number and email ID by SPS Share Brokers Pvt. Ltd. / Exchanges / SEBI.

I / We agree to indemnify SPS Share Brokers Pvt. Ltd. against any misrepresentation by me for the above mentioned email ID and mobile number.

Thanking you,

Yours truly,

Name of Declarant

Signature



OPTION FORM FOR ISSUE OF DIS BOOKLET

Date: _____

DP ID	1	2	0	2	2	0	0	0	Client ID								
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To,
SPS SHARE BROKERS PVT. LTD.
 4-C, Vulcan Insurance Building, 4th Floor,
 Veer Nariman Road, Churchgate,
 Mumbai - 400020.

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 of my/our CDSL account though I/we have issued a Power of Attorney (POA)/registered for eDis/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 Power of Attorney holder - Clearing Member /by PMS manager/for executing delivery instructions through eDIS.

OR

☐ **OPTION 2:**

I/We do not require the Delivery Instruction Slip (DIS) booklet for the time being, since I/We have issued a POA/registered for eDis/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 Power of Attorney Holder - Clearing Member/by PMS manager or for executing delivery instructions through eDIS. 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			
Signature			

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

ACKNOWLEDGEMENT RECEIPT

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

DP ID	1	2	0	2	2	0	0	0	Client ID								
Name of the Sole / First Holder																	
Name of Second joint Holder																	
Name of Third joint Holder																	

For SPS SHARE BROKERS PVT. LTD.

HUF DECLARATION

Date:

To,

SPS SHARE BROKERS PVT. LTD.

4-C, Vulcan Insurance Building, 4th Floor,
Veer Nariman Road, Churchgate,
Mumbai - 400020.

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. _____.

Name & signature of Adult co-parceners

SR. NO.	NAME OF FAMILY MEMBERS	SEX	RELATIONS	DATE OF BIRTH	SIGNATURE

Name & dates of birth of minor co-parceners

SR. NO.	NAME OF FAMILY MEMBERS	SEX	RELATIONS	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 for making this Application to open 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,

Yours truly,



Karta
(Affix stamp of HUF)

FATCA/CRS DETAILS

Client Code		Date: _____
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DP ID	1	2	0	2	2	0	0	0	Client ID						
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The below information is required for all applicant(s) / guardian / PoA holder.

Sr. No.	Details	1st Holder	2nd Holder	3rd Holder
1	Are You a Tax Resident of Country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Is your Country of Birth/Citizenship other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	If your Residence address/Mailing address/Telephone No. other than in India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Is the POA holder/person to whom signatory authority is given, covered under any of the categories 1, 2 or 3 above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered YES to any of above, please provide the below details

Sr. No.	Details	1st Holder	2nd Holder	3rd Holder
1	Country of Residence			
2	Nationality			
3	Tax Identification No. or Reason for not providing TIN			
4	Identification Type (TIN or Other, please specify)			
5	Residence address for tax purposes (include City, State, Country & Pin code)			
6	Address Type	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Regd. Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Regd. Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Regd. Office
7	City of birth			
8	Country of birth			

Certification: I/We have understood the information requirements of this Form (read along with the FATCA/CRS Instructions), and hereby certify that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA/CRS Terms and Conditions and hereby accept the same.

I/We agree to indemnify SPS Share Brokers Pvt. Ltd. in respect of any false, misleading, inaccurate and incomplete information regarding my/our "U.S. person" status for U.S. federal income tax purposes. or in respect of any other information as may be required under applicable tax laws.

	First / Guardian Applicant	Second Holder	Third Holder
Name			
Signature			

FATCA-CRS Instruction

Details under FATCA/CRS/Foreign Tax Laws: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income Tax Rules 1962, which Rules require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In certain circumstances (including if we do not receive a valid self -certification from you) we may be obliged to share information on your account with relevant tax authorities/appointed agencies. If you have any questions about your tax residency, please contact your tax advisor. Should there be any **change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.** 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. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

Acknowledgment

I/We acknowledge receipt of the documents executed by me/us including the following.

For Demat Account

1. Account Opening Form
2. SMS Alert Form
3. Power of Attorney
4. Email ID & Mobile No. declaration
5. Tariff Sheet & BSDA Declaration
6. FATCA Declaration

I/We acknowledge receipt of the documents to my/our registered mail id including the following:

For Demat Account

1. Rights & Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories.
2. Dp Investor Charter - Annexure A and Annexure B
3. Dos and Don'ts and best practices.

Signature of Client: _____

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

ACKNOWLEDGEMENT RECEIPT

Application No.:

Date:

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

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

For SPS SHARE BROKERS PVT. LTD.

DOCUMENTS REQUIRED FOR INDIVIDUAL ACCOUNT

- ONE PASSPORT SIZE PHOTOGRAPH
- PANCARD COPY
- ADDRESS PROOF (AADHAR CARD)/Valid Passport/Valid Driving Licence/Voter ID
- ONE ORIGINAL CANCELLED CHEQUE
- LATEST 6 MONTHS BANK STATEMENT
- INCOME DOCUMENT - IT RETURN COPY LATEST YEAR OR DECLARATION STATING ONLY FOR NON TAXABLE INCOME AS ON DATE.
- OTHER DP CLIENT MASTER ORIGINAL COPY IF ANY
- CHEQUE OF RS. 1000/- IN THE NAME OF SPS SHARE BROKERS PVT. LTD.
- NOMINATION WITH ID PROOF IS MANDATORY (PROOF OF NOMINEE IS COMPULSORY).
- MOBILE & E-MAIL ID MANDATORY.
- PROVIDE MOTHER'S NAME IN CKYC FORM

Mob.: _____

Email ID: _____

Mother's Name: _____

Nominee Name: _____

Relation With Nominee: _____

Joint Holder's Mother Name: _____

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

Received nomination from:

ACKNOWLEDGEMENT RECEIPT

UCC/DP ID	1	2	0	2	2	0	0	0	Client ID	0	0						
Name																	
Address																	
Nomination in favour of																	
First Nominee																	
Second Nominee																	
Third Nominee																	
No Nomination	<input type="checkbox"/> Does not wish to nominate																
Registration No.											Registered on						

For SPS Share Brokers Pvt. Ltd.

