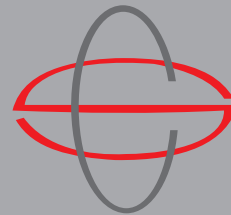


# DEPOSITORY ACCOUNT OPENING FORM



## COMPOSITE SECURITIES LIMITED

Depository Participant - NSDL

DP ID :IN302113

307, Kanchenjunga Building, 18 Barakhamba Road, New Delhi-110001

Tel. : 011-43739600 (30) Fax : 43739666

Email : [dp@composite.co.in](mailto:dp@composite.co.in)

Website : [www.composite.in](http://www.composite.in)

## Annexure JB

### INSTRUCTIONS/CHECK LIST FOR FILLING KYC FORM

#### A. IMPORTANT POINTS:

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

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

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

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

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

1. Passport/ Voters Identity Card/ Ration Card/ Registered Lease or Sale Agreement of Residence/ Driving License/ Flat Maintenance bill/ Insurance Copy.
2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
3. Bank Account Statement/Passbook -- Not more than 3 months old.
4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
6. Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
7. For FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostiled or consularised) that gives the registered address should be taken.
8. The proof of address in the name of the spouse may be accepted.

#### D. Exemptions/clarifications to PAN (\*Sufficient documentary evidence in support of such claims to be collected.)

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

#### E. List of people authorized to attest the documents:

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



# COMPOSITE SECURITIES LIMITED

Depository Participant : NSDL  
 Reg. & Corporate Office : 307, Kanchenjunga Building, 18 Barakhamba Road, New Delhi-110001  
 Tel. : 011-43739600 (30) Fax : 43739666, Email : dp@composite.co.in

Photograph  
 Please affix your recent passport size photograph  
 Signature Across photograph

## Annexure – J PART I - KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Individuals)

Please fill this form in ENGLISH and in BLOCK LETTERS

### A. IDENTITY DETAILS

1	Name of the Applicant																							
2	Father's / Husband's Name																							
3	a) Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	b) Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married	c) Date of Birth	D	D	M	M	Y	Y	Y	Y											
4	a) Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify. _____)	b) Status	<input type="checkbox"/> Resident individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National																				
5	a) PAN													b) Aadhaar, if any										
6	Specify the proof of identity submitted		<input type="checkbox"/> PAN Card <input type="checkbox"/> Any other (Please specify; _____)																					

### B. ADDRESS DETAILS

1	Residence / Correspondence Address	<input type="checkbox"/> Correspondence Address					<input type="checkbox"/> Residence Address				
		_____									
		City/town/village				PINCode					
		State		Country							
2	Specify the proof of address submitted for <b>Residence</b> / correspondence address										
3	Contact Details	Tel. (Off.)				Tel. (Res.)					
		Fax No.				Mobile No.					
		Email ID									
4	<i>Permanent Address (if different from above. Mandatory for Non-Resident Applicant to specify overseas address)</i>	_____									
		City/town/village				PINCode					
		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 D D M M Y Y Y Y

### FOR OFFICE USE ONLY & "IN PERSON" verification (IPV) details: Name of the DP : Composite Securities Ltd. DPID : IN302113

1	<input type="checkbox"/> Originals verified and Self-Attested Document copies received												
2	a)	Name of Organization / Branch / Service Centres											
	b)	Name of the person doing IPV											
	c)	Designation											
	d)	Signature											
	e)	Date				D	D	M	M	Y	Y	Y	Y
Name & Signature of the Authorised Signatory										Seal/Stamp of the intermediary			
Date				D	D	M	M	Y	Y		Y	Y	



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Photograph  
 Please affix your recent passport size photograph  
 Signature Across photograph

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Please fill this form in ENGLISH and in BLOCK LETTERS

### A. IDENTITY DETAILS

1	Name of the Applicant																													
2	Father's / Husband's Name																													
3	a) Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	b) Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married	c) Date of Birth	D	D	M	M	Y	Y	Y	Y																	
4	a) Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify. _____)	b) Status	<input type="checkbox"/> Resident individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National																										
5	a) PAN														b) Aadhaar, if any															
6	Specify the proof of identity submitted		<input type="checkbox"/> PAN Card <input type="checkbox"/> Any other (Please specify; _____)																											

### B. ADDRESS DETAILS

1	Residence / Correspondence Address	<input type="checkbox"/> Correspondence Address					<input type="checkbox"/> Residence Address										
		_____															
		City/town/village					PINCode										
		State					Country										
2	Specify the proof of address submitted for <b>Residence</b> / correspondence address																
3	Contact Details		Tel. (Off.)					Tel. (Res.)									
			Fax No.					Mobile No.									
			Email ID														
4	<i>Permanent Address (if different from above. Mandatory for Non-Resident Applicant to specify overseas address)</i>		_____														
			City/town/village					PINCode									
			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 D D M M Y Y Y Y

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2	a)	Name of Organization / Branch / Service Centres																	
	b)	Name of the person doing IPV																	
	c)	Designation																	
	d)	Signature																	
	e)	Date										D	D	M	M	Y	Y	Y	Y
Name & Signature of the Authorised Signatory												Seal/Stamp of the intermediary							
Date																		D	D



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Annexure – J

## PART II - ACCOUNT OPENING FORM (FOR INDIVIDUALS)

Date	D	D	M	M	Y	Y	Y	Y	Client - ID (To be filled by Participant)										
------	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

I/We request you to open a depository account in my/our name as per the following details:  
(Please fill all the details in CAPITAL LETTERS only)

### A) Type of Account

<input type="checkbox"/> Ordinary Resident	<input type="checkbox"/> NRI-Repatriable	<input type="checkbox"/> NRI-Non Repatriable
<input type="checkbox"/> Qualified Foreign Investor	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Promoter
<input type="checkbox"/> Margin	<input type="checkbox"/> Others (Please specify) _____	

### B) In case of NRIs/ Foreign Nationals

RBI Approval Reference Number

RBI Approval date

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

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

a) Name

b) PAN

### D) Details of Account holder(s):

Account holder(s)

Name

Sole/ First Holder

PAN

Occupation (please tick any one and give brief details)

<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Govt. Service	<input type="checkbox"/> Business	<input type="checkbox"/> Retired	<input type="checkbox"/> Student
<input type="checkbox"/> Housewife	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Professional	<input type="checkbox"/> Other (Please specify: _____)		

Second Holder

PAN

Occupation (please tick any one and give brief details)

<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Govt. Service	<input type="checkbox"/> Business	<input type="checkbox"/> Retired	<input type="checkbox"/> Student
<input type="checkbox"/> Housewife	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Professional	<input type="checkbox"/> Other (Please specify: _____)		

Third Holder

PAN

Occupation (please tick any one and give brief details)

<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Govt. Service	<input type="checkbox"/> Business	<input type="checkbox"/> Retired	<input type="checkbox"/> Student
<input type="checkbox"/> Housewife	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Professional	<input type="checkbox"/> Other (Please specify: _____)		

Brief details

### E) Gross Annual Income Details

Income Range per annum (please tick any one)

<input type="checkbox"/> Below ₹ 1 lac	<input type="checkbox"/> ₹ 1 - 5 lac	<input type="checkbox"/> ₹ 5 - 10 lac	<input type="checkbox"/> ₹ 10 - 25 lac	<input type="checkbox"/> More than ₹ 25 lac
--	--------------------------------------	---------------------------------------	--	---

### F) Bank Details

1 Bank Account Type  Savings Account  Current Account  Other (Please specify: \_\_\_\_\_)

2 Bank Account Number

3 Bank Name

4 Branch Address

	Branch Address	City/town/village		PIN code					
		State		Country					
5	MICR Code								
6	IFSC								

**G)** Please tick, if applicable:  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)

**H) Standing Instructions**

1	I/We authorise you to receive credits automatically into my/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> [Mandatory if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form]		
	Sr. No.	Holder	Yes No
	1	Sole/ First Holder	<input type="checkbox"/> <input type="checkbox"/>
	2	Second Holder	<input type="checkbox"/> <input type="checkbox"/>
	3	Third Holder	<input type="checkbox"/> <input type="checkbox"/>
4	Mode of receiving Statement of Account [Tick any one]	<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form [Read Note 4 and ensure that email ID is provided in KYC Application Form].	

**I) Guardian Details (where sole holder is a minor):**

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

Guardian Name	
PAN	
Relationship of guardian with minor	

**J) Nomination Option**

I/We wish to make a nomination. [As per details given below]  I/We do not wish to make a nomination. [Strike off the nomination details below]

**Nomination Details**

I/We wish to make a nomination and do hereby nominate the following person in whom all rights and / or amount payable in respect of securities held in the Depository by me / us in the said beneficiary owner account shall vest in the event of my / our death.

1	Name of Nominee (Mr./Ms.)	
2	Relationship with the Applicant (if any)	
3	Address of Nominee	
	City/town/village	PIN Code
	State	Country
4	Contact Details of nominee	
	Tel. (Off.)	Tel. (Res.)
	Fax No.	Mobile No.
	Email ID	

**5 Nominee Identification details (please tick any one from (a) to (f) and provide details of the same)**

a)	<input type="checkbox"/>	(i)	Photograph	(ii)	Signature
			<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           Photograph of nominee             (Signature of nominee across photograph)         </div>		X _____ <b>Signature of nominee</b>



## Declaration

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

	Name(s) of holder(s)	Signature(s) of holder (s)
Sole/ First Holder/ Guardian (in case sole holder is minor) (Mr./Ms.)		X _____
Second Holder (Mr./Ms.)		X _____
Third Holder (Mr./Ms.)		X _____

### Notes :

1. All communication shall be sent at the address of the Sole/First holder only.
2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8<sup>th</sup> Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
3. Instructions related to nomination, are as below:
  - I. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non- individuals including society, trust, body corporate, partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly all joint holders will sign the nomination form.
  - II. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
  - III. The Nominee shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
  - IV. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
  - V. Transfer of securities in favour of a Nominee shall be valid discharge by the depository and the Participant against the legal heir.
  - VI. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non- individuals including society, trust, body corporate, partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
  - VII. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee.



4. For receiving Statement of Account in electronic form:
  - I. Client must ensure the confidentiality of the password of the email account.
  - II. Client must promptly inform the Participant if the email address has changed.
  - III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
5. Strike off whichever is not applicable.

Acknowledgement



**COMPOSITE SECURITIES LIMITED**

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Received the application from Mr. /Ms. \_\_\_\_\_ 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 in all your future correspondence.

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

