



Application No.

F

**DEPOSITORY ACCOUNT OPENING FORM**  
INDIVIDUAL / NRI / FOREIGN NATIONAL / HUF  
CORPORATE / CM / FI / FII / OBC / BANK / TRUST / OTHER



**FE SECURITIES PRIVATE LIMITED**

CIN : U74999DL1995PTC069239

DP - CDSL • DP ID : 12046900 • SEBI REGN. NO.: IN-DP-273-2016

**Regd. Office :**

814, Arunachal, 19, Barakhamba Road, New Delhi-110001

**Office :**

802, Arunachal, 19, Barakhamba Road, New Delhi-110001

Phone : 011-23350670, 23350672, 23317382, 23317385

E-mail : fes@fesecurities.in • Website : www.fesecurities.in

**Compliance Officer**

**ANIL KUMAR**

Ph.: 011-23350670

E-mail : fes@fesecurities.in

Client Name \_\_\_\_\_

Client ID

1

2

0

4

6

9

0

0

**PAN IS MANDATORY**

Please Sign. in places marked ✓

For any grievance /dispute please contact FE SECURITIES PVT. LTD at the above mentioned address or email cdslcomplaint@fesecurities.in and phone no.011-23350670. In case not satisfied with the response, please contact CDSL at complaints@cdslindia.com and/or CDSL Toll Free Helpline at 1800 200 5533  
You can also lodge your grievances with SEBI at <http://scores.gov.in>. For any queries, feedback or assistance, please contact SEBI Office on Toll Free Helpline at 1800 22 7575 / 1800 266 7575.

## INDEX

S.No.	Document Description	Page No.
1.	Instructions & Additional Documents	1-2
2.	Know Your Client (KYC) - Application Form (For Individual)	3-4
3.	Central KYC Registry (CKYC) - Application Form (For Individual)	5-6
4.	FATCA & CRS Declaration (For Individual)	7
5.	Consent Letter for Aadhaar (For Individual)	8
6.	Know Your Client (KYC) - Application Form (For Non-Individual)	9-11
7.	Central KYC Registry (CKYC) - Application Form (For Non-Individual)	12-13
8.	FATCA & CRS Declaration (For Non-Individual)	14-15
9.	Consent Letter for Aadhaar (For Non-Individual)	16
10.	Consent Letter for Aadhaar (For HUF)	17
11.	Declaration by HUF	18
12.	Account Opening Form and Additional KYC (For Individual) Annexure 2.1	19-22
13.	Nomination Details Annexure 3.2	23-24
14.	Consent Letter for Aadhaar (For Nominee)	25
15.	Account Opening Form and Additional KYC (For Non-Individual) Annexure 2.1	26-29
16.	Details of PEP/RPEP (For Non-Individual) Annexure 2.2A	30
17.	Rights and Obligations (Individual / Non-Individual)	31-32
18.	SMS Alert Facility Annexure 2.4	33-34
19.	Transaction Using Secured Texting (TRUST) Facility Annexure 2.6	35-36
20.	BSDA Declaration	37
21.	Option For for Issue of DIS Booklet	38
22.	Power of Attorney (Individual/Non-Individual) for Pay-in of Securities	39-40
23.	FEMA Declaration for NRI/Foreign National Only	41
24.	Tariff Chart (Individual / Non-Individual)	42
25.	Format of Board Resolution KRA / CDSL	43

## IN-PERSON VERIFICATION

Identity of the applicants is verified "IN-PERSON" and the copy of the valid proof of identity documents have been verified from originals.	Staff doing 'In person' Verification Name : _____ Designation : _____ Employee Code : _____ Signature : _____						
Date of in person Verification <span style="border: 1px solid black; padding: 2px 5px;">D</span> <span style="border: 1px solid black; padding: 2px 5px;">D</span> <span style="border: 1px solid black; padding: 2px 5px;">M</span> <span style="border: 1px solid black; padding: 2px 5px;">M</span> <span style="border: 1px solid black; padding: 2px 5px;">Y</span> <span style="border: 1px solid black; padding: 2px 5px;">Y</span> <span style="border: 1px solid black; padding: 2px 5px;">Y</span> <span style="border: 1px solid black; padding: 2px 5px;">Y</span>	Place of in person Verification : _____						
Signature(s) of applicant(s) : (Signature in the presence of the DP staff)	<table style="width: 100%;"> <tr> <td style="width: 30%;">1st Holder</td> <td style="border: 1px solid black; width: 70%;"></td> </tr> <tr> <td>2nd Holder</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td>3rd Holder</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	1st Holder		2nd Holder		3rd Holder	
1st Holder							
2nd Holder							
3rd Holder							

I/ we have been informed that our BO ID is 12046900....., and a copy of the complete set of this KYC form booklet and the documents has been delivered to me/us.

Date:.....		Signature of Sole/First Holder	Signature of Second Holder	Signature of Third Holder
------------	--	--------------------------------	----------------------------	---------------------------

## INSTRUCTIONS FOR THE APPLICANTS FOR FILLING ACCOUNT OPENING FORM

1. Signatures can be in English or Hindi or any of the other languages contained in the 8th schedule of the Constitution of India. Thumb impressions and signatures other than the above mentioned languages must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate under his/her official seal.
2. **Signatures should be preferably in black ink and at all places marked**
3. Details of the Names, Address and Tel No. etc. of the Magistrate / Notary Public / Special Executive Magistrate are to be provided in case of any attestation done by them.
4. In case of additional signatures (For accounts other than individuals), separate annexures should be attached to the application form.
5. In case of applications under a Power of Attorney, the relevant Power of Attorney or the certified and duly notarized copy thereof must be lodged alongwith the application.
6. All correspondence / queries shall be addressed to the first / sole applicant.
7. In case of joint account, separate KYC should be filled by all joint holder/s.
8. Strike off whichever is not applicable.
9. **Please submit the following documents alongwith A/c opening form.**

Proof of Identity	Copy of PAN Card of the Account Holder(s) only.
Bank A/c Proof	<ol style="list-style-type: none"> <li>(i) Photocopy of the cancelled cheque having the name of the account holder.</li> <li>(ii) Photocopy of the Bank Statement having name and address of the account holder and should not be older than 4 months.</li> <li>(iii) Photocopy of the Passbook having name and adders of the account holder.</li> <li>(iv) Letter from the Bank.</li> </ol> <p>(In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document and it should be self-certified by the account holder.</p>
Proof of Address Permanent & Correspondence	<p>Self attested copy of any one of the following :</p> <ol style="list-style-type: none"> <li>1. Ration Card</li> <li>2. Passport</li> <li>3. Voter ID Card</li> <li>4. Aadhaar Card</li> <li>5. Driving Licence</li> <li>6. Bank Pass Book</li> <li>7. Verified copies of <ol style="list-style-type: none"> <li>a) Electricity Bills (Bill date not more than two months old)</li> <li>b) Residence Telephone Bills (Bill date not more than two months old)</li> <li>c) Lease and Licence agreement / Agreement for sale</li> </ol> </li> <li>8. Self declaration by High Court &amp; Supreme Court Judges, giving the address in respect of their own accounts.</li> <li>9. Identity card / document with address issued by <ol style="list-style-type: none"> <li>a) Central/State Govt. and its departments</li> <li>b) Statutory/regulatory authorities</li> <li>c) Public Sector Undertakings</li> <li>d) Scheduled commercial banks</li> <li>e) Public Financial istitutions</li> <li>f) Colleges affiliated to universities</li> <li>g) Professional bodies such as ICAI, ICWA, ICSI, Bar Council etc. to their members</li> </ol> </li> <li>10. Copy of Form 18 in case of Corporates only.</li> <li>11. Bank statement as proof of address : A computer generated statement without signature / stamp of the bank (showing the name and address of the account holder and bank transactions during a period, printed on the bank stationery) can be accepted as a valid proof of address only if duly attested by the concerned bank under the stamp and signature of the bank official.</li> <li>12. Bank statement as proof of address : Original Bank statement (showing the name and address of the account holder, and bank transactions during a period, printed on the bank stationery) self attested by the account holder alongwith cancelled cheque (in original) pertaining to the said bank account, without bank attestation as mentioned above, provided that such original bank statement is not more than 2 quarters old, can be accepted as valid proof of address.</li> <li>13. Correspondence Address : If the correspondence address of the account holder is not the same as permanent address then proof of correspondence address should also be submitted.</li> </ol>

## ADDITIONAL DOCUMENTS FOR SPECIAL TYPE OF ACCOUNTS

### ***Accounts of Minors***

1. Birth certificate of the minor
2. Proof of identity and address documents of the guardian as above.
3. One photograph of the minor and one of the guardian with guardian's signature across both the photographs.
4. PAN card of the minor.

### ***Accounts of HUF***

1. PAN card and bank pass book indicating existence of HUF entity.
2. PAN card of the Karta.
3. List of family members giving name, date of birth and relationship with the Karta.

### ***Corporate Accounts***

1. Memorandum and Articles of Association.
2. Registration Certificate.
3. List of authorised signatories as per Board Resolution with their photo and signatures duly attested.
4. List of Directors and authorised signatories on letter head alongwith copies of Form-32 evidencing appointment of Directors.
5. Copy of PAN Card of Authorised Signatories.
6. Copy of audited financial accounts for last 2 years.
7. Details of Shareholding Pattern on date of application.
8. Board Resolution for demat account:

### **Note :**

1. **Please make use of Nomination Facility which is available for individual accounts only, please fill up Nomination Form.**
2. **Your DP is empanelled for Easy / Easiest facility which allows you to view transactions, holdings and valuation of your stocks on line. Apply online at [www.cdslindia.com](http://www.cdslindia.com) and submit print out of application form duly signed to your DP for activation.**
3. **SMS alerts facility can be availed by filling in the relevant column in this form and Annexure 2.4.**
4. **Transaction using Secured Texting Facility (TRUST) can be availed by filling in relevant column in this form and Annexure 2.6.**
5. **Power of Attorney can be submitted for execution of settlement related pay in obligations without submitting Delivery Instruction Slips.**
6. **Signature and Cuttings**
  - (a) **All Joint Holders / Co-parceners to sign.**
  - (b) **Correction fluid is not permitted. Please strike out and re write and signature of all account holder(s) / Co-parceners.**



## INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

**A. IMPORTANT POINTS:**

1. Self attested copy of PAN card is mandatory for all clients.
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/PIOCard/OCICard 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. PAN card with photograph. This is a mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
2. Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving license.
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 apostilled 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. SIP of Mutual Funds upto Rs 50,000/- p.a.
5. 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.

Please Submit the KYC Documents on A4 Size Paper Only.





☐ 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS \* (Please see instruction E at the end)☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*																					
Line 2																					
Line 3																City / Town / Village*					
District*						Pin / Post Code*						State / U.T Code*			ISO 3166 Country Code*						

☐ 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES\* (Applicable if section 2 is ticked)☐ Same as Current / Permanent / Overseas Address details☐ Same as Correspondence / Local Address details

Line 1*																					
Line 2																					
Line 3																City / Town / Village*					
State*						ZIP / Post Code*						ISO 3166 Country Code*									

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

Tel. (Off)						Tel. (Res)						Mobile									
FAX						Email ID															

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

KYC Number of Related Person (if available\*)

Related Person Type\*

☐ Guardian of Minor☐ Assignee☐ Authorized Representative

Name*	Prefix	First Name					Middle Name					Last Name				

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

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

<input type="checkbox"/> A- Passport Number											Passport Expiry Date	DD - MM - YYYY				
<input type="checkbox"/> B- Voter ID Card																
<input type="checkbox"/> C- PAN Card																
<input type="checkbox"/> D- Driving Licence											Driving Licence Expiry Date	DD - MM - YYYY				
<input type="checkbox"/> E- UID (Aadhaar)																
<input type="checkbox"/> F- NREGA Job Card																
<input type="checkbox"/> Z- Others (any document notified by the central government)											Identification Number					
<input type="checkbox"/> S- Simplified Measures Account - Document Type code											Identification Number					

☐ 7. REMARKS (If any)


## 8. APPLICANT DECLARATION

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

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

Date : DD - MM - YYYY

Place :



[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

## 9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies

## KYC VERIFICATION CARRIED OUT BY

Date	DDMMYYYY										Place					
Emp. Name																
Emp. Code																
Emp. Designation																
Emp. Branch																

[Employee Signature]

## INSTITUTION DETAILS

Name **FE SECURITIES PRIVATE LIMITED**  
Code **IN0227**

[Institution Stamp]







# FE SECURITIES PRIVATE LIMITED

**SEBI REGN. NO. : IN-DP-273-2016 • DP ID 12046900**

**Registered Office :** 814, Arunachal, 19, Barakhamba Road, New Delhi-110001

**Office :** 802, Arunachal, 19, Barakhamba Road, New Delhi-110001

**Phone :** 011-23350670, 23350672, 23317382, 23317385

**E-mail :** fes@fesecurities.in • **Website :** www.fesecurities.in

INDIVIDUAL



## CONSENT LETTER FOR AADHAAR

**Consent under Aadhaar Act, 2016**

Date : \_\_\_\_\_

PAN :

Aadhaar No :

I hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made there under, for (i) collecting, storing and usage (ii) validating/ authenticating and (iii) updating/ sharing/ disclosing my Aadhaar number in accordance with the Aadhaar Act, 2016 (and regulations made there under), PMLA and SEBI Regulations.

Yours faithfully



\_\_\_\_\_  
Signature

Name :

## Application No. :

Please fill in ENGLISH and in BLOCK LETTERS with black ink

**1. Name of Applicant** (Please write complete name as per Certificate of Incorporation / Registration; leaving one box blank between 2 words. Please do not abbreviate the Name).

[illegible]

PHOTOGRAPH

Please affix  
the recent passport  
size photograph of  
Authorised Signatory  
and sign across it

2. Date of Incorporation | d | d | / | m | m | / | y | y | y | y |

Place of Incorporation | | | | | | | | | | | | | | | | | | | | | |

3. Registration No. (e.g. CIN) | | | | |

Date of commencement of business | d | d | / | m | m | / | y | y | y | y |

4. Status Please tick (✓) ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Body Corporate ☐ Partnership ☐ Trust / Charities / NGOs

☐ FI ☐ FII ☐ HUF ☐ AOP ☐ Bank ☐ Government Body ☐ Non-Government Organisation

☐ Defence Establishment    ☐ Body of Individuals    ☐ Society    ☐ LLP

☐ Others (Please specify) \_\_\_\_\_

5. Permanent Account Number (PAN) (MANDATORY) | | | | | | | | | | Please enclose a duly attested copy of your PAN Card

### 1. Address for Correspondence

[illegible]

## 2. Contact Details

[illegible]

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

☐ \*Latest Telephone Bill (only Land Line)    ☐ \*Latest Electricity Bill    ☐ \*Latest Bank Account Statement    ☐ Registered Lease / Sale Agreement of Office Premises

☐ Any other proof of address document (as listed overleaf). (Please specify) \_\_\_\_\_

\*Not more than 3 Months old. **Validity/Expiry date of proof of address submitted** | d | d | / | m | m | / | y | y | y | y

**4. Registered Address (If different from above)**

[illegible][illegible]

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

☐ \*Latest Telephone Bill (only Land Line)    ☐ \*Latest Electricity Bill    ☐ \*Latest Bank Account Statement    ☐ Registered Lease / Sale Agreement of Office Premises

☐ Any other proof of address document (as listed overleaf). (Please specify)

\*Not more than 3 Months old. **Validity/Expiry date of proof of address submitted** | d | d | / | m | m | / | y | y | y | y

### C. Other Details (please see guidelines overleaf)

**1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors :**  
(Please use the Annexure to fill in the details)

## 2. Any Other information

## DECLARATION

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

**NAME & SIGNATURE(S)  
OF AUTHORISED  
PERSON(S)**



Place: \_\_\_\_\_

Date:

**FOR OFFICE USE ONLY**

AMC/Intermediary name **OR** code☐ (Originals Verified) Self Certified Document copies received☐ (Attested) True copies of documents received

Seal/Stamp of the intermediary should contain

Staff Name

Designation

Name of the Organization

Signature

Date

## INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

**A. IMPORTANT POINTS:**

- Self attested copy of PAN card is mandatory for all clients.
- 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.
- If any proof of identity or address is in a foreign language, then translation into English is required.
- Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- If correspondence & permanent address are different, then proofs for both have to be submitted.
- Sole proprietor must make the application in his individual name & capacity.
- For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCICard and overseas address proof is mandatory.
- For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
- In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- For opening an account with Depository participant or Mutual Fund, for a minor or, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
- 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:

- PAN card with photograph. This is a mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
- Unique Identification Number (UID) (Aadhaar)/Passport/Voter ID card/Driving license.
- 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.)

- Passport/Voters Identity Card/Ration Card/Registered Lease or Sale Agreement of

Residence/Driving License/Flat Maintenance bill/Insurance Copy.

- Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
- Bank Account Statement/Passbook - Not more than 3 months old.
- Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
- 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.
- 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.
- For FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostilled or consularised) that gives the registered address should be taken.
- 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.)

- 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.
- Investors residing in the state of Sikkim.
- UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
- SIP of Mutual Funds upto Rs 50,000/- p.a.
- 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:**

- 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).
- 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.

**F. In case of Non-Individuals, additional documents to be obtained from non-individuals, over & above the POI & POA, as mentioned below:**

Types of entity	Documentary requirements
<b>Corporate</b>	<ul style="list-style-type: none"> <li>Copy of the balance sheets for the last 2 financial years (to be submitted every year)</li> <li>Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year)</li> <li>Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations</li> <li>Photograph, POI, POA, PAN of individual promoters holding control – either directly or indirectly</li> <li>Copies of the Memorandum and Articles of Association and certificate of incorporation</li> <li>Copy of the Board Resolution for investment in securities market</li> <li>Authorized signatories list with specimen signatures</li> </ul>
<b>Partnership firm</b>	<ul style="list-style-type: none"> <li>Copy of the balance sheets for the last 2 financial years (to be submitted every year)</li> <li>Certificate of registration (for registered partnership firms only)</li> <li>Copy of partnership deed</li> <li>Authorized signatories list with specimen signatures</li> <li>Photograph, POI, POA, PAN of Partners</li> </ul>
<b>Trust</b>	<ul style="list-style-type: none"> <li>Copy of the balance sheets for the last 2 financial years (to be submitted every year)</li> <li>Certificate of registration (for registered trust only). Copy of Trust deed</li> <li>List of trustees certified by managing trustees/CA</li> <li>Photograph, POI, POA, PAN of Trustees</li> </ul>
<b>HUF</b>	<ul style="list-style-type: none"> <li>PAN of HUF</li> <li>Deed of declaration of HUF/List of coparceners</li> <li>Bank pass-book/bank statement in the name of HUF</li> <li>Photograph, POI, POA, PAN of Karta</li> </ul>
<b>Unincorporated Association or a body of individuals</b>	<ul style="list-style-type: none"> <li>Proof of Existence/Constitution document</li> <li>Resolution of the managing body &amp; Power of Attorney granted to transact business on its behalf</li> <li>Authorized signatories list with specimen signatures</li> </ul>
<b>Banks/Institutional Investors</b>	<ul style="list-style-type: none"> <li>Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years</li> <li>Authorized signatories list with specimen signatures</li> </ul>
<b>Foreign Institutional Investors (FII)</b>	<ul style="list-style-type: none"> <li>Copy of SEBI registration certificate</li> <li>Authorized signatories list with specimen signatures</li> </ul>
<b>Army/Government Bodies</b>	<ul style="list-style-type: none"> <li>Self-certification on letterhead</li> <li>Authorized signatories list with specimen signatures</li> </ul>
<b>Registered Society</b>	<ul style="list-style-type: none"> <li>Copy of Registration Certificate under Societies Registration Act</li> <li>List of Managing Committee members</li> <li>Committee resolution for persons authorised to act as authorised signatories with specimen signatures</li> <li>True copy of Society Rules and Bye Laws certified by the Chairman/Secretary</li> </ul>

Please Submit the KYC Documents on A4 Size Paper Only.

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

Name of Applicant  PAN of the Applicant

Sr. No.	PAN	Name	DIN (For Directors) / UID (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed	Photograph
1.						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
2.						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
3.						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
4.						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
5.						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	

Name & Signature of the Authorised Signatory(ies)

PEP: Politically Exposed Person

RPEP: Related to Politically Exposed Person

Name & Signature of  
Authorised Signatory

Date  /  /



- 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/we am/are aware that I/we may be held liable for it.
- I/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.



Signature / Thumb Impression of Applicant

Date :   -   -    [illegible]

### 8. ATTESTATION / FOR OFFICE USE ONLY

**Documents Received**   ☐ Certified Copy   ☐ Equivalent e-document

## KYC VERIFICATION CARRIED OUT BY

Identity Verification ☐ Done      Date   -   -

[illegible][illegible][illegible][illegible]

## INSTITUTION DETAILS

Name **FE SECURITIES PRIVATE LIMITED**

Code IN0227



[illegible]

Type of address given at KYC KRA	Residential		Residential of Business		Business		Registered Office	
----------------------------------	-------------	--	-------------------------	--	----------	--	-------------------	--

[illegible][illegible]

Net Worth in INR. In ₹ Lakhs  Net Worth as on  DD / MM / YYYY  
(Date should not be older than one year)

Entity Constitution Type ☐ Partnership Firm ☐ HUF ☐ Private Limited Company ☐ Public Limited Company ☐ Society ☐ AOP/BOI  
Please tick as appropriate ☐ Trust ☐ Liquidator ☐ Limited Liability Partnership ☐ Artificial Juridical Person ☐ Others specify

Please tick the applicable tax resident declaration -

I. Is "Entity" a tax resident of any country other than India ☐ Yes ☐ No  
(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Sr. No.	Country	Tax Identification Number	Identification Type (TIN or Other <sup>2</sup> , please specify)
1.			
2.			
3.			

In case Tax Identification Number is not available, kindly provide its functional equivalent.

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

**PART A** (to be filled by Financial Institutions or Direct Reporting NFEs)

I. We are a, Financial institution <input type="checkbox"/> (Refer 1 of Part C) or Direct reporting NFE <input type="checkbox"/> (Refer 3(vii) of Part C) (please tick as appropriate)	<b>GIIN</b> <input type="text"/>
	<b>Note:</b> If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity _____ _____
<b>GIIN not available</b> (please tick as applicable)	<input type="checkbox"/> <b>Applied for</b> <input type="checkbox"/> Not obtained – Non-participating FI <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <input type="text"/> (Refer 1 A of Part C)

**PART B** (please fill any one as appropriate “to be filled by NFEs other than Direct Reporting NFEs”)

1.	Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2.	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3.	Is the Entity an active NFE (Refer 2c of Part C)	Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> (Mention code – refer 2c of Part C)
4.	Is the Entity a passiveNFE (Refer 3(ii) of Part C)	Yes <input type="checkbox"/> Nature of Business _____

**UBO Declaration** (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

**Category** (Please tick applicable category):

<input type="checkbox"/> Unincorporated association / body of individuals	<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Limited Liability Partnership Company
<input type="checkbox"/> Others (please specify _____)	<input type="checkbox"/> Public Charitable Trust	<input type="checkbox"/> Religious Trust	<input type="checkbox"/> Private Trust

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
PAN #			
Address	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Tax ID %			
Tax ID Type			
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Holding (%) <sup>§</sup>			

\* To include US, where controlling person is a US citizen or green card holder

<sup>§</sup> If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.

<sup>§</sup> In case Tax Identification Number is not available, kindly provide functional equivalent

<sup>§</sup> Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

### DECLARATION

I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform FE Securities Private Limited for any modification to this information promptly.

I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOL).

Name

Designation

Sign here :



Date :

Place :

For Investor convenience, FE Securities Private Limited (FESPL) is collecting this mandatory information for updating, whether you are already an investor or would become an investor in future.

Please submit the form fully filled, signed, for all the holders, separately, and submit at our office or you can dispatch the hard copy to-

**FE Securities Private Limited**  
**814, Arunachal, 19, Barakhamba Road,**  
**New Delhi-110001**

• For Details please visit [www.fesecurities.in](http://www.fesecurities.in)



# FE SECURITIES PRIVATE LIMITED

SEBI REGN. NO. : IN-DP-273-2016 • DP ID 12046900

Registered Office : 814, Arunachal, 19, Barakhamba Road, New Delhi-110001

Office : 802, Arunachal, 19, Barakhamba Road, New Delhi-110001

Phone : 011-23350670, 23350672, 23317382, 23317385

E-mail : fes@fesecurities.in • Website : www.fesecurities.in

NON-INDIVIDUAL



## CONSENT LETTER FOR AADHAAR - FOR COMPANIES

Date : \_\_\_\_\_

Dear Sirs,

Company Name : \_\_\_\_\_

PAN : \_\_\_\_\_

Please update my Aadhar Numbers, as an Authorised Person in the above company, holding a demat/trading account with yourselves. I am enclosing a copy of my Aadhar card/ e- Aadhar for your reference. Appended below are my details:

Name of Authorised Person 1: \_\_\_\_\_

Aadhar No. (4-4-4): \_\_\_\_\_

Name of Authorised Person 2: \_\_\_\_\_

Aadhar No.(4-4-4): \_\_\_\_\_

Name of Authorised Person 3: \_\_\_\_\_

Aadhar No.(4-4-4): \_\_\_\_\_

I submit my above Aadhar number and voluntarily give my consent.

I hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made there under, for (i) collecting, storing and usage (ii) validating/ authenticating and (iii) updating/ sharing/ disclosing my Aadhaar number in accordance with the Aadhaar Act, 2016 (and regulations made there under), PMLA and SEBI Regulations.

Yours faithfully,



\_\_\_\_\_  
Signature of Authorised Person (1)

\_\_\_\_\_  
Signature of Authorised Person (2)

\_\_\_\_\_  
Signature of Authorised Person (3)



# FE SECURITIES PRIVATE LIMITED

**SEBI REGN. NO. : IN-DP-273-2016 • DP ID 12046900**

**Registered Office :** 814, Arunachal, 19, Barakhamba Road, New Delhi-110001

**Office :** 802, Arunachal, 19, Barakhamba Road, New Delhi-110001

Phone : 011-23350670, 23350672, 23317382, 23317385

E-mail : fes@fesecurities.in • Website : www.fesecurities.in

NON-INDIVIDUAL



## CONSENT LETTER FOR AADHAAR - FOR HUF

### Consent under Aadhaar Act, 2016

Date : \_\_\_\_\_

HUF PAN :

Aadhaar No. (Karta) :

I hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made there under, for (i) collecting, storing and usage (ii) validating/ authenticating and (iii) updating/ sharing/ disclosing my Aadhaar number in accordance with the Aadhaar Act, 2016 (and regulations made there under), PMLA and SEBI Regulations.

Yours faithfully



\_\_\_\_\_  
Signature

Name of Karta :



# FE SECURITIES PRIVATE LIMITED

**SEBI REGN. NO. : IN-DP-273-2016 • DP ID 12046900**

**Registered Office :** 814, Arunachal, 19, Barakhamba Road, New Delhi-110001

**Office :** 802, Arunachal, 19, Barakhamba Road, New Delhi-110001

Phone : 011-23350670, 23350672, 23317382, 23317385

E-mail : fes@fesecurities.in • Website : www.fesecurities.in



## DECLARATION BY HUF

This is to certify that following are the family members under \_\_\_\_\_ (HUF)

S.No.	Name	Gender (Male/Female)	Relation with Karta	Date of Birth (DD/MM/YYYY)							
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											

For \_\_\_\_\_ (HUF)

Karta



# ACCOUNT OPENING FORM INDIVIDUALS

## FE SECURITIES PRIVATE LIMITED

SEBI REGN. NO. : IN-DP-273-2016 • DP ID 12046900

Registered Office : 814, Arunachal, 19, Barakhamba Road, New Delhi-110001

Office : 802, Arunachal, 19, Barakhamba Road, New Delhi-110001

Phone : 011-23350670, 23350672, 23317382, 23317385

E-mail : fes@fesecurities.in • Website : www.fesecurities.in

Annexure-2.1



### ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT FOR INDIVIDUALS

(To be filled by the Depository Participant)

Application No.											Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.																			
DP ID	1	2	0	4	6	9	0	0	Client ID										

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

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

### HOLDERS DETAILS

Sole/First Holder's Name											PAN								
UID											Date of Birth	D	D	M	M	Y	Y	Y	Y
UCC											Exchange Name & ID								
Second Holder's Name											PAN								
UID											Date of Birth	D	D	M	M	Y	Y	Y	Y
Third Holder's Name											PAN								
UID											Date of Birth	D	D	M	M	Y	Y	Y	Y

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)

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

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

Guardian's Name											PAN								
Relationship with the applicant																			
Guardian Address																			

**OTHER DETAILS (Please see guidelines instruction)**

Gross Annual Income Details	Income Range per annum :									
	<input type="checkbox"/> Upto Rs. 1,00,000 <input type="checkbox"/> Rs. 1,00,000 to Rs. 5,00,000 <input type="checkbox"/> Rs. 5,00,000 to Rs. 10,00,000 <input type="checkbox"/> Rs. 10,00,000 to Rs. 25,00,000 <input type="checkbox"/> More than Rs. 25,00,000									
	Net Worth as on (date)	D	D	M	M	Y	Y	Y	Y	Rs.
(Net Worth should not be older than 1 year)										
Occupation	<input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (specify)_____									
Educational Qualification	<input type="checkbox"/> SSC <input type="checkbox"/> HSC <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Others (specify)_____									
Please tick, if applicable	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)									
Any other information										

FAMILY ACCOUNT FLAG ☐ (In case Mobile & E-mail Id same in two account) Family MemberCAS Mode : ☐ CAS not required    ☐ Physical CAS required

I/We instruct the DP to receive each and every credit in my/our account (if not marked, the default option would be 'Yes')	[Automatic Credit] Yes <input type="checkbox"/> No <input type="checkbox"/>
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')	Yes <input type="checkbox"/> No <input type="checkbox"/>
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_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
I/We would like to share the email ID with the RTA	Yes <input type="checkbox"/> No <input type="checkbox"/>
I/We would like to receive the Annual Report (Tick the applicable box. If not marked the default option would be in Physical)	<input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical & Electronic
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]	Yes <input type="checkbox"/> No <input type="checkbox"/>

**BANK DETAILS (Dividend Bank Details)**

Bank Code (9 digit MICR Code)									
IFS Code (11 Character)									
Account Number									
Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify)_____								
Bank Name									
Branch Name									
Bank Branch Address									
City		State		Country		PIN			

(i) Photocopy of the cancelled cheque having the name of the account holder where the cheque books is issued, (or)

(ii) Photocopy of the Bank Statement having name and address of the BO.

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


(iv) Letter from the Bank.

➤ In case of option (ii), (iii) and (iv) above, MICR Code of the branch should be present/mentioned on the document.



<b>SMS Alert Facility</b> Refer to Terms & Conditions given as <b>Annexure 2.4</b>	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
<b>Transactions Using Secured Texting Facility (TRUST)</b> Refer to Terms and Conditions <b>Annexure 2.6</b>	I/We wish to avail the TRUST facility using the Mobile Number registered for SMS Alert Facility, I/We have read and understood the Terms and Conditions prescribed by CDSL for the same. <input type="checkbox"/> Yes <input type="checkbox"/> No I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST.		
	<b>Stock Exchange Name/ID</b>	<b>Clearing Member Name</b>	<b>Clearing Member ID (Optional)</b>
<b>Easi</b>	To register for <b>easi</b> , please visit our website <a href="http://www.cdslindia.com">www.cdslindia.com</a> . <b>Easi</b> allows a BO to view his ISIN balances, transactions and value of the portfolio online.		

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

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

(Signatures should be preferably in black ink)



**ACCOUNT OPENING FORM INDIVIDUALS**  
**FE SECURITIES PRIVATE LIMITED**

**SEBI REGN. NO. : IN-DP-273-2016 • DP ID 12046900**

**Registered Office :** 814, Arunachal, 19, Barakhamba Road, New Delhi-110001

**Office :** 802, Arunachal, 19, Barakhamba Road, New Delhi-110001

**Phone :** 011-23350670, 23350672, 23317382, 23317385

**E-mail :** fes@fesecurities.in • **Website :** www.fesecurities.in

**Annexure-2.1**



DP ID	1	2	0	4	6	9	0	0	Client ID								
-------	---	---	---	---	---	---	---	---	-----------	--	--	--	--	--	--	--	--

Specimen Signatures

*Please Stamp & Sign in case of HUF account		First/Sole Holder	Second Holder	Third Holder
	Name			
	Specimen Signature (Please sign in black ink)			
	Please Affix Recent Passport Size Photograph Only	Please Sign Across Photograph	Please Sign Across Photograph	Please Sign Across Photograph

Revised SEBI Circular CIR/MIRSD/13/2013      Dated : 26-12-2013



# FE SECURITIES PRIVATE LIMITED

SEBI REGN. NO. : IN-DP-273-2016 • DP ID 12046900

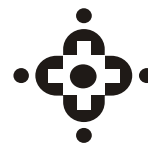
Registered Office : 814, Arunachal, 19, Barakhamba Road, New Delhi-110001

Office : 802, Arunachal, 19, Barakhamba Road, New Delhi-110001

Phone : 011-23350670, 23350672, 23317382, 23317385

E-mail : fes@fesecurities.in • Website : www.fesecurities.in

Annexure-3.2



## NOMINATION DETAILS

Dear Sir/Madam,

I/We the Sole Holder/ Joint Holder / Guardian (in case of minor) hereby declare that :

☐ I/We **do not wish to nominate any one for this demat account.**

[Strike out what is not applicable] [Signatures of all account holders should be obtained on this form]

☐ I/We **nominate** the following persons who is entitled to receive security balances lying in my/our account, particulars whereof are given below, in the event of the death of Sole holder or the death of all the Joint Holders.

Nominee  
Photograph

### BO ACCOUNT DETAILS

DP ID	1	2	0	4	6	9	0	0	Client ID								
Name of the Sole / First Holder																	
Name of the Second Holder																	
Name of the Third Holder																	

NOMINATION DETAILS	NOMINEE 1	NOMINEE 2	NOMINEE 3
Nominee Name			
First Name*			
Middle Name			
Last Name*			
Address*			
City*			
State*			
PIN*			
Country*			
Telephone No.			
Fax No.			
PAN No.			
UID			
Email ID			
Relationship with the BO*			
Date of Birth* (Mandatory if Nominee is a Minor)			
Name of the Guardian of Nominee (if the nominee is minor)			
First Name*			
Middle Name			
Last Name*			

Address of the Guardian of nominee*			
City*			
State*			
PIN*			
Country*			
Age			
Telephone No.			
Fax No.			
E-mail Id			
Relationship of the Guardian with the Nominee			
<b>Percentage of allocation of securities*</b>			
Residual Securities [please tick any one nominee.* If tick not marked default will be first nominee]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


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

**\*Marked is Mandatory field**

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

Place : .....

Date : .....

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

Note : One Witness shall attest signature(s) / Thumb Impression(s).

<b>Details of the Witness</b>	
Name of Witness	
Address of Witness	
Signature of Witness	

**(To be filled by DP)**

Nomination Form accepted and registered wide Registration No. \_\_\_\_\_ Date \_\_\_\_\_

For Depository Participant

(Authorised Signatory)



# FE SECURITIES PRIVATE LIMITED

**SEBI REGN. NO. : IN-DP-273-2016 • DP ID 12046900**

**Registered Office :** 814, Arunachal, 19, Barakhamba Road, New Delhi-110001

**Office :** 802, Arunachal, 19, Barakhamba Road, New Delhi-110001

Phone : 011-23350670, 23350672, 23317382, 23317385

E-mail : fes@fesecurities.in • Website : www.fesecurities.in



## CONSENT LETTER FOR AADHAAR - FOR NOMINEE

### Consent under Aadhaar Act, 2016

Date : \_\_\_\_\_

PAN :

Aadhaar No.:

I hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made there under, for (i) collecting, storing and usage (ii) validating/ authenticating and (iii) updating/ sharing/ disclosing my Aadhaar number in accordance with the Aadhaar Act, 2016 (and regulations made there under), PMLA and SEBI Regulations.

Yours faithfully



\_\_\_\_\_  
Signature

Name :

# ACCOUNT OPENING FORM NON-INDIVIDUALS



## FE SECURITIES PRIVATE LIMITED

SEBI REGN. NO. : IN-DP-273-2016 • DP ID 12046900

Registered Office : 814, Arunachal, 19, Barakhamba Road, New Delhi-110001

Office : 802, Arunachal, 19, Barakhamba Road, New Delhi-110001

Phone : 011-23350670, 23350672, 23317382, 23317385

E-mail : fes@fesecurities.in • Website : www.fesecurities.in



### ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT FOR NON-INDIVIDUALS

(To be filled by the Depository Participant)

Application No.											Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.																			
DP ID	1	2	0	4	6	9	0	0	Client ID										

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

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

#### HOLDERS DETAILS

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

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 (To be filled by the DP)								
<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"/> FII													
<input type="checkbox"/> CM	<input type="checkbox"/> FI	<input type="checkbox"/> Clearing House	<input type="checkbox"/> Other (Specify) _____															
SEBI Registration No. (if applicable)					SEBI Registration Date	D	D	M	M	Y	Y	Y	Y					
RBI Registration No. (if applicable)					RBI Approval Date	D	D	M	M	Y	Y	Y	Y					
ROC Registration No. (if applicable)					ROC Registration Date	D	D	M	M	Y	Y	Y	Y					
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  
(if not marked, the default option would be 'Yes')

[Automatic Credit]

Yes ☐ 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')

Yes ☐ No ☐

Account Statement Requirement    ☐ As per SEBI Regulation    ☐ Daily    ☐ Weekly    ☐ Fortnightly    ☐ Monthly

I/We request you to send Electronic Transaction-cum-Holding Statement at the email Id _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
I/We would like to share the email ID with the RTA	Yes <input type="checkbox"/> No <input type="checkbox"/>
I/We would like to receive the Annual Report (Tick the applicable box. If not marked the default option would be in Physical)	<input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical & Electronic

### 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]	Yes <input type="checkbox"/> No <input type="checkbox"/>
--	--

### BANK DETAILS (Dividend Bank Details)

Bank Code (9 digit MICR Code)										
IFS Code (11 Character)										
Account Number										
Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify) _____									
Bank Name										
Branch Name										
Bank Branch Address										
City										
State										
Country										
PIN										

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque books is issued, (or)  
(ii) Photocopy of the Bank Statement having name and address of the BO.  
(iii) Photocopy of the Passbook having name and address of the BO, (or)  
(iv) Letter from the Bank.

➤ In case of option (ii), (iii) and (iv) above, MICR Code of the branch should be present/mentioned on the document.


### OTHER DETAILS

Gross Annual Income Details	Income Range per annum :									
	<input type="checkbox"/> Upto Rs. 1,00,000 <input type="checkbox"/> Rs. 1,00,000 to Rs. 5,00,000 <input type="checkbox"/> Rs. 5,00,000 to Rs. 10,00,000 <input type="checkbox"/> Rs. 10,00,000 to Rs. 25,00,000 <input type="checkbox"/> Rs. 25,00,000 to Rs. 1,00,00,000 <input type="checkbox"/> More than Rs. 1,00,00,000									
	Net Worth as on (date)	D	D	M	M	Y	Y	Y	Y	Rs.
(Net Worth should not be older than 1 year)										
Please tick, if any of the authorised signatories / Promoters / Partners / Karta / Trustees / Whole time Directors is either <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP) (Please provide details as per Annexure 2.2 A)										
Any other information										



<b>SMS Alert Facility</b> Refer to Terms & Conditions given as <b>Annexure 2.4</b>	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
<b>Transactions Using Secured Texting Facility (TRUST)</b> Refer to Terms and Conditions <b>Annexure 2.6</b>	I/We wish to avail the TRUST facility using the Mobile Number registered for SMS Alert Facility, I/We have read and understood the Terms and Conditions prescribed by CDSL for the same. <input type="checkbox"/> Yes <input type="checkbox"/> No I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST.		
	<b>Stock Exchange Name/ID</b>	<b>Clearing Member Name</b>	<b>Clearing Member ID (Optional)</b>
<b>Easi</b>	To register for <b>easi</b> , please visit our website <a href="http://www.cdslindia.com">www.cdslindia.com</a> . <b>Easi</b> allows a BO to view his ISIN balances, transactions and value of the portfolio online.		

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)

(In case of more authorised signatories, please add annexure)



**ACCOUNT OPENING FORM NON-INDIVIDUALS**  
**FE SECURITIES PRIVATE LIMITED**

**SEBI REGN. NO. : IN-DP-273-2016 • DP ID 12046900**

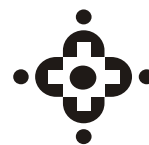
**Registered Office :** 814, Arunachal, 19, Barakhamba Road, New Delhi-110001

**Office :** 802, Arunachal, 19, Barakhamba Road, New Delhi-110001

**Phone :** 011-23350670, 23350672, 23317382, 23317385


**E-mail :** fes@fesecurities.in • **Website :** www.fesecurities.in

**Annexure-2.1**



DP ID	1	2	0	4	6	9	0	0	Client ID								
-------	---	---	---	---	---	---	---	---	-----------	--	--	--	--	--	--	--	--

Specimen Signatures

	Sole/First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Designation			
Signature			
Please Affix Recent Passport Size Photograph Only and Sign. Across	Please Sign Across Photograph	Please Sign Across Photograph	Please Sign Across Photograph

Use additional page for more than 3 authorised signatories

**(Signature preferably in Black Ink)**

Revised SEBI Circular CIR/MIRSD/13/2013      Dated : 26-12-2013

**DETAILS OF POLITICALLY EXPOSED PERSON (PEP) / RELATED TO POLITICALLY EXPOSED PERSON (RPEP) [For Non-Individuals]**

Name of Holder \_\_\_\_\_ PAN of the Holder \_\_\_\_\_

Sr. No.	Name of Authorised Signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors	Relationship with the holder (i.e. promoters, whole time directors etc.)	Please tick the relevant option
1.			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO
2.			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO
3.			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO
4.			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO
5.			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO

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

Date      

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

## RIGHTS AND OBLIGATIONS

### RIGHTS AND OBLIGATIONS OF BENEFICIAL OWNER AND DEPOSITORY PARTICIPANT AS PRESCRIBED BY SEBI & DEPOSITORIES

#### General Clause

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

#### Beneficial Owner information

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

#### Fees/Charges/Tariff

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

#### Dematerialization

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

#### Separate Accounts

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

#### Transfer of Securities

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

#### Statement of account

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



Signature of Sole/First Holder

Signature of Second Holder

Signature of Third Holder

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

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

### **Default in payment of charges**

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

### **Liability of the Depository**

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

### **Freezing/ Defreezing of accounts**

22. The Beneficial Owner may exercise the right to freeze/defreeze his/her demat account maintained with the DP in accordance with the procedure and subject to the restrictions laid down under the Bye Laws and Business Rules/Operating Instructions.

23. The DP or the Depository shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any regulator or court or any statutory authority.

### **Redressal of Investor grievance**

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

### **Authorized representative**

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

### **Law and Jurisdiction**

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



Signature of Sole/First Holder

Signature of Second Holder

Signature of Third Holder



## SMS ALERT FACILITY

# FE SECURITIES PRIVATE LIMITED

SEBI REGN. NO. : IN-DP-273-2016 • DP ID 12046900

Registered Office : 814, Arunachal, 19, Barakhamba Road, New Delhi-110001

Office : 802, Arunachal, 19, Barakhamba Road, New Delhi-110001

Phone : 011-23350670, 23350672, 23317382, 23317385

E-mail : fes@fesecurities.in • Website : www.fesecurities.in



Annexure-2.4

### Terms & Conditions-Cum-Registration / Modification Form for receiving SMS Alerts from CDSL

(SMS Alerts will be sent by CDSL to BO's for all details)

#### 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. Tower, 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 account holders who have provided their mobile numbers to the depository through their DP. The service 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 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 services 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 acknowledge that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/or in accuracy. In case of 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 errors 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 an account to avail SMS alerts facility.
5. The BO authorized 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.



Signature of Sole/First Holder

Signature of Second Holder

Signature of Third Holder



7. The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.
8. The depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
9. If the BO finds that the information such as mobile number etc., has been changed without proper authorization, the BO should immediately inform the DP in writing.

**Fees :**

Depository reserves the right to change 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 warrant 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 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 a 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, changes 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 or 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 purpose 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).

DP ID	1	2	0	4	6	9	0	0	BO ID								
-------	---	---	---	---	---	---	---	---	-------	--	--	--	--	--	--	--	--

Sole/First Holder's Name : \_\_\_\_\_

Second Holder's Name : \_\_\_\_\_

Third Holder's Name : \_\_\_\_\_

Mobile No. on which messages are to be sent

+	9	1															
---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

The Mobile Number is registered in the name of : \_\_\_\_\_

E-mail Id : \_\_\_\_\_

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





Place : ..... Date : .....





# TRANSACTION USING SECURED TEXTING FACILITY FE SECURITIES PRIVATE LIMITED

SEBI REGN. NO. : IN-DP-273-2016 • DP ID 12046900

Registered Office : 814, Arunachal, 19, Barakhamba Road, New Delhi-110001

Office : 802, Arunachal, 19, Barakhamba Road, New Delhi-110001

Phone : 011-23350670, 23350672, 23317382, 23317385

E-mail : fes@fesecurities.in • Website : www.fesecurities.in



Annexure-2.6

## Terms And Conditions for availing Transaction Using Secured Texting (TRUST) service offered by CDSL

### 1. Definitions:

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

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



Signature of Sole/First Holder

Signature of Second Holder

Signature of Third Holder

12. The BO may request for deregistration from TRUST at any time by giving a notice in writing to its DP or by any other mode as specified by Depository in its operating instructions. The same shall be effected after entry of such request by the DP in CDSL system if the request is received through the DP.
13. Depository reserves the right to charge such fees from time to time as it deems fit for providing this service to the BO.
14. The BO expressly authorises Depository to disclose to the Service Provider or any other third party, such BO information as may be required by them to provide the services to the BO. Depository however, shall not be responsible and be held liable for any divulgence or leakage of confidential BO information by such Service Providers or any other third party.
15. The BO takes the responsibility for the correctness of the information supplied by him to Depository through the use of the said Facility or through any other means such as electronic mail or written communication.
16. The BO is solely responsible for ensuring that the mobile number is not misused and is kept safely and securely. The Depository will process requests originated from the registered Mobile as if submitted by the BO and Depository is not

responsible for any claim made by the BO informing that the same was not originated by him.

**17. Indemnity:**

In consideration of providing the service, the BO agrees that the depository shall not be liable to indemnify the BO towards any damages, claims, demands, proceedings, loss, cost, charges and expenses whatsoever as a consequence of or arising out of interference with or misuse, improper or fraudulent use of the service by the BO.

**18. Disclaimer:**

Depository shall be absolved of any liability in case :-

- a. There is loss of any information during processing or transmission or any unauthorized access by any other person or breach of confidentiality.
- b. There is any lapse or failure on the part of the service providers or any third party affecting the said Facility and that Depository makes no warranty as to the quality of the service provided by any such service provider.
- c. There is breach of confidentiality or security of the messages whether personal or otherwise transmitted through the Facility.

Dear Sir/Madam,

I/We wish to avail the following facility/ies provided by the depository on my/our mobile number as provided below subject to the terms and conditions as specified by CDSL.

- a. SMART - SMS alert facility
- b. TRUST - Transaction using Secured Texting facility.

**(please note that SMS alert facility is mandatory if TRUST facility is opted for)**

DP ID	1	2	0	4	6	9	0	0	BO ID								
-------	---	---	---	---	---	---	---	---	-------	--	--	--	--	--	--	--	--

Sole/First Holder's Name : \_\_\_\_\_

Second Holder's Name : \_\_\_\_\_

Third Holder's Name : \_\_\_\_\_

Mobile No. on which messages are to be sent 

+	9	1											
---	---	---	--	--	--	--	--	--	--	--	--	--	--

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

**(Existing users registered for SMS alerts : Please note that if the mobile number for TRUST is different than the registered mobile number for SMS alert, the new mobile number will be updated for SMS alert also.)**

The Mobile Number is registered in the name of : \_\_\_\_\_

E-mail Id : \_\_\_\_\_

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

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 purpose of availing the said facility.

I/We have read and understood the terms and conditions prescribed by CDSL for the said facility/ies 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.



Signature of Sole/First Holder

Signature of Second Holder

Signature of Third Holder

Place : ..... Date : .....



# FE SECURITIES PRIVATE LIMITED

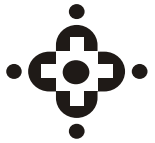
**SEBI REGN. NO. : IN-DP-273-2016 • DP ID 12046900**

**Registered Office :** 814, Arunachal, 19, Barakhamba Road, New Delhi-110001

**Office :** 802, Arunachal, 19, Barakhamba Road, New Delhi-110001

Phone : 011-23350670, 23350672, 23317382, 23317385

E-mail : fes@fesecurities.in • Website : www.fesecurities.in



## BASIC SERVICES DEMAT ACCOUNT (BSDA)

Date \_\_\_\_\_

Dear Sir,

### Re: Basic Services Demat Account (BSDA)

With reference to my application to open a Beneficiary Account for depository services :

1 (a). I wish to opt for a Basic Services Demat Account (BSDA), or

(b). I do not wish to opt for a Basic Services Demat Account (BSDA),

(Please strike out the option not selected)

OR

2. With reference to option offered, I wish to convert my existing demat BO ID 12046900 \_\_\_\_\_ into a BSDA

I confirm that I have read the eligibility rules and declare that I am eligible under the Rules stated in SEBI Circular CIR/MRD/DP/22/2012 dated 27.8.2012 as modified up to date.

I further solemnly declare that I do not have any other demat account where I am the Sole or First Holder with any depository participant across all depositories.

It is further understood that the value of securities in my BSDA cannot exceed Rs. Two lakhs at any point of time (or such value as may be notified from time to time). In case of a breach of this condition, you are at liberty to levy charges as applicable to regular accounts (non BSDA) from the date onwards.

It is also understood that this is a Basic Services Demat Account and you will provide only those services (whether free of cost or chargeable) as are specified by the Relevant Authority from time to time.

Thanking you  
Yours faithfully,

Name :

Address :

# OPTION FORM FOR ISSUE OF DIS BOOKLET

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

DP ID	1	2	0	4	6	9	0	0	Client ID								
First Holder Name																	
Second Holder Name																	
Third Holder Name																	

To,  
**FE Securities Pvt. Ltd.**

**(CDSL DP ID - 12046900)**

814, Arunachal Building, 19, Barakhamba Road,  
 New Delhi-110001


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 on opening my / our CDSL account through I / We have issued a Power of Attorney (POA) / executed PMS agreement in favour of / with \_\_\_\_\_ (name of attorney / Clearing Member / PMS manager) for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through such Clearing Member / by PMS manager.

Yours faithfully


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

**OR**

☐ **OPTION 2 :**

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

Yours faithfully

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

----- (Please Tear Here) -----

## Acknowledgement Receipt

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

DP ID	1	2	0	4	6	9	0	0	Client ID								
Name of the First/Sole Holder																	
Name of the Second Joint Holder																	
Name of the Third Joint Holder																	

**Depository Participant Seal and Signature**

## POWER OF ATTORNEY FOR PAY-IN OF SECURITIES FOR THE PURPOSE OF SETTLEMENT

TO ALL TO WHOM THESE PRESENTS SHALL COME, I/We \_\_\_\_\_

r/o \_\_\_\_\_

SEND GREETINGS.

Whereas I/We hold a beneficiary account no. 12046900 \_\_\_\_\_ (BO-ID) with Central Depository Services (India) Limited, through M/s. FE Securities Private Limited bearing DP-ID 12046900.

And Whereas I/We am/are an investor engaged in buying and selling of securities through M/s. FE Securities Private Limited, a member of The National Stock Exchange of India Ltd. and The Bombay Stock Exchange Ltd. under SEBI registration Nos. INZ000240438 respectively.

And whereas due to exigency and paucity of time, I/we am/are desirous of appointing an agent/attorney to operate the aforesaid beneficiary account on my/our behalf for a limited purpose in the manner hereinafter appearing.

NOW KNOW ALL THAT THESE PRESENTS WITNESSTH THAT I/We THE ABOVENAMED TO HEREBY NOMINATE, CONSTITUTE AND APPOINT FE Securities Private Limited (Stock Broker) as my/our true and lawful attorney (hereinafter referred to as the attorney) for me/us and on my/our behalf and in my/our name to instruct the aforesaid Depository Participant to debit securities and/or to transfer securities from my/ous aforesaid account for the purpose of delivering the same to the clearing house of the recognized stock exchanges towards any segment in respect of securities sold by me/us through FE Securities Pvt. Ltd. The Stock Broker confirms that they will return any securities received erroneously or that they were not entitled to receive to me/us.

This authority is restricted to the pay-in obligations arising out of the transactions of sale effected by me/us through M/s. FE Securities Private Limited and I/we ratify the instructions given by the aforesaid, FE Securities Pvt. Ltd. (Member NSE & BSE) to the Depository Participant named hereinabove in the manner specified herein and to the payin accounts of FE Securities Private Limited.

### PAYIN ACCOUNT PARTICULARS :

Interoperability among clearing corporations has been implemented for capital market segments from 15-07-2019. Consequently the settlement of securities will be through NSE Clearing Ltd. (the selected clearing house) for transactions at NSE and BSE, capital market segment.

1.	<u>CDSL</u>	<u>NSE</u> (CM ID M-50463)	2.	<u>NSDL</u>	
	Early Payin	11000011 00016263		CM BP ID	IN559780
	Normal Payin	12046900 00000440		DP ID	IN301330-17994253

I/We agree that M/s. FE Securities Pvt. Ltd. can change the Payin Accounts and such changed Accounts will stand substituted for abovesaid. M/s. FE Securities Pvt. Ltd. agrees that they will advise the changed particulars.



Signature of Sole/First Holder


Signature of Second Holder

Signature of Third Holder

I/We authorize the Stock Broker / Depository Participant to send consolidated summary of the scrip wise buy and sell position taken with average rates by SMS/ email on a daily basis per details registered with Stock Broker / Depository Participant.

I/We further agree and confirm that the powers and authorities conferred by this Power of Attorney shall continue until I/we have given to the Depository Participant notice in writing to the contrary.

In witness whereof I/We have executed this Power of Attorney on the day, date and year herein below mentioned.

CLIENT NAME & SIGNATURE				ACCEPTED FOR & BEHALF OF FE SECURITIES PVT. LTD.	
	<b>First / Sole Holder</b>	<b>Second Holder</b>	<b>Third Holder</b>	Name	
Name				Address	
Sign. of Client				Sign. of FE Signatory	
Date :		Place :		Date :	Place :
WITNESS FOR CLIENT				WITNESS FOR FE SECURITIES PVT. LTD.	
Name				Name	
Address				Address	
Sign. of Witness				Sign. of Witness	

**Note : In case of HUF, all co-parceners to sign POA.**

**P.O.A. Regd. No.....Date .....**



# FE SECURITIES PRIVATE LIMITED

SEBI REGN. NO. : IN-DP-273-2016 • DP ID 12046900

Registered Office : 814, Arunachal, 19, Barakhamba Road, New Delhi-110001

Office : 802, Arunachal, 19, Barakhamba Road, New Delhi-110001

Phone : 011-23350670, 23350672, 23317382, 23317385

E-mail : fes@fesecurities.in • Website : www.fesecurities.in



Dear Sir,

Date : \_\_\_\_\_

## Re: Compliance of Foreign Exchange Management Act, 1998 and other applicable laws

I \_\_\_\_\_ R/o \_\_\_\_\_,  
do confirm exchange and depositories and undertake to continue to comply with the FEMA regulations and other applicable laws.

Yours faithfully,



\_\_\_\_\_  
Signature of Client

Name :

Address :



# FE SECURITIES PRIVATE LIMITED

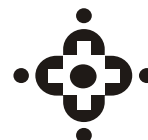
SEBI REGN. NO. : IN-DP-273-2016 • DP ID 12046900

Registered Office : 814, Arunachal, 19, Barakhamba Road, New Delhi-110001

Office : 802, Arunachal, 19, Barakhamba Road, New Delhi-110001

Phone : 011-23350670, 23350672, 23317382, 23317385

E-mail : fes@fesecurities.in • Website : www.fesecurities.in



Dear Sir,

Date : \_\_\_\_\_

## Re: Change of Address

I \_\_\_\_\_ R/o \_\_\_\_\_,  
do undertake to inform you of any change in my residential address immediately.

Yours faithfully,



\_\_\_\_\_  
Signature of Client

Name :

Address :





# TARIFF CHART

## FE SECURITIES PRIVATE LIMITED

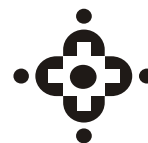
**SEBI REGN. NO. : IN-DP-273-2016 • DP ID 12046900**

**Registered Office :** 814, Arunachal, 19, Barakhamba Road, New Delhi-110001

**Office :** 802, Arunachal, 19, Barakhamba Road, New Delhi-110001

Phone : 011-23350670, 23350672, 23317382, 23317385

E-mail : fes@fesecurities.in • Website : www.fesecurities.in



### SCHEDULE OF DEMAT CHARGES

Sr. No.	Particulars	Investor Scheme	Trader Scheme/Corporates
1	Account Opening Charges	Nil	Nil
2 (a)	Maintenance Charges - CDSL Charge	---	Rs. 500/-
(b)	Maintenance Charges (Non BSDA) Annual Charges	Rs. 250/-	Rs. 250/-
3	2nd & Subsequent Booklet	Rs. 50/-	Rs. 50/-
4	Stamp Duty	(Note 1)	(Note 1)
5	Purchase Transaction (Market / Off Market)	Nil	Nil
6	Sale Transaction (Market / Off Market)	Rs. 25/- per ISIN	Rs. 25/- per ISIN
7	Custody Charges	Nil	Nil
8	Dematerialisation	Rs. 3/- per certificate	Rs. 3/- per certificate
9	Postage per Demat Request	Rs. 25/- (as per courier charges)	Rs. 25/- (as per courier charges)
10	Rematerialisation a) First 10 certificates b) Above 10 certificates (per certificate)	Rs. 40/- Rs. 10/-	Rs. 40/- Rs. 10/-
11	Postage per Remat Request	Rs. 25/- (as per courier charges)	Rs. 25/- (as per courier charges)
12	Pledge a) Creation / Confirmation of Creation b) Closure / Confirmation of Closure	0.01% (min Rs. 40/-) 0.01% (min Rs. 40/-)	0.01% (min Rs. 40/-) 0.01% (min Rs. 40/-)
13	Invocation of Pledge	0.01% (min Rs. 40/-)	0.01% (min Rs. 40/-)
14	Late Transaction Charges (per txn.)	Rs. 10/-	Rs. 10/-

#### NOTES :

- Stamp duty payable as per State Stamp Act, as applicable for the specific document.
- All the percentages in the above tariff would be applied on the value of the transaction as computed by CDSL.
- Maintenance Charges are levied at the beginning of the year.
- Late charges would be collected for all instructions received after 4 p.m. for same day execution.
- For accounts under the Trader Scheme / Corporates, transaction cum billing statement may be sent fortnightly.
- For accounts under the Investor Scheme, transaction cum billing statement will be sent once a month, provided there is a transaction, else, once in a quarter. Statements for BSDA accounts, as prescribed.
- Any extra statement would be charged @Rs. 15/- per statement for first 10 pages, thereafter @Rs. 2/- per page.
- The rates depend on the existing CDSL charges and may be revised on revision by CDSL. The charges are also subject to revision by FESPL.
- Please note that in case we are unable to recover charges due to non maintenance of adequate balance in the bank account / imprest / invalid bank account, depository services for your account will be temporarily discontinued.
- Any request to resume the services will be charges Rs. 250 and the services will be resumed on receipt of request by FESPL.
- All taxes/levies/cess, and any other government taxes, as applicable will be extra.
- This Tariff Schedule is applicable w.e.f. (a) Existing B.O.'s - 01-03-2009, (B) New B.O.'s - 01-02-2009
- No charges are payable for opening of demat account (See Tariff schedule Sr No. 1 above)



Signature of Sole/First Holder

Signature of Second Holder

Signature of Third Holder



## FORMAT OF BOARD RESOLUTION - CDSL

CERTIFIED TRUE COPY OF THE RESOLUTIONS PASSED AT THE MEETING OF THE BOARD OF DIRECTORS OF \_\_\_\_\_  
HELD ON \_\_\_\_\_ AT \_\_\_\_\_ AT \_\_\_\_\_.

1. Resolved that the consent of the Board be and is hereby given to open a Beneficiary Account in the name of the company with FE Securities Pvt. Ltd. 802, Arunachal Building, 19 Barakhamba Road, New Delhi 110001, a Depository Participant of Central Depository Services (India) Ltd. (CDSL) as per the rules and regulations of SEBI and CDSL for dematerialisation, rematerialisation, receipt, issue, pledge and safe custody of shares and securities and to exercise all the options and facilities of the Depository System, and
2. Further Resolved that Mr. \_\_\_\_\_ and Mr. \_\_\_\_\_ Directors/ Authorised Signatories of the company be and are hereby severally/ jointly authorised to sign on behalf of the company, applications, undertakings, power of attorney, all documents and forms relating to such account (in relation to debit or credit or otherwise) and to affix the common seal as may be necessary and may be required by FE Securities Private Ltd. and to further issue instructions, indemnities and to do all other acts incidental and necessary thereto, and
3. Further resolved that Mr. \_\_\_\_\_ and Mr. \_\_\_\_\_ Directors/ Authorised Signatories of the company be and are hereby severally/ jointly authorised to operate the account on behalf of the company, and
4. Further Resolved that FE Securities Pvt. Ltd. be and is hereby authorised to act as the Power of Attorney holder on behalf of the company and that such persons as are authorised to sign from time to time by FE Securities Pvt. Ltd., be and are hereby authorised to sign the documents relating to the beneficiary account within and for the powers and purpose specified in the Power of Attorney under the CDSL Rules and Regulations and that this authority shall not be revoked without a prior written notice of 30 days, and
5. Further Resolved that these resolutions be communicated to M/s. FE Securities Pvt. Ltd. (DP) and shall remain in force until notice be given in writing to FE Securities Pvt. Ltd. (DP)

Certified true copy

For

Chairman/Company Secretary

Specimen Signature

Name

1.

2.

## FORMAT OF BOARD RESOLUTION - KRA

CERTIFIED TRUE COPY OF THE RESOLUTIONS PASSED AT THE MEETING OF THE BOARD OF DIRECTORS OF \_\_\_\_\_  
HELD ON \_\_\_\_\_ AT \_\_\_\_\_ AT \_\_\_\_\_.

"RESOLVED THAT Mr. \_\_\_\_\_ and Mr. \_\_\_\_\_, Directors of the Company, (Hereinafter called as Authorised Representatives), whose specimen signatures are attested below be and hereby severally authorized to sign, execute and submit application(s), undertaking(s), agreement(s) and other requisite document(s) as may be deemed necessary for KYC application under SEBI (KYC Registration Agency) Regulations 2011."

Certified True Copy

Director :

Director :

DIN:

DIN:

### Specimen Signatures of Authorised Persons

S. No.	Name(s)	Designation(s)	Specimen Signature(s)

[illegible]





## **FE SECURITIES PRIVATE LIMITED**

***Regd. Office :***

814, Arunachal, 19, Barakhamba Road, New Delhi-110001

***Office :***

802, Arunachal, 19, Barakhamba Road, New Delhi-110001

Phone : 011-23350670, 23350672, 23317382, 23317385

E-mail : fes@fesecurities.in • Website : www.fesecurities.in

**CIN : U74999DL1995PTC069239**

**DP - CDSL • DP ID : 12046900 • SEBI REGN. NO.: IN-DP-273-2016**

0001	0051	0101	0151	0201	0251
0002	0052	0102	0152	0202	0252
0003	0053	0103	0153	0203	0253
0004	0054	0104	0154	0204	0254
0005	0055	0105	0155	0205	0255
0006	0056	0106	0156	0206	0256
0007	0057	0107	0157	0207	0257
0008	0058	0108	0158	0208	0258
0009	0059	0109	0159	0209	0259
0010	0060	0110	0160	0210	0260
0011	0061	0111	0161	0211	0261
0012	0062	0112	0162	0212	0262
0013	0063	0113	0163	0213	0263
0014	0064	0114	0164	0214	0264
0015	0065	0115	0165	0215	0265
0016	0066	0116	0166	0216	0266
0017	0067	0117	0167	0217	0267
0018	0068	0118	0168	0218	0268
0019	0069	0119	0169	0219	0269
0020	0070	0120	0170	0220	0270
0021	0071	0121	0171	0221	0271
0022	0072	0122	0172	0222	0272
0023	0073	0123	0173	0223	0273
0024	0074	0124	0174	0224	0274
0025	0075	0125	0175	0225	0275
0026	0076	0126	0176	0226	
0027	0077	0127	0177	0227	
0028	0078	0128	0178	0228	
0029	0079	0129	0179	0229	
0030	0080	0130	0180	0230	
0031	0081	0131	0181	0231	
0032	0082	0132	0182	0232	
0033	0083	0133	0183	0233	
0034	0084	0134	0184	0234	
0035	0085	0135	0185	0235	
0036	0086	0136	0186	0236	
0037	0087	0137	0187	0237	
0038	0088	0138	0188	0238	
0039	0089	0139	0189	0239	
0040	0090	0140	0190	0240	
0041	0091	0141	0191	0241	
0042	0092	0142	0192	0242	
0043	0093	0143	0193	0243	
0044	0094	0144	0194	0244	
0045	0095	0145	0195	0245	
0046	0096	0146	0196	0246	
0047	0097	0147	0197	0247	
0048	0098	0148	0198	0248	
0049	0099	0149	0199	0249	
0050	0100	0150	0200	0250	

0001	0051	0101	0151	0201	0251
0002	0052	0102	0152	0202	0252
0003	0053	0103	0153	0203	0253
0004	0054	0104	0154	0204	0254
0005	0055	0105	0155	0205	0255
0006	0056	0106	0156	0206	0256
0007	0057	0107	0157	0207	0257
0008	0058	0108	0158	0208	0258
0009	0059	0109	0159	0209	0259
0010	0060	0110	0160	0210	0260
0011	0061	0111	0161	0211	0261
0012	0062	0112	0162	0212	0262
0013	0063	0113	0163	0213	0263
0014	0064	0114	0164	0214	0264
0015	0065	0115	0165	0215	0265
0016	0066	0116	0166	0216	0266
0017	0067	0117	0167	0217	0267
0018	0068	0118	0168	0218	0268
0019	0069	0119	0169	0219	0269
0020	0070	0120	0170	0220	0270
0021	0071	0121	0171	0221	0271
0022	0072	0122	0172	0222	0272
0023	0073	0123	0173	0223	0273
0024	0074	0124	0174	0224	0274
0025	0075	0125	0175	0225	0275
0026	0076	0126	0176	0226	
0027	0077	0127	0177	0227	
0028	0078	0128	0178	0228	
0029	0079	0129	0179	0229	
0030	0080	0130	0180	0230	
0031	0081	0131	0181	0231	
0032	0082	0132	0182	0232	
0033	0083	0133	0183	0233	
0034	0084	0134	0184	0234	
0035	0085	0135	0185	0235	
0036	0086	0136	0186	0236	
0037	0087	0137	0187	0237	
0038	0088	0138	0188	0238	
0039	0089	0139	0189	0239	
0040	0090	0140	0190	0240	
0041	0091	0141	0191	0241	
0042	0092	0142	0192	0242	
0043	0093	0143	0193	0243	
0044	0094	0144	0194	0244	
0045	0095	0145	0195	0245	
0046	0096	0146	0196	0246	
0047	0097	0147	0197	0247	
0048	0098	0148	0198	0248	
0049	0099	0149	0199	0249	
0050	0100	0150	0200	0250	