



COMPOSITE ACCOUNT OPENING FORM

Demat & Trading Services

at

StockHolding IFSC

Gift City



StockHolding Securities IFSC Limited[®]

Unit No. : 518, Fifth Level, Hiranandani Signature Tower
Block 13-B, Zone-1, GIFT-IFSC, Gift City SEZ, Gandhinagar-382355, Gujarat.
Ph no: 079-61800208/9 Email: info@stockholdingifsc.com

ACCOUNT OPENING CHECKLIST**(For Individuals' Resident in India interested in investing under LRS)****PART – 1 KYC, Voluntary Consent Letter, FATCA and W8 BEN form & Bank Details**

1.1	KYC – Individual	Central KYC Form for Individuals	
1.2	Voluntary Consent Letter (applicable for SHCIL clients – having Demat Account with SHCIL)	Please mention your SHCIL Client ID and DP Id in the letter on the first page. The Client Id and DP Id on the second page will be filled by SSIL.	
1.3	FATCA Form	FATCA Declaration for Individual	
1.4	W8 BEN Form	Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting.	
1.5	Schedule of Charges	Clients are required to choose a tariff and confirm	

PART – 2 DEMAT Account Opening

2.1	Account Opening Form – Individual	Document captures the additional information about the Constituent or individual.	
2.2	Nomination Form	Declaration for Nomination	
2.3	Rights & Obligation	Rights & Obligations of the Beneficial Owner and Depository Participant.	

PART – 3 Trading Account Opening

3.1	Account Opening Form	Annexure – 4 Trading Account Related Details	
3.2	DDPI Authorisation	Demat Debit & Pledge Instruction (DDPI) Authorisation (Voluntary)	
3.3	Policies and Procedures	Document describing significant policies and procedures of the trading member	
3.4	Declarations	Declaration from Demat and/or Trading Account holder for Running Account Authorisation, Retention Authorisation, Standing Instructions Mandate To Recover Demat Account Charges	

Rights and Obligations Document, Risk Disclosure Document (RDD), Do's and Don'ts Document, Product Disclosure Statement (PDS) and Master Deed Poll (MDP) and Policies and Procedures can be read/downloaded from the company's website at www.stockholdingifsc.com



StockHolding Securities IFSC Limited

Regd. Office: Unit 518, Hiranandani Signature, Block-13B, Zone-1, GIFT SEZ, GIFT CITY, Gandhinagar – 382355 Gujarat (India).
Phone: 91-79-61800208 to 12 Website: www.stockholdingifsc.com CIN: U65990GJ2018GOI103278

FIRST HOLDER
StockHolding

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Important Instructions:

- A) Fields marked with '✓' are mandatory fields.
 B) Tick '✓' wherever applicable.
 C) Please fill the form in English and in BLOCK letters.
 D) Please fill the date in DD-MM-YYYY format.
 E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.
 F) Please read section wise detailed guidelines / instructions at the end.
 G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
 H) List of two character ISO 3166 country codes is available at the end.
 I) KYC number of applicant is mandatory for update application.
 J) The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode.

For office use only

Application Type*

☐ New ☐ Update

(To be filled by financial institution)

KYC Number

(Mandatory for KYC update request)

Account Type*

Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

1. PERSONAL DETAILS* (Please refer instruction A at the end)

☐ Name* (Same as ID proof)

Prefix First Name Middle Name Last Name

Maiden Name

Father / Spouse Name

Mother Name

Date of Birth*

Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender

PAN* ☐ Form 60 furnished

Occupation* ☐ Private Sector ☐ Public Sector ☐ Agriculturist ☐ Retired ☐ Government Services ☐ Housewife
☐ Business ☐ Student ☐ Professional ☐ Others (please specify) _____

Citizenship* ☐ Indian ☐ Others (Please specify) _____

Marital Status* ☐ Married ☐ Unmarried ☐ Others (Please specify) _____

Gross Annual Income Details*

Income Range per annum (please tick any one)

- ☐ Below \$ 2000 ☐ \$ 2001-5000 ☐ \$ 5001 - 10000
☐ 10001 - 20000 ☐ More than \$ 20000

2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction B at the end)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A- Passport Number
- ☐ B- Voter ID Card
- ☐ C- Driving Licence
- ☐ D- NREGA Job Card
- ☐ E- National Population Register Letter
- ☐ F- Proof of Possession of Aadhaar
- II ☐ E- KYC Authentication
- III ☐ Offline verification of Aadhaar

☐ PHOTO*



Address

Line 1*

Line 2

Line 3

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

3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

☐ Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/> A- Passport Number	
<input type="checkbox"/> B- Voter ID Card	
<input type="checkbox"/> C- Driving Licence	
<input type="checkbox"/> D- NREGA Job Card	
<input type="checkbox"/> E- National Population Register Letter	
<input type="checkbox"/> F- Proof of Possession of Aadhaar	

II ☐ E- KYC Authentication

III ☐ Offline verification of Aadhaar

IV ☐ Deemed Proof of Address - Document Type code ☐

Address

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

4. CONTACT DETAILS (All communications will be sent to Mobile number/ Email-ID provided) (Please refer instruction C at the end)

[illegible]

5. REMARKS (if any)

[illegible]

6. 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 any changes therein, immediately. Incase 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.

[illegible]

Signature / Thumb Impression of Applicant

7. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process
☐ Equivalent e-document ☐ Video Based KYC

IPV DONE / KYC VERIFICATION CARRIED OUT BY

[illegible]

(Employee Signature)

INSTITUTION DETAILS

[illegible]



StockHolding Securities IFSC Limited

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SECOND HOLDER
StockHolding

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

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☐ New ☐ Update

(To be filled by financial institution)

KYC Number

(Mandatory for KYC update request)

Account Type*

Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

1. PERSONAL DETAILS* (Please refer instruction A at the end)

☐ Name* (Same as ID proof)

Prefix First Name Middle Name Last Name

Maiden Name

Father / Spouse Name

Mother Name

Date of Birth*

Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender

PAN* ☐ Form 60 furnished

Occupation* ☐ Private Sector ☐ Public Sector ☐ Agriculturist ☐ Retired ☐ Government Services ☐ Housewife
☐ Business ☐ Student ☐ Professional ☐ Others (please specify) _____

Citizenship* ☐ Indian ☐ Others (Please specify) _____

Marital Status* ☐ Married ☐ Unmarried ☐ Others (Please specify) _____

Gross Annual Income Details*

Income Range per annum (please tick any one)

- ☐ Below \$ 2000 ☐ \$ 2001-5000 ☐ \$ 5001 - 10000
☐ 10001 - 20000 ☐ More than \$ 20000

2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction B at the end)

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☐ PHOTO*



Address

Line 1*

Line 2

Line 3

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IV ☐ Deemed Proof of Address - Document Type code

Address

Line 1*

Line 2

Line 3

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

4. CONTACT DETAILS (All communications will be sent to Mobile number/ Email-ID provided) (Please refer instruction C at the end)

Tel. (Off) — Tel. (Res) — Mobile —

Email ID

5. REMARKS (if any)

6. 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 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 : — — Place:

Signature / Thumb Impression of Applicant

7. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process

☐ Equivalent e-document ☐ Video Based KYC

IPV DONE / KYC VERIFICATION CARRIED OUT BY

Date — —

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

(Employee Signature)

INSTITUTION DETAILS

Name

Code

(Institution Stamp)



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THIRD HOLDER
StockHolding

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Date of Birth*

Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender

PAN* ☐ Form 60 furnished

Occupation* ☐ Private Sector ☐ Public Sector ☐ Agriculturist ☐ Retired ☐ Government Services ☐ Housewife
☐ Business ☐ Student ☐ Professional ☐ Others (please specify) _____

Citizenship* ☐ Indian ☐ Others (Please specify) _____

Marital Status* ☐ Married ☐ Unmarried ☐ Others (Please specify) _____

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☐ PHOTO*



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I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/>	A- Passport Number	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
<input type="checkbox"/>	B- Voter ID Card	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>
<input type="checkbox"/>	C- Driving Licence	<div style="border: 1px solid black; width: 250px; height: 20px;"></div>
<input type="checkbox"/>	D- NREGA Job Card	<div style="border: 1px solid black; width: 350px; height: 20px;"></div>
<input type="checkbox"/>	E- National Population Register Letter	<div style="border: 1px solid black; width: 300px; height: 20px;"></div>
<input type="checkbox"/>	F- Proof of Possession of Aadhaar	<div style="border: 1px solid black; width: 200px; height: 20px; background-color: #f0f0f0;"></div>
II	<input type="checkbox"/> E- KYC Authentication	<div style="border: 1px solid black; width: 200px; height: 20px; background-color: #f0f0f0;"></div>
III	<input type="checkbox"/> Offline verification of Aadhaar	<div style="border: 1px solid black; width: 200px; height: 20px; background-color: #f0f0f0;"></div>
IV	<input type="checkbox"/> Deemed Proof of Address - Document Type code	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>

Address

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

4. CONTACT DETAILS (All communications will be sent to Mobile number/ Email-ID provided) (Please refer instruction C at the end)

[illegible]

5. REMARKS (if any)

[illegible]

6. 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 any changes therein, immediately. Incase 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.

[illegible]

Signature / Thumb Impression of Applicant

7. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process
☐ Equivalent e-document ☐ Video Based KYC

IPV DONE / KYC VERIFICATION CARRIED OUT BY

[illegible]

(Employee Signature)

INSTITUTION DETAILS

[illegible]

(Institution Stamp)



StockHolding Securities IFSC Limited
Unit – 518, Hiranandani Signature Tower
Block 13 B, Zone -1, GIFT SEZ
GIFT City, Gandhinagar – 382355
Gujarat, India.

Subject: Client due diligence information for Account Opening and Know Your Client (KYC) Details

Dear Sir/Madam,

I/We understand that Stock Holding Corporation of India Limited registered as a Depository Participant with Securities Exchange Board of India, is the parent entity (hereinafter referred to as “Parent Entity”) of StockHolding Securities IFSC Limited (SSIL) which is a trading member registered with NSE IFSC Limited (“**Trading Member**” or “you”).

I/We am / are a client having DP ID _____, Client ID _____ with your Parent Entity and am desirous of becoming a client with you for trading on NSE IFSC Limited. I undertake to trade only in the products for which I am permitted under the applicable rules, regulations, circulars and guidelines prescribed by Securities Exchange Board of India (“**SEBI**”)/ Reserve Bank of India (“**RBI**”) and/or International Financial Services Centres Authority (“**IFSCA**”).

I / We am / are aware that, you are required to conduct verification of identification of your clients at the time of commencement of an account-based relationship which includes in-person verification and complying with applicable laws in this regard.

As your Parent Entity has already undertaken my KYC and my KYC documents are available with your parent entity, I am hereby giving my consent for you to obtain my records/information of due diligence, including in-person verification, bank details, past disciplinary actions (if any) or any other required details for Account Opening and Know Your Client (KYC) Process, carried out from your Parent Entity in order to commence an account-based relationship with you.

I / We am / are aware of the risks involved in dealing with financial markets and the products that I / We will be dealing in. I / We confirm that I/We have read and understood the contents of the 'Rights and Obligations' document(s), 'Risk Disclosure Document' and 'Guidance note on Do's and Don'ts'.

I / We further confirm that I have received and read the 'Product Disclosure Statement' (PDS) and 'Master Deed Poll' (MDP) of NSE IFSC Receipts. (**applicable for clients desirous of trading in NSE IFSC Receipts**)

I / We do hereby agree to be bound by such provisions as outlined in these documents.

(Signature of 1st A/c Holder)

(Signature of 2nd A/c Holder)

(Signature of 3rd A/c Holder)

Details of my bank account is provided below:

Bank Name	Branch Address	Bank A/C No	Type: Savings/ Current/ Others (NRI/NRE/ NRO etc.)	MICR Code	IFSC Code	SWIFT Code

Details of my/our depository account in GIFT IFSC are provided below:

Depository Participant Name	Depository Name	Beneficiary Name	DP ID	Beneficiary ID (BO ID)
SSIL			IN350022	

	First Holder	Second Holder	Third Holder
Signature of Client			
Name of Client			
PAN No			

(Each demat account holder has to submit separate FATCA/CRS Declaration)
Section I

Name of the Client			
Father Name			
Spouse Name			
Occupation Type	Service <input type="checkbox"/>	Business <input type="checkbox"/>	
Occupation details (Short Description)			
PAN			

Are you a Tax Resident (i.e. Citizen/ Resident/ Green Card holder/ assessed for Tax) in any country other than India?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you US Person	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section II
(Only applicable when Client selects "Yes" for Tax Residency details other than India)

Correspondence Address		Permanent address	
Citizenship		Date of Birth	
Country for Tax Resident		Country for Tax Resident	
Country of Birth		Place of Birth	
TAX Identification Number (TIN) or Equivalent		TAX Identification Number (TIN) or Equivalent	
TIN is not available	(A) <input type="checkbox"/> (B) <input type="checkbox"/> (C) <input type="checkbox"/>	The Country where the account holder is liable to pay tax does not issue TIN to its residents. No TIN required (Select the reason only if the authorities of the respective country of tax residence does not require TIN to be collected) Other Reason (Please specify)	

I understand that StockHolding Securities IFSC Limited is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. StockHolding Securities IFSC Limited cannot offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions. I also undertake to keep StockHolding Securities IFSC Limited informed in writing about any changes / modification to the above information in future within 30 days and also undertake to provide any other additional information as may be required at your end or by domestic or overseas regulators/ tax authorities. I agree that as may be required by domestic regulators/tax authorities StockHolding Securities IFSC Limited may also be required to report, reportable details to CBDT or suspend my account. I/we certify that the information provided in this form is true, correct, and complete including the taxpayer identification number of the applicant. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same.

Client Signature

(Each demat account holder has to submit separate FATCA/CRS Declaration)

Section I

Name of the Client			
Father Name			
Spouse Name			
Occupation Type	Service <input type="checkbox"/>	Business <input type="checkbox"/>	
Occupation details (Short Description)			
PAN			

Are you a Tax Resident (i.e. Citizen/ Resident/ Green Card holder/ assessed for Tax) in any country other than India?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you US Person	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section II

(Only applicable when Client selects "Yes" for Tax Residency details other than India)

Correspondence Address		Permanent address	
Citizenship		Date of Birth	
Country for Tax Resident		Country for Tax Resident	
Country of Birth		Place of Birth	
TAX Identification Number (TIN) or Equivalent		TAX Identification Number (TIN) or Equivalent	
TIN is not available	(A) <input type="checkbox"/> The Country where the account holder is liable to pay tax does not issue TIN to its residents. (B) <input type="checkbox"/> No TIN required (Select the reason only if the authorities of the respective country of tax residence does not require TIN to be collected) (C) <input type="checkbox"/> Other Reason (Please specify)		

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Name of the Client			
Father Name			
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Are you a Tax Resident (i.e. Citizen/ Resident/ Green Card holder/ assessed for Tax) in any country other than India?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Correspondence Address		Permanent address	
Citizenship		Date of Birth	
Country for Tax Resident		Country for Tax Resident	
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TAX Identification Number (TIN) or Equivalent		TAX Identification Number (TIN) or Equivalent	
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Client Signature

Notes:**A. Following supporting documents required alongwith aforesaid declaration:**

1. Self attested PAN (Mandatory) documents required alongwith self-certification
2. Self attested copy of TIN Card or Equivalent only if Client is US person or Tax Resident in any country other than India
3. Self attested copy of Passport / Driving License / Election Card / UIDAI / NEREGA Card / Govt. Issued ID Card only when Client is not US person or Tax Resident in India
4. Self attested copy of document related to Relinquishment of Citizen only in case Client is US Person but not Citizen of US
5. Any other relevant documents in support of details mentioned in FATCA/CRS self-certification

FATCA & CRS Terms & Conditions

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income- tax Rules, 1962, which require Indian financial institutions such as the Banks/other financial entities to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with (Insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

FATCA & CRS Instructions

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or green-card holder, please include United States in the foreign country information field along with your US Tax Identification Number.

\$It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA & CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS indicia
U.S. place of birth	<ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND 3. Any one of the following documents: Certified Copy of "Certificate of Loss of Nationality or Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
Residence/ mailing address in a country other than India	<ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below)
Telephone number in a country other than India	<p><i>If no Indian telephone number is provided</i></p> <ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below) <p><i>If Indian telephone number is provided along with a foreign country telephone number</i></p> <ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India;

Form W-8BEN (Rev. October 2021) Department of the Treasury Internal Revenue Service	Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals) For use by individuals. Entities must use Form W-8BEN-E. Go to www.irs.gov/FormW8BEN for instructions and the latest information. Give this form to the withholding agent or payer. Do not send to the IRS.	OMB No. 1545-1621
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Do NOT use this form if:

- You are NOT an individualW-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the United States (other than personal services) W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States8233 or W-4
- You are a person acting as an intermediaryW-8IMY

Instead, use Form:

Note: If you are resident in a FATCA partner jurisdiction (that is, a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)	
1 Name of individual who is the beneficial owner	2 Country of citizenship
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.	
City or town, state or province. Include postal code where appropriate.	Country
4 Mailing address (if different from above)	
City or town, state or province. Include postal code where appropriate.	Country
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)	
6a Foreign tax identifying number (see instructions)	6b Check if FTIN not legally required
7 Reference number(s) (see instructions)	8 Date of birth (MM-DD-YYYY) (see instructions)

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)	
9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.	
10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____.	
Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____	

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income or proceeds to which this form relates or am using this form to document myself for chapter 4 purposes;
- The person named on line 1 of this form is not a U.S. person;
- This form relates to:
 - (a) income not effectively connected with the conduct of a trade or business in the United States;
 - (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an applicable income tax treaty;
 - (c) the partner's share of a partnership's effectively connected taxable income; or
 - (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f);
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country; and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

Sign Here	<input type="checkbox"/> I certify that I have the capacity to sign for the person identified on line 1 of this form.	
		Signature of beneficial owner (or individual authorized to sign for beneficial owner)
		Date (MM-DD-YYYY)
		Print name of signer

	Particulars	Basic Tariff (Code-BT1)	Discounted Tariff 1 (Code – DT1)	Discounted Tariff 2 (Code – DT2)
1	Plan charges (to be paid upfront)	\$15	\$30	\$50
2	Demat AMC	NIL	NIL	NIL
3	Demat – Transaction charges	NIL for purchase \$0.20 per debit instruction	NIL for purchase \$0.20 per debit instruction	NIL for purchase Flat \$0.20 per debit instruction
4	DIS Booklet issuance charges	NIL for first 10 leaves. Subsequently \$1.5 per booklet of 10 leaves	NIL for first 20 leaves. Subsequently \$1.5 per booklet of 10 leaves	NIL for first 50 leaves. Subsequently \$1.5 per booklet of 10 leaves
5	Demat – Holding & Transaction Statement	NIL for email statements \$1.5 for physical statements	NIL for email statements \$1.5 for physical statements	NIL for email statements \$1.5 for physical statements
6	Trading Brokerage (Capital Market products)	Delivery: 0.50% Intraday: 0.10%	Delivery: 0.25% Intraday: 0.05%	Delivery: 0.10% Intraday: 0.01%
7	Minimum Brokerage per contract note	\$0.10	\$0.10	\$0.10

Notes:

- The above charges are of SSIL. The Depository charges if any and the charges levied by the exchanges and other statutory charges will be debited to the client at actuals.**
- The Plan charges are non-refundable and will be debited on activation of the account on first receipt of funds from the client. Subsequently, the upfront charges will be debited on yearly basis. The client's can change their plan at the end of every year.
- All other charges related to Trading and Demat will be debited to the client as and when transactions take place.
- SSIL reserves the right to revise the charges and the same will be intimated to the clients through email in advance.
- Services not mentioned above will be charged separately as per the applicable rate
- The charges mentioned above are exclusive of any applicable taxes.
- The above tariff is applicable for clients with Indian Postal Address only.

I/We hereby chose the Tariff _____ (Please mention the tariff code BT1/DT1/DT2 as decided by the client) and I/We agree to the above terms and conditions. I/We further agree that the mobile number and email id mentioned in the account opening form pertains to me/us and any communication with the registered email id and / or mobile number will be treated as valid communication.

	Name	Signature
First Holder		
Second Holder		
Third Holder		



DEMAT ACCOUNT OPENING FORM (FOR INDIVIDUALS)

StockHolding

Website: www.stockholdingifsc.com

StockHolding Securities IFSC Limited

(DP registered with CDSL IFSC Limited)

Regd. Office: Unit 518, Hiranandani Signature, Block-13B, Zone-1, GIFT SEZ,
GIFT CITY, Gandhinagar – 382355 Gujarat (India).

Phone: 91-79-61800208 to 12 CIN: U65990GJ2018GOI103278

DP ID: IN350022

Client –ID (To be filled by the Participant)

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

(Please fill all the details in CAPITAL LETTERS only)

Date

D D M M Y Y Y Y

A) Details of Account holder(s):

Account holder(s)	Sole/ First Holder	Second Holder	Third Holder			
Name						
PAN						
Occupation (please tick any one and give brief details)	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist
	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired
	<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife	<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife	<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Business	<input type="checkbox"/> Student
	<input type="checkbox"/> Professional	<input type="checkbox"/> Others (Please specify; _____)	<input type="checkbox"/> Professional	<input type="checkbox"/> Others (Please specify; _____)	<input type="checkbox"/> Professional	<input type="checkbox"/> Others (Please specify; _____)
	Brief details: _____					

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

a) Name		b) PAN	
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C) Type of account ☐ Ordinary Resident ☐ NRI-Repatriable ☐ NRI-Non Repatriable ☐ Margin ☐ Qualified Foreign Investor ☐ Foreign National ☐ Others (Please specify) _____ ☐ Promoter**D) Gross Annual Income Details** Income Range per annum (please tick any one)

<input type="checkbox"/> Below \$ 24,999	<input type="checkbox"/> \$ 25,000- 49,999	<input type="checkbox"/> \$1,00,000 – 2,49,999	<input type="checkbox"/> More than \$2,50,000	<input type="checkbox"/> \$ 50,000- 99,999
------------------------------------------	--------------------------------------------	------------------------------------------------	-----------------------------------------------	--------------------------------------------

Net worth as on (Date)	D D M M Y Y Y Y	[Net worth should not be older than 1 year]
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E) In case of NRIs/ Foreign Nationals

RBI Approval Reference Number		RBI Approval date	D D M M Y Y Y Y
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F) Bank details 1 Bank account type ☐ Savings Account ☐ Current Account ☐ Others (Please specify) _____

2	Bank Account Number	
3	Bank Name	
4	Branch Address	
	City/town/village	PIN Code
	State	Country
	SWIFT Code/ BIC Details	
5	MICR Code	
6	IFSC	

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

1	I/We authorise you to receive credits automatically into my/our account.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Account to be operated through Power of Attorney (PoA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	SMS Alert facility: [Mandatory if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form]	
	Sole/FirstHolder <input type="checkbox"/> Yes <input type="checkbox"/> No	Second Holder <input type="checkbox"/> Yes <input type="checkbox"/> No
	Third Holder <input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Mode of receiving Statement of Account [Tick any one]	<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form [Read Note 3 and ensure that email ID is provided in KYC Application Form].
5	Frequency of receiving Statement of Account	<input type="checkbox"/> As per IFSCA Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
6	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	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	I / We would like to share the email ID with the Issuer/RTA for the purpose of receiving Annual Reports, AGM notices and other communications from Issuers & RTAs in electronic form	<input type="checkbox"/> Yes <input type="checkbox"/> No

I)	GuardianDetails (where soleholder is a minor): [For account of a minor, two KYC Application Forms must be filled i.e. one for the guardian and another for the minor (to be signed by guardian)]	
	Guardian Name	
	PAN	Relationship of guardian with minor
J)	Nomination Option	
	<input type="checkbox"/> I/We wish to make a nomination. [Details are provided in Nomination Form as enclosed herewith]	<input type="checkbox"/> I/We do not wish to make a nomination. [Declaration Form opting out of nomination submitted as enclosed herewith]

Declaration

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

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

Notes :

- All communication shall be sent at the address of the Sole/First holder only.
- Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
- For receiving Statement of Account in electronic form:
 - Client must ensure the confidentiality of the password of the email account.
 - Client must promptly inform the Participant if the email address has changed.
 - Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
- Strike off whichever is not applicable.

=====

Acknowledgement

Participant Name, Address & DP ID

Received the application from Mr/Ms _____ as the sole/first holder alongwith _____ and _____ as the second and third holders respectively for opening of a depository account. Please quote the DP ID & Client ID allotted to you in all your future correspondence

Date:

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

Participant Stamp & Signature

11	Mobile / Tel. No. of Guardian			
12	Email ID of Guardian			
13	Relationship of Guardian with Nominee			
14	Guardian Identification details: (Please tick any one of following and provide details of the same) <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> Driving Licence <input type="checkbox"/> Aaddhar (Last 4 digit only) <input type="checkbox"/> PAN <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> Saving Bank account no.			
		Name(s) of Holder(s)		Signature(s) of Holder*
Sole / First Holder (Mr./Ms.)				
Second Holder (Mr./Ms.)				
Third Holder (Mr./Ms.)				
Witness details are mandatory (if the account holder affixes thumb impression, instead of signature)				
Name:				
Address		<div></div> <div></div>		
Signature				

Notes:

1. This nomination shall supersede any prior nomination made by the account holder(s), if any.
2. The Depository Participant shall provide acknowledgment of the nomination form to the account holder(s)
3. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non-individuals including society, trust, body corporate, partnership firm and Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly, all joint holders will sign the nomination form.
4. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
5. Only individual / natural person(s) can be a nominee(s). The Nominee(s) shall not be artificial person created/dressed by the law or by a fiction such as trust, society, body corporate, partnership firm, Hindu Undivided Family etc. Anon-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
6. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
7. Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.
8. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non- individuals including society, trust, body corporate, partnership firm and Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
9. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee(s).
10. Nomination can be made upto three nominees in a demat account. In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total upto hundred percent. In the event of the beneficiary owner not indicating any percentage of allocation/share for each of the nominees, the default option shall be to settle the claims equally amongst all the nominees.
11. On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned in the FORM 10 at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.
12. Copy of any proof of identity must be accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure D.



StockHolding Securities IFSC Limited

StockHolding

Regd. Office: Unit 518, Hiranandani Signature, Block-13B, Zone-1, GIFT SEZ, GIFT CITY
Gandhinagar – 382355 Gujarat (India).

Phone: 91-79-61800208 to 12 Website: www.stockholdingifsc.com CIN: U65990GJ2018GOI103278

Received the application from Mr. / Ms. _____ as the sole / First, Second and Third Holder, for updation of nomination.

Date:

Participant Stamp & Signature

*A system generated receipt provided to the client as acknowledgement.

Rights and Obligations of the Beneficial Owner and Depository Participant

General Clause

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, IFSCA Act, 2021, IFSCA (MII) Regulations 2021, Rules and Regulations of IFSCA 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 IFSCA 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. 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

7. 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

8. 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 these securities of other beneficial owners and/or DP's own securities held in dematerialized form.
9. 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, IFSCA Act, 2021, IFSCA (MII) Regulations, 2021 and Bye-Laws/Operating Instructions/Business Rules of the Depositories.

Transfer of Securities

10. 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.
11. 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

12. 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 IFSCA/depository in this regard.
13. 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.
14. 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.

Manner of Closure of Demat account

15. 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 these security balances held.
16. 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

17. 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.
18. 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

19. 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

20. 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.
21. 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

22. 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

23. 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

24. 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 IFSCA.
25. The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars/ notices issued by IFSCA 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.
26. 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.
27. 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 IFSCA.
28. Any changes in the rights and obligations which are specified by IFSCA/Depository shall also be brought to the notice of the clients at once.
29. If the rights and obligations of the parties hereto are altered by virtue of change in Rules and regulations of IFSCA 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.

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

Date:

Participant Stamp & Signature



Annexure – 4 TRADING ACCOUNT RELATED DETAILS

FIRST HOLDER
StockHolding

A. BANK ACCOUNT(S) DETAILS

For Individuals & Non-individuals

Bank Name	Branch Address	Bank A/c No.	A/c Type: Saving/Current/ other (NRI/NRE/NRO etc.)	MICR Code*	IFSC Code*	SWIFT Code*

**if applicable*

B. DEPOSITORY ACCOUNT(S) DETAILS

Depository Participant Name	Depository Name	Beneficiary Name	DP ID	Beneficiary ID (BO ID)

C. TRADING PREFERENCES#

Name of Exchange	
------------------	--

If, in future, the client wants to trade on any new exchange, separate authorization/letter should be taken from the client by the stock broker.

D. PAST ACTION

Details of any action/proceedings initiated/pending/ taken by SEBI/IFSCA/Stock exchange/any other authority against the applicant/constituent or its Partners/promoters/whole time directors/authorized persons in charge of dealing in securities during the last 3 years: _____

E. DEALINGS THROUGH OTHER STOCK BROKERS

Whether dealing with any other stock broker (in case dealing with multiple stock brokers, provide details of all)

Name of stock broker: _____

Client Code: _____ Exchange: _____

Details of disputes/dues pending from/to such stock broker: _____

F. ADDITIONAL DETAILS

- Whether you wish to receive physical contract note or Electronic Contract Note (ECN) (please specify): _____
Specify your Email id, if applicable: _____
- Whether you wish to avail of the facility of internet trading/ wireless technology (please specify): _____
- Number of years of Investment/Trading Experience: _____
- In case of non-individuals, name, designation, PAN, UID, signature, residential address and photographs of persons authorized to deal in securities on behalf of company/firm/others: _____
- Any other information: _____

G. INTRODUCER DETAILS (optional)*

Name of the Introducer: _____
(Surname) (Name) (Middle Name)

Status of the Introducer: Remisier/Authorized Person/Existing Client/Others, please specify: _____

Address and phone No. of the Introducer: _____

Signature of the Introducer: _____

H. NOMINATION DETAILS (for individuals only)

☐ I/We wish to nominate

☐ I/we do not wish to nominate

Name of the Nominee: _____ Relationship with the Nominee: _____

PAN of Nominee: _____ Date of Birth of Nominee: _____

Address and phone no. of the Nominee: _____

If Nominee is a minor, details of guardian:

Name of guardian: _____

Address and Phone No. of Guardian: _____

Signature of guardian: _____

WITNESSES (Only applicable in case the account holder has made nomination)

1) Name: _____ 2) Name: _____

Address: _____ Address: _____

Signature: _____ Signature: _____

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.
- I/We confirm having read/been explained and understood the contents of the document on policy and procedures of the stock broker and the tariff sheet.
- I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s), 'Risk Disclosure Document', Product Disclosure Statement (PDS) and Master Deed Poll (MDP), as may be applicable to me. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on stock broker's designated website, if any.

Place: _____
Date: _____

(_____)
Signature of Client/ (all) Authorized Signatory (ies)

FOR OFFICE USE ONLY

UCC Code allotted to the Client: _____

Particulars	Documents verified with Originals	Client Interviewed By	In-Person Verification done by
Name of the Employee			
Employee Code			
Designation of the employee			
Date			
Signature			

I / We undertake that we have made the client aware of 'Policy and Procedures', tariff sheet and all the non-mandatory documents. I/We have also made the client aware of 'Rights and Obligations' document (s), RDD, Guidance Note, Product Disclosure Statement (PDS) and Master Deed Poll (MDP), as may be applicable to them. I/We have given/sent him a copy of all the KYC documents. I/We undertake that any change in the 'Policy and Procedures', tariff sheet and all the non-mandatory documents would be duly intimated to the clients. I/We also undertake that any change in the 'Rights and Obligations', RDD, PDS and MDP would be made available on my/our website, if any, for the information of the clients.

(_____)
Signature of the Authorised Signatory
Date: _____

Seal/Stamp of the stock broker

INSTRUCTIONS/CHECK LIST

- Additional documents in case of trading in derivatives - illustrative list:

Copy of ITR Acknowledgement*	Copy of Annual Accounts
In case of salary income - Salary Slip, Copy of Form 16*	Net worth certificate
Copy of demat account holding statement.	Bank account statement for last 6 months
Any other relevant documents substantiating ownership of assets.	Self-declaration with relevant supporting documents.

**In respect of other clients, documents as per risk management policy of the stock broker need to be provided by the client from time to time.*

- Copy of cancelled cheque leaf/pass book/bank statement specifying name of the constituent, MICR Code or/and IFSC Code of the bank should be submitted.
- As per SEBI Circular No. IMD/FPI&C/CIR/P/2019/124 dated November 05, 2019, registered FPIs ("FPIs"), proposing to operate in IFSC, shall be permitted, without undergoing any additional documentation and/or prior approval process.
- Demat master or recent holding statement issued by DP bearing name of the client.
- For individuals:
 - Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker.
 - In case of non-resident clients, employees at the stock broker's local office, overseas can do in-person' verification. Further, considering the infeasibility of carrying out 'In-person' verification of the non-resident clients by the stock broker's staff, attestation of KYC documents by Notary Public, Court, Magistrate, Judge, Local Banker, Indian Embassy / Consulate General in the country where the client resides may be permitted.
- For non-individuals:
 - Form need to be initialized by all the authorized signatories.
 - Copy of Board Resolution or declaration (on the letterhead) naming the persons authorized to deal in securities on behalf of company / firm / others and their specimen signatures.

Demat Debit and Pledge Instruction (DDPI) AUTHORISATION

Date:

To,
StockHolding Securities IFSC Limited.
 Unit-518, Hiranandani Signature Tower,
 Block-13B, Zone-1, GIFT SEZ, Gift City,
 Gandhinagar – 382355, Gujarat, INDIA.

Dear Sir/Madam,

Sub: Demat Debit and Pledge Instruction (DDPI) Authorisation**DP ID : IN350022 BO Account - Client Id :** _____

I/We, hereby explicitly agree to authorize StockHolding Securities IFSC Limited. (SSIL), to access our Beneficial Owner (BO) Account as per details given above for the limited purpose of meeting pay-in obligations for settlement of trades executed by me/us on the stock exchanges. Accordingly, I/We hereby, authorize StockHolding Securities IFSC Limited to do the following:

Sr. No.	Purpose	Signature of Client *
1.	Transfer of securities held in the beneficial owner accounts of mine / us (clients) towards Stock Exchange related deliveries / settlement obligations arising out of trades executed by me / us (clients) on the Stock Exchange through StockHolding Securities IFSC Limited (the Trading & Clearing Member)	1. _____ 2. _____ 3. _____
2.	Pleging / re-pledging of securities in favour of StockHolding Securities IFSC Limited, Trading & Clearing Member for the purpose of meeting margin requirements of the clients in connection with the trades executed by me/us (the clients) on the Stock Exchange.	1. _____ 2. _____ 3. _____

*The same may be e-signed or signed physically.

POLICIES AND PROCEDURES

- a) Refusal of orders for penny stocks/illiquid securities or “Z” group stocks**
- StockHolding Securities IFSC Limited (SSIL) reserves the right to allow or deny trading in 'illiquid securities' without assigning any reason for the same.
 - For this purpose, the instruments, which are appearing in the list of illiquid securities issued by the Exchanges may be considered as 'illiquid securities.'
 - Clients are expected not to place orders in illiquid securities at prices which are substantially different from the prevailing market prices. Any such orders is liable to be rejected at the sole discretion of SSIL.
 - Notwithstanding the above, in case of sale of “Penny Stocks”, clients should ensure the delivery of shares to SSIL before the pay-in date. SSIL will not be liable for any loss arising out of trading in penny/illiquid securities or due to non delivery of shares/illiquid securities for pay-in purpose.
- b) Trading in Trade to Trade Group of Securities**
- As per Exchange, in Trade to Trade group, the buy and sell positions are to be settled on gross delivery basis on each side and netting off is not allowed. Clients can buy the securities to the extent of exposure available with them and sell the securities only to the extent of quantity of securities available in their demat account. As such clients can not do intra-day transactions in these securities without having sufficient funds / securities with them. In view of the above, clients are requested to find out the securities under Trade to Trade before placing the order with the dealer.
- c) Setting up of client's exposure limits:**
- SSIL shall allow exposure limits based on clear credit in the account of the client. SSIL also reserve the right to provide or deny exposure to clients in case client has debit balance or insufficient clear credit balance in his account with SSIL at the time of placing of order. SSIL may or may not accept collateral securities like Shares, Fixed Deposits Receipts, Government Securities etc as margin deposit for the purpose of providing exposure against the prevailing market value of securities after deducting the rate prescribed by exchange. Clients willing to avail collateral based exposure may have to complete necessary formalities as may be prescribed by SSIL from time to time. SSIL reserves the right to increase/ decrease the brokerage rate, provided the same is informed to client in writing.
- d) Brokerage rates:**
- Normally, for Capital Market Products, the brokerage rate of 0.55% is charged on delivery transactions and 0.12% (both legs of transactions inclusive) is charged for intra-day transactions to client. In Derivatives Segment, the brokerage at the rate of 0.05% is normally charged on both legs of Intraday and/or Carry Forward transactions in Futures Trading and in case of Options Trading, 1% of the premium value or minimum USD 1 per lot whichever is higher. However, the rate of brokerage may differ from client to client as may be decided by the management of SSIL. SSIL reserves its rights to increase/decrease the brokerage, provided the same is informed to clients in writing or email. SSIL may charge minimum brokerage of USD 0.50 (50 Cents) per scripts or per contract note. However, brokerage rate shall not exceed maximum limit of 2.5% on trade price for capital market product and futures contracts and 2.5% of the premium amount or USD 2 per lot for options as prescribed by the regulatory authority. The brokerage charged by SSIL will be exclusive of charges levied by the Exchanges and other statutory levies as applicable from time to time.
- e) Imposition of penalty/delayed payment charges by either party, specifying the rate and the period:**
- SSIL reserves right to charge penalty @18% p.a. on the amount outstanding for the period from the date the amount becomes due till the date of realization of amount. SSIL may also impose penalty, late payment charges or delayed processing charges for delay in making payments to SSIL. The objective of charging such a penalty/charge is to compel the client to clear the dues in a timely manner. Penalty and other charges if any, levied by Exchanges pertaining to trading of the clients shall be recovered from the respective clients. Note: (Inspection related penalty cannot be levied on clients)
- f) The right to sell client's securities or close client's positions, without giving notice to the client, on account of non-payment of client's dues (limited to the extent of settlement/margin obligation):**
- Without prejudice to SSIL's other rights (including the right to refer a matter to arbitration), SSIL shall be entitled, without giving notice to the client, to liquidate/close out all or any of the client's positions for non-payment of margins or settlement obligation or other trade related amounts, outstanding debts etc. and adjust the proceeds of such liquidation/ close out, if any, against the client's liabilities/obligations, selling/disposing of collateral securities. Any and all losses and financial charges on account of such liquidation/closing-out shall be charged to and borne by the client. Apart from selling of Shares / securities for debit, SSIL may impose penalty / delayed payment charges / processing charges / interest as mentioned here- in-above.
- g) Shortage in obligations arising out of internal netting of trades:**
- Failure of the seller to deliver securities shall result in compulsory financial close-out or any such action as may be decided by the relevant authority from time to time. The methodology and the price of financial close-out will be as decided by the relevant authority from time to time.
- h) Conditions under which a client may not be allowed to take further position or the broker may close the existing position of a client.**
- SSIL reserves the right to disallow a client to take further position or to close out the client's existing open position:
- There is shortfall in the margin deposited by client with SSIL.
 - If SSIL has reached its limit in that particular security.
 - If the client has breached the client-wise limit.
 - If the client has taken or intends to take new position in a security which is in the banned period.
 - The client does not pay on or before the Pay in day the dues/margins as may be required by the exchange.
 - Extreme volatility in the market or in particular security or in the F&O segment.
 - There are any unforeseen adverse market conditions or abnormal rise or fall in the market.
 - The client is suspected to be resorting to any illegal trading practices or is suspected to be indulging in money laundering activities.

i) Temporary suspension or closing of client's account at the client's request:

SSIL may, on a specific request in writing received from the client (in this regard,) for temporarily suspend/close of the client's account for trading by sending a written request to the dealing office. For removing this temporary suspension, the client will have to request in writing for removal of suspension.

SSIL on its own may also suspend the client's account:

- In case of non-payment of dues or margin money or non-fulfillment of compliance requirements.
- If there is not a single active demat account linked to trading account.
- If any other non compliance observed in the account.
- The client may also be required to fulfill other conditions, on a case to case basis.
- If the client is debarred by Exchange / SEBI / IFSCA or any other regulatory / statutory authority.

j) Deregistering a client:

On a written request received from the client, SSIL shall close the account of the client provided of client's securities/ funds are settled.

SSIL may, at its absolute discretion, decide to deregister a particular client.

The illustrative circumstances under which SSIL may deregister a client are given below:

- SEBI / IFSCA or any other regulatory body has passed an order against such client, prohibiting or suspending such client from participating in the securities market.
- Such client has been indicted by a regulatory body or any government enforcement agency in case of market manipulation or insider trading or any other case involving violation of any law, rule, regulation, guideline or circular governing securities market.
- Such client is suspected of indulging in illegal or criminal activities including fraud or money laundering.
- Such client's name appears in the UN list of prohibited entities or in the SEBI / IFSCA debarred list.
- Such client's account has been lying dormant for a long time or the client is not traceable.
- Such client has been declared insolvent or any legal proceedings to declare him / her as insolvent have been initiated.
- Such client has been irregular in fulfilling obligations towards margin or settlement dues.

k) Inactive (dormant) Account:

In case where the client does not operate the trading account for a continuous period of six months, the same will be considered as 'Inactive (dormant) Account' for trading to prevent misuse of client codes and to avoid execution of transaction in such inactive client account due to punching errors. The Client will not be permitted to do any transaction till the account is made 'Active' on client's request. For re-activation of such 'Inactive' account, the client will have to submit request in writing for activation along with duly signed photo copy of Identity Proof i.e. PAN Card / Voter ID Card / Passport. Alternatively, the client can personally visit the office for in-person verification and submit the aforesaid identity proof. The office will maintain the proof for future reference.

l) Proprietary Trading:

The Member trades in its own proprietary account in the capital market, equity or derivatives segment.

m) Margin :

- The client shall pay applicable initial margins, special margins or such other margins as are considered necessary by the stock broker or the Exchange or as may be directed by IFSCA from time to time as applicable to the segment(s) in which the client trades.
- In case client fails to meet margin obligation fully or partially, SSIL may recover penalties as per exchange guidelines.
- The stock broker is permitted in its sole and absolute discretion to collect additional margins (even though not required by the Exchange, Clearing House)
- The client understands that the stock broker shall be entitled to liquidate/close out all or any of the client's positions for nonpayment of margins or other trade related amounts, outstanding debts, etc. and adjust the proceeds of such liquidation/close out, if any, against the client's trade related liabilities/obligations.
- Any and all losses and financial charges on account of such liquidation/closing-out shall be charged to and borne by the client.

n) Provisions for Individuals' resident in India investing under LRS

For clients who are resident in India,

- 1) Remittance for margins or margin calls to overseas exchanges are not allowed under the Liberalised Remittance Scheme (LRS). Therefore,
 - Margin trading is not permitted
 - Trading in derivative products is not permitted
 - Funds equivalent to the 100% of transaction value which includes trade value, transaction fee, brokerage etc. should be available with the Trading Members before any trade is executed on their behalf
- 2) Any remittances made by the clients for the purpose of intra-day trades in eligible securities on any of the Exchanges would be considered as investment in securities and would be permitted through the LRS route subject to the condition that no intraday positions /trades should be permitted which would exceed the overall LRS limit of USD 2,50,000 per financial year.
- 3) Any profits arising out of the sale transaction cannot be used for further purchases till the profits are credited to clients' account
- 4) No naked short sale will be permitted
- 5) BTST is not permitted
- 6) Any funds lying idle in the account of the trading member for a period up to 15 days from the date of its receipt into the account shall be immediately repatriated to domestic INR account of the client in India after deducting applicable charges of SSIL and Bank charges if any.

Client acceptance of policies and procedures mentioned herein above – I / We have understood the policies and procedures. I / We agree to sign the same. I / we am / are aware that the updated policies is available on the website of the company.

Client's Name : _____

Sign here _____ UCC: _____

To,
StockHolding Securities IFSC Limited.
 Unit-518, Hiranandani Signature Tower,
 Block-13B, Zone-1, GIFT SEZ, Gift City, Gandhinagar – 382355, Gujarat, INDIA.

Date:

Dear Sir/Madam,

I/We, in order to facilitate operations, authorize StockHolding Securities IFSC Limited. (SSIL), to maintain a Running Account instead of a Settlement- to- Settlement clearance of Funds and/or Securities to me/us.

I/We request you to kindly settle the funds and securities due to me/us at least once in a calendar month / quarter (please strike off which is not applicable).

I/We understand that -

1. This authorisation shall be signed by me/us only and not by my/our Constituted Power of Attorney.
2. I/We can revoke, in writing, this authorization as and when I/we desire to do so.
3. In case if I/we have any outstanding obligations on the settlement date, SSIL may retain the requisite securities/ funds towards such obligations and may also retain the funds expected to be required to meet margin / pay in obligation for next 5 trading days, calculated in the manner specified by the exchanges.
4. In case if, I/we have any dispute arising from the statement of account or settlement so made, I/we shall bring it to the notice of SSIL within 7 working days from the date of receipt of Funds/Securities or Statement, as the case may be.
5. SSIL may settle the funds/securities across segments of the same exchange.
6. There shall be no inter-client adjustments for funds and securities.

Yours faithfully,



Sign here

Client's Name :

RETENTION AUTHORISATION

To,
StockHolding Securities IFSC Limited.
 Unit-518, Hiranandani Signature Tower,
 Block-13B, Zone-1, GIFT SEZ, Gift City, Gandhinagar – 382355, Gujarat, INDIA.

Date:

Dear Sir/Madam,

I/We hereby give my consent to StockHolding Securities IFSC Limited. (SSIL). to retain an amount of up to USD 1000 while making payment to me/us towards settlement of funds on monthly/quarterly basis.

I/We am aware that the above threshold limit shall not be applicable in case I/We have not traded in a particular month/ quarter.

I/We are aware that in case of Indian Resident investing under LRS, the entire amount lying idle up to 15 days from the date of receipt may be repatriated back to domestic INR account after deducting SSIL and bank charges as applicable.

Yours faithfully,



Sign here

Client's Name :

STANDING INSTRUCTIONS
VOLUNTARY

To,
StockHolding Securities IFSC Limited.
 Unit-518, Hiranandani Signature Tower, Block-13B, Zone-1, GIFT SEZ,
 Gift City, Gandhinagar – 382355, Gujarat, INDIA.

Date:

Dear Sir/Madam,

I/We hereby, willfully and unconditionally issue following standing instructions:

1. I/We am/are agreeable that the credit balance of funds and shares be treated as margin.
2. I/We hereby authorize you to adjust the debit/credit balances in my/our margin /settlement account of one exchange/ segment with the credit/debit balances in the margin/settlement account of another exchange/ segment. Such adjustment of credit balance in any margin/settlement account of any exchange/segment with debit balance in any exchange/segment will tantamount to due discharge of payout of funds to me/us.
3. I/We am/are agreeable for and authorize you to withhold funds and/or securities payout towards all the debits and/or margin requirements.
4. I/We may place orders verbally, telephonically and /or in writing.
5. I/We shall not indulge in any sub-broker activities nor issue bills/contracts/ confirmation notes to anyone else for trades done in our client code.
6. All fines/penalties and charges levied upon by IFSCA/Stock Exchange/any other Financial Sector Regulatory/ any other competent authority due to my/our acts/deeds or transactions may be recovered by you from my/our accounts.
7. I/We agree that you may charge penalty @ 18% p.a. on any delayed payment i.e. from the due date.
8. These standing instructions are valid from the date of registration and will be valid until revoked in writing.

Yours faithfully,



Sign here

Client's Name :

MANDATE TO RECOVER DEMAT ACCOUNT CHARGES
VOLUNTARY

To,
StockHolding Securities IFSC Limited.
 Unit-518, Hiranandani Signature Tower,
 Block-13B, Zone-1, GIFT SEZ, Gift City,
 Gandhinagar – 382355, Gujarat, INDIA.

Date: _____

Dear Sir/Madam,

Subject: Authorisation to debit trading account for the demat account charges

DP ID:


I	N																

Client ID (BO ID) :

I/we have a demat account as mentioned above with StockHolding Securities IFSC Limited (SSIL) and a trading account with StockHolding Securities IFSC Limited (SSIL).

I/we hereby authorise SSIL to debit from my/our aforementioned trading account, all the Depository Participant charges payable towards the demat account including annual maintenance charges, transaction charges, applicable statutory levies etc., on the basis of instructions received from StockHolding Securities IFSC Limited (SSIL)

Any such sum debited from my/our trading account by SSIL, towards payment of Depository Participant Charges for my/our demat account shall be binding on me/us.

First/Sole Holder's Signature	Second Joint Holder's Signature	Third Joint Holder's Signature
		

A Clarification / Guidelines on filling 'Personal Details' section

- 1 Name: The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 One the following is mandatory : Mother's name, Spouse's name, Father's name.

B Clarification / Guidelines on filling 'Current Address details' section

- 1 In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR
- 2 PoA to be submitted only if the submitted Pd does not have current address or address as per Pol is invalid or not in force.
- 3 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 4 In Section 2, one of I, II, and III is to be selected. In case of online E-KYC authentication, II is to be selected.
- 5 In Section 3, one of I, II, III and IV is to be selected. In case of online E-KYC authentication, II is to be selected.
- 6 List of documents for Deemed Proof of Address:

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal tax receipt.
03	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
04	Letter of allotment of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies and leave and licence agreements with such employers allotting official accommodation.
- 7 Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.
- 8 "Equivalent e-document" means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
- 9 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.

C Clarification / Guidelines on filling 'Contact details' section

- 1 Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

D Clarification! Guidelines on filling 'Related Person details' section

- 1 Provide KYC number of related person, if available.

E Clarification on Minor

- 1 Guardian details are optional for minors above 10 years of age for opening of bank account only
- 2 However, in case guardian details are available for minor above 10 years of age, the same (or CKYCR number of guardian) is to be uploaded.

Cover – inside last page

List of two digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code	State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chhattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

List of ISO 3166 two digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GO	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Island	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Island	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Moyotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SI
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauna	MZ	Taiwan province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania	TZ
Brazil	BR	Guyana	GY	Nw Caledonia	NC	United Republic of Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	To nga	TO
Burundi	BI	Hongkong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	BV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	TG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PA	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PG	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PY	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PE	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PH	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PN	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire	CI	Korea Democratic People's Republic of	KP	Reunion	RE	Virgin Island, U.S.	VI
Croatia	HR	Korea Repub lic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federaton	RU	Western Sahara	EH
Curacao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kittsand Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LS	Saint Martin (French Part)	MF		

StockHolding Securities IFSC Limited[®] (SSIL)

Registered office: Unit No. : 518, Fifth Level, Hiranandani Signature Tower,
Block 13-B, Zone-1, GIFT-IFSC, Gift City SEZ, Gandhinagar-382355, Gujarat

Ph. No. : 079-61800208/9 **Email:** info@stockholdingifsc.com

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Compliance Officer: Mrs. Arati Bhatt, Ph No-079-61800210, email id – aratib@stockholdingifsc.com
MD & CEO: Mr. Prabhat Kumar Dubey, Ph No – 079-61800210, email id – pdubey@stockholdingifsc.com

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