



DEMAT ACCOUNT OPENING FORM

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)

1.1	KYC – Individual	Central KYC Form for Individuals	
1.2	Schedule of Charges	Clients are required to choose a tariff and confirm	
1.3	Account Opening Form – Individual	Document captures the additional information about the Constituent or individual.	
1.4	Rights & Obligation	Rights & Obligations of the Beneficial Owner and Depository Participant.	
1.5	Nomination Form	Declaration for Nomination	

For further details please visit company's website at www.stockholdingifsc.com

CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Individual KYC Application Form

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.

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

Disclaimer: Investment in securities market is subject to market risks, read all the related documents carefully before investing.

SEBI Registration Number: INZ000263238 | LEI Number: 335800FABSKS7FOD3A02 | CIN: U65990GJ2018GOI103278 GSTN| 24ABACS5825K1Z8 | India International Exchange Trading Member ID: 5058 | India International Clearing Corporation ID: 5058

NSE IFSC Trading Member ID: 10040 | NSE IFSC Clearing Corporation ID: M50007 | IFSCA Registration Number for Depository Participant: IFSCA/DP/2021-22/004 | Bullion Trading & Clearing Member Registration Number: IFSC/Bullion TM-CM/2021-22-007

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

Dealing in capital market is prone to risk. This document does not constitute an offer or solicitation to acquire or dispose of any investment. Please visit our website 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)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
PAN*	<input type="text"/>	<input type="checkbox"/> Form 60 furnished		
Occupation*	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired
	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Professional	<input type="checkbox"/> Government Services
	<input type="checkbox"/> Indian	<input type="checkbox"/> Others (Please specify)	<input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Housewife
Citizenship*	<input type="checkbox"/> Indian	<input type="checkbox"/> Others (Please specify)		
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> 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*	<input type="text"/>									
Line 2	<input type="text"/>									
Line 3	<input type="text"/>									
District*	<input type="text"/>	Pin/Post Code*	<input type="text"/>	State/U.T Code*	<input type="text"/>	City / Town / Village*	<input type="text"/>	ISO 3166 Country Code*	<input type="text"/>	

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)

☐ 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	<input type="checkbox"/>	E- KYC Authentication																				
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[illegible]

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. 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.

[illegible]

X

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

Name

Code

(Institution Stamp)



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

SECOND 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)

<input type="checkbox"/> Name* (Same as ID proof)	Prefix	First Name	Middle Name	Last Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
PAN*	<input type="text"/>	<input type="checkbox"/> Form 60 furnished		
Occupation*	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired
	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Professional	<input type="checkbox"/> Government Services
Citizenship*	<input type="checkbox"/> Indian	<input type="checkbox"/> Others (Please specify)	<input type="checkbox"/> Housewife	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> 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*	<input type="text"/>																
Line 2	<input type="text"/>																
Line 3	<input type="text"/>																
District*	<input type="text"/>					Pin/Post Code*	<input type="text"/>					City / Town / Village*	<input type="text"/>				
												State/U.T Code*	<input type="text"/>		ISO 3166 Country Code*	<input type="text"/>	

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)

[illegible]

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. 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 : D D — M M — Y Y Y Y Place:

X

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

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THIRD 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)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
PAN*	<input type="text"/>	<input type="checkbox"/> Form 60 furnished		
Occupation*	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired
	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Professional	<input type="checkbox"/> Government Services
			<input type="checkbox"/> Others (please specify) _____	<input type="checkbox"/> Housewife
Citizenship*	<input type="checkbox"/> Indian	<input type="checkbox"/> Others (Please specify) _____		
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> 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*	<input type="text"/>									
Line 2	<input type="text"/>									
Line 3	<input type="text"/>									
District*	<input type="text"/>	Pin/Post Code*	<input type="text"/>	State/U.T Code*	<input type="text"/>	City / Town / Village*	<input type="text"/>	ISO 3166 Country Code*	<input type="text"/>	

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	
<input type="checkbox"/> E- KYC Authentication	
<input type="checkbox"/> Offline verification of Aadhaar	
<input type="checkbox"/> 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)

[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. 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 : D D — M M — Y Y Y Y Place:

X

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	D D - M M - Y Y Y Y
Emp. Name	
Emp. Code	
Emp. Designation	
Emp. Branch	

(Employee Signature)

INSTITUTION DETAILS

[illegible]

(Institution Stamp)



StockHolding Securities IFSC Limited (SSIL)

StockHolding

Schedule of charges for Demat Account – Retail Individual Category

(For Indian Residents investing through Exchanges in Gift City- IFSC under LRS)

	Particulars	DP Tariff
1	Upfront Non- Refundable charges per annum	\$25
2	Demat AMC	NIL
3	Demat – Transaction charges	NIL for purchase NIL for Debit transactions up to 50 transactions in one year. Subsequently \$ 0.5 per debit transaction
4	DIS Booklet issuance charges	NIL for first 20 leaves Subsequently \$1.5 per booklet of 20 leaves
5	Demat – Holding & Transaction Statement	NIL for email statements \$1.5 for physical statements

Notes:

1. The above are charges to be levied for service offerings of SSIL. The Depository charges if any and other statutory charges will be charged to the client at actuals.
2. SSIL reserves the right to revise the charges and the same will be intimated to the clients through email in advance.
3. Services not mentioned above will be charged separately as per the applicable rate
4. The charges mentioned above are exclusive of any applicable taxes.
5. The above tariff is applicable for clients with Indian Postal Address only.

I/We agree to the above tariff and 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		X
Second Holder		X
Third Holder		X



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 _____

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)☐ Below \$ 24,999 ☐ \$ 25,000- 49,999 ☐ \$1,00,000 – 2,49,999 ☐ More than \$2,50,000 ☐ \$ 50,000- 99,999

Net worth as on (Date) _____ [Net worth should not be older than 1 year]

E) In case of NRIs/ Foreign Nationals

RBI Approval Reference Number _____ RBI Approval date _____

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

FORM FOR NOMINATION																											
(To be filled in by individual applying singly or jointly)																											
Date		DP ID		Client ID																							
I/We wish to make a nomination (As per details given below)																											
Nomination Details																											
I/We wish to make a nomination and do hereby nomination the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.																											
Nomination can be made upto three nominees in the account.								Details of 1st Nominee								Details of 2nd Nominee								Details of 3rd Nominee			
1	Name of the nominee(s) (Mr./Ms.)																										
2	Share of each Nominee				Equally (If not equally please specify percentage)				%							%							%				
								Any odd lot after division shall be transferred to the first nominee mentioned in the form.																			
3	Relationship with the Applicant (If Any)																										
4	Address of Nominee(s)																										
City / Place: State & Country:																											
Pin Code:																											
5	Mobile / Telephone No. of nominee(s)																										
6	Email ID of nominee(s)																										
7	Nominee 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"/> Aadhar (Last 4 digit only) <input type="checkbox"/> PAN <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> Saving Bank account no.																										
Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:																											
8	Date of Birth (in case of minor nominee(s))																										
9	Name of Guardian (Mr./Ms.) in case of minor nominee(s)																										
10	Address of Guardian(s)																										
City / Place: State & Country:																											
Pin Code:																											

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.)				X
Second Holder (Mr./Ms.)				X
Third Holder (Mr./Ms.)				X
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

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		