

F) Bank details													
1	Bank account type <input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify) _____												
2	Bank Account Number												
3	Bank Name												
4	Branch Address												
	City/town/village				PIN Code								
	State				Country								
5	MICR Code												
6	IFSC												
G) Please tick, if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> 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]												
	Sr. No.		Holder							Yes		No	
	1		Sole/First Holder							<input type="checkbox"/>		<input type="checkbox"/>	
	2		Second Holder							<input type="checkbox"/>		<input type="checkbox"/>	
	3		Third Holder							<input type="checkbox"/>		<input type="checkbox"/>	
4	Mode of receiving Statement of Account [Tick any one]			<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form [Read Note 4 and ensure that email ID is provided in KYC Application Form].									
I) Guardian Details (where sole holder is a minor): [For account of a minor, two KYC Application Forms must be filled i.e. one for the guardian and another for the minor (to be signed by guardian)]													
Guardian Name													
PAN													
Relationship of guardian with minor													
J) Nomination Option													
<input type="checkbox"/> I/We wish to make a nomination.						<input type="checkbox"/> I/We do not wish to make a nomination.							
[Detail are provided at FORM 10]													

Declaration

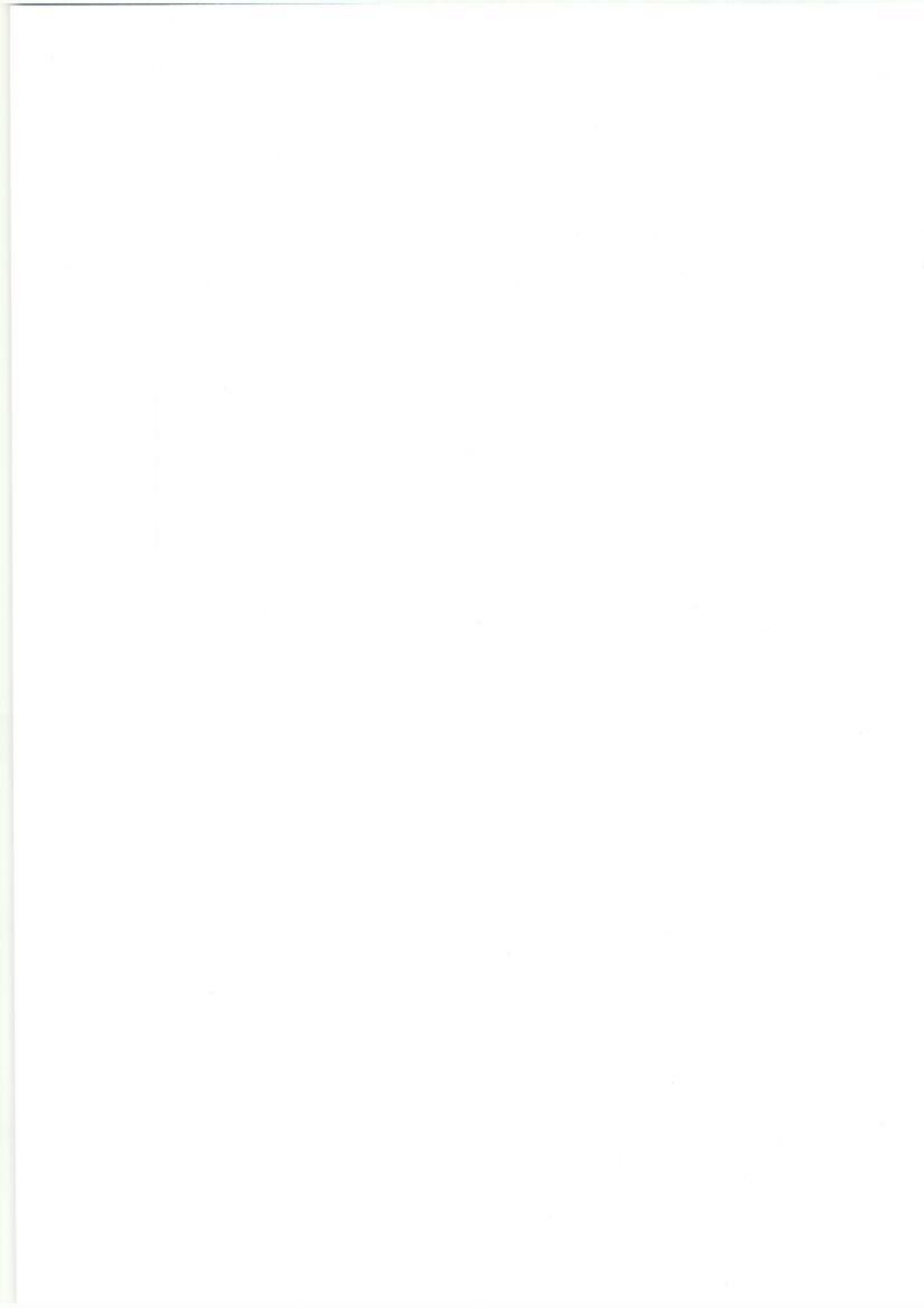
The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/we hereby declare 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".

PHYSICAL ELECTRONIC

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:

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



Notes:

1. 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 and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly, all joint holders will sign the nomination form.
2. 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.
3. The Nominee(s) shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
4. 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.
5. Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.
6. 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 and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
7. 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).
8. 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.
9. 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.
10. 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.
11. Savings bank account details shall only be considered if the account is maintained with the same participant.
12. DP ID and client ID shall be provided where demat details is required to be provided.

FORM 9

PART I - KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Individuals)



C.D GROUP

C.D INTEGRATED SERVICES LIMITED

(NSDL - DP ID IN303044) SEBI SINGLE REGISTRATION NUMBER: - INZ000190932

Address A-101/102 & B-802 Premium House, Opp Gandhigram Railway Station, Ashram Road
Ahmedabad 380009

Contact: 079-66008625, 66008626, 66008616 Fax: 079-66008609

E-Mail: cdhelpcenter@gmail.com, dphelp@cdintegrated.co.in.

CIN: - U51909GJ1999PLC037069 REGISTRATION NUMBER - IN-DP-134-2015

Please fill this form in ENGLISH and in BLOCK LETTERS

A. IDENTITY DETAILS

1		Name of the Applicant		Photograph Please affix your recent passport size photograph Signature Across photograph									
2		Father's / Husband's Name											
3	a) Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	b) Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married	c) Date of Birth	D	D	M	M	Y	Y	Y	Y
4	a) Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify, _____)	a) Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National									
5	a) PAN		b) Aadhar Number, if any										
6	Specify the proof of identity submitted		<input type="checkbox"/> PAN card <input type="checkbox"/> Any other (Please specify; _____)										

B. ADDRESS DETAILS

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

C. DECLARATION

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

Signature of the Applicant X _____

Date

--	--	--	--	--	--	--	--	--	--

FOR OFFICE USE ONLY

Sr. No.	Particulars										
1	<input type="checkbox"/> Originals verified and Self-Attested Document copies received										
2	In-Person-Verification (IPV) details:										
	a) Name of the person doing IPV										
	b) Designation										
	c) Name of Organization										
	d) Signature										
e) Date	<table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>										
Name & Signature of the Authorised Signatory _____											
Date	<table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>										
Seal/Stamp of the intermediary											

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

Important Instructions:

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



For office use only (To be filled by financial institution)

Application Type* New Update

KYC Number (Mandatory for KYC update request)

Account Type* Normal Simplified (for low risk customers) Small

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

Name* (Same as ID proof)

Maiden Name (if any*)

Father / Spouse Name*

Mother Name*

Date of Birth* DD - MM - YYYY

Gender* M- Male F- Female T-Transgender

Marital Status* Married Unmarried Others

Citizenship* IN- Indian Others (ISO 3166 Country Code)

Residential Status* Resident Individual Non Resident Indian Foreign National Person of Indian Origin

Occupation Type* S-Service (Private Sector Public Sector Government Sector) O-Others (Professional Self Employed Retired Housewife Student) B-Business X- Not Categorized

PHOTO

Signature / Thumb Impression

2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (if issued by jurisdiction)*

Place / City of Birth* ISO 3166 Country Code of Birth*

3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

A- Passport Number Passport Expiry Date DD - MM - YYYY

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date DD - MM - YYYY

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document notified by the central government) Identification Number

S- Simplified Measures Account - Document Type code Identification Number

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type* Residential / Business Residential Business Registered Office Unspecified

Proof of Address* Passport Driving Licence UID (Aadhaar) Voter Identity Card NREGA Job Card Others Simplified Measures Account - Document Type code

Address

Line 1*

Line 2

Line 3

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

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*

Line 2

Line 3 City / Town / Village*

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

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

Same as Current / Permanent / Overseas Address details Same as Correspondence / Local Address details

Line 1*

Line 2

Line 3 City / Town / Village*

State* ZIP / Post Code* ISO 3166 Country Code*

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

Tel. (Off) - Tel. (Res) - Mobile -

FAX - Email ID

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

Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* Guardian of Minor Assignee Authorized Representative

Name* Prefix First Name Middle Name Last Name

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

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

A- Passport Number Passport Expiry Date - -

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date - -

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document notified by the central government) Identification Number

S- Simplified Measures Account - Document Type code Identification Number

7. REMARKS (if any)

8. APPLICANT DECLARATION

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

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

Date : - - Place :

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date - -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

INSTITUTION DETAILS

Name

Code

[Employee Signature]

[Institution Stamp]

To,
C.D. Integrated Services Limited
A-101/102, Premium House,
Opp.Gandhi gram Railway Station,
Ashram Road,
Ahmedabad – 380 009

MOBILE / EMAIL UPDATE, BSDA OPTOUT

I/We authorize C.D. Integrated Services Limited to use this mandate for below mentioned Account

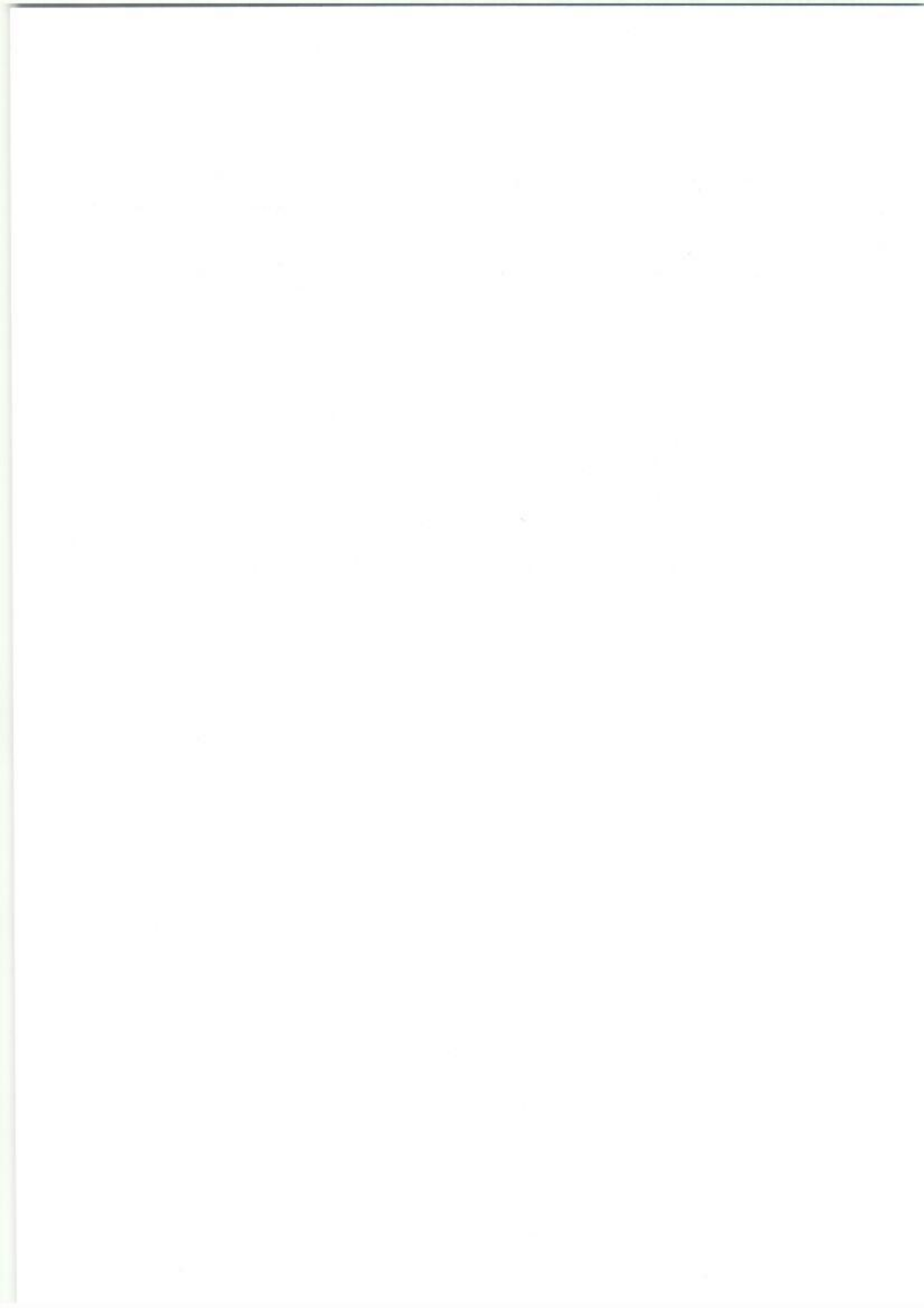
DP ID	IN303044	Client ID		Date	
Name of account holder					
<input type="checkbox"/> Mobile Number					
<input type="checkbox"/> Email ID					
I hereby declare that the aforesaid mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family (<i>spouse, dependent children and dependent parents</i>).					
I/We have been informed by you that our beneficiary account is/may be eligible for BSDA conversion as per rules, regulations and provision of SEBI. However, after being informed of the charge structure and various other considerations I/We have to request you that I/We do not want to opt for BSDA conversion/selection for our beneficiary demat account with you. I/We have been made aware of information regarding the provision of BSDA and when my/our account may be eligible for conversion into BSDA and I/We have decided to inform you in writing whenever I/We would want to convert/opt my/our account to BSDA.					

I Want to Convert My regular account to BSDA account.

I do not want to Convert My regular account to BSDA account.

Signature of Account Holder

Name of Account Holder



FATCA / CRS DECLARATION / SELF CERTIFICATION FOR INDIVIDUAL

		First/Sole Holder	Second Holder (if any)	Third Holder (if any)
Client Code:			NA	NA
Demat Account No.				
1.	Are you U.S. person	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Specify country of tax residency (If resident of more than one country, please specify all)			
3.	Specify country of citizenship (If citizen of more than one country, please specify all)			
If ticked on "Yes" in point no.1 and "specifies countries other than India" in point no.2 and 3 above, please provide below details:-				
4.	Provide Tax Identification Number			
5.	Specify country of birth			
6.	Specify city of birth and pin code			
7.	Source of Wealth	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Gift <input type="checkbox"/> Ancestral Property <input type="checkbox"/> Rental Income <input type="checkbox"/> Prize money <input type="checkbox"/> Royalty <input type="checkbox"/> Other (Please specify)	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Gift <input type="checkbox"/> Ancestral Property <input type="checkbox"/> Rental Income <input type="checkbox"/> Prize money <input type="checkbox"/> Royalty <input type="checkbox"/> Other (Please specify)	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Gift <input type="checkbox"/> Ancestral Property <input type="checkbox"/> Rental Income <input type="checkbox"/> Prize money <input type="checkbox"/> Royalty <input type="checkbox"/> Other (Please specify)

DECLARATION

I/ We hereby declare, agree and confirm the following:-

- a) The details furnished above are true to the best of my knowledge and belief and shall undertake to inform C.D Integrated Services Limited within 30 days, in case of any change in the above given status on a future date;
- b) If I/we am/are U.S. person or tax resident of a reportable foreign jurisdiction (other than U.S.), my account details, would be reported by C.D Integrated Services Limited to the relevant tax authority, or information may be shared with concerned Asset Management Companies (AMCs) or such other product providers, to whom FATCA/ CRS norms are applicable or to any of the Government Agencies / Tax authorities / Regulators / Exchanges / Depositories of India or of any country other than India;
- c) If my / our Country of Birth is US, however, I / We declare that I / We are not US Person, I / We shall provide a certificate of relinquishment of citizenship (Loss of nationality) OR a self certification stating reasons for not having such a certificate despite relinquishing US citizenship OR not obtaining US citizenship at birth.

	First/Sole Holder Signature	Second Holder Signature	Third Holder Signature
Signature			
Name			
Date			

What is FATCA/CRS?

The U.S. government introduced the Foreign Account Tax Compliance Act, 2010 (FATCA) for obtaining information on accounts held by U.S. taxpayers in other countries. Further, Organization for Economic Co-operation & Development (OECD) and G20 countries agreed for automatic exchange on information through Common Reporting Standards (CRS). The Government of India has signed an Inter-Government Agreement (IGA) with US and has also joined the Multilateral Competent Authority agreement (MCAA) for automatic sharing of information with member countries of OECD and G20. By virtue of India signing an IGA with US and joining MCAA, Indian financial institutions will have to provide the required financial information to Indian tax authorities which in turn would forward reportable information to US IRS and member countries of OECD and G20 countries.

In order to implement FATCA and CRS norms in India, C D Integrated Services Limited is required to implement procedures to identify U.S. account holders or other jurisdictions reportable accounts, perform due diligence and obtain documentary evidence wherever required and report details of such accounts to relevant tax authority.

US Person means -

In case of individuals, U.S. person means a citizen or resident of the United States. Persons who would qualify as U.S. persons could be born in United States, born outside the United States of a US parent, Naturalized citizens, Green Card Holders, tax residents.

Who is Reportable Person (Non US) under Common Reportable Standards (CRS)?

Under Common Reportable Standards (CRS), reportable person means Tax residents of a reportable foreign jurisdiction other than U.S.

[Please note the above information is provided only for quick reference to customers. You are requested to consult a legal/ tax advisor if in doubt.]

Documents to be collected if Customer's Country of birth is U.S. but declare that he/ she are not a U.S. person

- Certificate of relinquishment of citizenship (Loss of nationality certificate); OR
- Self certification for stating reasons for not having such a certificate despite relinquishment U.S. citizenship; OR
- Self certification for stating reasons for not obtaining U.S. citizenship at birth.

**SCHEDULE OF CHARGES FOR BENEFICIARY ACCOUNT
C.D INTEGRATED SERVICES LTD
DP ID IN303044 - DP NSDL**

Sr. NO	Particulars	CHARGES
1	AMC Charges (Normal A/c)	Rs. 499/- per annum payable on 1 st April for the ensuing year
2	Off Market/Market Buy	Nil
3	Off Market/Market Sale	20
4	Demat Charges	Min Rs 50 per Request (Up to 10 Certificates) + Rs 3 per additional Certificate.
5	REMAT/Repurchase Charges	Rs. 50/- per Certificate (100 shares)
6	Pledge Services	Creation -- 50 Closure -- 25 Invocation -- 25
7	AMC Charges (Corporate A/c)	Rs 1000/- Per annum Payable on 1 st April for the ensuing year

NOTES:

1. All the charges will be taken in advance for the year
2. All instruction for market Trade must be received at least 12 hours before the pay – in time. Late instruction would be accepted at the account holder's sole risk.
3. Charges are subject to revision at the company's sole. Direction and as per revision in NSDL charges with 30 days notice
4. In case rejection /failure of Deli. Instruction Rs. 50.00 per entry will be charged.
5. For any same day account Transfer between 9.00 am to 10.30 am (pay in related) Rs. 35/- (per transfer) will be charged.
6. The Client authorizes **C.D.Integrated Services Ltd.**, to recover the DP charges on various transactions from time to time from the regular shares dealing/deposit account/any other account with **C.D.Integrated Services Ltd.**
7. In case of loss of DIS Booklet by client, Rs. 50/- shall be charged for issue of new DIS Booklet.
8. In case of additional signatures, separate annexure should be attached to the application from
9. In case of applications under a power of Attorney the relevant Power of Attorney or the Certified and dully notarized copy thereof must be lodged along with the application
10. Extra charges will be levied for specific account statement requirements.
11. Provide complete Bank details including MICR Number, if any
12. For any investor complain you may mail us of: cdhelpcenter@gmail.com
13. Client has to pay their liable amount within 30days from the date of liability if client fails to pay company will charge interest @ 18% p.a.

Service tax will be charged extra.

I/We accept the above schedule of charges.

Signature 1. _____ 2. _____ 3. _____

C.D INTEGRATED SERVICES LTD
DP ID IN303044 - NSDL
REQUIRED DOCUMENTS TO OPEN DEMAT ACCOUNT

<p><u>INDIVIDUAL:</u></p> <ol style="list-style-type: none"> 1) PAN CARD –Self Attested 2) PROOF OF ADDRESS <ul style="list-style-type: none"> > VOTERS ID > PASS PORT > DRIVING LICENCE > RATION CARD > Aadhar Card > BANK ACCOUNT STATEMENTS – Not more than 3 months old > UTILITY BILLS (Telephone & Light) Not more than 3 months old > I- card issued by any State or Central Govt. agency 3) DULY FILLED KYC FORMS 4) Passport Size Latest colour Photograph 5) CANCEL CHEQUE WITH NAME 6) For Minor: Birth Certificate and POA & PAN is mandatory. 	<p><u>HUF:</u></p> <ol style="list-style-type: none"> 1) PAN CARD–HUF - Self Attested PNA CARD- KARTA - Self Attested 2) HUF DEED 3) PROOF OF ADDRESS OF HUF: <ul style="list-style-type: none"> > LATEST BANK STATEMENT 4) PROOF OF ADDRESS OF KARTA: <ul style="list-style-type: none"> > VOTERS ID > PASS PORT > DRIVING LICENCE > RATION CARD > BANK ACCOUNT STATEMENTS – Not more than 3 months old > UTILITY BILLS (Telephone & Light) I- card issued by any State or Central Govt. agency 5) DULY FILLED KYC FORMS 6) Passport Size Latest Colour Photograph 7) CANCEL CHEQUE WITH NAME
<p><u>PARTNERSHIP FIRM</u></p> <ol style="list-style-type: none"> 1) PAN of Partnership Firm 2) Address proof of the Firm 3) Copy of the balance sheets for the last 2 financial years (to be submitted every year). 4) Certificate of registration (for registered partnership firms only). 5) Copy of partnership deed. 6) List of Partners 7) Photograph, POI, POA, PAN of Partners. 8) Resolution with Authority Letter on Firm Letterhead 9) Cancel Cheque with Name 	<p><u>TRUST</u></p> <ol style="list-style-type: none"> 1) PAN Of Trust 2) Address proof of Trust 3) Copy of the balance sheets for the last 2 financial years (to be submitted every year) 4) .Certificate of registration (for registered trust only). 5) Copy of Trust deed. 6) List of trustees certified by managing trustees/CA. 7) Photograph, POI, POA, PAN of Trustees 8) Resolution with Authority Letter on Trust Letterhead 9) Cancel Cheque with Name
<p><u>CORPORATE ACCOUNT</u></p> <ol style="list-style-type: none"> 1) PAN & PROOF OF ADDRESS OF THE COMPANY. 2) Copy of the balance sheets for the last 2 financial years (to be submitted every year). 3) Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year). 4) Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations. 5) Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly. 6) Copies of the Memorandum and Articles of Association and certificate of incorporation. 7) Copy of the Board Resolution for investment in securities market. 8) Authorised signatories list with specimen signatures. 9) Cancel Cheque with Name(Bank Detail) 	

* All documents should be self attested. For Non Individual Accounts all documents should be self-attested with STAMP.