FORM 9

PART II - ACCOUNT OPENING FORM (FOR INDIVIDUALS)



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: cdhelp@cdintegrated.co.in.
CIN: - U51909GJ1999PLC037069 REGISTRATION NUMI

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	Name																					
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86	Ban	k details											
	1	Bank account type	Savings Account	Current Ac	count	Others (Ple	ase specify)						
	2	Bank Account Number											
	3	Bank Name											
	4	Branch Address											
			City/town/village			PIN Code							
			State			Country							
	5	MICR Code											
	6	IFSC											
G)	Plea	ase tick, if applicable: P	olitically Exposed Per	son (PEP)	□ F	Related to a Politi	cally Exposed Pe	erson (PEP)					
H)	Star	nding Instructions											
	1	I/We authorise you to rece	ive credits automatical	ly into my/o	ur acco	unt.	Yes						
	2	Account to be operated thr	ough Power of Attorne	y (PoA)			Yes No						
	3	SMS Alert facility: [Mande	No No										
		the KYC Application Form]											
		the KYC Application Form] Sr. No.	Holder				Yes	No					
		A STEEL WAS CONTROL OF THE PROPERTY AND A CONTROL OF THE PARTY.	The same of the sa	older									
		Sr. No.	Holder	(010)									
		Sr. No.	Holder Sole/First Ho	er									
	4	Sr. No. 1 2 3 Mode of receiving	Sole/First Ho Second Hold Third Holder	er m			Yes	No					
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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
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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.
- 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:
 - Client must ensure the confidentiality of the password of the email account.
 - 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.
- Strike off whichever is not applicable.

SE ANDRES

FORM 10 FORM FOR NOMINATION/ CANCELLATION OF NOMINATION

O NSDL

2.6	D. Maegraled Services "td.	(To be filled in by individual ap	plying singly or jointly)	Bakenos Turk Rach
Date	D D M M Y	Y Y DP ID	Client ID	
	I/We wish to make a nomination.	[As per details given below]		
	In the securities held by me / us if	on made by me/ us earlier and conseq in the said account shall vest in me/ us	uently all rights and liabilities in resp. [Strike off the nomination details be	pect of beneficiary ownership
	nination Details	THE COURSE OF THE PARTY OF THE		The state of the s
us in	e wish to make a nomination and do h n the said beneficiary owner account i	nereby nominate the following person	(s) who shall receive all securities he	ld in the Depository by me /
Non	nination can be made upto three	Details of Ist Nominee	Details of 2 ^{mq} Nominee	Details of 3 rd Nominee
nom	inees in the account.	Details of 1 Troubling	Details 01.2 Number	Details of 3 Nominee
1	Name of the nominee(s) (Mr./Ms	3		
2	Share of each Equally			
	Nominee [If not equally, pl	nase	%	. 9
3	Relationship With the Applicant	Any odd lat after division	shall be transferred to the first nomin	ee mentioned in the form.
**************************************	Any)	(11)		
4	Address of Nominee(s)			
	PIN Code	_		
5	Mobile/Telephone No. of nomine	e(s)		
	Email ID of nominee(s)	-(0)		
7	Nominee Identification details – [Please tick any one of following provide details of same]	and		
	Photograph & Signature F Addhaar Saving Bank account Demat Account D	t no.		
Sr. N	Nos. 8-14 should be filled only if non	ninee(s) is a minor:		
8	Date of Birth {in case of mi nominee(s)}			
9	Name of Guardian (Mr./Ms.) case of minor nominee(s) }	(in		
10	Address of Guardian(s)			
	I PIN Code			
11	Mobile/Telephone no. of Guardia	in .		
12	Email ID of Guardian			
13	Relationship of Guardian	with		
14	Guardian Identification details - [Please tick any one of following provide details of same]			
	Photograph & Signature P P Aadhaad Saving Bank accour Proof of Identity Demat Acc	it no.		
		Name(s) of holder(s)		Signature(s) of holder
Sole/	First Holder (Mr/Ms.)			X
Secon	nd Holder (Mr/Ms.)			X
Third	Holder (Mr./Ms.)			X
		Signature of Witness for	Nomination	
	Name of the Witness	Address		tore of wite
	The state states	Audress	Signa	ture of witness

Notes:

- 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 Amexure 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 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: cdhelp@enter@gmail.com/dphelp@cdintegrated.co.in.

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

	. IDENTITY DETAILS				all i						Phot	ograph	ie.
1	Name of the Applicant					200	516				e affi	x your	rece
2	Father's / Husband's Name									Passip		Sign	ature hotogr
	a) Gender Male Female	b) Marital status	Single Married	c) Date of	Birth	D	73	7/1	SI	w.	4	Y	
	a) Nationality	,	a)	Status		Resid Non F	Reside	ent					
	a) PAN	b) Aadhar Nur	nber, if any	у					Γ				
	Specify the proof of identity subr	mitted PAN care	d er (Please s	pecify;									
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	Residence / Correspondence Address												
		City/town/village			PIN	Code							
		State			Cou	ntry							
	C												
	Specify the proof of address sub- correspondence address	nitted for Residence /											
	Specify the proof of address subrecorrespondence address	Tel. (Off.)			Tel.	(Res.)							
	Specify the proof of address sub- correspondence address Contact Details	Tel. (Off.) Fax No.			parties 1	(Res.) ile No.							
	correspondence address	Tel. (Off.)			parties 1	e de la constitue	4						
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	Contact Details Permanent Address (If different from above. Mandatory for	Tel. (Off.) Fax No.			Mob	e de la constitue							

hereby declare that the details furnished above are true and correct to the outoff any changes therein, immediately. In case any of the above insrepresenting, I am aware that I may be held liable for it.	ne best of my knowledge information is found to b	and bel e false	ief a or	nd I i	unde ie or	rtak mi	e to i	nfor
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Sr. No.	Pa	articulars							11270						
1		Originals verified and Self-Attested Docu	iment co	pies	rece	ived									
	In-l	Person-Verification (IPV) details:													
	a)	Name of the person doing IPV													
-000 th	b)	Designation													
2	c)	Name of Organization													
	d)	Signature													
	c)	Date					D	10		M	M	X	T	76	Y6
		gnature of the Signatory			me -										
Date				.33	5.1	28	Y	8	V.	X			/Stam terme	p of th diary	e

CENTRAL KYC REG	SISTRY Know Your Custo	mar () a propried to		
Important Instruction	s:			
A) Fields marked with " are	mandatory fields.	E) List of State / U.T co	de as per Indian Motor Vehicle Act, 1988 is a	vailable at the end.
B) Please fill the form in Eng	A STATE OF THE PROPERTY OF THE	F) List of two character	ISO 3166 country codes is available at the er	nd.
C) Please fill the date in DD			icant is mandatory for update application.	
	detailed guidelines / instructions		update, please tick (🗸) in the box available b	
at the end.		section number and s	strike off the sections not required to be update	ed.
For office use only	Application Type*	□ New □ Upo	date	
(To be filled by financial is	nstitution) KYC Number		(Mandatory fo	or KYC update request)
	Account Type*	☐ Normal ☐ Sin	nplified (for low risk customers)	Small
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Name* (Same as ID p	proof)			
Maiden Name (If any*)				
Father / Spouse Name				
Mother Name*				
Date of Birth*			Seedondonko koda da d	
Gender*	☐ M- Male	DE Fami		РНОТО
Marital Status*	Caracter Constitution	☐ F- Fema		49770
	☐ Married	Unmarr	Water control of the	
Citizenship*	☐ IN- Indian	Others	(ISO 3166 Country Code)	CONTRACT OF THE PARTY OF THE PA
Residential Status*	 ☐ Resident Individual ☐ Foreign National 		sident Indian of Indian Origin	
Occupation Type*	☐ S-Service (☐ Privat	e Sector Public S	Sector Government Sector)	
	O-Others (Profes			□Student)
	☐ B-Business		proyect Distance Distance	Education Thursday
ADDITIONAL DETAILS		if section 2 is ticked)	URISDICTION(S) OUTSIDE INDIA (I	
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	/ LOCAL ADDRESS DETAILS * (Please see instruc	
Same as Current / Perman	nent / 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 JU	RISDICTION DETAILS WHERE APPLICANT IS RES	SIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)
Same as Current / Perman	nent / 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*
T - CONTACT DETAILS	(All communications will be sent on provided Mobile no.	(Email-ID) (Please refer instruction F at the end)
A CONTRACTOR OF THE PROPERTY O	CONTRACTOR OF THE PROPERTY OF	Mobile — Mobile
Tel. (Off)	Tel. (Res)	1 - Mobile
FAX	Email ID	
6. DETAILS OF RELAT	ED PERSON (In case of additional related persons, p	lease fill 'Annexure B1') (please refer instruction G at the end)
Addition of Related Person	THE REPORT OF THE PROPERTY OF	C Number of Related Person (if available*)
Related Person Type*	☐ Guardian of Minor ☐ Assignee	☐ Authorized Representative Middle Name Last Name
	Prefix First Name	Middle Name Last Name
Name*	(If KYC number and name are provided, below details of	of section 6 are optional)
	1. \$1.00 to 1990 to 12. \$1.00 to 12.00	
PROOF OF IDENTITY [Pol	OF RELATED PERSON* (Please see instruction (H) at	
□ A- Passport Number		Passport Expiry Date
☐ B- Voter ID Card		
C- PAN Card		
 D- Driving Licence 		Driving Licence Expiry Date D O - M M - Y Y Y
☐ E- UID (Aadhaar)		
F- NREGA Job Card		
Z- Others (any documen	t notified by the central government)	Identification Number
S- Simplified Measures	s Account - Document Type code	Identification Number
7. REMARKS (If any)		
8. APPLICANT DECL		
I hereby declare that the details fun therein, immediately, in case any of	nished above are true and correct to the best of my knowledge and be If the above information is found to be false or untrue or misleading or mi	illef and 1 undertake to inform you of any changes srepresenting, I am aware that I may be held liable
for it.		(Signature Thank Immedian)
. I hereby consent to receiving inform	nation from Central KYC Registry through SMS/Email on the above regis	stered number/email address.
Date : [5 5 - 12 M -	y y y y Place:	Signature / Thumb Impression of Applicant
	D OFFICE HOE ONLY	
9. ATTESTATION / FO	OR OFFICE USE ONLY	
Documents Received	Certified Copies	
KYC VER	IFICATION CARRIED OUT BY	INSTITUTION DETAILS
Date		Name Name
Emp. Name		Code
Emp. Code		
Emp. Designation		
Emp. Branch		
Emp. Branch		
The state of the s	BLAZIWA - ZARA SHA	[fembles-st Start4]
	(Employee Signalism)	

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	13
	of account older			
□ Mobil	e Number			
□ Email	ID			
I hereby de (spouse, d	eclare that the afor dependent childre	resaid mobile numb en and dependent	er or E-mail ID belongs to □ Me oparents).	or □ My family
I/We have	been informed b	y you that our be	neficiary account is/may be eligion of SEBI. However, after bein	ible for BSDA
the charge not want to have beer account m	as per rules, reg structure and val o opt for BSDA cor made aware of ay be eligible for	iulations and provisions other consider oversion/selection for information regard conversion into B	neficiary account is/may be eligion of SEBI. However, after being rations I/We have to request your our beneficiary demat accounting the provision of BSDA and BDA and I/We have decided to my/our account to BSDA.	ng informed of u that I/We do with you. I/We when my/our
conversion the charge not want to have been account m writing whe	as per rules, reg e structure and var o opt for BSDA cor n made aware of ay be eligible for enever I/We would	ulations and provise rious other considences oversion/selection for information regard conversion into Bay want to convert/op	ion of SEBI. However, after being rations I/We have to request your our beneficiary demat accounting the provision of BSDA and SDA and I/We have decided to	ng informed of u that I/We do with you. I/We when my/our inform you in
conversion the charge not want to have beer account m writing whe	as per rules, regestructure and var o opt for BSDA corn made aware of ay be eligible for enever I/We would	riulations and provisitious other consider oversion/selection for information regard conversion into Barbart to convert/op	ion of SEBI. However, after being rations I/We have to request your our beneficiary demat accounting the provision of BSDA and BDA and I/We have decided to my/our account to BSDA.	ng informed of u that I/We do with you. I/We when my/our inform you in
conversion the charge not want to have been account m writing whe	as per rules, regestructure and var o opt for BSDA corn made aware of ay be eligible for enever I/We would	riulations and provisitious other considerious other considerious other considerious of the conversion into Barbart to convert/opert My regular a	ion of SEBI. However, after being rations I/We have to request your our beneficiary demat accounting the provision of BSDA and BDA and I/We have decided to my/our account to BSDA.	ng informed of u that I/We do with you. I/We when my/our inform you in

-		First/Sole Holder	Second Holder (if any	Third Holder (if any)
C	lient Code:		, NA	NA
D	emat Account No.			
1.	Are you U.S. person	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2.	Specify country of tax residency (If resident of more that one country, please specify all)	in		
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	er than India" in point no.2 and 3 at	pove, please provide below deta
4.	Provide Tax Identification Number			
5.	Specify country of birth			
3.	Specify city of birth and pin con	de		
7.	Source of Wealth	Salary Business Gift Ancestral Property Rental Income Prize money Royalty Other (Please specify)	Salary Business Gift Ancestral Property Rental Income Prize money Royalty Other (Please specify)	Salary Business Gift Ancestral Property Rental Income Prize money Royalty Other (Please specify)
			LARATION	
1	within 30 days, in case of any ch f I /we am/are U.S. person or ta: C.D. Integrated Services Limited Companies (AMCs) or such othe	true to the best of my knowleds ange in the above given status x resident of a reportable foreig to the relevant tax authority er product providers, to whom i	gn jurisdiction (other than U.S.), my y, or information may be shared FATCA/ CRS norms are applicable	account details, would be reporte
1 1 0 0	The details furnished above are within 30 days, in case of any character of the amiliar U.S. person or tax D.D. Integrated Services Limited Companies (AMCs) or such other Tax authorities / Regulators / Exforts / Expression of the country of Birth is U.S.	true to the best of my knowledge ange in the above given status of a reportable foreign to the relevant tax authority or product providers, to whom fixchanges / Depositories of India, however, I / We declare that I / ity) OR a self certification stat	on a future date; gn jurisdiction (other than U.S.), my y, or information may be shared	account details, would be reporte with concerned Asset Manager or to any of the Government Agen provide a certificate of relinguishr
1 1 0 0	The details furnished above are within 30 days, in case of any chiff I we am/are U.S. person or tail D Integrated Services Limited Companies (AMCs) or such other Tax authorities / Regulators / Extra tax authorities / Regulators / Ext	true to the best of my knowledgange in the above given status of a reportable foreign to the relevant tax authority or product providers, to whom fixchanges / Depositories of India, however, I / We declare that I / ity) OR a self certification staticitizenship at birth.	on a future date; gn jurisdiction (other than U.S.), my y, or information may be shared FATCA/ CRS norms are applicable a or of any country other than India; We are not US Person, I/We shall	account details, would be reporte with concerned Asset Manager or to any of the Government Agen provide a certificate of relinguishr
1 1 0 0	The details furnished above are within 30 days, in case of any chiff I we am/are U.S. person or tail D Integrated Services Limited Companies (AMCs) or such other Tax authorities / Regulators / Extra tax authorities / Regulators / Ext	true to the best of my knowledgange in the above given status of a reportable foreign to the relevant tax authority or product providers, to whom fixchanges / Depositories of India, however, I / We declare that I / ity) OR a self certification staticitizenship at birth.	on a future date; on jurisdiction (other than U.S.), my or information may be shared FATCA/ CRS norms are applicable a or of any country other than India; We are not US Person, I/We shall ting reasons for not having such a	account details, would be reporte with concerned Asset Manager or to any of the Government Agen provide a certificate of relinquishing a certificate despite relinquishing

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 BENIFICIARY 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 ensuring year

NOTES:

- 1. All the charges will be taken in advance for the year
- 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.
- 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.
- 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
- 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
- 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.	
		3	

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

INDIVIDUAL:

- 1) PAN CARD -Self Attested
- 2) PROOF OF ADDRESS
 - > VOTERS ID
 - > PASS PORT
 - DRIVING LICENCE RATION CARD
 - Aadhar Card
 - BANK ACCOUNT STATEMENTS -Not more than 3 months old
 - 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
- For Minor: Birth Certificate and POA &PAN is mandatory.

HUF:

- 1) PAN CARD-HUF Self Attested PNA CARD- KARTA - Self Attested
- 2) HUF DEED
- 3) PROOF OF ADDRESS OF HUF:
 - LATEST BANK STATEMENT
- 4) PROOF OF ADDRESS OF KARTA:
 - VOTERS ID
 - PASS PORT
 - > DRIVING LICENCE
 - > RATION CARD
 - BANK ACCOUNT STATEMENTS Not more than 3 months old
 - UTILIYT 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

PARTNERSHIP FIRM

- 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).
- Certificate of registration (for registered partnership firms only).
- 5) Copy of partnership deed.
- 6) List of Partners
- 7) Photograph, POI, POA, PAN of Partners.
- Resolution with Authority Letter on Firm Letterhead
- 9) Cancel Cheque with Name

TRUST

- 1) PAN Of Trust
- 2) Address proof of Trust
- Copy of the balance sheets for the last 2 financial years (to be submitted every year)
- 4) .Certificate of registration (for registered trust only).
- Copy of Trust deed.
- 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

CORPORATE ACCOUNT

- 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).
- 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.
- 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.