

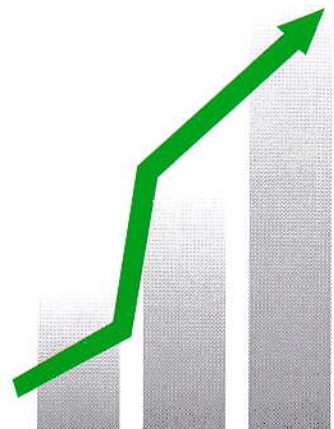


Simplifying Investments Multiplying Money

Website : www.grdgroupz.com

ACCOUNT OPENING FORM for Individuals

DEPOSITORY PARTICIPANT :
NATIONAL SECURITIES DEPOSITORY LTD.



4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Email ID

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

5. FATCA / CRS Information (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 above option (5) is ticked)

Country of Jurisdiction of Residence* Country Code of Jurisdiction of Residence as per ISO 3166

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

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

Address

Line 1*

Line 2

Line 3 City / Town / Village

District* Zip / Post Code* State / Ut Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

6. Details of Related Person (Optional) (Please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

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)

(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- Aadhaar Card

F- NREGA Job Card

Z- Others (any document notified by the central government) 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 declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/ directions issued by any governmental or statutory authority from time to time.

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

Date : DD - MM - YYYY Place :

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. Attestation / For Office Use Only

Documents Received Certified Copies

KYC Verification Carried Out by (Refer Instruction I)

Date DD - MM - YYYY

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

In-Person Verification (IPV) Carried Out by (Refer Instruction J)

Date DD - MM - YYYY

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

Instructions / Guidelines for filling Individual KYC Application Form

General Instructions :

1. Self-Certification of documents is mandatory.
2. KYC number of applicant is mandatory for update / change of KYC details.
3. For particular section update, please (J) in the box available before the section number and strike off the sections not required to be updated.
4. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the list mentioned under [I].
5. If any proof of identity or address is in a foreign language, then translation into English is required.
6. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
7. If correspondence & permanent addresses are different, then proofs for both have to be submitted.
8. Sole proprietor must make the application in his individual name & capacity.
9. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport / PIO Card / OCI Card and overseas address proof is mandatory.
10. In case of Merchant Navy NRI's Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
11. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate / Mark sheet issued by Higher Secondary Board / Passport of Minor / Birth Certificate must be provided.

A. Clarification / Guidelines on filling 'Identity Details' section

1. Name : Please state the name with Prefix (Mr. / Mrs. / Ms. / Dr. / etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
2. Either father's name of spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

B. Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

1. Tax identification Number (TIN) : TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security or insurance number, citizen / personal identification / services code / number, and resident registration number.

C. Clarification / Guidelines on filling 'Proof of Identity [PoI]' section, if PAN Card copy is not enclosed / For PAN exempt Investors

1. If driving license number of passport is provided as proof of identity then expiry date is to be mandatorily furnished.
2. Mention identification / reference number if 'Z' - Others (any document notified by the central government) is ticked.
3. Others - Identity card with applicant's photograph issued by any of the following : Central / State Government Departments, Statutory / Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards / Debit cards issued by Banks.
4. Letter issued by a gazetted officer, with a duly attested photograph of the person.

D. Clarification / Guidelines on filling 'Proof of Address [PoA] section

1. PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
2. State / U.T. Code and Pin / Post Code will not be mandatory for Overseas addresses.
3. Others includes - Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India; Identity card with applicant's photograph and address issued by any of the following : Central / State Government Departments, Statutory / Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards / Debit cards issued by Banks.

E. Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

1. To be filled only in case the PoA is not the local address of address where the customer is currently residing. No separate PoA is required to be submitted.
2. In case of multiple correspondence / local addresses, Please fill 'Annexure A1'
3. Others includes - Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India; Identity card with applicant's photograph and address issued by any of the following : Central / State Government Departments, Statutory / Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards / Debit cards issued by Banks.

F. 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.

G. Clarification / Guidelines on filling 'Related Person details' section

1. Provide KYC number of related person if available.

H. Clarification / Guidelines on filling 'Related Person details - Proof of Identity [PoI] of Related Person' section

1. Mention Identification / reference number if 'Z' - Others (any document notified by the central government) is ticked.

I. List of People authorized to attest the documents after verification with the originals :

1. Authorised officials of Asset Management Companies (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD complaint mutual fund distributors.
4. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial / Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal Should be affixed on the copy).
5. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy / Consulate General in the country where the client resides are permitted to attest the documents.
6. Government authorised officials who are empowered to issue Apostille Certificates.

J. List of people authorized to perform in Person Verification (IPV) :

1. Authorised officials of Asset Management Companies (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. Manager of a Scheduled Commercial / Co-operative Bank of Multinational Foreign Banks (for investors investing directly).
5. In case of NRI applicants, a person permitted to attest documents, may also conduct the In Person Verification and confirm this in the KYC Form.

K. PAN Exempt Investor Category

1. Investments (Including SIPs), in Mutual Fund schemes up to INR 50,000/- per investor per year per Mutual Fund.
2. Transactions undertaken on behalf of Central / State Government, by officials appointed by Courts, e.g., Officials liquidator, Court receiver, etc.
3. Investors residing in the state of Sikkim.

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 | Pondichery | 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 |
| Chattisgarh | 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 |
| Gujrat | 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 |
|---------------------------------------|--------------|--|--------------|--|--------------|--|--------------|
| Afganistan | 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 | GQ | Macao | MO | Sao Tome and Principe | ST |
| Andorra | AD | Eritrea | ER | Macedonia, the former Yugoslav Republic of | 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 Islands | MH | Slovakia | SK |
| Australia | AU | French Guiana | GF | Martinique | MQ | Slovenia | SI |
| Austria | AT | French Polynesia | PF | Mauritania | MR | Solomon Islands | SB |
| Azerbaijan | AZ | French Southern Territories | TF | Mauritius | MU | Somalia | SO |
| Bahamas | BS | Gabon | GA | Mayotte | YT | South Africa | ZA |
| Bahrain | BH | Gambia | GM | Mexico | MX | South Georjin 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 | SJ |
| 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 | Nauru | NR | Taiwan, Province of China | TW |
| Botswana | BW | Guinea | GN | Nepal | NP | Tajikistan | TJ |
| Bouvet Island | BV | Guinea-Bissau | GW | Netherlands | NL | Tanzania, United Republic of | TZ |
| Brazil | BR | Guyana | GY | New Caledonia | NC | 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 | Tonga | TO |
| Burundi | BI | Hong Kong | HK | Niue | NU | Trinidad and Tobago | TT |
| Cabo Verde | CV | 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 | UG |
| 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 | PG | United Kingdom | GB |
| Christmas Island | CX | Italy | IT | Paraguay | PY | United States | US |
| Cocos (Keeling) Islands | CC | Jamaica | JM | Peru | PE | United States Minor Outlying Islands | UM |
| Colombia | CO | Japan | JP | Philippines | PH | Uruguay | UY |
| Comoros | KM | Jersey | JE | Pitcairn | PN | Uzbekistan | UZ |
| Congo | CG | Jordan | JO | Poland | PL | 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 !Côte d'Ivoire | CI | Korea, Democratic People's Republic of | KP | Reunion IRéunion | RE | Virgin Islands, U.S. | VI |
| Croatia | HR | Korea, Republic of | KR | Romania | RO | Wallis and Futuna | WF |
| Cuba | CU | Kuwait | KW | Russian Federation | RU | Western Sahara | EH |
| Curacao !Curaçao | CW | Kyrgyzstan | KG | Rwanda | RW | Yemen | YE |
| Cyprus | CY | Lao People's Democratic Republic | LA | Saint Barthelemy !Saint Barthélemy | BL | Zambia | ZM |
| Czech Republic | CZ | Latvia | LV | Saint Helena, Ascension and Tristan de Cunha | SH | Zimbabwe | ZW |
| Denmark | DK | Lebanon | LB | Saint Kitts and Nevis | KN | | |
| Djibouti | DJ | Lesotho | LS | Saint Lucia | LC | | |
| Dominica | DM | Liberia | LR | Saint Martin (French part) | MF | | |

FROM - 9
PART II - ACCOUNT OPENING FORM
[FOR INDIVIDUALS]

GRD Securities Ltd. (DP ID-IN303526)
238A, A.J.C. Bose Road, 6th Floor
Kolkata-700 020
West Bengal

Client - ID
(To be filled by 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

| | | |
|---|--|--|
| <input type="checkbox"/> Ordinary Resident | <input type="checkbox"/> NRI-Repatriable | <input type="checkbox"/> NRI-Non Repatriable |
| <input type="checkbox"/> Qualified Foreign Investor | <input type="checkbox"/> Foreign National | <input type="checkbox"/> Promoter |
| <input type="checkbox"/> Margin | <input type="checkbox"/> Others (Please specify) _____ | |

D) Gross Annual Income Details

Income Range per annum (please tick any one)

| | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Below ₹ 1 lac | <input type="checkbox"/> ₹ 1 - 5 lac | <input type="checkbox"/> ₹ 5 - 10 lac |
| <input type="checkbox"/> ₹ 10 - 25 lac | <input type="checkbox"/> More than ₹ 25 lac | |

E) In case of NRIs/ Foreign Nationals

RBI Approval Reference Number

RBI Approval Date

 D D M M Y Y Y Y

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 : Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

H) Standing Instructions [Please tick (✓) wherever applicable]

- | | | | |
|---|--|------------------------------|-----------------------------|
| 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 | Receive Annual Reports, AGM notices and other communications from Issues & RTAs in physical form | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4 | Standing Instruction Indicator for Credit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5 | Standing Instruction Indicator for Auto Pledge Confirmation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 | Account to be operated through Demat Debit and Pledge Instruction (DDPI) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

7 SMS Alert Facility : [Mandatory if you are giving Power of Attorney (PoA / DDPI). 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"/> |

8 **Mode of receiving Statement of Account [Tick any One]** Physical Form Electronic Form [Read Note 3 and ensure that email ID is provided in KYC Application Form]

9 **Account Type** Regular Account BSDA

10 **For Joint Accounts, Communication to be sent to (See Note 5)** First holder All Joint account holders

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 filled by the guardian)]

| | | | | | | | | | | | | |
|-------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Guardian Name | | | | | | | | | | | | |
| PAN | | | | | | | | | | | | |
| Relationship of guardian with minor | | | | | | | | | | | | |

J) Nomination Option

I / We wish to make a nomination. [Details are provided at FORM 10] I / We do not wish to make a nomination.

K) Mode of Operations for Joint Accounts Jointly Anyone of the holder of survivor(s)

If Mode of Operation for Joint Account is chosen as anyone of the holder or survivor(s), only specified operations such as transfer of securities including Inter-Depository Transfer, pledge / hypothecation / margin pledge / margin re-pledge (creation, closure and invocation and confirmation thereof as applicable) of securities and freeze / unfreeze of account and / or securities and / or specific number of securities will be permitted.



FORM – 10
FORM FOR NOMINATION
(To be filled in by individual applying singly or jointly)



- I / We wish to make a nomination. [As per details given below]
- I / We wish to cancel the nomination made by me / us earlier and consequently all rights and liabilities in respect of beneficiary ownership in the securities held by me / us in the said account shall vest in me / us. [Strike off the nomination details below]

Nomination Details

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all securities held in the Depository by me / us in the said beneficiary owner 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 <input type="checkbox"/> (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) 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 same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Account No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID | | | |
| 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) Pin Code | | | |
| 11 | Mobile / Telephone 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 same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank Account No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID | | | |

| 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 |

Signature of Witness for Nomination

| Name of the Witness | Address | Signature of Witness | | | | | | | | |
|---------------------|---------|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
| | | Date | | | | | | | | |
| | | <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> | D | D | M | M | Y | Y | Y | Y |
| D | D | M | M | Y | Y | Y | Y | | | |

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 & 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.

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.
- In case of Joint account, on death of any of the joint account holders, the surviving account holder (s) has to inform Participant about the death of account holder (s) with required documents within one year of the date of demise.
- In case if 'first holder' is selected, the communication will be sent as per the preference mentioned at Sr. No. 4. In case 'All joint account holders' is opted, communication to first holder will be sent as per the preference mentioned at Sr. No. 4 and communication to other holders will be in electronic mode. The default option will be communication to 'first holder', if no option selected.
- Strike off whichever is not applicable.

SCHEDULE "A"**CHARGES FOR BENEFICIARY ACCOUNT (W.E.F. 01.08.2020)**

| Sl. No. | Activity | Charges | Minimum Charges |
|---------|-----------------------------|--|-----------------|
| 1. | Account Opening | NIL | NIL |
| 2. | Agreement Charges for POA | Stamp Charges | Rs. 30/- |
| 3. | Account Maintenance Charges | Per Annum for Individual | Rs. 350/- |
| | | Per Annum for Corporate | Rs. 850/- |
| 4. | Dematerialization | Rs. 10/- Per Certificate | Rs. 100/- |
| 5. | Rematerialization | Rs. 20/- Per Certificate or Rs. 20/- Per 100 Shares or Part there of whichever is higher + courier charges Rs. 50/- flat | Rs. 100/- |
| 6. | Transaction | Buy | NIL |
| | | Sell | Rs. 15/- |
| 7. | Normal Pledge | Creation / Closure / Invocation / Confirmation | Rs. 35/- |
| 8. | Margin Pledge | Creation / Closure / Invocation | Rs. 50/- |

| | |
|---------------------------------|---|
| Demat / Remat Rejection Charges | Rs. 20/- |
| Cheque Dishonour Charges | As applicable |
| Failed / Rejection Instruction | Rs. 10/- per instruction as decided by DP |
| GST | As Applicable |

Client Signature

Format of Request

[Please tick (✓) wherever applicable]

Name of First Holder

Mobile Number

E-mail ID

I hereby declare that the aforesaid mobile number of E-mail ID belongs to Me or My family (spouse, dependent children and dependent parents).

Signature of Account Holder

Name of Second Holder

Mobile Number

E-mail ID

I hereby declare that the aforesaid mobile number of E-mail ID belongs to Me or My family (spouse, dependent children and dependent parents).

Signature of Account Holder

Name of Third Holder

Mobile Number

E-mail ID

I hereby declare that the aforesaid mobile number of E-mail ID belongs to Me or My family (spouse, dependent children and dependent parents).

Signature of Account Holder

ACKNOWLEDGEMENT

With reference to my / our application for opening a depository account, I / We wish to receive to copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant" electronically/ physically.

Name

Signature(s)

Sole / First Holder

x

Second Holder

x

Third Holder

x

DEMAT DEBIT AND PLEDGE INSTRUCTION [DDPI]

I / We Mr. / Mrs. / M/s. (First Holder) _____

(Second Holder) _____

(Third Holder) _____

S/o, D/o, W/o _____ residing at / having registered office at _____ an individual / a Sole Proprietary concern / a Partnership Firm / a Body Corporate / Trust, registered / incorporated, under the provisions of the (herein after referred to as "Beneficial Owner") wish to avail / have availed the broking / E-broking facilities and other services offered (here in after referred to as "Services"), by GRD SECURITIES LTD. company incorporated under the companies Act 1965 and having its Registered office address at 238AAJC Bose Road, Kolkata- 700020 (herein after referred to as "Member") and its Member (Trading Member) of the National Stock Exchange of India Limited (NSE) and Bombay Stock Exchange Limited (BSE) (herein after referred to as "the Exchange") and is also a "Depository Participant" registered with National Securities Depository Limited (NSDL) / Central Depository Services (India) Limited (CDSL).

WHEREAS I am / We are investor (s) engaged in buying, selling and trading of securities in Cash Segment and / or dealing in F & O and Currency Derivatives Segment of NSE / BSE through broker, a member of National Stock Exchange of India Limited (NSE) having Member ID-11866 & Bombay Stock Exchange Limited (BSE) having Member ID-3007, bearing SEBI Registration no. – INZ000193937.

And WHEREAS I / We hold a Beneficiary Account No. _____ (B J-ID) with Depository Participant GRD SECURITIES LTD. registered with National Securities Depository Limited (NSDL) / Central Depository Services (India) Limited (CDSL), having DP-ID In303526 / 12057100 SEBI Registration no. IN-DP-643-2021. This authority is restricted to the purpose as mentioned below arising out of the transactions effected by me / us through GRD SECURITIES LTD. under client Code _____.

NOW KNOW I / WE ALL, do hereby, jointly and severally give my / our instructions GRD SECURITIES LTD. Stock Broker and Depository Participant, to exercise and perform the following acts, deeds and things as mentioned below :

| SL. | Purpose | Signature of Client |
|-----|--|-------------------------|
| 1 | Transfer of securities held in my / our beneficial owner account towards Stock Exchange related to deliveries / settlement obligations arising out of trades executed by me / us on the Stock Exchange through GRD SECURITIES LTD. | 1 st Holder- |
| | | 2 nd Holder- |
| | | 3 rd Holder- |
| 2 | Pledging / Re-pledging of securities in favour of Trading Member (TM) / Clearing Member (CM) for the purpose of meeting margin requirements in connection with the trades executed by me / us on the Stock Exchange. | 1 st Holder- |
| | | 2 nd Holder- |
| | | 3 rd Holder- |

| SL. | Purpose | Signature of Client |
|-----|--|-------------------------|
| 3 | Mutual Fund transactions being executed on Stock Exchange order entry platforms. | 1 st Holder- |
| | | 2 nd Holder- |
| | | 3 rd Holder- |
| 4 | Tendering shares in open offers through Stock Exchange platforms. | 1 st Holder- |
| | | 2 nd Holder- |
| | | 3 rd Holder- |

► The Demat account details of Member where shares can be transferred for above purpose is mentioned below :

| Account Name | Depository | NSDL DP ID | NSDL Client ID | CDSL DP ID | CSSL Client ID |
|-------------------------------------|-------------|------------|----------------|------------|----------------|
| NSE Pool | NSDL / CDSL | IN303526 | 10000037 | 12057100 | 00000319 |
| BSE Pool | NSDL / CDSL | In303526 | 10000045 | 12057100 | 00000441 |
| TRIM Client Sec Margin Pledge | NSDL / CDSL | In303526 | 10013634 | 12057100 | 00004712 |

Dear Sir,

I / We inform you that if I / We find extremely inconvenient to give cheque against my / our depository bills then I / We hereby authorise and instruct you to realize the "Demat Account Operating Charges" by debiting my / our ledger A/c. with you for trading purpose.

| | |
|------------------|---|
| Client Name | |
| Client Signature | × |
| Trading Code | |

OPTION FOR ISSUANCE OF DIS BOOKLET ALONG WITH ACCOUNT OPENING

(To be filled by persons seeking to open a depository account who have given DDPI to operate the depository account to a Stock Broker / Participant / Portfolio Manager and do not intend to open a Basic Services Demat Account)

| | | |
|---------------------------------------|---------------------|--|
| Name(s) of account holder(s) | Sole / First Holder | |
| | Second Holder | |
| | Third Holder | |

Option for Issue of DIS booklet (please tick (✓) any one)

Option 1

I / we wish to receive the Delivery Instruction Slip (DIS) booklet with account opening.

Option 2

I / We do not wish to receive the DIS booklet with account opening. However, the DIS booklet should be issued to me / us immediately on my / our request at any later date.

| Beneficial Owner | Name | Signature |
|---------------------|------|-----------|
| Sole / First Holder | | × |
| Second Holder | | × |
| Third Holder | | × |

Checklist for Individual :

- 1) Form should be filled up properly
- 2) Documents required-PAN / AADHAR (Self attested)
- 3) PHOTO with cross sign
- 4) Cheque of Rs. 550/-
- 5) One witness on the nominee page (nominee mandatory)
- 6) Nominee documents (self signed PAN of Aadhaar)
- 7) Email / Mobile Number / income range (mandatory)

CLIENT NAME _____
CLIENT ID **10** _____
DATE OF OPENING OF ACCOUNT _____
CAPTURED BY _____ VERIFIED BY _____

Registered Office :
238A, A.J.C. Bose Road • 6th Floor • Kolkata-700 020 • INDIA
Tel. 033-40844444 • Fax : 033-40844499
E-mail : dpcare@grdgroupz.com
Website : www.grdgroupz.com