



Simplifying Investments Multiplying Money

Website : www.grdgroupz.com

ACCOUNT OPENING FORM **for Non-Individuals**

DEPOSITORY PARTICIPANT :
NATIONAL SECURITIES DEPOSITORY LTD.





Simplifying Investments Multiplying Money

Depository Participant of
National Securities Depository Ltd.
SEBI Regn. No. : IN-DP-NSDL-292-2008

CKYC No.

PART-I

**Know Your Client (KYC)
Application Form
(For Non-Individuals only)**

Please fill this form in ENGLISH and in BLOCK LETTERS

A. IDENTITY DETAILS

| | | | | | | | | | | | | | | | | |
|---|--|--|--------------------------------------|---|---|---|---|---|---|---------------------------------|---|---|---|---|---|---|
| 1 | Name of the Applicant | | | | | | | | | | | | | | | |
| 2 | Date of incorporation | D | D | M | M | Y | Y | Y | Y | Place of incorporation | | | | | | |
| 3 | Date of commencement of business | | | | | | | | D | D | M | M | Y | Y | Y | Y |
| 4 | (a) PAN | | | | | | | | | (b) Registration No. (e.g. CIN) | | | | | | |
| 5 | Status (please tick any one) | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Private Limited Co. | <input type="checkbox"/> Bank | <input type="checkbox"/> Partnership | | | | | | | | | | | | | |
| | <input type="checkbox"/> Public Ltd. Co. | <input type="checkbox"/> Government Body | <input type="checkbox"/> FI | | | | | | | | | | | | | |
| | <input type="checkbox"/> Body Corporate | <input type="checkbox"/> Non-Government Organization | <input type="checkbox"/> FII | | | | | | | | | | | | | |
| | <input type="checkbox"/> Trust | <input type="checkbox"/> Defense Establishment | <input type="checkbox"/> HUF | | | | | | | | | | | | | |
| | <input type="checkbox"/> Charities | <input type="checkbox"/> Society | <input type="checkbox"/> AOP | | | | | | | | | | | | | |
| | <input type="checkbox"/> NGO's | <input type="checkbox"/> LLP | <input type="checkbox"/> BOI | | | | | | | | | | | | | |
| | <input type="checkbox"/> Others (please specify) _____ | | | | | | | | | | | | | | | |

B. ADDRESS DETAILS

| | | | | | | | | | | | | | | | | |
|---|---|-----------------------|--|--|--|--|--|---------|-------------|--|--|--|--|--|--|--|
| 1 | Correspondence Address | _____ | | | | | | | | | | | | | | |
| | | _____ | | | | | | | | | | | | | | |
| | | City / Town / Village | | | | | | | PIN Code | | | | | | | |
| | State | | | | | | | Country | | | | | | | | |
| 2 | Specify the proof of address submitted for correspondence address | | | | | | | | | | | | | | | |
| 3 | Contact Details | Tel. (Off.) | | | | | | | Tel. (Res.) | | | | | | | |
| | | Fax No. | | | | | | | Mobile No. | | | | | | | |
| | | E-mail ID | | | | | | | | | | | | | | |
| 4 | Registered Address (if different from above) | _____ | | | | | | | | | | | | | | |
| | | _____ | | | | | | | | | | | | | | |
| | | City / Town / Village | | | | | | | PIN Code | | | | | | | |
| | State | | | | | | | Country | | | | | | | | |

C. OTHERS DETAILS

| | | |
|---|--|---|
| 1 | Name, PAN, residential address and photographs of promoters / Partners / Karta / Trustees and whole time directors : | If space is insufficient, enclose these details separately [<i>Illustrative format enclosed</i>] |
| 2 | DIN of whole time directors : | |
| 3 | Aadhaar number of Promoters / Partners / Karta | |

D. DECLARATION

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

Name & Signature of the Authorised Signatory(ies)

| | | | | | | | | |
|------|---|---|---|---|---|---|---|---|
| Date | D | D | M | M | Y | Y | Y | Y |
|------|---|---|---|---|---|---|---|---|

FOR OFFICE USE ONLY

Originals verified and Self-Attested Documents copies received

Name and Signature of the Authorised Signatory

Date

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

Seal / Stamp of the intermediary

Details of Promoters / Partners / Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

| Sr. No. | Name | Relationship with Applicant <i>(i.e. promoters, whole time directors etc.)</i> | PAN | Residential / Registered Address | DIN of whole time directors / Aadhaar number of Promoters / Partners / Karta | Photograph |
|---------|------|---|-----|----------------------------------|--|------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

Name & Signature of the Authorised Signatory(ies)

| | | | | | | | | |
|------|---|---|---|---|---|---|---|---|
| Date | D | D | M | M | Y | Y | Y | Y |
|------|---|---|---|---|---|---|---|---|

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GRD Securities Ltd.
Depository Participant of
National Securities Depository Ltd.
SEBI Reg. No. IN303526

PART-II Account Opening Form (For Non-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)

We request you to open a depository account in 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) :

| | Name | PAN |
|---------------------|------|-----|
| Sole / First Holder | | |
| Second Holder | | |
| Third Holder | | |

B) Type of Account

- | | | |
|---|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Body Corporate | <input type="checkbox"/> FI | <input type="checkbox"/> FII |
| <input type="checkbox"/> Qualified Foreign Investor | <input type="checkbox"/> Mutual Fund | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Bank | <input type="checkbox"/> CM | <input type="checkbox"/> HUF |
| <input type="checkbox"/> Other (Please specify) _____ | | |

C) For Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., although the account is opened in the name of the partner(s), trustee(es) etc., the name & PAN of the Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., should be mentioned below :

a) Name _____ b) PAN

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

D) Income Details (please specify)

| | | | | | | | | | | |
|---|---|--|---|---|---|---|---|---|---|---|
| Income Range per annum | and | Network | | | | | | | | |
| <input type="checkbox"/> Below ₹ 20 Lac | | Amount (₹) _____ | | | | | | | | |
| <input type="checkbox"/> ₹ 20 – 50 Lac | | As on (date) <table border="1" style="display: inline-table; border-collapse: collapse;"><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 | | |
| <input type="checkbox"/> ₹ 50 Lac – 1 Crore | (Network should not be older than 1 year) | | | | | | | | | |
| <input type="checkbox"/> Above ₹ 1 Crore | | | | | | | | | | |

E) In case of FIIs / Others (as may be applicable)

RBI Approval Reference Number _____

RBI Approval Date

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

SEBI Registration Number (for FIIs) _____

F) Bank Details

1 Bank Account Type Savings Account Current Account Others (please specify) _____

2 Bank Account Number _____

3 Bank Name _____

4 Branch Name _____

| | | | |
|-----------------------|--|----------|--|
| City / Town / Village | | PIN Code | |
| State | | Country | |

| | | | | | | | | | | | | | | | | | | | |
|----|--|-----------------------------|---------------------|--|--|--------|---------------|--|--|--------------------------|---|--------------------------|---|--|--|--|--|--|--|
| 5 | MICR Code | | | | | | | | | | | | | | | | | | |
| 6 | IFSC | | | | | | | | | | | | | | | | | | |
| G) | Please tick, if applicable, for any of your authorized signatories / Promoters / Partners / Karta / Trustee / Whole time directors : | | | | | | | | | | <input type="checkbox"/> Political Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) | | | | | | | | |
| H) | Clearing Member Details (to be filled up by Clearing Members only) | | | | | | | | | | | | | | | | | | |
| 1 | Name of Stock Exchange | | | | | | | | | | | | | | | | | | |
| 2 | Name of Clearing Corporation / Clearing House | | | | | | | | | | | | | | | | | | |
| 3 | Clearing Member ID | | | | | | | | | | | | | | | | | | |
| 4 | SEBI Registration Number | | | | | | | | | | | | | | | | | | |
| 5 | Trade Name | | | | | | | | | | | | | | | | | | |
| 6 | CM-BP-ID (to be filled up by Participant) | | | | | | | | | | | | | | | | | | |
| I) | Standing Instructions | | | | | | | | | | | | | | | | | | |
| 1 | We authorise you to receive credits automatically into 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 | Account to be operated through Demat Debit and Pledge Instruction (DDPI) | | | | | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| 4 | SMS Alert Facility | | | | | | | | | | | | | | | | | | |
| | 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"/> | | | | | | | |
| 5 | Mode of receiving Statement of Account [Tick any one] | | | | | | | | | | <input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form [Read Note 3 and ensure that email ID is provided in KYC Application Form] | | | | | | | | |
| J) | List of family members (Separate Annexure may be used in case number of members is higher) | | | | | | | | | | | | | | | | | | |
| | Sr. No. | Name of Coparcener / Member | | | | Gender | Date of Birth | | | Relation with Karta | | | Whether Coparcener / Member (please specify) | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

DECLARATION

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by us and we have understood the same and we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and 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, we are aware that we may be held liable for it. I/We acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

Authorised Signatories

(Enclose a Board Resolution for Authorised Signatories, In case of HUF details of Karta to be given)

| Sole / First Holder | Name | Signature(s) |
|--------------------------------|------|--------------|
| First Signatory / Karta of HUF | | X |
| Second Signatory | | X |
| Third Signatory | | X |
| Other Holders | | |
| Second Holder | | X |
| Third Holder | | X |

Mode of Operation for Sole/First Holder (In case of joint holdings, all the holders must sign. In case of HUF this is not applicable)

| | |
|--|--|
| <input type="checkbox"/> Any one singly | |
| <input type="checkbox"/> Jointly by | |
| <input type="checkbox"/> As per resolution | |
| <input type="checkbox"/> Others (please specify) | |

Notes :

1. In case of additional signatures, separate annexures should be attached to the application form.
2. Thumb impressions and signatures other than English of Hindi or any of the other languages 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 of 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.

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 _____

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 individuals 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 238A AJC 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. _____ (BO-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 instruction to 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 |
| TM CM Client See Margin Pledge | NSDL / CDSL | In303526 | 10013634 | 12057100 | 00004712 |

ACKNOWLEDGEMENT

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

| | Name | Signature(s) |
|----------------------------|------|--------------|
| Sole / First Holder | | |
| Second Holder | | |
| Third Holder | | |

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 | | X |
| Second Holder | | X |
| Third Holder | | X |

Dear Sir,

I/We inform that I/We have the above mentioned demat A/c. with you. I/We find it extremely inconvenient to give cheque against my/our depository bills. In this regard 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.

Thanking you,

Yours faithfully

Client Name : _____

Client Signature : _____

Trading Code : _____

GRD Securities Ltd.

238/A, A. J. C. Bose Road
6th Floor, Kolkata-700 020

Date : _____

Certified true copy of the resolution passed at the meeting of the Board of Directors of (Name of the Company) held at the registered office of the company at (Address) on (Date) at (Time)

"RESOLVED THAT a Corporate Beneficiary depository account of the company to be opened with **GRD Securities Ltd.,** Regd. address **238A, A.J.C. Bose Road, 6th Floor, Kolkata-700 020** and Mr./Mrs. _____ and Mr./Mrs. _____ are hereby signly authorised to complete all account opening formalities, issue receipt / delivery instruction, demat / remat requests, intersettlement transfer, account closure / shifting / freeze / defreeze requests, pledge instruction, cancellations of the aforesaid and all other acts as may be necessary for operations of the account and a copy of this resolution be furnished to **GRD Securities Ltd."**

Name

Designation

Signature

Mr./Mrs.

Mr./Mrs.

Certified True Copy

Sign & Stamp

Checklist for Corporate

- ❖ Director's photo across sign. (without stamp)
- ❖ Company address proof. (from 18 with ROC receipt or bank statement not more than three months old/passbook)
- ❖ Copy of the balance sheets for the last 2 financial years.
- ❖ Copy of latest share holding pattern including list of all those holding control.
- ❖ Company pan card.
- ❖ Directors and authorized signatories pan card proof of address.
- ❖ Cheque of Rs. 1100/-
- ❖ Board resolution of the company.
- ❖ Memorandum of association of the company.
- ❖ List of authorized person with specimen signature.
- ❖ Form 32 with ROC receipt.
- ❖ Share holding 25% or above – PAN and address proof of share holder.
- ❖ Declaration of annual income and networth on letter head of the company.
- ❖ Mobile and email.
- ❖ Witness

Checklist for HUF

- ❖ HUF bank statement for address proof.
- ❖ Deed of declaration of HUF/List of coparceners.
- ❖ HUF PAN
- ❖ Karta's PAN and address proof.
- ❖ Karta's photo. (sign across without stamp)
- ❖ Cheque of Rs. 550/- from HUF bank.

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