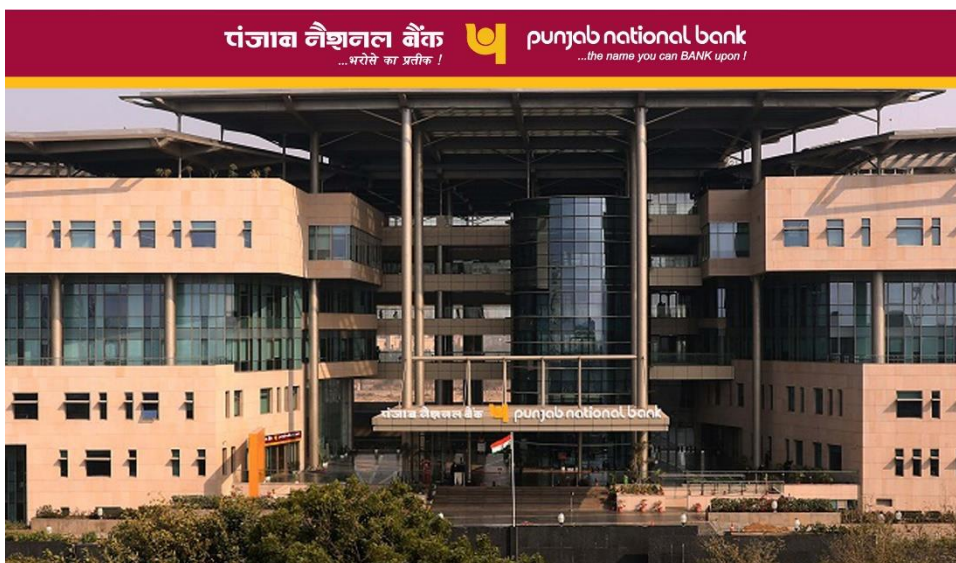


# **Welcome to Punjab National Bank Depository Services**

## **DEMAT ACCOUNT OPENING FORM (Non-Individual)**



DEPOSITORY: ☐ NSDL ☐ CDSL

DP ID:

CLIENT ID:

CLIENT NAME:

SAVING/ CURRENT ACCOUNT NUMBER:



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## KNOW YOUR CLIENT (KYC) Application Form - For Individuals

☐ NEW ☐ CHANGE REQUEST (Please tick ✓ the appropriate)

Acknowledgement No. \_\_\_\_\_

Please fill this form in **ENGLISH** and in **BLOCK LETTERS**

(Please tick ✓ the box on left margin of appropriate row where **CHANGE/CORRECTION** is required and provide the details in the corresponding row)

### A IDENTITY DETAILS

|                                                                                                                                         |                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 1. Name of the Applicant                                                                                                                |                                                                                     |
| 2. Father's/Spouse Name                                                                                                                 |                                                                                     |
| 3a. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female                                                                | 3b. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married |
| 3c. Date of Birth                                                                                                                       | DD / MM / YYYY                                                                      |
| 4a. Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify) _____                                   |                                                                                     |
| 4b. Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National |                                                                                     |
| 5a. PAN                                                                                                                                 |                                                                                     |
| 5b. Unique Identification Number (UID) / Aadhaar, if any:                                                                               |                                                                                     |
| 6. Specify Proof of Identity submitted <input type="checkbox"/> PAN card <input type="checkbox"/> Other (Please specify) _____          |                                                                                     |

PHOTOGRAPH

Please affix  
your recent passport  
size photograph and  
sign across it

### B ADDRESS DETAILS

|                                                                                                          |           |
|----------------------------------------------------------------------------------------------------------|-----------|
| 1. Residence / Correspondence Address                                                                    |           |
| City / Town / Village                                                                                    | Country   |
| State                                                                                                    | Pin Code  |
| 2. Specify the Proof of Address submitted for Residence / Correspondence Address:                        |           |
| 3. Contact Details                                                                                       |           |
| Tel. (Off.)                                                                                              | Fax       |
| Tel. (Res.)                                                                                              | Mobile No |
| E-Mail Id                                                                                                |           |
| 4. Permanent Address (If different from above or overseas address, mandatory for Non-Resident Applicant) |           |
| City / Town / Village                                                                                    | Country   |
| State                                                                                                    | Pin Code  |

### C DECLARATION

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

Date: DD / MM / YYYY

Signature of the Applicant

### FOR OFFICE USE ONLY

#### In Person Verification (IPV) Details:

Name of the person who has done the IPV: \_\_\_\_\_  
Designation: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
Name of the Organization: \_\_\_\_\_  
Date of IPV: DD / MM / YYYY  
Signature of the person who has done the IPV

Seal/Stamp of the Intermediary

☐ Originals Verified and Self Attested Document copies received

Date

Signature of the Authorised Signatory



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### INSTRUCTIONS/CHECK LIST FOR FILLING KYC FORM

#### A. IMPORTANT POINTS:

- Self attested copy of PAN card is mandatory for all clients, including Promoters/Partners/Karta/Trustees and whole time directors and persons authorised to deal in securities on behalf of company/firm/others.
- Copies of all the documents submitted by the applicant should be self-attested 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 authorised for attesting the documents, as per the below mentioned list.
- If any proof of identity or address is in a foreign language, then translation into English is required.
- Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- If correspondence & permanent address are different, then proofs for both have to be submitted.
- Sole proprietor must make the application in his individual name & capacity.
- 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.
- For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
- In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- 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.
- Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

#### B. Proof of Identity (POI): - List of documents admissible as Proof of Identity:

- Unique Identification Number (UID) (Aadhaar)/ Passport/ Voter ID card/ Driving license.
- PAN card with photograph.
- Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its 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.

#### C. Proof of Address (POA): - List of documents admissible as Proof of Address:

(\*Documents having an expiry date should be valid on the date of submission.)

- Passport/Voters Identity Card/Ration Card/Unique Identification Number (UID)/ Aadhar Letter/Registered lease or Sale Agreement of Residence/Driving License/ Flat/Maintenance bill/Insurance Copy.

#### F. In case of Non-Individuals, additional documents to be obtained from non-individuals, over & above the POI & POA, as mentioned below:

| Types of entity                                            | Documentary requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Corporate</b>                                           | <input type="checkbox"/> Copy of the balance sheets for the last 2 financial years (to be submitted every year).<br><input type="checkbox"/> 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).<br><input type="checkbox"/> Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations.<br><input type="checkbox"/> Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly.<br><input type="checkbox"/> Copies of the Memorandum and Articles of Association and certificate of incorporation.<br><input type="checkbox"/> Copy of the Board Resolution for investment in securities market.<br><input type="checkbox"/> Authorised signatories list with specimen signatures. |
| <b>Partnership firm</b>                                    | <input type="checkbox"/> Copy of the balance sheets for the last 2 financial years (to be submitted every year).<br><input type="checkbox"/> Certificate of registration (for registered partnership firms only).<br><input type="checkbox"/> Copy of partnership deed.<br><input type="checkbox"/> Authorised signatories list with specimen signatures.<br><input type="checkbox"/> Photograph, POI, POA, PAN of Partners.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Trust</b>                                               | <input type="checkbox"/> Copy of the balance sheets for the last 2 financial years (to be submitted every year).<br><input type="checkbox"/> Certificate of registration (for registered trust only).<br><input type="checkbox"/> Copy of Trust deed.<br><input type="checkbox"/> List of trustees certified by managing trustees/CA.<br><input type="checkbox"/> Photograph, POI, POA, PAN of Trustees.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>HUF</b>                                                 | <input type="checkbox"/> PAN of HUF.<br><input type="checkbox"/> Deed of declaration of HUF/ List of coparceners.<br><input type="checkbox"/> Bank pass-book/bank statement in the name of HUF.<br><input type="checkbox"/> Photograph, POI, POA, PAN of Karta.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Unincorporated association or a body of individuals</b> | <input type="checkbox"/> Proof of Existence/Constitution document.<br><input type="checkbox"/> Resolution of the managing body & Power of Attorney granted to transact business on its behalf.<br><input type="checkbox"/> Authorised signatories list with specimen signatures.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Banks/ Institutional Investors</b>                      | <input type="checkbox"/> Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years.<br><input type="checkbox"/> Authorised signatories list with specimen signatures.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Foreign Institutional Investors (FII)</b>               | <input type="checkbox"/> Copy of SEBI registration certificate.<br><input type="checkbox"/> Authorised signatories list with specimen signatures.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Army/ Government Bodies</b>                             | <input type="checkbox"/> Self-certification on letterhead.<br><input type="checkbox"/> Authorised signatories list with specimen signatures.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Registered Society</b>                                  | <input type="checkbox"/> Copy of Registration Certificate under Societies Registration Act.<br><input type="checkbox"/> List of Managing Committee members.<br><input type="checkbox"/> Committee resolution for persons authorised to act as authorised signatories with specimen signatures.<br><input type="checkbox"/> True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

- Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
- Bank Account Statement/Passbook -- Not more than 3 months old.
- Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
- Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
- Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
- For FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostilled or consularised) that gives the registered address should be taken.
- The proof of address in the name of the spouse may be accepted.

#### D. Exemptions/clarifications to PAN

(\*Sufficient documentary evidence in support of such claims to be collected.)

- In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
- Investors residing in the state of Sikkim.
- UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
- SIP of Mutual Funds upto Rs 50, 000/- p.a.
- In case of institutional clients, namely, FIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

#### E. List of people authorised to attest the documents:

- 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).
- In case of NRIs, authorised 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.



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## DEMAT ACCOUNT OPENING FORM (Non-individuals)

|         |                               |                               |
|---------|-------------------------------|-------------------------------|
| DP Name | <input type="checkbox"/> NSDL | <input type="checkbox"/> CDSL |
| DP ID   |                               | Client ID                     |

|                     |                                                                                                                                       |                                                                                                                                                                                                        |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>BRANCH NAME:</b> |                                                                                                                                       | <b>INTRODUCTION</b>                                                                                                                                                                                    |
| SOL ID              |                                                                                                                                       | I..... Branch<br>Name ..... Sol ID<br>.....<br>hereby confirm the identity and address<br>of the applicant (s).<br><br>Signature of Introducer/ Applicants Bank<br>Official<br><br>Applicant Bank Seal |
| Cust ID             |                                                                                                                                       |                                                                                                                                                                                                        |
| Billing Category    | <input type="checkbox"/> Gen (eCAS)<br><br><input type="checkbox"/> Gen (Phy)<br><br><input type="checkbox"/> Others (Please specify) |                                                                                                                                                                                                        |
|                     |                                                                                                                                       |                                                                                                                                                                                                        |

|                                                 |                                                   |                                         |                                                        |                                              |  |
|-------------------------------------------------|---------------------------------------------------|-----------------------------------------|--------------------------------------------------------|----------------------------------------------|--|
| For DP Use                                      |                                                   | Inward No.                              |                                                        | Ref No.                                      |  |
| Documents<br>scrutinized and<br>found in order: | DP concurrent<br>Auditor<br>documents<br>verified | Entered in<br>NSDL DPM/DP<br>Secure by: | DP concurrent<br>Auditor entry<br>checked in<br>system | Verification in<br>NSDL DPM/DP<br>Secure by: |  |
| (Name of DP<br>Official)                        | Sign & Stamp                                      | (Name of DP<br>Official)                | Sign & Stamp                                           | (Name of the DP<br>Official)                 |  |
| Date:                                           | Date:                                             | Date:                                   | Date:                                                  | Date:                                        |  |
| Sign:                                           | Sign:                                             | Sign:                                   | Sign:                                                  | Sign:                                        |  |

|                                                                                                                                 |                                                 |                                                 |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| <b>KRA DETAILS (If already registered with KRA/CKYCR, then tick the below column &amp; mention the 14 digit KYC identifier)</b> |                                                 |                                                 |
| <input type="checkbox"/> 1 <sup>st</sup> Holder                                                                                 | <input type="checkbox"/> 2 <sup>nd</sup> Holder | <input type="checkbox"/> 3 <sup>rd</sup> Holder |





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### TO BE FILLED BY ACCOUNT HOLDER

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |      |   |   |   |   |   |   |   |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|---|---|---|---|---|---|---|---|
| We request you to open a depository account in our name as per the following details: <i>(Please fill all the details in CAPITAL LETTERS only)</i>                                                                                                                                                                                                                                                                                                                               |      | 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"/> HUF<br><input type="checkbox"/> Qualified Foreign Investor <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Trust<br><input type="checkbox"/> Bank <input type="checkbox"/> CM <input type="checkbox"/> Other (Please specify)                                                                                                            |      |      |   |   |   |   |   |   |   |   |
| C) i) Is the account holder a Government body or International Organization or listed company* on recognized stock exchange?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>ii) If listed company, please provide the name of the stock exchange on which listed: _____<br>(If yes, please proceed directly to the declaration part)<br>_____<br>iii) If "No", proceed to answer Section 1, 2, 3 and 4 as applicable, else sign the declaration. (for FATCA/CRS) |      |      |   |   |   |   |   |   |   |   |

### Section 1: Entity information

- Entity Constitution Type\*
- Entity Identification type\*
- Entity Identification No (based on entity identification type)
- Entity Identification issuing country
- Country of incorporation
- Country of Residence for Tax Purpose

If the country is incorporated and taxable outside India, provide the following details:

| Tax Payer Identification Number/Functional equivalent# | Country of issuance | Identification type (TIN or functional equivalent)** |
|--------------------------------------------------------|---------------------|------------------------------------------------------|
|                                                        |                     |                                                      |
|                                                        |                     |                                                      |
|                                                        |                     |                                                      |

7. In case TIN is not available please provide Functional Equivalent.

\*\* Functional Equivalent: T- TIN, C- Company Identification Number, G- US GIIN, E- Global Entity Identification Number (EIN), O- Other

### Section 2: Classification of Non-Financial entities

- A. Is the entity a specified US person\*    ☐ YES /    ☐ NO  
 If no, please provide the following additional details:  
 (i) ☐ Active NFFE\*

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- Please provide Global Intermediary Identification Number (GIIN): \_\_\_\_\_

Entity is a U.S. financial institution ☐ YES / ☐ NO If "Yes", Please provide your

- If "No", please tick one of the following boxes below:

| FATCA classification                                                                                   | Please provide the Global Intermediary Identification number (GIIN) or other information where applicable |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Reporting Foreign Financial Institution in a Model 1 Inter-Governmental Agreement (“IGA”) Jurisdiction |                                                                                                           |
| Reporting Foreign Financial Institution in a Model 2 IGA Jurisdiction                                  |                                                                                                           |
| Participating FFI* in a Non-IGA Jurisdiction                                                           |                                                                                                           |
| Non-reporting FI*                                                                                      |                                                                                                           |
| Non-Participating FI*                                                                                  |                                                                                                           |
| Owner-Documented FI* with <b>specified US owners</b>                                                   |                                                                                                           |

If you are classified as **“Passive NFFE with Controlling Person(s)”** or **“Owner documented FFI”** or **“Specified US person”**, please provide the following details:

| Details                                                                                                                                                                 | Controlling person 1 | Controlling person 2 | Controlling person 3 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------|
| Name of the controlling person                                                                                                                                          |                      |                      |                      |
| Country of residence for tax purpose (If country mentioned by you is not in India , please provide TIN or functional equivalent and Issuing country in the next fields) |                      |                      |                      |
| TIN/Functional equivalent                                                                                                                                               |                      |                      |                      |
| issuing country                                                                                                                                                         |                      |                      |                      |
| Controlling person type (Please refer appendix)                                                                                                                         |                      |                      |                      |
| % Shareholding                                                                                                                                                          |                      |                      |                      |
| Identification type*: Document submitted as proof of identity of individual. Permissible values are:                                                                    |                      |                      |                      |



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|                                                                                                                                                                                                                        |                                                                                                                                                                    |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <input type="checkbox"/> A-Passport<br><input type="checkbox"/> C- PAN card<br><input type="checkbox"/> E-Driving License<br><input type="checkbox"/> H- NREGA Job card<br><input type="checkbox"/> X- Not categorized | <input type="checkbox"/> B-Election ID Card<br><input type="checkbox"/> D- ID card<br><input type="checkbox"/> G- UIDAI card<br><input type="checkbox"/> Z- Others |  |  |  |
| Identification Number:<br>(Number mentioned in the Identification document.)                                                                                                                                           |                                                                                                                                                                    |  |  |  |
| Occupation                                                                                                                                                                                                             |                                                                                                                                                                    |  |  |  |
| Birth date                                                                                                                                                                                                             |                                                                                                                                                                    |  |  |  |
| Nationality                                                                                                                                                                                                            |                                                                                                                                                                    |  |  |  |
| Country of birth                                                                                                                                                                                                       |                                                                                                                                                                    |  |  |  |

|    |                                                                                                                                                                                                                                                                                    |                                                                     |                                                                                    |  |                                                                                          |                                                                                                                                     |                              |                          |                             |  |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------|-----------------------------|--|
| D) | 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 Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., Should be mentioned below: |                                                                     |                                                                                    |  |                                                                                          |                                                                                                                                     |                              |                          |                             |  |
|    | a) Name                                                                                                                                                                                                                                                                            |                                                                     |                                                                                    |  |                                                                                          | b) PAN                                                                                                                              |                              |                          |                             |  |
| E) | Income Details (please specify)                                                                                                                                                                                                                                                    |                                                                     |                                                                                    |  |                                                                                          |                                                                                                                                     |                              |                          |                             |  |
|    | Income Range per annum                                                                                                                                                                                                                                                             |                                                                     |                                                                                    |  |                                                                                          | Net worth                                                                                                                           |                              |                          |                             |  |
|    | <input type="checkbox"/> Below ₹ 20 Lac<br><input type="checkbox"/> ₹ 50 Lac – 1 crore                                                                                                                                                                                             |                                                                     | <input type="checkbox"/> ₹ 20 – 50 Lac<br><input type="checkbox"/> Above ₹ 1 crore |  | and Amount (₹) _____ As on (date) _____<br>(Net worth should not be older than one year) |                                                                                                                                     |                              |                          |                             |  |
| F) | In case of FIIs/Others (as may be applicable)                                                                                                                                                                                                                                      |                                                                     |                                                                                    |  |                                                                                          |                                                                                                                                     |                              |                          |                             |  |
|    | RBI Approval Reference Number                                                                                                                                                                                                                                                      |                                                                     |                                                                                    |  |                                                                                          | RBI Approval date                                                                                                                   |                              |                          |                             |  |
|    | SEBI Registration Number for FIIs                                                                                                                                                                                                                                                  |                                                                     |                                                                                    |  |                                                                                          |                                                                                                                                     |                              |                          |                             |  |
| G) | Please tick, if applicable, for any of your authorized signatories/ Promoters/Partners/Karta/trustees/Whole time directors:                                                                                                                                                        |                                                                     |                                                                                    |  |                                                                                          | <input type="checkbox"/> Politically Exposed Person (PEP)<br><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 authorize 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                                                                                                                                                                                                                                                                                  | 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"/> |                             |  |

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|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                         |        |               |                     |                                      |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------|---------------------|--------------------------------------|
| 4  | Mode of receiving Statement of Account [Tick any one]                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Physical Form<br><input type="checkbox"/> Electronic Form<br><i>[Read Note 3 and ensure that email ID is provided in KYC Application Form]</i> |        |               |                     |                                      |
| 5  | I/we authorize you to confirm the "Auto Pledge Confirmation"                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                |        |               |                     |                                      |
| 6  | I/we authorize you to share my/our email address with the companies/Registrar and Transfer Agents.                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                |        |               |                     |                                      |
| 7  | Mode of Receiving: Rights & Obligations of stock broker, sub-broker and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading) / Rights and obligations of beneficial owner and depository participant as prescribed by SEBI and depositories / Uniform Risk Disclosure Documents (for all segments/exchanges) / Guidance Note detailing Do's and Don'ts for trading on stock exchanges. | <input type="checkbox"/> Physical Form<br><input type="checkbox"/> Electronic Form                                                                                      |        |               |                     |                                      |
| 8  | We would like to receive the Annual Report in (If not marked the default option would be physical)                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Physical Form<br><input type="checkbox"/> Electronic<br><input type="checkbox"/> Both                                                          |        |               |                     |                                      |
| J) | List of family member (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 | 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".

### ☐ **FATCA/CRS Declaration** (to be ticked for FATCA/CRS)

(i) Under penalty of perjury, I/we certify that:

1. The number shown on this form is the correct taxpayer identification number of the applicant, and
2. The applicant is (i) an applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof, or
3. The applicant is an applicant taxable as a tax resident under the laws of country

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outside India.

- (ii) I/We understand that the Bank is relying on this information for the purpose of determining the status of the applicant named above in compliance with CRS/FATCA. The Bank is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.
- (iii) I/We agree to submit a new form within 30 days if any information or certification on this form gets changed.
- (iv) I/ We agree as may be required by /Regulatory authorities, bank shall be required to comply to report, reportable details to CBDT or close or suspend my account.
- (v) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct and complete including the tax payer identification number of the applicant.

**I/We hereby confirm that details provided are accurate, correct and complete.**

**Authorised Signatories** (Enclose a Board Resolution for Authorized Signatories with company seal, if applicable) (In case of HUF details of Karta to be given)

| Sold/First Holder              | Name | Signature(s) |
|--------------------------------|------|--------------|
| First Signatory / Karta of HUF |      |              |
| Second Signatory               |      |              |
| Third Signatory                |      |              |

| Other Holders                                                                                                                           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| Fourth Holder                                                                                                                           |  |
| Fifth Holder                                                                                                                            |  |
| <b>Mode of Operation for Sole/First Holder</b> (In case of joint holdings, all the holders must sign) (In Case of HUF - 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 or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
3. For receiving Statement of Account in electronic form:
  - I. Client must ensure the confidentiality of the password of the email account.
  - II. Client must promptly inform the Participant if the email address has changed.
  - III. Client may opt to terminate this facility by giving 10 days' prior notice. Similarly,



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Participant may also terminate this facility by giving 10 days' prior notice.

4. Strike off whichever is not applicable

#### SPECIMEN PHOTOGRAPH & SIGNATURE

- Do not sign across Photograph
- Do not Staple the Photograph
- Signature in Black Ink only
- Company Seal / Rubber Stamp should be affixed on signatures

|                                                  |                                                  |                                      |
|--------------------------------------------------|--------------------------------------------------|--------------------------------------|
| <b>Photograph</b><br>First Signatory             | <b>Photograph</b><br>Second Signatory            | <b>Photograph</b><br>Third Signatory |
|                                                  |                                                  |                                      |
| (Signature of first Signatory)                   | (Signature of second Signatory)                  | (Signature of third Signatory)       |
| <b>Authorised Signatory</b><br><b>Photograph</b> | <b>Authorised Signatory</b><br><b>Photograph</b> |                                      |
|                                                  |                                                  |                                      |
| (Signature of Authorised Signatory)              | (Signature of Authorised Signatory)              |                                      |

#### Towards linking of Saving Bank A/c, with Demat A/c, through internet provide following information's.

|              |  |                       |  |
|--------------|--|-----------------------|--|
| Bank Account |  | Internet Bank User Id |  |
| Email        |  | Mobile No.            |  |

|    |                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                                                                                                                   |                              |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| J) | <b>Bank details:</b> I/We wish to receive Dividend/Interest Directly in my bank A/c given below through ECS (if not marked, the Default option will be YES) (ECS is mandatory for locations notified SEBI from Time to Time) *For Bank details other than PNB - Provide preprinted cancelled cheque leaf. If pre-printed cheque is not available enclose Bank A/c Statement along with cancelled cheque leaf. |                     |                                                                                                                                   | <input type="checkbox"/> Yes |
|    |                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                                                                                                                   | <input type="checkbox"/> No  |
|    | 1                                                                                                                                                                                                                                                                                                                                                                                                             | Bank Account Type   | <input type="checkbox"/> Saving Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify) |                              |
|    | 2                                                                                                                                                                                                                                                                                                                                                                                                             | Bank Account Number |                                                                                                                                   |                              |
| 3  | Bank Name                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                                                                                                                                   |                              |



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|   |                                              |                              |  |  |  |  |  |                                                                           |          |  |  |  |  |
|---|----------------------------------------------|------------------------------|--|--|--|--|--|---------------------------------------------------------------------------|----------|--|--|--|--|
| 4 | Branch Address                               |                              |  |  |  |  |  |                                                                           |          |  |  |  |  |
|   |                                              | City/town/Village            |  |  |  |  |  |                                                                           | PIN Code |  |  |  |  |
|   |                                              | State                        |  |  |  |  |  |                                                                           | Country  |  |  |  |  |
| 5 | MICR Code                                    |                              |  |  |  |  |  |                                                                           |          |  |  |  |  |
| 6 | IFSC                                         |                              |  |  |  |  |  |                                                                           |          |  |  |  |  |
| 7 | Charge Bank A/c is same as dividend bank A/c | <input type="checkbox"/> Yes |  |  |  |  |  | <input type="checkbox"/> No, (if no please provide the below information) |          |  |  |  |  |

#### AUTHORISATION FOR DEBITING OF CHARGES

I/we hereby authorize you to debit my/our Savings / Current Bank Account No. \_\_\_\_\_  
MICR CODE \_\_\_\_\_ IFSC CODE \_\_\_\_\_ with  
Punjab National Bank for all the charges relating to this Depository Account.

Please treat this authorization as irrevocable till further instruction from my / our side is received in writing and duly acknowledged by BANK

(Signature)

(Signature)

(Signature)

**(Signature of SB/CA Account Holder/s)**

Witness

Witness Name

Witness signature

Place:

Date:

#### FOR OFFICE USE ONLY

Applicant interviewed and purpose of opening account is ascertained :

PAN verified through income Tax website

☐ Yes

☐ No

Proof of Identification & Address documents obtained and verified from original:

a.

b.

c.

d.

Observation of the Official opening the account on Risk categorization

Risk Category

☐ Very High Risk (C-4)

☐ High Risk (C-3)

☐ Medium Risk (C-2)

☐ Low Risk (C-1)

Signature of Branch Incumbent



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#### Demat Charges

| Demat Charges                                                                              |      |                                                                                                                           |                                   |                                                                                                                           |                                                                                                                                                                                                                   |                                                                                                                           |                                   |                                                                                                                           |                                                                                                 |
|--------------------------------------------------------------------------------------------|------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Services                                                                                   |      | Individual & others                                                                                                       |                                   | Staff and Senior citizen                                                                                                  | Pool A/c                                                                                                                                                                                                          | Corporate A/c                                                                                                             |                                   | CM / Sub broker Beneficiary A/c                                                                                           | Stock Broker-Collateral (New category for NSDL Only for acceptance of Securities as collateral) |
| Account opening                                                                            |      | Nil                                                                                                                       |                                   | Nil                                                                                                                       | Nil                                                                                                                                                                                                               | Nil                                                                                                                       |                                   | Nil                                                                                                                       | Nil                                                                                             |
| Advance/Deposit                                                                            |      | Clients not maintaining SB/ CA A/c Rs. 10,000/-                                                                           |                                   |                                                                                                                           |                                                                                                                                                                                                                   |                                                                                                                           |                                   |                                                                                                                           |                                                                                                 |
| Account Maintenance Charges (AMC)                                                          |      | Email ID Registered for E-CAS                                                                                             | Email ID not Registered for E-CAS | NSDL/CDSL<br><br>Sr citizen: - 115<br><br>Staff - Nil                                                                     |                                                                                                                                                                                                                   | Email ID Registered for E-CAS                                                                                             | Email ID not Registered for E-CAS |                                                                                                                           |                                                                                                 |
| Clients Maintaining SB/CA a/c with PNB                                                     | NSDL | 300                                                                                                                       | 350                               |                                                                                                                           | 300                                                                                                                                                                                                               | 800                                                                                                                       | 900                               | 800                                                                                                                       | 300                                                                                             |
|                                                                                            | CDSL | 300                                                                                                                       | 350                               |                                                                                                                           | 750                                                                                                                                                                                                               | 800                                                                                                                       | 900                               | 800                                                                                                                       | 300                                                                                             |
| Clients Not Maintaining SB/CA a/c with PNB                                                 | NSDL | 600                                                                                                                       | 700                               |                                                                                                                           | 600                                                                                                                                                                                                               | 1600                                                                                                                      | 1800                              | 1300                                                                                                                      | 600                                                                                             |
|                                                                                            | CDSL | 600                                                                                                                       | 700                               | 1250                                                                                                                      | 1600                                                                                                                                                                                                              | 1800                                                                                                                      | 1300                              | 750                                                                                                                       |                                                                                                 |
| Speed-e Password Based (Incl AMC)                                                          |      | 500                                                                                                                       |                                   | Sr Citizen - 500<br>Staff - Nil                                                                                           |                                                                                                                                                                                                                   | 500                                                                                                                       |                                   | 500                                                                                                                       |                                                                                                 |
| Speed-e Token Based (Incl AMC)                                                             |      | 2000                                                                                                                      |                                   | Sr Citizen – 2000<br>Staff - Nil                                                                                          | 2000                                                                                                                                                                                                              | 2000                                                                                                                      |                                   | 2000(Incl DSC Charges)                                                                                                    | 2000                                                                                            |
| Demataterilization (NSDL & CDSL)                                                           |      | Rs 2 per certificate with minimum of Rs 35/- plus postage as applicable                                                   |                                   | Rs 2 per certificate with minimum of Rs 35/- plus postage as applicable                                                   | NA                                                                                                                                                                                                                | Rs 2 per certificate with minimum of Rs 35/- plus postage as applicable                                                   |                                   | Rs 2 per certificate with minimum of Rs 35/- plus postage as applicable                                                   | NA                                                                                              |
| Remat (NSDL & CDSL)                                                                        |      | A fee of Rs. 10 for every hundred securities or part thereof or a flat fee of Rs 10 per certificate (Whichever is higher) |                                   | A fee of Rs. 10 for every hundred securities or part thereof or a flat fee of Rs 10 per certificate (Whichever is higher) | NA                                                                                                                                                                                                                | A fee of Rs. 10 for every hundred securities or part thereof or a flat fee of Rs 10 per certificate (Whichever is higher) |                                   | A fee of Rs. 10 for every hundred securities or part thereof or a flat fee of Rs 10 per certificate (Whichever is higher) | NA                                                                                              |
| Transaction (Debt-Market, Off-Market & Inter-depository) & redemption of Mutual fund units |      | 0.03%. Minimum amount Rs. 25/-, Max Rs. 5000<br>*Online trading/Speede Rs. 10/-per txn where AMC is Annual                |                                   | 0.03%. Minimum amount Rs. 25/-, Max Rs. 5000<br>*Online trading/Speede Rs.10/- per txn where AMC is Annual                | NSDL: Rs. 10/-<br>CDSL:*Off Market/ Inter Depository Sell- *Rs.10/- Off Market/Interdepository CM Delivery: 0.01% of Value ; Minimum of Rs. 18/*On Market Buy: 0.01% of Value ; Minimum Rs. 5 and Maximum Rs. 12. | 0.03%. Minimum amount Rs. 25/- Max Rs. 5000<br>*Online trading/Speede Rs. 10/-per txn where AMC is Annual                 |                                   | Rs. 13/- per transaction.                                                                                                 | NSDL Only: Rs. 10/-                                                                             |
| Transaction (Commercial paper)                                                             |      | *Commercial Paper 0.033% of market value with minimum of Rs 30/- per instruction and Max. of Rs 300/- per instruction.    |                                   | *Commercial Paper 0.033% of market value with minimum of                                                                  | NA                                                                                                                                                                                                                | *Commercial Paper 0.033% of market value with minimum of Rs 30/- per instruction and Max. of Rs 300/- per instruction.    |                                   | *Commercial Paper 0.033% of market value with minimum of                                                                  | NA                                                                                              |



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|                                                       |                                     |                                                                                                           |    |                                     |                                                               |                                                                                                                          |
|-------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------|----|-------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
|                                                       |                                     | Rs 30/- per instruction and Max. of Rs 300/- per instruction.<br><br>For Staff :- Rs.20/- per instruction |    |                                     | Rs 30/- per instruction and Max. of Rs 300/- per instruction. |                                                                                                                          |
| <b>Pledge Creation (NSDL &amp; CDSL)</b>              | 0.02% of value with minimum Rs. 100 | 0.02% of value with minimum Rs. 100                                                                       | NA | 0.02% of value with minimum Rs. 100 | 0.02% of value with minimum Rs. 100                           | 100 +* NSDLs actual charges, if any. Rs. 100 will be charged for cancellation of Pledge, as pledge cancellation charges. |
| <b>Pledge Creation confirmation (NSDL &amp; CDSL)</b> | 50% of pledge creation charges      | 50% of pledge creation charges                                                                            | NA | 50% of pledge creation charges      | 50% of pledge creation charges                                | 50% of pledge creation charges                                                                                           |

Notes:

1. AMC will be levied on pro-rata for the first year of opening the account. Annual AMC shall be levied up-front during the month of April.
2. Advance fees of ₹ 10,000/- to be deposited upfront which will be adjusted against the future dues. In case the balance falls below ₹ 2000/- it shall be the responsibility of Client to replenish the upfront amount so as to continue the service.
3. NSDL/CDSL Charges for Receipt-In/Pay-out and penalty charges levied by SEBI for securities lying in pool A/c beyond stipulated period or any other charges will be charged on actual basis.
4. All the reference prices will be based on NSE price (NSDL formula) BSE Price (CDSL formula) and all charges payable monthly.
5. Punjab National Bank reserves right to revise the rate structure from time to time by giving 30 days' notice.
6. AMC for Basic Services Demat Account (BSDA) applicable as per SEBI guidelines.
7. KRA Charges ₹ 100/- per PAN for modification.
8. Sub Broker/CM Beneficiary clients will be charged at the flat rate of ₹ 300/- per month to the account.
9. NSDL/CDSL fixed charges of ₹ 500/- per annum will be charged for each corporate account.
10. Charges for listed Demat services shall be raised at monthly intervals. Demat services not listed above will be charged separately as per Bank's policy in the line with NSDL & CDSL Depositories.
11. For Pool A/Cs -Inter-settlement & CM Pool to pool per debit transaction- 0.01%+NSDL/CDSL charges (Per ISIN). Pool A/c will be charged freeze charge of ₹ 125/-. As per CDSL, additional charge of ₹ 500/- per month will be charged in pool accounts.
12. All the above mentioned charges are exclusive of GST. Additional GST will be applicable as per the prevailing rates.

Signature  
(First Holder)

Signature  
(Second Holder)

Signature  
(Third Holder)

### Appendix:

1. Entity constitution type:
 

|                                |                                   |
|--------------------------------|-----------------------------------|
| A - Sole Proprietorship        | B - Partnership Firm              |
| C – HUF                        | D - Private Limited Company       |
| E- Public Limited Company      | F- Society                        |
| G- AOP/BOI                     | H – Trust                         |
| I – Liquidator                 | J – Limited Liability Partnership |
| K- Artificial Juridical Person | Z – Others                        |
| X – Not Categorised            |                                   |
2. Entity identification type
 

|                                  |                                        |
|----------------------------------|----------------------------------------|
| T- Tax Identification Number     | G- US GIIN                             |
| C- Company Identification Number | E- Global Entity Identification Number |
| O- Others                        |                                        |
3. Controlling person type:
  - C01-CP of legal person-ownership
  - C02-CP of legal person-other means
  - C03-CP of legal person-senior managing official
  - C04-CP of legal arrangement-trust-settlor
  - C05-CP of legal arrangement--trust-trustee
  - C06-CP of legal arrangement--trust-protector
  - C07-CP of legal arrangement--trust-beneficiary
  - C08-CP of legal arrangement--trust-other
  - C09--CP of legal arrangement—Other-settlor equivalent
  - C10--CP of legal arrangement—Other-trustee equivalent
  - C11--CP of legal arrangement—Other-protector equivalent
  - C12--CP of legal arrangement—Other-beneficiary equivalent
  - C13--CP of legal arrangement—Other-other equivalent
  - C14—Unknown
4. Specified US person: a US Person, other than:
  - (i) a corporation the stock of which is regularly traded on one or more established securities markets;
  - (ii) any corporation that is a member of the same expanded affiliated group, as defined in section 1471(e)(2) of the U.S. Internal Revenue Code, as a corporation described in clause (i);
  - (iii) the United States or any wholly owned agency or instrumentality thereof;
  - (iv) any State of the United States, any U.S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing;
  - (v) any organization exempt from taxation under section 501(a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code;
  - (vi) any bank as defined in section 581 of the U.S. Internal Revenue Code;
  - (vii) any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code;
  - (viii) any regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or any entity registered with the U.S. Securities and Exchange Commission under the Investment Company Act of 1940 (15 U.S.C. 80a-64);
  - (ix) any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code;
  - (x) any trust that is exempt from tax under section 664(c) of the U.S. Internal Revenue Code

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or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code; (xi) a dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any State; (xii) a broker as defined in section 6045(c) of the U.S. Internal Revenue Code; or (xiii) any tax-exempt trust under a plan that is described in section 403(b) or section 457(g) of the U.S. Internal Revenue Code.

5. Supporting Document for TIN (For FATCA/CRS) : Copy of any of these - T- TIN, C- Company Identification Number, G- US GIIN, E- Global Entity Identification Number (EIN), O- Other
6. Active NFFE: An "Active NFFE" means any NFFE that meets any of the following criteria:
  - (i) Less than 50 percent of the NFFE's gross income for the preceding calendar year or other appropriate reporting period is passive income and less than 50 percent of the assets held by the NFFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income;
  - (ii) The stock of the entity is regularly traded on an established securities market or the non-financial entity is a related entity of an entity, the stock of which is regularly traded on an established securities market.
  - (iii) The entity is a Governmental entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of these entities; or
  - (iv) Substantially all of the activities of the entity consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a financial institution: Provided that an entity shall not qualify for this Provided status if it functions as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes; or
  - (v) The entity is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a financial institution, provided that the entity shall not qualify for this exception after the date that is twenty four months after the date of the initial organisation of the entity; or
  - (vi) The entity was not a financial institution in the past five years, and is in the process of liquidating its assets or is reorganising with intent to continue or recommence operations in a business other than that of a financial institution; or
  - (vii) The entity primarily engages in financing and hedging transactions with, or for, related entities which are not financial institutions, and does not provide financing or hedging services to any entity which is not a related entity, provided that the group of any such related entities is primarily engaged in a business other than that of a financial institution; or
  - (viii) The entity fulfils all of the following requirements, namely:-
    - (a) it is established and operated in India exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in India and it is a professional organisation, business league, chamber of commerce, labour organisation, agricultural or horticultural organisation, civic league or an organisation operated exclusively for the promotion of social welfare;
    - (b) it is exempt from income-tax in India;
    - (c) it has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
    - (d) the applicable laws of the entity's country or territory of residence or the entity's formation documents do not permit any income or assets of the entity to be distributed to, or applied for the benefit of, a private person or non-charitable entity other than pursuant to the conduct of the entity's charitable activities, or as payment

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of reasonable compensation for services rendered, or as payment representing the fair market value of property which the entity has purchased; and

- (e) the applicable laws of the entity's country or territory of residence or the entity's formation documents require that, upon the entity's liquidation or dissolution, all of its assets must be distributed to a Governmental entity or other non-profit organization, or escheat to the Government of the entity's country or territory of residence or any political sub-division thereof

7. Passive NFFE: Passive non-financial entity means
  - (i) any non-financial entity which is not an active non-financial entity; or
  - (ii) an investment entity which is not located in any of the jurisdictions specified by the Central Board of Direct Taxes in this behalf" shall be substituted; or
  - (iii) not a withholding foreign partnership or withholding foreign trust
8. Participating FI: a FFI, including a reporting Model 2, FFI that has agreed to comply with the terms of an FFI agreement. The term participating FI also includes a Qualified Intermediary (QI) branch of a U.S. financial institution, unless such branch is a reporting Model 1 FFI.
9. Non-Participating FI: A financial institution which is an Indian financial institution or other jurisdiction financial institution that's has in effect an agreement with the US to implement FATCA.
10. Non-reporting FI: Any Indian financial institution or other entity resident in India that is described as a Non-reporting Indian Financial Institution or that otherwise qualifies as a deemed complaint FFI.
11. Owner documented FI: An FFI that
  - (i) is an FFI solely because it is an investment entity;
  - (ii) is not owned by or in an expanded affiliated group with any FFI that is a depository institution, custodial institution, or specified insurance company;
  - (iii) does not maintain a financial account for any nonparticipating FFI;
  - (iv) provides the designated withholding agent with all of the required documentation and agrees to notify the withholding agent if there is a change in circumstances; and
  - (v) the designated withholding agent agrees to report to the IRS (or to the relevant foreign government or agency thereof) all of the information with respect to any specified U.S. persons;
12. Listed company: A company is publicly traded if its stock are regularly traded on one or more established securities markets (Established securities market means an exchange that is officially recognized and supervised by a governmental authority in which the securities market is located and that has a meaningful annual value of shares traded on the exchange)

**Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories**

**General Clause**

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Rules and Regulations of Securities and Exchange Board of India (SEBI), Circulars/ Notifications/ Guidelines issued there under, Bye Laws and Business Rules/Operating Instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.
2. The DP shall open/activate demat account of a beneficial owner in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time.

**Beneficial Owner information**

1. The DP shall maintain all the details of the beneficial owner(s) as mentioned in the account opening form, supporting documents submitted by them and/or any other information pertaining to the beneficial owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.
2. The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of opening the demat account or furnished to the DP from time to time.

**Fees/Charges/Tariff**

1. The Beneficial Owner shall pay such charges to the DP for the purpose of holding and transfer of securities in dematerialized form and for availing depository services as may be agreed to from time to time between the DP and the Beneficial Owner as set out in the Tariff Sheet provided by the DP. It may be informed to the Beneficial Owner that "no charges are payable for opening of demat accounts"
2. In case of Basic Services Demat Accounts, the DP shall adhere to the charge structure as laid down under the relevant SEBI and/or Depository circulars/directions/notifications issued from time to time.
3. The DP shall not increase any charges/tariff agreed upon unless it has given a notice in writing of not less than thirty days to the Beneficial Owner regarding the same.

**Dematerialization**

1. The Beneficial Owner shall have the right to get the securities, which have been admitted on the Depositories, dematerialized in the form and manner laid down under the Bye Laws, Business Rules and Operating Instructions of the depositories.

**Separate Accounts**

1. The DP shall open separate accounts in the name of each of the beneficial owners and securities of each beneficial owner shall be segregated and shall not be mixed up with the securities of other beneficial owners and/or DP's own securities held in dematerialized form.
2. The DP shall not facilitate the Beneficial Owner to create or permit any pledge and /or hypothecation or any other interest or encumbrance over all or any of such securities submitted for dematerialization and/or held in demat account except in the form and manner prescribed in the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996 and Bye-Laws/Operating Instructions/Business Rules of the Depositories.

**Transfer of Securities**

1. The DP shall effect transfer to and from the demat accounts of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the Beneficial Owner and the DP shall maintain the original documents and the audit trail of such authorizations.
2. The Beneficial Owner reserves the right to give standing instructions with regard to the crediting of securities in his demat account and the DP shall act according to such instructions.

**Statement of account**

1. The DP shall provide statements of accounts to the beneficial owner in such form and manner and at such time as agreed with the Beneficial Owner and as specified by SEBI/depository in this regard.
2. However, if there is no transaction in the demat account, or if the balance has become Nil during the year, the DP shall send one physical statement of holding annually to such BOs and shall resume sending the transaction statement as and when there is a transaction in the account.
3. The DP may provide the services of issuing the statement of demat accounts in an electronic mode if the Beneficial Owner so desires. The DP will furnish to the Beneficial Owner the statement of demat accounts under its digital signature, as governed under the Information Technology Act, 2000. However if the DP does not have the facility of providing the statement of demat account in the electronic mode, then the Participant shall be obliged to forward the statement of demat accounts in physical form.
4. In case of Basic Services Demat Accounts, the DP shall send the transaction statements as mandated by SEBI and/or Depository from time to time.

**Manner of Closure of Demat account**

1. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository. Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided no charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their demat account should be transferred to another demat account of the Beneficial Owner held with another DP or to rematerialize the security balances held.
2. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of thirty days as per procedure



Depository Services : 67, Sonawala Building, Opp. Stock Exchange Building, B. S. Marg, Fort, Mumbai - 400 023  
Tel.: 022-43430700 / 43430721-730 • Fax: 022-22693693 • E-mail: Depository@pnb.co.in

specified from time to time by the depository. Provided further, closure of demat account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

#### Default in payment of charges

1. In event of Beneficial Owner committing a default in the payment of any amount provided in Clause 5 & 6 within a period of thirty days from the date of demand, without prejudice to the right of the DP to close the demat account of the Beneficial Owner, the DP may charge interest at a rate as specified by the Depository from time to time for the period of such default.
2. In case the Beneficial Owner has failed to make the payment of any of the amounts as provided in Clause 5&6 specified above, the DP after giving two days' notice to the Beneficial Owner shall have the right to stop processing of instructions of the Beneficial Owner till such time he makes the payment along with interest, if any.

#### Liability of the Depository

1. As per Section 16 of Depositories Act, 1996,
  - a. Without prejudice to the provisions of any other law for the time being in force, any loss caused to the beneficial owner due to the negligence of the depository or the participant, the depository shall indemnify such beneficial owner.
  - b. Where the loss due to the negligence of the participant under Clause (1) above, is indemnified by the depository, the depository shall have the right to recover the same from such participant.

#### Freezing/ Defreezing of accounts

1. The Beneficial Owner may exercise the right to freeze/defreeze his/her demat account maintained with the DP in accordance with the procedure and subject to the restrictions laid down under the Bye Laws and Business Rules/ Operating Instructions.
2. The DP or the Depository shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any regulator or court or any statutory authority.

#### Redressal of Investor grievance

1. The DP shall redress all grievances of the Beneficial Owner against the DP within a period of thirty days from the date of receipt of the complaint.

#### Authorized representative

1. If the Beneficial Owner is a body corporate or a legal entity, it shall, along with the account opening form, furnish to the DP, a list of officials authorized by it, who shall represent and interact on its behalf with the Participant. Any change in such list including additions, deletions or alterations thereto shall be forthwith communicated to the Participant.

#### Law and Jurisdiction

1. In addition to the specific rights set out in this document, the DP and the Beneficial owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Rules, Bye Laws and Regulations of the respective Depository in which the demat account is opened and circulars/notices issued there under or Rules and Regulations of SEBI.
2. The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars/ notices issued by SEBI and Rules, Regulations and Bye-laws of the relevant Depository, where the Beneficial Owner maintains his/ her account, that may be in force from time to time.
3. The Beneficial Owner and the DP shall abide by the arbitration and conciliation procedure prescribed under the Bye- laws of the depository and that such procedure shall be applicable to any disputes between the DP and the Beneficial Owner.
4. Words and expressions which are used in this document but which are not defined herein shall unless the context otherwise requires, have the same meanings as assigned thereto in the Rules, Bye-laws and Regulations and circulars/ notices issued there under by the depository and /or SEBI.
5. Any changes in the rights and obligations which are specified by SEBI/Depositories shall also be brought to the notice of the clients at once.
6. If the rights and obligations of the parties hereto are altered by virtue of change in Rules and regulations of SEBI or Bye-laws, Rules and Regulations of the relevant Depository, where the Beneficial Owner maintains his/her account, such changes shall be deemed to have been incorporated herein in modification of the rights and obligations of the parties mentioned in this document.

| ACKNOWLEDGEMENT                                                                                                                                                                                                                                                                                                                                                                                                |                               |                               |       |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|-------|--|--|--|--|--|--|
| DP Name: PNB                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> NSDL | <input type="checkbox"/> CDSL | DP ID |  |  |  |  |  |  |
| Accepted / rejected the application from M/s. ....as the Sole /First Holder along with..... and ..... as the Second and Third Holders respectively for opening of a depository account. Your Client Id/CM-BP-Id (CM-BP-Id in case of Clearing Members) will be intimated to you shortly on acceptance. Please quote the DP ID & Client Id/CM-BP-Id allotted to you in all your future correspondence.<br>Date: |                               |                               |       |  |  |  |  |  |  |
| Stamp/Signature of Branch Manager                                                                                                                                                                                                                                                                                                                                                                              |                               |                               |       |  |  |  |  |  |  |