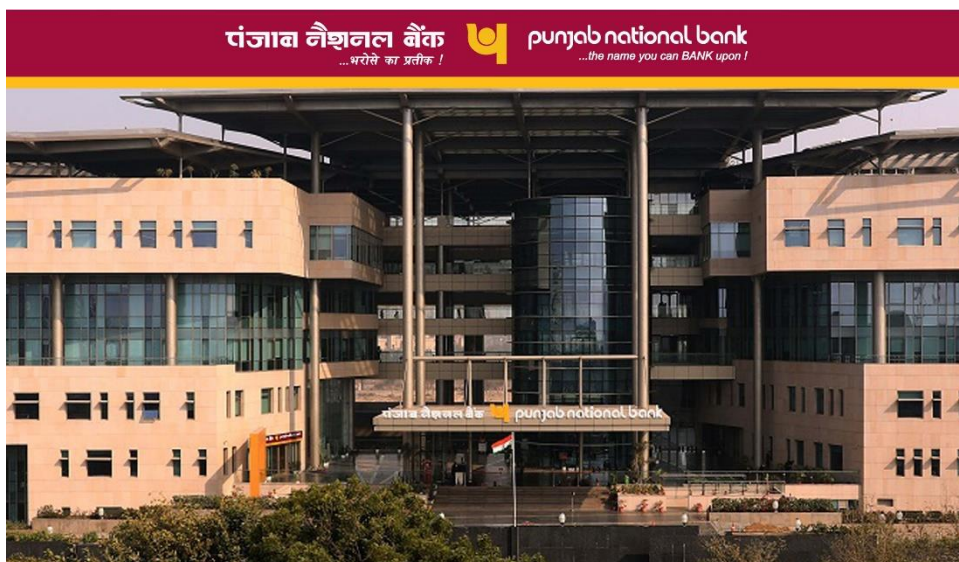


# Welcome to Punjab National Bank Depository Services

## DEMAT ACCOUNT OPENING FORM (Individual)



DEPOSITORY: ☐ NSDL ☐ CDSL

DP ID .....

CLIENT ID .....

INDIVIDUAL/ HUF/ OTHERS .....

CLIENT NAME .....

SAVING/ CURRENT ACCOUNT NUMBER .....

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### **CHECK-LIST FOR OPENING OF DEMAT ACCOUNT**

- Two Photograph of holder(s)
- Pan-card
- Proof of address including Aadhaar Card
- Details of bank account
- Identity proof of Nominee

#### **Proof of Identity: (any one)-Self attested and duly verified by Branch Office/ Authorized Officer**

- Passport
- Voter ID Card
- Driving License
- PAN Card with photograph
- Unique Identification Number (UID/Aadhaar Card)
- Identity card/document with applicant's photo issued by 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 member's/ Credit cards/Debit Cards, with photo, issued by Banks.

#### **Proof of Address: (any one)- Self attested and duly verified by Branch Office/ Authorized Officer**

- Passport, Voter ID card
- Aadhaar Letter issued by Unique Identification Authority of India
- Driving License
- Bank passbook/Bank statement (Not more than 3 months old- as on date of receipt of documents)
- Unique identification Number (UID/Aadhaar card)
- Utility bill like- (Not more than 3 months old- as on date of receipt of documents)
- Electricity bills
- Telephone bills (Land line only), and
- Gas bill
- Self-declaration by High Court & Supreme Court judges, giving the new address in respect of their own accounts
- Identity card/documents with address, issued by Central/State Government and its departments/ Statutory/Regulatory Authorities/ Public Sector Undertakings/ Scheduled Commercial Banks/ Public Financial Institutions, Colleges affiliated to Universities (this can be treated as valid only till the time the applicant is a student), and
- Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc. to their members
- Proof of address issued by
- Bank Managers of Schedule Commercial Banks/ Schedule Co-operative Bank/ Multinational Foreign Banks
- Gazette Officer
- Notary Public
- Elected representatives to the Legislative Assembly/ Parliament
- Documents issued by any Government or Statutory Authority
- Bank Account Statement/ Passbook-(Note more than 3 months old-as on date of receipt of documents)
- Ration card (where ever accepted by the state authority)



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

### Important Instructions:

- A) Fields marked with "\*" are mandatory fields.  
B) Please fill the form in English and in BLOCK letters.  
C) Please fill the date in DD-MM-YYYY format.  
D) Please read section wise detailed guidelines / instructions at the end.

- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.  
F) List of two character ISO 3166 country codes is available at the end.  
G) KYC number of applicant is mandatory for update application.  
H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



### For office use only

(To be filled by financial institution)

Application Type\*

☐ New ☐ Update

KYC Number

(Mandatory for KYC update request)

Account Type\*

☐ Normal ☐ Simplified (for low risk customers) ☐ Small

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

|                          |                                                                              |                                                                               |                                                                                                       |
|--------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Prefix                   | First Name                                                                   | Middle Name                                                                   | Last Name                                                                                             |
| <input type="text"/>     | <input type="text"/>                                                         | <input type="text"/>                                                          | <input type="text"/>                                                                                  |
| Name* (Same as ID proof) | <input type="text"/>                                                         | <input type="text"/>                                                          | <input type="text"/>                                                                                  |
| Maiden Name (If any*)    | <input type="text"/>                                                         | <input type="text"/>                                                          | <input type="text"/>                                                                                  |
| Father / Spouse Name*    | <input type="text"/>                                                         | <input type="text"/>                                                          | <input type="text"/>                                                                                  |
| Mother Name*             | <input type="text"/>                                                         | <input type="text"/>                                                          | <input type="text"/>                                                                                  |
| Date of Birth*           | <input type="text"/>                                                         | <input type="text"/>                                                          | <input type="text"/>                                                                                  |
| Gender*                  | <input type="checkbox"/> M- Male                                             | <input type="checkbox"/> F- Female                                            | <input type="checkbox"/> T-Transgender                                                                |
| Marital Status*          | <input type="checkbox"/> Married                                             | <input type="checkbox"/> Unmarried                                            | <input type="checkbox"/> Others                                                                       |
| Citizenship*             | <input type="checkbox"/> IN- Indian                                          | <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> ) |                                                                                                       |
| Residential Status*      | <input type="checkbox"/> Resident Individual                                 | <input type="checkbox"/> Non Resident Indian                                  |                                                                                                       |
|                          | <input type="checkbox"/> Foreign National                                    | <input type="checkbox"/> Person of Indian Origin                              |                                                                                                       |
| Occupation Type*         | <input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector | <input type="checkbox"/> Public Sector                                        | <input type="checkbox"/> Government Sector )                                                          |
|                          | <input type="checkbox"/> O-Others ( <input type="checkbox"/> Professional    | <input type="checkbox"/> Self Employed                                        | <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) |
|                          | <input type="checkbox"/> B-Business                                          |                                                                               |                                                                                                       |
|                          | <input type="checkbox"/> X- Not Categorised                                  |                                                                               |                                                                                                       |

### PHOTO



Signature / Thumb Impression

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

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

ISO 3166 Country Code of Jurisdiction of Residence\*

Tax Identification Number or equivalent (If issued by jurisdiction)\*

Place / City of Birth\*

ISO 3166 Country Code of Birth\*

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

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

|                                                                                      |                      |                             |                      |
|--------------------------------------------------------------------------------------|----------------------|-----------------------------|----------------------|
| <input type="checkbox"/> A- Passport Number                                          | <input type="text"/> | Passport Expiry Date        | <input type="text"/> |
| <input type="checkbox"/> B- Voter ID Card                                            | <input type="text"/> |                             |                      |
| <input type="checkbox"/> C- PAN Card                                                 | <input type="text"/> |                             |                      |
| <input type="checkbox"/> D- Driving Licence                                          | <input type="text"/> | Driving Licence Expiry Date | <input type="text"/> |
| <input type="checkbox"/> E- UID (Aadhaar)                                            | <input type="text"/> |                             |                      |
| <input type="checkbox"/> F- NREGA Job Card                                           | <input type="text"/> |                             |                      |
| <input type="checkbox"/> Z- Others (any document notified by the central government) | <input type="text"/> | Identification Number       | <input type="text"/> |
| <input type="checkbox"/> S- Simplified Measures Account - Document Type code         | <input type="text"/> | Identification Number       | <input type="text"/> |

### 4. PROOF OF ADDRESS (PoA)\*

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

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

|                   |                                                                           |                                          |                                        |                                            |                                      |
|-------------------|---------------------------------------------------------------------------|------------------------------------------|----------------------------------------|--------------------------------------------|--------------------------------------|
| Address Type*     | <input type="checkbox"/> Residential / Business                           | <input type="checkbox"/> Residential     | <input type="checkbox"/> Business      | <input type="checkbox"/> Registered Office | <input type="checkbox"/> Unspecified |
| Proof of Address* | <input type="checkbox"/> Passport                                         | <input type="checkbox"/> Driving Licence | <input type="checkbox"/> UID (Aadhaar) | <input type="checkbox"/> Others            | <input type="text"/>                 |
|                   | <input type="checkbox"/> Voter Identity Card                              | <input type="checkbox"/> NREGA Job Card  | <input type="checkbox"/> Others        | <input type="text"/>                       | <input type="text"/>                 |
|                   | <input type="checkbox"/> Simplified Measures Account - Document Type code | <input type="text"/>                     |                                        |                                            |                                      |

### Address

|                        |                      |
|------------------------|----------------------|
| Line 1*                | <input type="text"/> |
| Line 2                 | <input type="text"/> |
| Line 3                 | <input type="text"/> |
| District*              | <input type="text"/> |
| Pin / Post Code*       | <input type="text"/> |
| State / U.T Code*      | <input type="text"/> |
| ISO 3166 Country Code* | <input type="text"/> |



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

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

|           |  |  |  |  |  |                  |  |  |  |  |  |                   |  |  |                        |  |  |
|-----------|--|--|--|--|--|------------------|--|--|--|--|--|-------------------|--|--|------------------------|--|--|
| Line 1*   |  |  |  |  |  |                  |  |  |  |  |  |                   |  |  |                        |  |  |
| Line 2    |  |  |  |  |  |                  |  |  |  |  |  |                   |  |  |                        |  |  |
| Line 3    |  |  |  |  |  |                  |  |  |  |  |  |                   |  |  |                        |  |  |
| District* |  |  |  |  |  | Pin / Post Code* |  |  |  |  |  | State / U.T Code* |  |  | ISO 3166 Country Code* |  |  |

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

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

|         |  |  |  |  |  |                  |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |
|---------|--|--|--|--|--|------------------|--|--|--|--|--|------------------------|--|--|--|--|--|------------------------|--|--|
| Line 1* |  |  |  |  |  |                  |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |
| Line 2  |  |  |  |  |  |                  |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |
| Line 3  |  |  |  |  |  |                  |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |
| State*  |  |  |  |  |  | ZIP / Post Code* |  |  |  |  |  | City / Town / Village* |  |  |  |  |  | ISO 3166 Country Code* |  |  |

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

|            |  |  |  |  |  |            |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
|------------|--|--|--|--|--|------------|--|--|--|--|--|--------|--|--|--|--|--|--|--|--|--|
| Tel. (Off) |  |  |  |  |  | Tel. (Res) |  |  |  |  |  | Mobile |  |  |  |  |  |  |  |  |  |
| FAX        |  |  |  |  |  | Email ID   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |

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

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

|                                                                                                  |                                            |            |                                   |           |                                                    |  |
|--------------------------------------------------------------------------------------------------|--------------------------------------------|------------|-----------------------------------|-----------|----------------------------------------------------|--|
| Related Person Type*                                                                             | <input type="checkbox"/> Guardian of Minor |            | <input type="checkbox"/> Assignee |           | <input type="checkbox"/> Authorized Representative |  |
| Name*                                                                                            | Prefix                                     | First Name | Middle Name                       | Last Name |                                                    |  |
| <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> |                                            |            |                                   |           |                                                    |  |

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

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

|                                                                                      |  |  |  |  |  |                             |    |    |    |    |  |
|--------------------------------------------------------------------------------------|--|--|--|--|--|-----------------------------|----|----|----|----|--|
| <input type="checkbox"/> A- Passport Number                                          |  |  |  |  |  | Passport Expiry Date        | DD | MM | YY | YY |  |
| <input type="checkbox"/> B- Voter ID Card                                            |  |  |  |  |  |                             |    |    |    |    |  |
| <input type="checkbox"/> C- PAN Card                                                 |  |  |  |  |  |                             |    |    |    |    |  |
| <input type="checkbox"/> D- Driving Licence                                          |  |  |  |  |  | Driving Licence Expiry Date | DD | MM | YY | YY |  |
| <input type="checkbox"/> E- UID (Aadhaar)                                            |  |  |  |  |  |                             |    |    |    |    |  |
| <input type="checkbox"/> F- NREGA Job Card                                           |  |  |  |  |  |                             |    |    |    |    |  |
| <input type="checkbox"/> Z- Others (any document notified by the central government) |  |  |  |  |  | Identification Number       |    |    |    |    |  |
| <input type="checkbox"/> S- Simplified Measures Account - Document Type code         |  |  |  |  |  | Identification Number       |    |    |    |    |  |

☐ 7. REMARKS (If any)

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

8. APPLICANT DECLARATION

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

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

Date : DD-MM-YYYY Place :

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies

|                                 |            |
|---------------------------------|------------|
| KYC VERIFICATION CARRIED OUT BY |            |
| Date                            | DD-MM-YYYY |
| Emp. Name                       |            |
| Emp. Code                       |            |
| Emp. Designation                |            |
| Emp. Branch                     |            |

[Employee Signature]

|                     |  |
|---------------------|--|
| INSTITUTION DETAILS |  |
| Name                |  |
| Code                |  |

[Institution Stamp]



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## DEMAT ACCOUNT OPENING FORM (Individuals)

|                                                                                                       |                                                                                                                       |                                                                                                                       |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| DP Name                                                                                               | <input type="checkbox"/> NSDL                                                                                         | <input type="checkbox"/> CDSL                                                                                         |
| DP ID                                                                                                 |                                                                                                                       | Client ID                                                                                                             |
| Branch Name                                                                                           |                                                                                                                       |                                                                                                                       |
| SOL ID                                                                                                |                                                                                                                       |                                                                                                                       |
| Cust ID                                                                                               |                                                                                                                       |                                                                                                                       |
| Billing category                                                                                      | <input type="checkbox"/> Gen (E-CAS)<br><input type="checkbox"/> Staff<br><input type="checkbox"/> Minor turned major | <input type="checkbox"/> Gen (Phy)<br><input type="checkbox"/> BSDA<br><input type="checkbox"/> Scheme specific _____ |
| <input type="checkbox"/> Transmission<br><input type="checkbox"/> Others                              |                                                                                                                       |                                                                                                                       |
| Verified in Person<br>(Verified the identity of all applicants and documents verified from originals) |                                                                                                                       |                                                                                                                       |
| Designation:                                                                                          |                                                                                                                       | PF No.:                                                                                                               |
| Branch Name:                                                                                          |                                                                                                                       | Sol ID:                                                                                                               |
| Employee Signature:                                                                                   |                                                                                                                       |                                                                                                                       |
| Date:                                                                                                 |                                                                                                                       | Place:                                                                                                                |

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

| KRA DETAILS (If already registered with KRA/CKYCR, then tick the below column & mention the 14 digit KYC identifier / Ref. No. of KRA) |                                                 |                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> 1 <sup>st</sup> Holder                                                                                        | <input type="checkbox"/> 2 <sup>nd</sup> Holder | <input type="checkbox"/> 3 <sup>rd</sup> Holder |

| TO BE FILLED BY ACCOUNT HOLDER (all fields mandatory)                                                                                            |                                                            |                                                                                                                                                                                                                |                                                                                                                                                                                                   |                                                                                                                                                                                                                |                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I/We request you to open a depository account in my/our name as per the following details: (Please fill all the details in CAPITAL LETTERS only) |                                                            |                                                                                                                                                                                                                |                                                                                                                                                                                                   |                                                                                                                                                                                                                | Date                                                                                                                                                                                              |
| A)                                                                                                                                               | Details of Account holder(s) :                             |                                                                                                                                                                                                                |                                                                                                                                                                                                   |                                                                                                                                                                                                                |                                                                                                                                                                                                   |
|                                                                                                                                                  | Account holder(s) Name                                     | Sole/First Holder                                                                                                                                                                                              | Second Holder                                                                                                                                                                                     | Third Holder                                                                                                                                                                                                   |                                                                                                                                                                                                   |
|                                                                                                                                                  | Aadhaar No.                                                |                                                                                                                                                                                                                |                                                                                                                                                                                                   |                                                                                                                                                                                                                |                                                                                                                                                                                                   |
|                                                                                                                                                  | PAN                                                        |                                                                                                                                                                                                                |                                                                                                                                                                                                   |                                                                                                                                                                                                                |                                                                                                                                                                                                   |
|                                                                                                                                                  | Occupation<br>(please tick any one and give brief details) | <input type="checkbox"/> Private Sector<br><input type="checkbox"/> Public sector<br><input type="checkbox"/> Government Service<br><input type="checkbox"/> Business<br><input type="checkbox"/> Professional | <input type="checkbox"/> Agriculturist<br><input type="checkbox"/> Retired<br><input type="checkbox"/> Housewife<br><input type="checkbox"/> Student<br><input type="checkbox"/> Others (Specify) | <input type="checkbox"/> Private Sector<br><input type="checkbox"/> Public sector<br><input type="checkbox"/> Government Service<br><input type="checkbox"/> Business<br><input type="checkbox"/> Professional | <input type="checkbox"/> Agriculturist<br><input type="checkbox"/> Retired<br><input type="checkbox"/> Housewife<br><input type="checkbox"/> Student<br><input type="checkbox"/> Others (Specify) |



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|    |                                                                                                                                                                                                                                                                                      |  |  |  |  |  |        |  |  |  |  |  |  |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--------|--|--|--|--|--|--|
| B) | For HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust etc., although the account is opened in the name of the natural persons, the name & PAN of the HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below: |  |  |  |  |  |        |  |  |  |  |  |  |
|    | a) Name                                                                                                                                                                                                                                                                              |  |  |  |  |  | b) PAN |  |  |  |  |  |  |

|                                                                 |  |  |                                          |  |  |                                              |  |  |                                                     |  |  |  |
|-----------------------------------------------------------------|--|--|------------------------------------------|--|--|----------------------------------------------|--|--|-----------------------------------------------------|--|--|--|
| <b>C) Type of Account (Please tick whichever is applicable)</b> |  |  |                                          |  |  |                                              |  |  |                                                     |  |  |  |
| <input type="checkbox"/> Ordinary Resident                      |  |  | <input type="checkbox"/> NRI-Repatriable |  |  | <input type="checkbox"/> NRI-Non Repatriable |  |  | <input type="checkbox"/> Qualified Foreign Investor |  |  |  |
| <input type="checkbox"/> Foreign national                       |  |  | <input type="checkbox"/> Margin          |  |  | <input type="checkbox"/> Promoter            |  |  | <input type="checkbox"/> Others (Please specify)    |  |  |  |

|    |                                          |  |  |  |  |                   |  |   |   |   |   |   |   |   |   |
|----|------------------------------------------|--|--|--|--|-------------------|--|---|---|---|---|---|---|---|---|
| D) | <b>In case of NRIs/Foreign Nationals</b> |  |  |  |  |                   |  |   |   |   |   |   |   |   |   |
|    | RBI Approval Reference Number            |  |  |  |  | RBI Approval date |  | D | D | M | M | Y | Y | Y | Y |

|    |                                                                                                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| E) | Please tick, if applicable: <input type="checkbox"/> Politically Exposed Person (PEP)<br><input type="checkbox"/> Related to a Politically Exposed Person (PEP) |  |  |  |  |  |  |  |  |  |  |  |  |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|

|                                             |                                                                                                       |  |  |                                             |  |  |  |                                             |  |  |  |  |  |
|---------------------------------------------|-------------------------------------------------------------------------------------------------------|--|--|---------------------------------------------|--|--|--|---------------------------------------------|--|--|--|--|--|
| F)                                          | <b>Gross Annual Income Details for individuals - For Income Range per annum (please tick any one)</b> |  |  |                                             |  |  |  |                                             |  |  |  |  |  |
| <b>For Individual</b>                       |                                                                                                       |  |  |                                             |  |  |  |                                             |  |  |  |  |  |
| 1 <sup>st</sup> Holder                      |                                                                                                       |  |  | 2 <sup>nd</sup> Holder                      |  |  |  | 3 <sup>rd</sup> Holder                      |  |  |  |  |  |
| <input type="checkbox"/> Below ₹ 1 Lac      |                                                                                                       |  |  | <input type="checkbox"/> Below ₹ 1 Lac      |  |  |  | <input type="checkbox"/> Below ₹ 1 Lac      |  |  |  |  |  |
| <input type="checkbox"/> ₹ 1 - 5 Lac        |                                                                                                       |  |  | <input type="checkbox"/> ₹ 1 - 5 Lac        |  |  |  | <input type="checkbox"/> ₹ 1 - 5 Lac        |  |  |  |  |  |
| <input type="checkbox"/> ₹ 5 - 10 Lac       |                                                                                                       |  |  | <input type="checkbox"/> ₹ 5 - 10 Lac       |  |  |  | <input type="checkbox"/> ₹ 5 - 10 Lac       |  |  |  |  |  |
| <input type="checkbox"/> ₹ 10 - 25 Lac      |                                                                                                       |  |  | <input type="checkbox"/> ₹ 10 - 25 Lac      |  |  |  | <input type="checkbox"/> ₹ 10 - 25 Lac      |  |  |  |  |  |
| <input type="checkbox"/> More than ₹ 25 Lac |                                                                                                       |  |  | <input type="checkbox"/> More than ₹ 25 Lac |  |  |  | <input type="checkbox"/> More than ₹ 25 Lac |  |  |  |  |  |

|                                                       |                                                                                                                                                                                                                                                                      |                   |                                                                                                                                                                          |  |  |  |  |  |  |                          |                              |                             |                          |                          |                          |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--------------------------|------------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|
| G)                                                    | <b>Standing Instructions</b>                                                                                                                                                                                                                                         |                   |                                                                                                                                                                          |  |  |  |  |  |  |                          |                              |                             |                          |                          |                          |
| 1                                                     | I/We authorise you to receive credits automatically into my/our account.                                                                                                                                                                                             |                   |                                                                                                                                                                          |  |  |  |  |  |  |                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                          |                          |                          |
| 2                                                     | Account to be operated through Power of Attorney (PoA)                                                                                                                                                                                                               |                   |                                                                                                                                                                          |  |  |  |  |  |  |                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                          |                          |                          |
| 3                                                     | <b>SMS Alert facility: [Mandatory if you are giving Power to Attorney (PoA), Ensure that the mobile number is same as provided in the KYC Application Form] (*Definition of family for this purpose includes, spouses dependent children and dependent parents.)</b> |                   |                                                                                                                                                                          |  |  |  |  |  |  |                          |                              |                             |                          |                          |                          |
|                                                       | Sr. No.                                                                                                                                                                                                                                                              |                   |                                                                                                                                                                          |  |  |  |  |  |  | Belongs to               |                              | SMS Alert                   |                          |                          |                          |
|                                                       |                                                                                                                                                                                                                                                                      |                   |                                                                                                                                                                          |  |  |  |  |  |  | Me                       | My Family*                   | Yes                         | No                       |                          |                          |
|                                                       | 1                                                                                                                                                                                                                                                                    | Sole/First Holder | Mobile No.                                                                                                                                                               |  |  |  |  |  |  |                          |                              | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                       |                                                                                                                                                                                                                                                                      |                   | E-mail ID:-                                                                                                                                                              |  |  |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/> |                          |                          |
|                                                       | 2                                                                                                                                                                                                                                                                    | Second Holder     | Mobile No.                                                                                                                                                               |  |  |  |  |  |  |                          |                              | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                       |                                                                                                                                                                                                                                                                      |                   | E-mail ID:-                                                                                                                                                              |  |  |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/> |                          |                          |
|                                                       | 3                                                                                                                                                                                                                                                                    | Third Holder      | Mobile No.                                                                                                                                                               |  |  |  |  |  |  |                          |                              | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                       |                                                                                                                                                                                                                                                                      |                   | E-mail ID:-                                                                                                                                                              |  |  |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/> |                          |                          |
| Mode of receiving Statement of Account [Tick any one] |                                                                                                                                                                                                                                                                      |                   | <input type="checkbox"/> Physical Form<br><input type="checkbox"/> Electronic Form [Refer Note (3) and ensure that email ID is same as provided in KYC Application Form] |  |  |  |  |  |  |                          |                              |                             |                          |                          |                          |



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|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                    |                                                                      |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| 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                                             | <input type="checkbox"/> Electronic<br><input type="checkbox"/> Both |

|    |                                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  |  |  |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| H) | <b>Guardian Details</b> (where applicant is a minor): [Annexure B1 of KYC form to be filled and signed by Guardian. Photograph of Guardian to be provided on page No. 5 with the photograph of minor.] |  |  |  |  |  |  |  |  |  |  |  |
|    | Guardian Name                                                                                                                                                                                          |  |  |  |  |  |  |  |  |  |  |  |
|    | PAN                                                                                                                                                                                                    |  |  |  |  |  |  |  |  |  |  |  |
|    | Relationship of guardian with minor                                                                                                                                                                    |  |  |  |  |  |  |  |  |  |  |  |

### INTRODUCTION (\*\* Mandatory in case of Illiterate & visually challenged person)

(By an existing PNB Demat Account Holder / Applicant's Bank)

|                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------|
| DP ID : _____ Client ID : _____ (In case of existing account holder)                                                   |
| I _____ hereby confirm the identity and address of the applicant (s). (Name of Introducer / Applicant's Bank Official) |
| Signature of Introducer / Applicant's bank Official                                                                    |
| Applicant's Bank Seal                                                                                                  |

|    |                                                                                                                           |                                                                                                                                                 |
|----|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| I) | <b>Mode of Operation in Demat account (Tick any One)</b>                                                                  |                                                                                                                                                 |
|    | <input type="checkbox"/> Singly - <input type="checkbox"/><br><input type="checkbox"/> Jointly - <input type="checkbox"/> | <input type="checkbox"/> Any one or survivor - <input type="checkbox"/><br><input type="checkbox"/> Either or Survivor <input type="checkbox"/> |

|    |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                              |  |  |  |          |  |  |  |  |                                                             |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--|--|--|----------|--|--|--|--|-------------------------------------------------------------|
| 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)<br>*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<br><input type="checkbox"/> No |
| 1  | Bank Type                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Saving Account <input type="checkbox"/> Other(please specify) _____ |  |  |  |          |  |  |  |  |                                                             |
| 2  | Bank Account Number                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              |  |  |  |          |  |  |  |  |                                                             |
| 3  | Bank Name                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                              |  |  |  |          |  |  |  |  |                                                             |
| 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 (if no please provide the below information)                                                                                                                                                                                                                                                                                                                        |                                                                                              |  |  |  |          |  |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No    |



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## 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)

## SPECIMEN PHOTOGRAPH & SIGNATURE

- Do not sign across Photograph • Photograph of Guardian is also required in case of minor A/Cs
- Do not Staple the Photograph • Signature in Black Ink only

| First Holder                | Second Holder                | Third Holder                |
|-----------------------------|------------------------------|-----------------------------|
|                             |                              |                             |
|                             |                              |                             |
| (Signature of First Holder) | (Signature of Second Holder) | (Signature of Third Holder) |

## FOR OFFICE USE ONLY

|                                                                                |                                                                                                                                  |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Applicant interviewed and purpose of opening account is ascertained :          |                                                                                                                                  |
| PAN verified through income tax website                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                         |
| Proof of identification & address document obtained and verified from original | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                         |
| Risk Category                                                                  | <input type="checkbox"/> Very High <input type="checkbox"/> High<br><input type="checkbox"/> Medium <input type="checkbox"/> Low |
| Employee Name                                                                  |                                                                                                                                  |
| Place                                                                          |                                                                                                                                  |
| Date                                                                           |                                                                                                                                  |

## Declaration

- The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/ us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/we hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it. In case non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations. I/we acknowledge the

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receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

- (ii) I/We confirm that signature given below, to be used for DEMAT A/c opening & further transactions is my correct & valid signature. The current signature and the signature on PAN card (difference, if any) belongs to me/us and I/we take full responsibility of the same and undertake to indemnify the bank against every and all claims by the reason of the mismatch.
- (iii) The name mentioned in KYC documents & AOF (difference, if any) pertains to me/us and therefore, I/we undertake to indemnify the bank against all claims by the reason of the mismatch in my declared name.

|                                                                         | Name(s) of holder(s) | Signature(s) of holder |
|-------------------------------------------------------------------------|----------------------|------------------------|
| Sole / First Holder / Guardian (in case sole holder is minor) (Mr./Ms.) |                      |                        |
| Second Holder                                                           |                      |                        |
| Third Holder                                                            |                      |                        |

#### Notes:

- All communication shall be sent at the address of the Sole/First holder only.
- Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
- Instructions related to nomination, are as below:
  - The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non- individuals including society, trust, body corporate, partnership firm, Karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly all joint holders will sign the nomination form.
  - A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
  - The Nominee shall not be a trust, society, body corporate, partnership firm, Karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
  - Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
  - Transfer of securities in favor of a Nominee shall be valid discharge by the depository and the Participant against the legal heir.
  - The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non- individuals including society, trust, body corporate, partnership firm, Karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.



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- vii. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favor of the Nominee.
4. For receiving Statement of Account in electronic form:
- I. Client must ensure the confidentiality of the password of the email account.
  - II. Client must promptly inform the Participant if the email address has changed.
  - III. Client may opt to terminate this facility by giving 10 days' prior notice. Similarly, Participant may also terminate this facility by giving 10 days' prior notice.
5. Strike off whichever is not applicable.
- 6. \*The term United States person means:**
- a) an individual, being a citizen or resident of the United States of America;
  - b) partnership or corporation organized in the United States of America or under the laws of the United States of America or any State thereof;
  - c) a trust if: i. a court within the United States of America would have authority under applicable law to render orders or judgements concerning substantially all issues regarding administration of the trust; and ii. one or more U.S. persons have the authority to control all substantial decisions of the trust;
  - d) an estate of a decedent who was a citizen or resident of the United States of America.
- 7. #Functional Equivalent of TIN includes the following:**
- Social Security Number, National Insurance Number, Citizen Personal Identification Code/Number, Residence Registration Number etc.
8. For CDSL, A/Cs, please obtain addition request for Trust & EASI facility uploaded on e-circular.



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| 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                                                                                                                                 |                                                                                                                                                                                                                   | Email ID Registered for E-CAS                                                                                             | Email ID not Registered for E-CAS |                                                                                                                           |                                                                                                 |
| Clients Maintaining SB/CA a/c with PNB                                                      | NSDL | 300                                                                                                                       | 350                               | 115                                                                                                                                                         | 300                                                                                                                                                                                                               | 800                                                                                                                       | 900                               | 800                                                                                                                       | 300                                                                                             |
|                                                                                             | CDSL | 300                                                                                                                       | 350                               | Staff - Nil                                                                                                                                                 | 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 (Debit-Market, Off-Market & Inter-depository) & redemption of Mutual fund units |      | 0.03%. Minimum amount Rs. 25/-, Max Rs. 5000<br>*Online trading/Speed-e Rs. 10/-per txn where AMC is Annual               |                                   | 0.03%. Minimum amount Rs. 25/-, Max Rs. 5000<br>*Online trading/Speed-e Rs. 10/-per txn where AMC is Annual                                                 | NSDL: Rs.10/-<br>CDSL: *Off Market/ Inter Depository Sell- *Rs.10/-<br>Off Market/ Inter depository 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/Speed-e 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 Rs 30/- per instruction and Max. of Rs 300/- per instruction. For Staff: - Rs.20/- per instruction | 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 Rs 30/- per instruction and Max. of Rs 300/- per instruction.    | NA                                                                                              |
| Pledge Creation (NSDL & CDSL)                                                               |      | 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                                |



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|                                            |                                |                                 |                           |                                |                                |                                                         |
|--------------------------------------------|--------------------------------|---------------------------------|---------------------------|--------------------------------|--------------------------------|---------------------------------------------------------|
|                                            |                                |                                 |                           |                                |                                | cancellation of Pledge, as pledge cancellation charges. |
| Pledge Creation confirmation (NSDL & CDSL) | 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                          |
| Pledge Closure (NSDL & CDSL)               | Rs. 50/-                       | Rs. 50/-                        | NA                        | Rs. 50/-                       | Rs. 50/-                       | 100 +* NSDLs actual charges, if any                     |
| Pledge Closure confirmation (NSDL & CDSL)  | Rs. 50/-                       | Rs. 50/-                        | NA                        | Rs. 50/-                       | Rs. 50/-                       | 100 + * NSDLs actual charges, if any                    |
| Pledge Invocation per ISIN (NSDL & CDSL)   | Rs. 50/-                       | Rs. 50/-                        | NA                        | Rs. 50/-                       | Rs. 50/-                       | 100 + * NSDLs actual charges, if any                    |
| Failed instruction charges (NSDL & CDSL)   | Rs. 10/-                       | Rs. 10/-                        | Rs. 10/-                  | Rs. 10/-                       | Rs. 10/-                       | Rs. 10/-                                                |
| Adhoc Account Statement                    | Rs. 50/-                       | Sr Citizen- 50/-<br>Staff - Nil | Rs. 50/-                  | Rs. 50/-                       | Rs. 50/-                       | Rs. 50/-                                                |
| Freezing/De Freezing Charges               | Rs.25/-                        | Rs.25/-                         | Rs.25/-                   | Rs.25/-                        | Rs.25/-                        | Rs.25/-                                                 |
| Late Fee                                   | Rs. 50 Per instruction         | Rs. 50 Per instruction          | Rs. 50 Per instruction    | Rs. 50 Per instruction         | Rs. 50 Per instruction         | Rs. 50 Per instruction                                  |
| DIS booklet Postage Charges                | Rs. 75/- each DIS Booklet      | Rs. 75/- each DIS Booklet       | Rs. 75/- each DIS Booklet | Rs. 75/- each DIS Booklet      | Rs. 75/- each DIS Booklet      | Rs. 75/- each DIS Booklet                               |

#### 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)



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## FORM FOR NOMINATION

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                             |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|
| DP ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |  |  |  |  |  |  |  | Client ID |  |  |  |  |  |  |  |
| Depository                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |
| <input type="checkbox"/> I/We do not wish to nominate anyone for this Demat Account.<br><input type="checkbox"/> I/We wish to make a nomination. [As per details given below]<br><input type="checkbox"/> I/We wish to cancel the nomination made by me/ us earlier and consequently all rights and liabilities in respect of beneficiary ownership in the securities held by me / us in the said account shall vest in me/ us. [Strike off the nomination details below] |                                                             |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |
| <b>Nomination Details</b><br>I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all securities held in the Depository by me /us in the said beneficiary owner account in the event of my / our death.                                                                                                                                                                                                                        |                                                             |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |

| Nomination can be made upto three nominees in the account                    |                                                                                                                                                                                                                                                                                                                                                                     | Details of 1st Nominee                      | Details of 2nd Nominee | Details of 3rd Nominee |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------|------------------------|
| 1                                                                            | Name of the nominee(s) (Mr./Ms.)                                                                                                                                                                                                                                                                                                                                    |                                             |                        |                        |
| 2                                                                            | Share of each nominee<br><input type="checkbox"/> Equally                                                                                                                                                                                                                                                                                                           | %                                           | %                      | %                      |
|                                                                              |                                                                                                                                                                                                                                                                                                                                                                     | [If not equally, please specify percentage] |                        |                        |
| 3                                                                            | Residual securities*                                                                                                                                                                                                                                                                                                                                                |                                             |                        |                        |
| please tick any one nominee, if not marked the default will be first nominee |                                                                                                                                                                                                                                                                                                                                                                     |                                             |                        |                        |
| 4                                                                            | Relationship With the Applicant ( If any)                                                                                                                                                                                                                                                                                                                           |                                             |                        |                        |
| 5                                                                            | Address of Nominee(s) with Pin code                                                                                                                                                                                                                                                                                                                                 |                                             |                        |                        |
| 6                                                                            | Mobile/ Telephone No. of nominee(s)                                                                                                                                                                                                                                                                                                                                 |                                             |                        |                        |
| 7                                                                            | Email ID of nominee(s)                                                                                                                                                                                                                                                                                                                                              |                                             |                        |                        |
| 8                                                                            | Nominee Identification Details<br>[Please tick any one of following and provide details of same]<br><input type="checkbox"/> Photograph & Signature<br><input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar<br><input type="checkbox"/> Saving Bank Account No.<br><input type="checkbox"/> Proof of Identity<br><input type="checkbox"/> Demat Account ID |                                             |                        |                        |
| Sr. No 9-15 should be filled only if Nominee(s) is a minor:                  |                                                                                                                                                                                                                                                                                                                                                                     |                                             |                        |                        |
| 9                                                                            | Date of Birth                                                                                                                                                                                                                                                                                                                                                       |                                             |                        |                        |
| 10                                                                           | Name of Guardian(Mr./Mrs)                                                                                                                                                                                                                                                                                                                                           |                                             |                        |                        |
| 11                                                                           | Address of Guardian (s) with pin Code                                                                                                                                                                                                                                                                                                                               |                                             |                        |                        |
| 12                                                                           | Mobile/Telephone no. of Guardian                                                                                                                                                                                                                                                                                                                                    |                                             |                        |                        |
| 13                                                                           | Email ID of Guardian                                                                                                                                                                                                                                                                                                                                                |                                             |                        |                        |
| 14                                                                           | Relationship of Guardian with Nominee                                                                                                                                                                                                                                                                                                                               |                                             |                        |                        |



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|    |                                                                                                                                                                                                                                                                 |  |  |  |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 15 | <b>Guardian Identification Details</b><br>[Please tick any one of following and provide details of same]                                                                                                                                                        |  |  |  |
|    | <input type="checkbox"/> Photograph & Signature<br><input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar<br><input type="checkbox"/> Saving Bank Account No.<br><input type="checkbox"/> Proof of Identity<br><input type="checkbox"/> Demat Account ID |  |  |  |

I/ We have received and read the rights & obligation document and terms & conditions and agree to abide by and be bound by the same and by the bye-laws as are in force from time to time. I/ We declare that the particulars given by me/ us above are true and to the best of my/ our knowledge as on date of making this application. I/ We agree and undertake to intimate the DP, any change(s) in the details/ particulars mentioned by me/ us in this form. I/ We further agree that any false/ misleading information given by me/us or suppression of any material information will render my account liable for termination and suitable action.

In case of opting out of nomination:

I/ We hereby confirm that I/ We do not wish to appoint any nominee(s) in my/ Our trading/ demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holders(s), my/ our legal heirs would need to submit all the requisite documents/ information for claiming of assets held in my/ our trading/ demat account, which may also include documents issued by court or other such competent authority, based on the value of assets held in the trading/ demat account.

|                     | First Holder | Second Holder | Third Holder |
|---------------------|--------------|---------------|--------------|
| Signature of Client |              |               |              |
| Name of Client      |              |               |              |

### Signature of Witness for Nomination (mandatory)

|                            |                |                                         |
|----------------------------|----------------|-----------------------------------------|
|                            |                |                                         |
| <b>Name of the Witness</b> | <b>Address</b> | <b>Signature of witness (with date)</b> |

**\* Residual securities in case of multiple nominees, is the securities remaining after distribution of securities as per percentage allocation**

#### Notes:

- The nomination shall supercede any prior nomination made by me/ us and also any testamentary document executed by me/ us
- The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non- individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly, all joint holders will sign the nomination form.
- A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
- The Nominee(s) shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
- Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand rescinded upon transfer of the securities.
- Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.
- The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non- individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
- On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee(s).
- Nomination can be made upto three nominees in a demat account. In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total upto hundred percent. In the event of the beneficiary owner not indicating any percentage/ share for each of the nominees, the default option shall be to settle the claims equally amongst all the nominees.
- On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned in the FORM 10 at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.
- Copy of any proof of identity must be accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure D.
- Savings bank account details shall only be considered if the account is maintained with the same participant.
- DP ID and client ID shall be provided where demat details is required to be provided.



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### Self-Certification for Individual

| <b>FATCA/CRS Declaration Form</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Part I- Please fill in the country for each of the following:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| <b>1 Country of:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Citizenship                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| Residence for Tax Purposes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>2 US Person (Yes / No)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>Part II- Please note:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| <p>a) If in all fields above, the country mentioned by you is India and if you do not have US person status, please proceed to Part III for signature.</p> <p>b) if for any of the above field, the country mentioned by you is not India and/or if your US person status is Yes, please provide the Tax Payer Identification Number (TIN) or functional equivalent as issued in the specific country in the table below:</p>                                                                                                                                                                  |  |
| TIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| Country of Issue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| TIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| Country of Issue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| TIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| Country of Issue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| <b>Signature :</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <b>Name :</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>Date (DD/MM/YYYY) :</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <p>a. In case any of the parameters in Part I indicates that you are a US person or a person resident outside of India for tax purpose and you do not have Taxpayer Identification Numbers/functional equivalent, please complete and sign the Self-Certification section given in Part IV.</p> <p>b. In case you are declaring US person status as 'No' but your Country of Birth is US, please provide document evidencing Relinquishment of Citizenship. If not available provide reasons for not having relinquishment certificate</p> <p>Please also fill Part IV Self-Certification.</p> |  |
| <b>Part III- Customer Declaration (Applicable for all customers)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| <p>(i) Under penalty of perjury, I/we certify that:</p> <p>1. 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. (This clause is applicable only if the account holder is identified as a US person)</p>                                                                                |  |



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2. The applicant is an applicant taxable as a tax resident under the laws of country outside India. (This clause is applicable only if the account holder is a tax resident outside of 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 FATCA/CRS. 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 becomes incorrect.
- (iv) I/We agree that as may be required by domestic regulators/tax authorities the Bank may also be required to report, reportable details to CDDT 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 taxpayer identification number of the applicant.

Signature :

Name :

Date (DD/MM/YYYY) :

Part IV- Self-Certification: To be filled only if- (a) Name of the country in Part I is other than India and TIN or functional equivalent is not available, or (b) US person is mentioned as Yes in Part I, and TIN is not available

I confirm that I am neither a US person nor a resident for Tax purpose in any country other than India, though one or more parameters suggest my relation with the country outside India. Therefore, I am providing the following document as proof of my citizenship and residency in India.

Signature

Document Proof submitted (Please tick document being submitted)

- ☐ Passport ☐ Election Id Card ☐ PAN Card ☐ Driving License  
☐ UIDAI Letter ☐ NREGA Job Card ☐ Govt. Issued ID Card

PROOF OF TAX PAYERS IDENTIFICATION NUMBER/FUNCTIONAL EQUIVALENT (FOR FATCA/CRS) - Copy of any of these -

- i. Tax Payer Identification Number; ii. Social security number; iii. National insurance number;  
iv. Citizen/personal identification code/number;  
v. Resident registration number etc.



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## **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**

3. 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.
4. 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**

5. 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*".
6. 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.
7. 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**

8. 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
9. 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.
10. 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**

11. 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.
12. 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**

13. 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.
14. 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.
15. 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.
16. 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**

17. 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.
18. 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 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



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Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

#### Default in payment of charges

19. 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.
20. 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

21. As per Section 16 of Depositories Act, 1996,
  1. 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.
  2. 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

22. 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.
23. 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

24. 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

25. 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

26. 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.
27. 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.
28. 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.
29. 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.
30. 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.
31. 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                |       |        |        |                |
|--------------------------------|-------|--------|--------|----------------|
|                                |       | (NSDL) | (CDSL) |                |
| DP Name : Punjab National Bank | DP ID |        |        | Client / BO 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 DP Id & Client Id will be intimated to you shortly on acceptance. Please quote the DP ID & Client Id allotted to you in all your future correspondence.

Date \_\_\_\_\_

Stamp, Signature of BM \_\_\_\_\_