

DEPOSITORY SERVICES ACCOUNT OPENING FORM

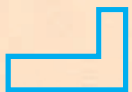


YOUR TRUST IS OUR WEALTH

DEPOSITORY PARTICIPANT OF CENTRAL DEPOSITORY SERVICES (I) LTD
DP ID No. 12057800 • SEBI Regn. No.: IN-DP-CDSL-479-2008

Regd. Office: "Akashdeep", 1st Floor, 5, Lower Rawdon Street
Kolkata 700 020 • Tel: 033 4057 2209/10 • Fax: +91 33 2476 0191
Email: depository@aumcap.com, helpdesk@aumcap.com

Website: www.aumcap.com



CLIENT NAME : _____

BO ID : _____

BRANCH NAME : _____

INTRODUCER : _____

Instructions for the Applicants/BOs for account opening

1. Signatures can be in English or Hindi or any of the other languages contained in the 8th schedule of the Constitution of India. Thumb impressions and signatures other than the above mentioned a Magistrate or a Notary Public or a Special Executive Magistrate under his/her official seal must attest languages.
2. Signatures should be preferably in black ink.
3. Details of the Names, Address and Telephone Number(s), etc., of the Magistrate/Notary Public/Special Executive Magistrate are to be provided in case of attestation done by them.
4. In case of additional signatures (for accounts other than individuals) separate annexure should be attached to the application form.
5. In case of applications under a Power of Attorney, the relevant Power of Attorney or the certified 1 copy thereof, must be lodged along with the application.
6. All correspondence / queries shall be addressed to the first / sole applicant.
7. Strike off whichever is not applicable.

Document Check List

INDIVIDUAL (All documents should be self attested)
1. Copy of PAN Card of the individual (mandatory).
2. Proof of Identity: (Any One) <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> PAN Card with Photograph
3. Proof of Address: (Any One) <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> Ration Card <input type="checkbox"/> Bank Passbook (not more than 2 months old) <input type="checkbox"/> Computer generated Bank Statement duly attested by concerned bank with stamp & signature of the bank official. <input type="checkbox"/> Original Bank statement (not more than 2 months old) self attested by BO along with cancelled cheque. <input type="checkbox"/> Electricity bill with bill date not more than 2 months old <input type="checkbox"/> Residence telephone with bill date not more than 2 months old. <input type="checkbox"/> Leave & License Agreement. <i>Note: If correspondence address is different from permanent address, photocopy of both the addresses should be submitted.</i>
4. Proof of Bank details: (Any One) <input type="checkbox"/> Photocopy of the Bank Statement having name and address of the BO not more than 4 months old. <input type="checkbox"/> Photocopy of the Passbook having name and address of the BO not more than 4 months old. <input type="checkbox"/> Original cancelled cheques having the name & account number of the BO (mandatory).
HUF (All documents should be self attested by Karta under the HUF stamp) <input type="checkbox"/> All documents, as mentioned above for individual required for Karta <input type="checkbox"/> PAN Card & Bank Passbook indicating the existence of HUF entity.
Minor (All documents should be attested by Guardian) <input type="checkbox"/> PAN Card of the minor <input type="checkbox"/> Birth Certificate of the minor <input type="checkbox"/> Proof of address & identity document of the Guardian, as specified above. <input type="checkbox"/> One passport size photograph of the minor and the guardian with their signature across the photograph. Guardian should sign across the photograph of the minor
NRI (All documents as mentioned above for individual) <input type="checkbox"/> Proof of foreign address and Indian address (if any). <input type="checkbox"/> Copy of Passport <input type="checkbox"/> NRE & NRO A/c details is required. <input type="checkbox"/> POA duly notarized. <input type="checkbox"/> Copy of PAN Card <input type="checkbox"/> All the documents as mentioned above for individual investors. <input type="checkbox"/> FEMA Declaration
CORPORATE <input type="checkbox"/> Copy of PAN Card of the corporate entity. <input type="checkbox"/> Memorandum & Article of Association & Certificate of incorporation of the Corporate. <input type="checkbox"/> Certified true copy of Board Resolution as per annexure B <input type="checkbox"/> In case of change of Directors, copy of Form 32 is required duly certified by Managing Director
Proof of Bank details: (Any One) <input type="checkbox"/> Photocopy of the Bank Statement having name and address of the BO not more than 4 months old. <input type="checkbox"/> Photocopy of the Passbook having name and address of the BO not more than 4 months old. <input type="checkbox"/> Original cancelled cheque having the name & account number of the BO (mandatory).
Proof of Bank details: (Any One) <input type="checkbox"/> Names of the authorized signatory (ies), designation, photograph and their specimen signatures duly verified by Managing Director / Company Secretary.
Proof of Address: (Any One) <input type="checkbox"/> Documents registered with registering authority. <input type="checkbox"/> Bank Statement / Passbook with the seal and signature of the respective bank not more than 2 months old. <input type="checkbox"/> Original Bank Statement and original cheque leaf duly signed by the authorized signatories not more than 2 months old. <input type="checkbox"/> Agreement for sale or leave and license agreement. <input type="checkbox"/> Latest acknowledged copy of Income Tax Return.
<input type="checkbox"/> PAN Card, address proof and KYC Form of all signatories/directors.
Clearing Member <input type="checkbox"/> Certified true copy of certificate of Registration with SEBI & all other documents of Corporate Investor.
Societies <input type="checkbox"/> Registration Certificate of Society. <input type="checkbox"/> Bye Law of Regulation of the Societies
Trust <input type="checkbox"/> Trust Deed & Rules <input type="checkbox"/> Certificate of Regulation of trust
Fils <input type="checkbox"/> True copy of certificate of Registration with SEBI certified by Managing Director/Company Secretary & all other documents of Corporate Investor.
OCBs <input type="checkbox"/> RBI Registration Certificate. <input type="checkbox"/> Declaration from the OCB that it meets with the guidelines issued by the RBI/Ministry of Finance Certificate from overseas auditor in form OAC-1 & all other documents of Corporate Investor.
Mutual Funds <input type="checkbox"/> SEBI Registration certificate.

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="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<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"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others	<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"/>
City / Town / Village*	<input type="text"/>
State / U.T Code*	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>

☐ 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 City / Town / Village*
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 City / Town / Village*
State* ZIP / Post Code* ISO 3166 Country Code*

☐ 5. CONTACT DETAILS (All communications will be sent on provided)

T 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* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative
Prefix First Name Middle Name Last Name
Name*
(If KYC number and name are provided, below details of section 6 are optional) el. (Off)

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

☐ A- Passport Number Passport Expiry Date
☐ B- Voter ID Card
☐ C- PAN Card
☐ D- Driving Licence Driving Licence Expiry Date
☐ E- UID (Aadhaar)
☐ F- NREGA Job Card
☐ Z- Others (any document notified by the central government) Identification Number
☐ S- Simplified Measures Account - Document Type code Identification Number

☐ 7. REMARKS (If any)

Mobile no. / Email-ID) (Please refer instruction F at the end)

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 : Place :

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ IPV Done Date

IPV & KYC VERIFICATION CARRIED OUT BY

Date
Emp. Name
Emp. Code
Emp. Designation
Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name
Code

[Institution Stamp]

AUM Capital Market Private Limited

Depository Participant of Central Depository Services (I) Ltd

Head Office: "Akashdeep", 1st Floor
5, Lower Rawdon Street, Kolkata 700 020
Tel: 033 4057 2209/10 • Fax: 033 2476 0191



DP ID No. 12057800

SEBI Regn. No.: IN-DP-CDSL-479-2008

Email: depository@aumcap.com • Website: www.aumcap.com

(To be filled by the Depository Participant)

Application No.		Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.										
DP ID	1	2	0	5	7	8	0	0	Client ID	

(To be filled by the applicant in **BLOCK LETTERS** in English)

I/We request you to open a demat account in my/our name as per following details:-

Holders Details

Sole / First Holder's Name		PAN												
		UID												
Second Holder's Name		PAN												
		UID												
Third Holder's Name		PAN												
		UID												

Name*	
*In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.	

Type of Account (Please tick whichever is applicable)

Status	Sub – Status
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Individual Margin Trading A/C (MANTRA) <input type="checkbox"/> Individual-Director <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Minor <input type="checkbox"/> Others specify) _____
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Repatriable Promoter <input type="checkbox"/> NRI – Depository Receipts <input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> NRI Non-Repatriable Promoter <input type="checkbox"/> Others (specify) _____
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National - Depository Receipts <input type="checkbox"/> Others (specify) _____

Details of Guardian (in case the account holder is minor)

Guardian's Name		PAN	
Relationship with the applicant			

I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes')	[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to instruct the DP to accept all the pledge instructions in my / our account without any other further instruction from my / our end (If not marked, the default option would be 'No')	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box, If not marked the default option would be in Physical)	

I/ We wish to receive dividend / interest directly in to my bank account as given below through ECS (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	<input type="checkbox"/> Yes <input type="checkbox"/> No
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------

Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR code)										
IFS Code (11 character)										
Account number										
Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify) _____									
Bank Name										
Branch Name										
Bank Branch Address										
City		State		Country		PIN code				

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
 (ii) Photocopy of the Bank Statement having name and address of the BO
 (iii) Photocopy of the Passbook having name and address of the BO, (or)
 (iv) Letter from the Bank.
 ➤ In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

Other Details Gross Annual Income Details	Income Range per annum:									
	<input type="checkbox"/> Up to Rs.1,00,000 <input type="checkbox"/> Rs. 1,00,000 to Rs. 5,00,000 <input type="checkbox"/> Rs. 5,00,000 to Rs. 10,00,000 <input type="checkbox"/> Rs. 10,00,000 to Rs. 25,00,000 <input type="checkbox"/> More than Rs. 25,00,000									
	Net worth as on (Date)	D	D	M	M	Y	Y	Y	Y	Rs.
<i>[Net worth should not be older than 1 year]</i>										
Occupation	<input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Specify) _____									
Please tick, if applicable:	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)									
Any other information:										

SMS Alert Facility Refer to Terms & Conditions	MOBILE NO. +91_____ [(Mandatory, if you are giving Power of Attorney (POA))] (if POA is not granted & you do not wish to avail of this facility, cancel this option).										
Transactions Using Secured Texting Facility (TRUST) , Refer to Terms and Conditions	I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for the same. <input type="checkbox"/> Yes <input type="checkbox"/> No										
	I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST										
	<table border="1"> <thead> <tr> <th>Stock Exchange Name/ID</th> <th>Clearing Member Name</th> <th>Clearing Member ID (Optional)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)							
Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)									
<i>Easi</i>	To register for easi, please visit our website www.cdslindia.com . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.										

Nomination Details

I/We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:

☐ I/We **do not wish to nominate any one for this demat account.**


☐ I/We **nominate** the following person who is entitled to receive security balances lying in my/our account, particulars whereof are given below in the event of my / our death.

BO Account Details														
DP ID	1	2	0	5	7	8	0	0	Client ID					
Name of the Sole / First Holder														
Name of Second Holder														
Name of Third Holder														

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name: First Name*			
Middle Name			
Last Name*			
Address*			
City*			
State*			
Pin*			
Country*			
Telephone No.			
Fax No.			
PAN No.			
Aadhaar No.			
Email ID			
Relationship with the BO			
Date of Birth <small>(Mandatory if Nominee is a minor)</small>			
Name of the Guardian of Nominee (if the nominee is a minor)			
First Name*			
Middle Name			
Last Name*			
Address of the Guardian of the Nominee*			
City*			
State*			
Country*			
Pin*			
Age			
Telephone No.			
Fax No.			

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Email ID			
Relationship of the Guardian with the Nominee*			
Percentage of allocation of Securities*			
Residual Securities* (Please tick any one nominee. If tick not marked, default will be first nominee)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This nomination shall supersede any prior nomination made by me/us and also any testamentary document executed by me/us.

	First / Sole Holder	Second Holder	Third Holder
Place: _____	Name		
Date: _____	Signature 		

Note: One witness shall attest signature(s) / Thumb Impression(s).

Details of the Witness:	First Witness
Name of Witness	
Address of Witness	
Signature of Witness	


To be filled by DP

Nomination Form accepted and registered wide **Registration No.** _____ dated _____.

For AUM CAPITAL MARKET PVT. LTD.

(Authorised Signatory)

I / We have received and read the Rights and Obligations 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 the 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 with render my account liable for termination and suitable action.

	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signatures 			

(Signatures should be preferably in black ink).

AUM Capital Market Private Limited

Depository Participant of Central Depository Services (I) Ltd

Head Office: "Akashdeep", 1st Floor
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Tel: 033 4057 2209/10 • Fax: 033 2476 0191



DP ID No. 12057800

SEBI Regn. No.: IN-DP-CDSL-479-2008

Email: depository@aumcap.com • Website: www.aumcap.com

(To be filled by the Depository Participant)

Application No.		Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.										
DP ID	1	2	0	5	7	8	0	0	Client ID	

(To be filled by the applicant in **BLOCK LETTERS** in English)

I/We request you to open a demat account in my/our name as per following details:-

Holders Details

Sole / First Holder's Name		PAN												
		UID												
Second Holder's Name		PAN												
		UID												
Third Holder's Name		PAN												
		UID												

Name*

*In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.

Type of Account (Please tick whichever is applicable)

Status		Sub – Status	
<input type="checkbox"/> Body Corporate <input type="checkbox"/> Banks <input type="checkbox"/> Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> OCB <input type="checkbox"/> FII <input type="checkbox"/> CM <input type="checkbox"/> FI <input type="checkbox"/> Clearing House <input type="checkbox"/> Other (Specify)			
SEBI Registration No. (If Applicable)		SEBI Registration Date	D D M M Y Y Y Y
RBI Registration No. (If Applicable)		RBI Approval Date	D D M M Y Y Y Y
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) _____		

I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes')	[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to instruct the DP to accept all the pledge instructions in my / our account without any other further instruction from my / our end (If not marked, the default option would be 'No')	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box, If not marked the default option would be in Physical)	

Clearing Member Details (To be filled by CNs only)

Name of Stock Exchange			
Name of CC / CH			
Clearing Member ID		Trading Member ID	

I/ We wish to receive dividend / interest directly in to my bank account as given below through ECS (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	<input type="checkbox"/> Yes <input type="checkbox"/> No
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------

Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR code)									
IFS Code (11 character)									
Account number									
Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify) _____								
Bank Name									
Branch Name									
Bank Branch Address									
City		State		Country		PIN code			


- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
 (ii) Photocopy of the Bank Statement having name and address of the BO
 (iii) Photocopy of the Passbook having name and address of the BO, (or)
 (iv) Letter from the Bank.
 ➤ In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

Other Details

Gross Annual Income Details	Income Range per annum:									
	<input type="checkbox"/> Up to Rs.1,00,000 <input type="checkbox"/> Rs. 1,00,000 to Rs. 5,00,000 <input type="checkbox"/> Rs. 5,00,000 to Rs. 10,00,000 <input type="checkbox"/> Rs. 10,00,000 to Rs. 25,00,000 <input type="checkbox"/> Rs. 25,00,000 to Rs.1,00,00,000 <input type="checkbox"/> More than Rs. 25,00,000									
	Net worth as on (Date)	D	D	M	M	Y	Y	Y	Y	Rs.
<i>[Net worth should not be older than 1 year]</i>										
Please tick If any of the authorized signatories / Promoters / Partners / Karta / Whole Time Directors is either Politically Exposed Person (PEP) or Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Please provide details as per Annexure 2.2 A.										
Any other information:										

SMS Alert Facility Refer to Terms & Conditions	MOBILE NO. +91 _____ [(Mandatory, if you are giving Power of Attorney (POA))] (if POA is not granted & you do not wish to avail of this facility, cancel this option).											
Transactions Using Secured Texting Facility (TRUST) , Refer to Terms and Conditions	I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for the same. <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Stock Exchange Name/ID</th> <th style="text-align: center;">Clearing Member Name</th> <th style="text-align: center;">Clearing Member ID (Optional)</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)						
Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)										
<i>Easi</i>	To register for easi, please visit our website www.cdslindia.com . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.											

I/We have received and read the document of 'Rights and Obligation of BO-DP' (DP-CM agreement for BSE Clearing Member Accounts) including the schedules thereto 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 the date of making this application. 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.

	Sole / First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Designation			
Signatures 			

(Signatures should be preferably in black ink). (In case of more authorised signatories, please add annexure)

[For-Non-Individual]

Details of Politically Exposed Persons (PEP) / Related to Politically Exposed Person (RPEP).

Name of holder _____ PAN of the holder _____

Sr.No.	Name of the Authorized signatories / Promoters / Partners / Karta/ Trustees / Whole Time Directors	Relation with the holder (i.e. Promoters, Whole Time Directors etc)	Please tick the relevant option.
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP

 Name & Signature of the Authorised Signatories

Date ____/____/____

PEP: Politically Exposed Persons

RPEP: Related to Politically Exposed Person

DECLARATION

From:

Date: _____

To,

AUM Capital Market Private Limited,
5, Lower Rawdon Street
"Akashdeep", 1st Floor,
Kolkata- 700 020.

SEBI Registration No. : NSE Cash/INB-231276438, NSE F&O/ INF -231276438, BSE Cash/INB-011276434, IN-DP-CDSL-479-2008
& MSEI-CD: INE261276438

Ref: Authority to Debit the Trading Account for the Depository Charges

I/We _____ having my/our BO

ID _____ with AUM Capital Market Pvt Ltd. and address at _____

_____ hereby request & authorise Aum Capital Market Pvt Ltd., as a Depository Participant to debit my Trading account no. _____ with Aum Capital Market Pvt Ltd. for the depository charges.

SIGNATURE

Sole /1st Holder : _____

2nd Holder : _____

3rd Holder : _____

FOR OFFICE USE ONLY

Verified by _____ Signature _____

EMAIL REGISTRATION

From:

Date: _____

To,

AUM Capital Market Private Limited,
5, Lower Rawdon Street
"Akashdeep", 1st Floor,
Kolkata- 700 020.

Re: Beneficial Owner (BO) Account No.12057800 _____

I/We _____ [name(s) of the BO(s)] had entered into agreement dated _____ with you at the time of opening of the aforesaid BO account.

I/We confirm having opted to receive the statement of account and monthly transaction bill pertaining to the above mentioned Client account in electronic mode in lieu of physical copy of the statement of account and monthly transaction bill.

I/We confirm that the dispatch of statement of account and monthly transaction bill to me/us at the following email address shall constitute full and absolute discharge of your obligation under the above agreement to provide me/us with statement of my/our BO account and monthly transaction bill. But, I/We reserve my/our right to receive the physical copy of statement and bill of accounts despite receiving the same in electronics mode, if such a demand is made in writing on you.

[Email address: _____]

I/We confirm that any change in the aforesaid email address or any other instructions with regard to dispatch/service of my/ our statement of account on me / us shall not be binding upon you unless you are intimated in writing by me/ us by acknowledged delivery

Yours faithfully,

Signature 

First / Sole Holder

Second Holder

Third Holder

BOARD RESOLUTION FORMAT

(To Be obtained on Pre-Printed Letter Head of Company)

EXTRACTS FROM THE MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS OF _____
 _____ LIMITED HELD AT ITS REGISTERED OFFICE _____
 _____ ON _____ DAY, _____ th _____, 20____, AT _____ A.M./ P.M.

AUTHORISATION FOR NEW TRADING AND DEMAT ACCOUNT

RESOLVED THAT the Company do agree with M/S. Aum Capital Market Pvt Ltd (ACMPL), Member of Central Depository Services of India Ltd (CDSL), National Securities Depository Limited (NSDL), the National Stock Exchange of India Ltd. (NSE) and Stock Exchange, Mumbai (BSE), Metropolitan Stock Exchange of India Ltd (MSEI) etc. for the purpose of opening and operating a Depository Participant (DP)A/c & accessing the transactions, and dealing on Capital Market Segment, Futures and options segment, Currency derivatives, Debt segment, Commodity derivatives or any other segment that may be introduced by NSE/BSE/ MSEI etc. in future and the said trading member ACMPL be and is hereby authorized to honour instructions, oral or written, given on behalf of the Company by any one of the under noted Directors / Authorized signatory/ies who is/are authorized to sell, purchase, transfer, endorse, negotiate documents and/or otherwise deal through Aum Capital Market Pvt Ltd., on behalf of the company :

Sl.No	Name	Designation
1		Director/ Authorised Signatory
2		Director/ Authorised Signatory
3		Director/ Authorised Signatory

RESOLVED FURTHER THAT Mr. and / or Mr. Director /Authorized Signatory of the Company be and is/ are hereby singly authorized to sign, Execute and submit such applications, undertakings agreements and other requisite documents, writings and deeds as may be deemed necessary or expedient to open DP and trading accounts and give effect to this resolution.

AND RESOLVED FURTHER THAT, the Common seal of the Company be affixed, wherever necessary, in the presence of Mr., Director of the Company / any Director of the Company who shall sign the same in token of the Presence.

RESOLVED FURTHER THAT any director of the Company is hereby authorized to submit the above resolution to Aum Capital Market Pvt. Ltd.

Certified true copy

For M/s.. _____ LIMITED

Director

AUM CAPITAL MARKET PRIVATE LIMITED

DP ID 12057800

Tariff for Depository Services offered by AUM CAPITAL MARKET PVT. LTD.

Category	Maintenance Charges*	Transaction (Sell)	Demat	Remat	Pledge / Unpledge Lending / Borrowing Acceptance / Rejection
Individual	Rs. 500/- per financial year	Rs. 15/- per transaction	Rs. 5/- per cert. Min. Rs. 100/- per request	Rs.20/- per cert. or Rs.20/- per 100sec. or part qty. which ever is higher. Min Rs. 100/- per request	Pledge service charges like Creation, Closure, etc. will be 0.02% of the value of securities of all type or minimum Rs.35/-
Corporate	Rs. 1000/- per financial year				

*Maintenance charges payable at the time of opening the account for the first year and in April of every subsequent year.

- All statutory charges will be levied separately.
- Power of attorney stamp charges Rs.20/- to be borne by the applicant at the time of A/C opening.
- Non-periodic statements will be charged at Rs.10/- for first 5 pages and thereafter Rs.2/- per page
- For weekly statements Rs. 50/- will be charged per month which is payable in advance within 10th of every month
- Rs.20/- for each erroneous/ failed/ rejected transaction.
- Charges will be Rs.50/- per cheque bounce.
- In case of demat, remat & bill dispatching etc courier charges will be borne by client.
- Demographic details change Rs.50/- per request (except telephone no.)
- SEBI penalty charges will be reimbursed from CMs on Actuals.
- Non payment of bill after 30 days from the due date will cause withdrawn of depository services for the account.
- Charges are subject to revision at the company's (ACMPL) sole discretion
- Late submission charge for same day Pay-In is Rs.20/- per transaction in addition to transaction charge
- Password reset charge of Rs.20/- per request for Easi & Easiest.
- Cost of Delivery instruction book, containing 20 leaves, except the first one is Rs.20/- which is payable at the time of depositing of Requisition Slip.

Signature 

First / Sole Holder

Second Holder

Third Holder

*Charges quoted above are for the services listed above. Any services not quoted above will be charged separately.

Terms And Conditions-cum-Registration / Modification Form for receiving SMS Alerts from CDSL **[SMS Alerts will be sent by CDSL to BOs for all debits]**

Definitions:

In these Terms and Conditions the terms shall have following meaning unless indicated otherwise:

1. "Depository" means Central Depository Services (India) Limited a company incorporated in India under the Companies Act 1956 and having its registered office at 17th Floor, P.J. Towers, Dalai Street, Fort, Mumbai 400001 and all its branch offices and includes its successors and assigns.
2. 'DP' means Depository Participant of CDSL. The term covers all types of DPs who are allowed to open demat accounts for investors.
3. 'BO' means an entity that has opened a demat account with the depository. The term covers all types of demat accounts, which can be opened with a depository as specified by the depository from time to time.
4. SMS means "Short Messaging Service"
5. "Alerts" means a customized SMS sent to the BO over the said mobile phone number.
6. "Service Provider" means a cellular service provider(s) with whom the depository has entered / will be entering into an arrangement for providing the SMS alerts to the BO.
7. "Service" means the service of providing SMS alerts to the BO on best effort basis as per these terms and conditions.

Availability:

1. The service will be provided to the BO at his / her request and at the discretion of the depository. The service will be available to those accountholders who have provided their mobile numbers to the depository through their DP. The services may be discontinued for a specific period / indefinite period, with or without issuing any prior notice for the purpose of security reasons or system maintenance or for such other reasons as may be warranted. The depository may also discontinue the service at any time without giving prior notice for any reason whatsoever.
2. The service is currently available to the BOs who are residing in India.
3. The alerts will be provided to the BOs only if they remain within the range of the service provider's service area or within the range forming part of the roaming network of the service provider.
4. In case of joint accounts and non-individual accounts the service will be available, only to one mobile number i.e. to the mobile number as submitted at the time of registration / modification.
5. The BO is responsible for promptly intimating to the depository in the prescribed manner any change in mobile number, or loss of handset, on which the BO wants to receive the alerts from the depository. In case of change in mobile number not intimated to the depository, the SMS alerts will continue to be sent to the last registered mobile phone number. The BO agrees to indemnify the depository for any loss or damage suffered by it on account of SMS alerts sent on such mobile number.

Receiving Alerts:

1. The depository shall send the alerts to the mobile phone number provided by the BO while registering for the service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
2. The BO acknowledges that the alerts will be received only if the mobile phone is in 'ON' and in a mode to receive the SMS. If the mobile phone is in 'Off' mode i.e. unable to receive the alerts then the BO may not get / get after delay any alerts sent during such period.
3. The BO also acknowledges that the readability, accuracy and timeliness of providing the service depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.
4. The BO further acknowledges that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/ or inaccuracy. In case the BO observes any error in the information provided in the alert, the BO shall inform the depository and/ or the DP immediately in writing and the depository will make best possible efforts to rectify the error as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred/ suffered by the BO on account of opting to avail SMS alerts facility.
5. The BO authorizes the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity.

6. The BO agrees to inform the depository and DP in writing of any unauthorized debit to his BO account/ unauthorized transfer of securities from his BO account, immediately, which may come to his knowledge on receiving SMS alerts. The BO may send an email to CDSL at complaints@cdslindia.com. The BO is advised not to inform the service provider about any such unauthorized debit to/ transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse communication between the service provider and the depository.
7. The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.
8. The depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
9. If the BO finds that the information such as mobile number etc., has been changed with out proper authorization, the BO should immediately inform the DP in writing.

Fees:

Depository reserves the right to charge such fees from time to time as it deems fit for providing this service to the BO.

Disclaimer:

The depository shall make reasonable efforts to ensure that the BO's personal information is kept confidential. The depository does not warranty the confidentiality or security of the SMS alerts transmitted through a service provider. Further, the depository makes no warranty or representation of any kind in relation to the system and the network or their function or their performance or for any loss or damage whenever and howsoever suffered or incurred by the BO or by any person resulting from or in connection with availing of SMS alerts facility. The Depository gives no warranty with respect to the quality of the service provided by the service provider: The Depository will not be liable for any unauthorized use or access to the information and/ or SMS alert sent on the mobile phone number of the BO or for fraudulent, duplicate or erroneous use/ misuse of such information by any third person.

Liability and Indemnity:

The Depository shall not be liable for any breach of confidentiality by the service provider or by any third person due to unauthorized access to the information meant for the BO. In consideration of the depository providing the service, the BO agrees to indemnify and keep safe, harmless and indemnified the depository and its officials from any damages, claims, demands, proceedings, loss, cost, charges and expenses whatsoever which a depository may at any time incur, sustain, suffer or be put to as a consequence of or arising out of interference with or misuse, improper or fraudulent use of the service by the BO.

Amendments:

The depository may amend the terms and conditions at any time with or without giving any prior notice to the BOs. Any such amendments shall be binding on the BOs who are already registered as user of this service.

Governing Law and Jurisdiction:

Providing the Service as outlined above shall be governed by the laws of India and will be subject to the exclusive jurisdiction of the courts in Mumbai.

I/We wish to avail the SMS Alerts facility provided by the depository on my/our mobile number provided in the registration form subject to the terms and conditions mentioned below. I/ We consent to CDSL providing to the service provider such information pertaining to account/transactions in my/our account as is necessary for the purposes of generating SMS Alerts by service provider, to be sent to the said mobile number.

I/We have read and understood the terms and conditions mentioned above and agree to abide by them and any amendments thereto made by the depository from time to time. I/ we further undertake to pay fee/ charges as may be levied by the depository from time to time.

I / We further understand that the SMS alerts would be sent for a maximum four ISINs at a time. If more than four debits take place, the 805 would be required to take up the matter with their DP.

I/We am/ are aware that mere acceptance of the registration form does not imply in any way that the request has been accepted by the depository for providing the service.

I/We provide the following information for the purpose of REGISTRATION / MODIFICATION (Please cancel out what is not applicable).

BOID

1	2	0	5	7	8	0	0								
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

(Please write your 8 digit Client ID)

Sole/First Holder's Name : _____

Second Holder's Name : _____

Third Holder's Name : _____

Mobile Number on which
messages are to be sent

+91											
-----	--	--	--	--	--	--	--	--	--	--	--

(Please write only the mobile number without prefixing country code or zero)

The mobile number is registered in the name of: _____

Email ID: _____

(Please write only ONE Valid Email ID on which communications, if any, to be sent)

Signatures 

Sole / First Holder

Second Holder

Third Holder

Place:

Date

HUF DECLARATION

To,
AUM Capital Market Private Limited
5, Lower Rawdon Street
"Akashdeep", 1st Floor
Kolkata- 700 020

Date: _____

Name: _____

Re: Declaration as Karta for (BO) Account No. 12057800 _____

This is certify that, I _____
the Karta of HUF account mentioned above and the details dependents are as follows:

Sl. No.	Name	Sex	Relation with Karta	Date of Birth	Signature of Member
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

Further in case of any **Death / Marriage / Birth** of the above dependents, same shall be intimated to AUM Capital Market Pvt. Ltd.

Your truly,

Shri _____ HUF

Stamp & Signature of Karta 

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 805 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.

Signature 

First / Sole Holder

Second Holder

Third Holder

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 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.

Signature 

First / Sole Holder

Second Holder

Third Holder

Terms And Conditions for availing Transaction Using Secured Texting (TRUST) Service offered by CDSL

1. Definitions:

In these Terms and Conditions the terms shall have following meaning unless indicated otherwise:

- i. "Depository" means Central Depository Services (India) Limited (CDSL)
 - ii. TRUST means "Transactions Using Secured Texting" service offered by the Depository.
 - iii. "Service Provider" means a cellular service provider(s) with whom the Depository has entered / shall enter into a arrangement for providing the TRUST service to the BO.
 - iv. "Service" means the service of providing facility to receive/give instructions through SMS on best effort basis as per the following terms and conditions. The types of transaction that would normally qualify for this type of service would be informed by CDSL from time to time.
 - v. "Third Party" means the operators with whom the Service Provider is having / will have an arrangement for providing SMS to the BO.
2. The service will be provided to the BO at his / her request and at the discretion of the depository provided the BO has registered for this facility with their mobile numbers through their DP or by any other mode as informed by CDSL from time to time. Acceptance of application shall be subject to the verification of the information provided by the BO to the Depository
 3. The messages will be sent on best efforts basis by way of an SMS on the mobile no which has been provided by the BOs. However Depository shall not be responsible if messages are not received or sent for any reason whatsoever, including but not limited to the failure of the service provider or network.
 4. The BO is responsible for promptly informing its DP in the prescribed manner any change in mobile number, or loss of handset on which the BO wants to send/receive messages generated under TRUST. In case the new number is not registered for TRUST in the depository system, the messages generated under TRUST will continue to be sent to the last registered mobile number. The BO agrees to indemnify the depository for any loss or damage suffered by it on account of messages sent on such mobile number.
 5. The BO agrees that SMS received by the Depository from the registered mobile number of the BO on the basis of which instructions are executed in the depository system shall be conclusive evidence of such instructions having been issued by the BO. The DP / CDSL will not be held liable for acting on SMS so received.
 6. The BO shall be responsible for submitting response to the 'Responsive SMS' within the specified time period. Transactions for which no positive or negative confirmation is received from the BO, will not be executed except for transaction for deregistration. Further, CDSL shall not be responsible for BOs not submitting the response to the said SMS within the time limit prescribed by CDSL.
 7. The BO agrees that the signing of the TRUST registration form by all joint holders shall mean that the instructions executed on the basis of SMS received from the registered mobile for TRUST shall be deemed to have been executed by all joint holders.
 8. The BO agrees to ensure that the mobile number for TRUST facility and SMS alert (SMART) facility is the same. The BO agrees that if he is not registered for SMART, the DP shall register him for SMART and TRUST. If the mobile number provided for TRUST is different from the mobile number recorded for SMART, the new mobile number would be updated for SMART as well as TRUST.
 9. BOs are advised to check the status of their obligation from time to time and also advise the respective CMs to do so. In case of any issues, the BO/CM should approach their DPs to ensure that the obligation is fulfilled through any other mode of delivery of transactions as may be informed / made available by CDSL from time to time including submission of Delivery Instruction Slips to the DP .
 10. The BO acknowledges that CDSL will send the message for confirmation of a transaction to the BO only if the Clearing Member (registered by the BO for TRUST) enters the said transaction in CDSL system for execution through TRUST within prescribed time limit.
 11. The BO further acknowledges that the BO/CM shall not have any right to any claim against either the DP or Depository for losses, if any, incurred due to non receipt of response on the responsive SMS or receipt of such response after the prescribed time period. In the event of any dispute relating to the date and time of receipt of such response, CDSL's records shall be conclusive evidence and the Parties agree that CDSL's decision on the same shall be final and binding on both Parties.
 12. The BO may request for deregistration from TRUST at any time by giving a notice in writing to its DP or by any other mode as specified by Depository in its operating instructions. The same shall be effected after entry of such request by the DP in CDSL system if the request is received through the DP.

13. Depository reserves the right to charge such fees from time to time as it deems fit for providing this service to the BO.
14. The BO expressly authorises Depository to disclose to the Service Provider or any other third party, such BO information as may be required by them to provide the services to the BO. Depository however, shall not be responsible and be held liable for any divulgence or leakage of confidential BO information by such Service Providers or any other third party.
15. The BO takes the responsibility for the correctness of the information supplied by him to Depository through the use of the said Facility or through any other means such as electronic mail or written communication.
16. The BO is solely responsible for ensuring that the mobile number is not misused and is kept safely and securely. The Depository will process requests originated from the registered Mobile as if submitted by the BO and Depository is not responsible for any claim made by the BO informing that the same was not originated by him.

17. Indemnity:

In consideration of providing the service, the BO agrees that the depository shall not be liable to indemnify the BO towards any damages, claims, demands, proceedings, loss, cost, charges and expenses whatsoever as a consequence of or arising out of interference with or misuse, improper or fraudulent use of the service by the BO.

18. Disclaimer:

Depository shall be absolved of any liability in case:-

- a. There is loss of any information during processing or transmission or any unauthorized access by any other person or breach of confidentiality.
- b. There is any lapse or failure on the part of the service providers or any third party affecting the said Facility and that Depository makes no warranty as to the quality of the service provided by any such service provider.
- c. There is breach of confidentiality or security of the messages whether personal or otherwise transmitted through the Facility.

CONFIRMATION UNDER THE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) FOR DETERMINING US PERSON STATUS [Mandatory for all investors including Unit holder (Guardian in case of minor) and Joint holder(s)]

APPLICANT'S INFORMATION

Demat A/c No.	1	2	0	5	7	8	0	0									
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FATCA DECLARATION FOR INDIVIDUAL CLIENTS		
Please provide a response common to all holders in the folio(s). For eg : If the answer to any one of the question for any one of the holder is "Yes", please tick on "Yes" against the question		
FOR INDIVIDUAL INVESTORS (INDIVIDUAL / NRI / HUF / ON BEHALF OF MINOR / PROPRIETORSHIP FIRM)		
FATCA Compliance Confirmation Indicia	"Yes" or "No" please()	
Are you a resident or Citizen of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is US your place of birth?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a US telephone number in the capacity of a resident / citizen of US?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you hold any residence/mailling address/'C/o address'/hold mail address/PO Box address in the US?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your POA holder based out of US or hold US residence / citizenship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you pay tax in the US?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you hold an Identification Number or any identification that indicates US residence / citizenship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

In case of individual client who is a resident or Citizen of the United States:

Spouse Name: _____

Nationality: _____ Place of Birth: _____

Tax Identification Number (TIN) allotted by Tax resident country : _____

TIN Issuing country: _____

Foreign Address : _____

DECLARATION & SIGNATURE(S) (To be signed as per mode of holding)

Client agrees to provide the trading member and/or depository participant with any documentation or information requested relating to individual or entity tax status. To the extent required by the trading member and/or depository participant, client hereby consents to the disclosure and reporting of any tax related information obtained or held by the trading member and/or depository participant to any local or foreign regulatory or tax authority ("Tax Authority"). Upon request by the trading member and/or depository participant, client hereby agrees to obtain a written waiver or consent from the entity's "substantial owners" or "controlling persons" and to provide those consents to the trading member and/or depository participant to permit it to disclose and report tax and account specific financial information to any local or foreign Tax authority. The terms "substantial owners" and "controlling persons" shall have the meaning as defined under local or foreign tax laws, regulatory guidance or inter governmental cooperation agreements. The potential consequences for failure to comply with requests for tax information, failure to respond to requests for waivers or consents for tax information disclosure, and/or failure to respond to requests to obtain waivers or consents from substantial owners or controlling persons, include, but are not limited to: (a) trading member and/or depository participant has the right to carry out actions which are necessary to comply with the local or foreign tax reporting obligations; (b) trading member and/or depository participant has the ability to withhold taxes that may be due from certain payments made to the client's account; (c) trading member and/or depository participant has the right to pay relevant taxes to the appropriate tax authority; (d) trading member and/or depository participant has the right to refuse to provide certain services; and (e) trading member and/or depository participant has the discretion to close client accounts. The client agrees to inform, or respond to any request from, the trading member and/or depository participant, if there are any changes to tax information previously provided.

Signature 

First / Sole Holder

Second Holder

Third Holder

Date: _____

Place: _____

POWER OF ATTORNEY

TO ALL TO WHOM THESE PRESENTS SHALL COME, I/WE _____
(name(s) of the BO), residing at / having his / its office / registered office at _____
_____ India.

An Indian inhabitant

SEND GREETINGS,

Whereas I/We hold a Beneficiary account no. 12057800 _____ (BO ID) Trading Code
_____ with Aum Capital Market Pvt Ltd bearing DP-ID 12057800,
depository participant of Central Depository Services (India) Ltd (Sebi Regn. No. IN-DP-CDSL-479-2008.)

And whereas I/we am/are an investor / trader engaged in dealing / desirous of dealing in securities / derivatives / Commodity / Currency derivatives contracts through Aum Capital Market Pvt Ltd (hereinafter referred to as "ACMPL"), having Single SEBI Registration No. INZ000185431 - a member of National Stock Exchange of India Limited (NSE) for Capital market segment, Equity Derivatives segment, Currency Derivatives segment and Commodity Derivatives segment, Member of Bombay Stock Exchange Limited (BSE) for Currency Derivatives, Capital market segment, Equity Derivatives and Commodity Derivatives segments and Member of Metropolitan Stock Exchange of India Limited (MSEI) for Currency Derivatives segment (hereinafter referred to as the "Stock Exchanges").

And Whereas I/we am/are desirous of appointing an agent/attorney to operate the aforesaid beneficiary account on my/our behalf for a limited purpose in the matter hereinafter appearing:

NOW KNOW WE ALL AND THESE PRESENTS WITNESSTH THAT I/WE THE ABOVE NAMED DO HEREBY NOMINATE CONSTITUTE AND APPOINT AUM CAPITAL MARKET PVT LTD, a member of Stock Exchanges having its registered office at 5, Lower Rawdon Street, Akashdeep, 1st Floor, Kolkata — 700020 as my/our name to do the following acts, deeds, matters and things namely:

To instruct the aforesaid Depository Participant and to execute following acts, deeds, matters and things namely to debit the aforesaid beneficiary account and/or to transfer/pledge any securities from my/our aforesaid beneficiary account to the Attorney or any account of the Attorney as specified in the Annexure A in accordance with the instruction of the Attorney for my/our obligations/dues including for pay-in/early pay-in and/or for margin in cash and/or Derivative segment and/or any other segment of any Exchange(s) in respect of dealing through the Attorney;

I/We authorize ACMPL to return to me/us the securities that it might have received erroneously from me/us i.e., those securities that ACMPL was not entitled to receive;

I/We authorize ACMPL to send consolidated summary of my/our scrip wise buy and sell positions taken with average rates to me/us by way of SMS/email on a daily basis, notwithstanding any other document to be disseminated as specified by SEBI from time to time.

This power of Attorney shall continue to be in full force and effect until revoked by me /us in writing at any time, without notice and duly communicated to ACMPL. This Power of Attorney shall also be revoked in the event of my death/insolvency and upon receipt of the notification of my death/insolvency from my legal heirs or from a joint holder in case the power is given jointly. Revocation of this Power of Attorney (whether by revocation in writing or by actual notice of death/insolvency/winding up) shall in no way affect the validity of this Power of Attorney, with reference to any transaction initiated by my/our Attorney, prior to the actual receipt by ACMPL the fact of such revocation by me/us in writing or the notice of death/insolvency/winding up as above provided.

All disputes arising out of this Power of Attorney shall be subject to the jurisdiction of the courts in Kolkata (West Bengal). I /We hereby agree that anything which my/our attorney does in the exercise of the rights and powers granted by me/us under this Power of Attorney shall be solely/jointly binding on me/us.

SIGNED AND DELIVERED By the within named Beneficial Owner

Signature 

First / Sole Holder

Second Holder

Third Holder

Name(s)

First / Sole Holder

Second Holder

Third Holder

IN THE PRESENCE OF

Name of Witness _____ Signature of Witness _____

Address of Witness : _____

I/We accept _____ Date: _____ POA ID _____

For **Aum Capital Market Pvt Ltd.**

Authorized Signatory

Annexure – A
Details of Margin, Pool Accounts of Aum Capital Market Pvt Ltd.

D.P.Name	D.P.ID	CLIENT ID
BSE Principal Account No.	12057800	00000031
NSE Pool Account No.	12057800	00000010
Futures & Options Margin Account No.	12057800	00000103
NSE Margin Account No.	12057800	00000082
BSE Margin Account No.	12057800	00000097
Shares Margin Account No.	12057800	00000118
MSEI Currency Derivatives Segment Account No.	12057800	00004792
NSE Currency Derivatives Segment	12057800	00014737
NSE Security Lending & Borrowing Segment	12057800	00018406
BSE Currency Derivatives Segment	12057800	00019131
NSE Early Pay In A/c no.	11000011	00017140
BSE Early Pay In A/c no.	11000010	00019536
NSE SLB Early Pay In A/c no.	11000023	00000260
NSE NSDL POOL A/C NO	IN304211	10000061
BSE NSDL POOL A/C NO	IN304211	10000070
NSE NSDL HOLDBACK A/C NO	IN304211	10000037
BSE NSDL HOLDBACK A/C NO	IN304211	10000045

Signature 

First / Sole Holder

Second Holder

Trird Holder

Signature(s) of Co-Parceners in case of HUF

First / Sole Holder

Second Holder

Trird Holder

OPTION FORM FOR ISSUE OF DIS BOOKLET

DP ID	1	2	0	5	7	8	0	0	Client ID								
Name of the Sole / First Holder																	
Name of Second Holder																	
Name of Third Holder																	

To
Aum Capital Market Pvt Ltd,
5, Lower Rawdon Sheet
Akashdeep", 1st Floor
Kolkata-700 020

Date									
------	--	--	--	--	--	--	--	--	--

Dear Sir / Madam,


I / We hereby state that:

[Select one of the options given below]

☐ **OPTION 1**

I / We require you to issue Delivery Instruction Slip (DIS) booklet to me/ us immediately on opening my/ our CDSL account though I / we have issued a Power of Attorney (POA) / executed PMS agreement in favour of / with _____ (name of the attorney / Gearing Member / PMS Manager) for executing delivery instructions for settling stock exchange trades [settlement related transactions] effected through such Clearing Member/ by PMS Manager.

Yours faithfully


	First / Sole Holder	Second Holder	Third Holder
Name			
Signatures 			

OR

☐ **OPTION 2**

I / We do not require the Delivery Instruction Slip (DIS) for the time being, since I / We have issued a POA/ executed PMS agreement in favour of / with _____ (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through such Clearing Member/ by PMS manager. However, the Delivery Instruction Slip (DIS) booklet should be issued to me / us immediately on my/ our request at any later date.

Yours faithfully

	First / Sole Holder	Second Holder	Third Holder
Name			
Signatures 			

Acknowledgement for POA & Rights and Obligations

From:

Name

BO ID : **12057800**

Address

Date of POA executed :

To,

Aum Capital Market Pvt Ltd.

5, Lower Rawdon Street

"Akashdeep", 1st Floor

Kolkata- 700 020.

Sub. : Acknowledgement for receipt of copy for Rights & Obligations and executed Power of Attorney at the time of opening Demat Account

Dear Sir,

This is with reference to the client Id stated above for Depository Services Account opened in my/our name, I/we acknowledge that I /we have received the copy of Rights & Obligations and Power of Attorney executed at the time of opening Depository Services Account with Aum Capital Market Pvt Ltd.

Thanking you,

Yours truly,

Client's Signature 



Acknowledgment Receipt

Application No.:

Date:

We hereby acknowledge the receipt of the Account Opening Application Form:

Name of the Sole / First Holder	
Name of Second Holder	
Name of Third Holder	

Depository Participant Seal and Signature

FOR OFFICE USE ONLY

DETAILS	NAME AND SIGNATURE
Form Checked by:	
Form Approved by:	
Entered into System by:	
Checked in Back Office by:	
DIS Serial No. Issued to

PENDING DOCUMENTS

S/N.	DOCUMENTS	REASON
1.		
2.		
3.		
4.		
5.		



AUM Capital Market Private Limited

Head Office: Unit 6C, Trinity Building, 6th Floor, 226/1, AJC Bose Road, Kolkata 700020
Phone : +91 33 4057 2121

Branch Offices:

BANGALORE - 080 2221 6621/22 • **CHENNAI** - 044 4269 7626
MUMBAI - 022 4033 6900/10 • **NEW DELHI** - 011 4058 1010/18
PUNE - 020 2742 4768 • **RANCHI** - +91 94311 09040