

CLIENT ID

BRANCH

FORM NO.

**CDSL  
DEMAT ACCOUNT**

**CLIENT REGISTRATION  
APPLICATION FORM**

|                 | Name | Date | Sign |
|-----------------|------|------|------|
| Verified by     |      |      |      |
| Maker           |      |      |      |
| Checker         |      |      |      |
| Activated as on |      |      |      |



**SAJAG SECURITIES PVT. LTD.**

MEMBER : NATIONAL STOCK EXCHANGE OF INDIA LTD.

MEMBER : BOMBAY STOCK EXCHANGE LTD.

DEPOSITORY PARTICIPANT : CENTRAL DEPOSITORY SERVICES (INDIA) LTD.

SEBI Regn. No.: IN-DP-CDSL-524-2009

DP ID - 12062400

Regent Chambers, 33/15-B, Karve Road, Opp. Garware College, Pune 411 004.

Tel : 91-20-6601 4737 / 2530 2655 Fax : 91-20-2530 2555

Website : <http://www.sajagonline.com>

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## LIST OF DOCUMENTS REQUIRED FOR DEMAT ACCOUNT OPENING - INDIVIDUAL/ HUF/ NRI

(All KYC Documents must be self attested by sole/ joint holders)

☐ **MANDATORY DOCUMENTS: PANCARD, PROOF OF RESIDENCE, PROOF OF BANK ACCOUNT**

☐ **PROOF OF IDENTITY OF ALL ACCOUNT HOLDERS** ----- (Any one of below)

(Photo Identity of Account holder (s) should be clear and visible)

1) Passport 2) Voter ID card 3) Driving License 4) Identity card/ document with applicant's Photo, issued by a) Central /State Government b) Statutory/ Regulatory Authorities, c) Public Sector Undertakings, d) Scheduled Commercial Banks, e) Public Financial Institutions, f) Colleges affiliated to Universities, g) Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc. to their Members h) Credit card/ Debit cards issued by Banks.

☐ **PROOF OF ADDRESS OF ALL ACCOUNT HOLDERS** ----- (Any one of below)

(Address in the Account Opening Form should be the same as in the address proof documents)

1) Ration Card 2) Passport 3) Driving license 4) Electricity bills/ Residence Telephone bills (not more than two months old) 5) Voter ID Card 6) Bank Passbook / Statement of latest quarter ended along with cancelled cheque 7) Notarized true copy of Leave and License Agreement & Agreement for sale 8) Self-declaration by High Court & Supreme Court judges, giving the new address in respect of their own accounts 9) Identity card/ document with address, issued by a) Central /State Government b) Statutory/ Regulatory Authorities, c) Scheduled /Commercial Banks, e) Public Financial Institutions, f) Colleges affiliated to Universities, g) Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc. to their Members (In case of correspondence address, proof of correspondence address or supporting documents should be required.)

☐ **BANK ACCOUNT PROOF:** Bank Passbook / Statement of latest quarter ended along with cancelled cheque for MICR Code.

☐ **IN CASE OF HUF ACCOUNTS:** HUF Declaration duly signed by all coparceners has to be submitted in addition to above documents.

☐ **IN CASE OF NRI ACCOUNT:** In addition to above, following documents required.

1) Declaration from the Client to comply with FEMA regulations  
2) Portfolio Investment Scheme Letter from Bank  
3) Proof of Address (Local and Foreign Address)

☐ **IN CASE OF MINOR ACCOUNT:** (Minor should not have joint holder/Nominee)

1) Proof of Identity , Proof of Address, Pan Card and photo graph of Guardian  
2) Photocopy of Birth Certificate/ school leaving Certificate  
3) Pan Card of Minor

☐ **IN CASE PARTNERSHIP FIRM ACCOUNT:**

Partnership firm cannot be a member of a company under the provisions of Companies Act, 1956 due to which a demat account cannot be opened in the name of a partnership firm. However, the demat account may be opened in the name of the partner(s).

1) Pan Card of Partnership Firm  
2) Partnership Deed  
3) Undertaking from partners ( Format available with DP)  
4) Photographs, Proof of Identity , Proof of Address, Pan Card of Partners  
5) Bank Passbook / Statement of Partnership Firm for latest quarter ended along with cancelled cheque

# SAJAG SECURITIES PVT. LTD.

Regent Chambers, 33/15-B, Karve Road, Opp. Garware College, Pune 411 004.

Tel : 91-20-66014737 / 25302655 Fax : 91-20-25302555

E-mail : dpcdsl@sajag.co.in Website : http://www.sajagonline.com

CDSL Regn. No. : IN-DP-CDSL-524-2009

DP ID : 12062400



## APPLICATION FOR OPENING AN ACCOUNT

|                 |   |          |   |      |   |   |   |   |           |  |  |  |  |  |  |  |  |
|-----------------|---|----------|---|------|---|---|---|---|-----------|--|--|--|--|--|--|--|--|
| Application No. |   | UCC CODE |   | Date |   |   |   |   |           |  |  |  |  |  |  |  |  |
| DP ID           | 1 | 2        | 0 | 6    | 2 | 4 | 0 | 0 | Client ID |  |  |  |  |  |  |  |  |

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

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

### Holder's Details

|                            |  |   |  |
|----------------------------|--|---|--|
| Sole / First Holder's Name | FIRST NAME   | MIDDLE NAME   | SURNAME  |
|                            | PAN No.  |   | UID No.  |
| Second Holder's Name       | FIRST NAME   | MIDDLE NAME   | SURNAME  |
|                            | PAN No.  |   | UID No.  |
| Third Holder's Name        | FIRST NAME   | MIDDLE NAME   | SURNAME  |
|                            | PAN No.  |   | UID No.  |
| Date of Birth              | FIRST HOLDER   | SECOND HOLDER   | THIRD HOLDER   |
| Pan Seeded with Aadhar     | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>FIRST HOLDER | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>SECOND HOLDER | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>THIRD HOLDER |

|       |            |             |         |
|-------|------------|-------------|---------|
| Name* | FIRST NAME | MIDDLE NAME | SURNAME |
|-------|------------|-------------|---------|

\* 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 in relevant box)

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

**Guardian Details** (In case the Holder is a minor)

|   |   |  |  |  |  |  |  |  |  |  |                |  |  |  |   |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|----------------|--|--|--|---|--|--|--|--|--|
| <b>Guardian's Name</b>  |   |  |  |  |  |  |  |  |  |  | <b>PAN No.</b> |  |  |  |   |  |  |  |  |  |
| <b>Relationship with the applicant</b>  |   |  |  |  |  |  |  |  |  |  |                |  |  |  |   |  |  |  |  |  |
| <b>I / We instruct the DP to receive each and every credit in my / our account</b><br>(If not marked, the default option would be 'Yes')  |   |  |  |  |  |  |  |  |  |  |                |  |  |  | <b>[Automatic Credit]</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |  |  |
| <b>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</b>  |   |  |  |  |  |  |  |  |  |  |                |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                              |  |  |  |  |  |
| <b>Account Statement Requirement</b>  | <input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly<br><input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly |  |  |  |  |  |  |  |  |  |                |  |  |  |   |  |  |  |  |  |
| <b>I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____</b>  |   |  |  |  |  |  |  |  |  |  |                |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                              |  |  |  |  |  |
| <b>I / We like to share the Email ID with the RTA</b>   |   |  |  |  |  |  |  |  |  |  |                |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                              |  |  |  |  |  |
| <b>I / We like to receive the Annual Report</b> <input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical & Electronic<br>(Tick the applicable box. If not marked the default option would be in Physical) |   |  |  |  |  |  |  |  |  |  |                |  |  |  |   |  |  |  |  |  |
| <b>Do you wish to receive dividend / interest directly in to your bank account given below through ECS? (If not marked, the default option would be 'Yes')</b><br>[ECS is mandatory for locations notified by SEBI from time to time ]                        |   |  |  |  |  |  |  |  |  |  |                |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                              |  |  |  |  |  |

**Bank Details (mandatory)**

|                                      |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |
|--------------------------------------|---|--|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|
| <b>Bank Code (9-Digit MICR Code)</b> |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |
| <b>IFSC Code</b>                     |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |
| <b>Account Number</b>                |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |
| <b>Account Type</b>                  | <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Others (specify) _____ |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |
| <b>Bank Name</b>                     |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |
| <b>Branch Name</b>                   |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |
| <b>Bank Branch Address</b>           |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |
|                                      |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |
|                                      | <b>City</b>   |  |  |  |  |  |  |  |  |  | <b>State</b>    |  |  |  |  |  |  |  |  |
|                                      | <b>Country</b>  |  |  |  |  |  |  |  |  |  | <b>PIN Code</b> |  |  |  |  |  |  |  |  |
|                                      |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque books is issued, (or)
- (ii) Photocopy of the Bank Statement having name and address of the BO and not more than 4 months old, (or)
- (iii) Photocopy of the passbook having name and address of the BO, (or)
- (iv) Letter from Bank. ▶ in case of option (ii), (iii) and (iv) above, MICR code of the branch should be present /mentioned on the document and should be self-certified by the BO.

|   |   |  |   |
|---|---|--|---|
| <b>Family Flag for Mobile No. and Email ID</b><br>I hereby declare that the aforesaid Mobile Number or Email Id belong to me or my family (Spouse, dependent children and dependent parent) | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b><br><b>FIRST HOLDER</b>   | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b><br><b>SECOND HOLDER</b> | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b><br><b>THIRD HOLDER</b> |
| <b>For Joint accounts, communication to be sent to (See Note 5)</b>   | <input type="checkbox"/> <b>FIRST HOLDER</b>  | <input type="checkbox"/> <b>ALL JOINT ACCOUNT HOLDERS</b>                                      |   |
| <b>I/we wish to open a regular Demat Account</b> <input type="checkbox"/>   | <b>I/we wish to open a Basic service of Demat Account (BSDA)</b> <input type="checkbox"/><br>(I/We have noted BSDA Declaration form as per page no.6) |  |   |

|  |   |   |   |
|--|---|---|---|
| <b>Declaration for same Mobile and Email</b> | <b>Mobile no.</b> <input type="checkbox"/> <b>Me or</b> <input type="checkbox"/> <b>My family</b> | <b>Mobile no.</b> <input type="checkbox"/> <b>Me or</b> <input type="checkbox"/> <b>My family</b> | <b>Mobile no.</b> <input type="checkbox"/> <b>Me or</b> <input type="checkbox"/> <b>My family</b> |
|  | <b>Email ID</b> <input type="checkbox"/> <b>Me or</b> <input type="checkbox"/> <b>My family</b>   | <b>Email ID</b> <input type="checkbox"/> <b>Me or</b> <input type="checkbox"/> <b>My family</b>   | <b>Email ID</b> <input type="checkbox"/> <b>Me or</b> <input type="checkbox"/> <b>My family</b>   |

### Other Details

|                                    |   |  |  |  |  |  |  |  |                           |           |
|------------------------------------|---|--|--|--|--|--|--|--|---------------------------|-----------|
| <b>Gross Annual Income Details</b> | <b>Income Range per annum:</b><br><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<br><input type="checkbox"/> Rs 10,00,000 to Rs 25,00,000 <input type="checkbox"/> More than Rs 25,00,000  |  |  |  |  |  |  |  |                           |           |
|                                    | <b>Net worth as on (Date)</b>   |  |  |  |  |  |  |  |                           | <b>Rs</b> |
|                                    | <i>[Net worth should not be older than 1 year]</i>  |  |  |  |  |  |  |  |                           |           |
| <b>Occupation</b>                  | <input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional<br><input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student<br><input type="checkbox"/> Others (Specify) _____ |  |  |  |  |  |  |  |                           |           |
| <b>Please tick , if applicable</b> | <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)   |  |  |  |  |  |  |  |                           |           |
| <b>Any other information</b>       |   |  |  |  |  |  |  |  | <b>Landline Phone No.</b> |           |

|   |   |
|---|---|
| <b>SMS Alert Facility</b><br>Refer to Terms & Conditions given as <b>Annexure - 2.4</b> | <b>MOBILE NO. +91</b> _____<br>[(Mandatory, if you are giving Power of Attorney ( POA)]<br>(If POA is not granted & you do not wish to avail of this facility, cancel this option).         |
| <b>Email Alert Facility</b>   | <b>Email ID</b> _____   |
| <b>Family Flag for Mobile No. and Email ID</b>  | I hereby declare that the aforesaid Mobile Number or Email Id belong to me <input type="checkbox"/> or my family <input type="checkbox"/> (Spouse, dependent children and dependent parent) |
| <b>Easi</b>   | To register for easi, please visit our website <b>www.cdslindia.com</b> .<br><i>Easi</i> allows a BO to view his ISIN balances, transactions and value of the portfolio online.             |

### Acknowledgement Receipt

#### SAJAG SECURITIES PVT. LTD.

Regent Chambers, 33/15-B, Karve Road, Opp. Garware College, Pune 411 004. Tel : 91-20-66014737 / 25302655 Fax : 91-20-25302555 E-mail : dp@sajag.co.in

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 \_\_\_\_\_

**Participant Stamp & Signature**

**Notes :**

1. All communication shall be sent at the address of the Sole/First holder only if you are not selected the specific declaration on page no. 5 of AOF.
2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
3. For receiving Statement of Account in electronic form:
  - I. Client must ensure the confidentiality of the password of the email account.
  - II. Client must promptly inform the Participant if the email address has changed.
  - III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
4. For Separate mobile number and E-mail address, 'Family' is defined as self, spouse, dependent children and dependent parents.
5. Strike off whichever is not applicable.

**BSDA (Basic Services Demat Account Facility) declaration****PRE-CHECK**

Following pre-check to be done before sending the BSDA (Basic Services Demat Account facility) in DP account to enable us to process the requests expeditiously.

1. Individual who have or propose to have only one Demat account where they are the sole or first holder.
2. You should have only one BSDA in your name across all depositories.
3. Value of securities held in the Demat account shall not exceed Rs. 2,00,000/- at any point of time.
4. No annual maintenance shall be levied, if value of holding is upto Rs. 50,000/-. For the value of holding from Rs. 50,001/- to Rs. 2,00,000/- AMC not exceeding Rs. 100/-.
5. All Demat account holders have to sign the BSDA declaration.
6. Transaction statements : Transaction statements shall be sent to the client (Beneficial Owner) at the end of each quarter. If there are no transactions in any quarter, no transaction statement will be sent for that quarter. Transactions statements will be sent in electronic form only.
7. Holding Statement: One annual physical statement of holding shall be sent to the stated address of the Beneficial Owner in respect of accounts with no transaction and Nil balance. Only one annual statement of holding shall be sent in respect of remaining accounts in physical or electronic form as opted for by the BO.
8. For charges please refer tariff structure (page 19).

**DECLARATION FOR AVAILING OF BASIC SERVICES DEMAT ACCOUNT (BSDA) FACILITY**

To,

SAJAG SECURITIES PVT. LTD.

Regent Chambers, 33/15-B, Karve Road, Opp. Garware College, Pune 411 004.

SEBI Regn. No.:IN-DP-CDSL-524-2009

Dear Sir / Madam,

☐ I / We wish to avail the BSDA facility.

☐ I / We do not wish to avail the BSDA facility.

DP ID :

Client ID :

I/We have read and understood the regulatory (SEBI) guidelines for opening a Basic Services Demat Account and undertake to comply with the aforesaid guidelines as notified from time to time. I/we also undertake to comply with the guidelines issued by any such authority for BSDA facility from time to time. I/We also agree that in case our demat account opened under BSDA facility does not meet the eligibility for BSDA facility as per guidelines issued by SEBI or any such authority at any point of time, my / our BSDA account will be converted to regular demat account without further reference to me/us and will be levied charges as applicable to regular accounts as informed by the DP. I/We also understand that by opting for BSDA account facility, I/We will be entitled to receive only the Basic services offered by Sajag Securities Private Limited. I, the first / Sole holder also hereby declare that I do not have / propose to have any other demat account across depositories as a first / sole holder.

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

## Terms And Conditions-cum-Registration / Modification Form for receiving SMS Alerts from CDSL

**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, Dalal 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](mailto: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 without 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 warrant 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 BOs 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 | 6 | 2 | 4 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|

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 communication; if any, is to be sent)

⑤

Signature Sole / 1st holder

⑤

Signature 2nd holder

⑤

Signature 3rd holder



## Nomination Details

|                                    |  |              |  |
|------------------------------------|--|--------------|--|
| <b>Nomination Registration No.</b> |  | <b>Dated</b> |  |
|------------------------------------|--|--------------|--|

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 persons who is/are entitled to receive security balances lying in my/our account, particulars whereof are given below, in the event of my / our death.

| Nomination Details  | Nominee 1 | Nominee 2 | Nominee 3 |
|---|-----------|-----------|-----------|
| Nominee Name *First Name                                      |           |           |           |
| Middle Name   |           |           |           |
| *Last Name  |           |           |           |
| Nomination Details  | Nominee 1 | Nominee 2 | Nominee 3 |
| *Address:   |           |           |           |
| *City   |           |           |           |
| *State  |           |           |           |
| *Pin  |           |           |           |
| *Country  |           |           |           |
| Telephone No.   |           |           |           |
| FAX No.   |           |           |           |
| PAN No.   |           |           |           |
| UID   |           |           |           |
| Email ID  |           |           |           |
| *Relationship with the BO                                     |           |           |           |
| Date of birth dd-mm-yyyy<br>(mandatory if Nominee is a minor) |           |           |           |
| Name of the Guardian of Nominee (if nominee is a minor)       |           |           |           |
| *First Name:  |           |           |           |
| Middle Name:  |           |           |           |
| *Last Name  |           |           |           |
| *Address of the guardian<br>of nominee                        |           |           |           |
| *City   |           |           |           |
| *State  |           |           |           |
| *Country  |           |           |           |
| *PIN  |           |           |           |
| Age   |           |           |           |
| Telephone   |           |           |           |

|  |  |  |  |
|--|--|--|--|
| Fax No.  |  |  |  |
| Email ID   |  |  |  |
| *Relationship of the Guardian with the Nominee   |  |  |  |
| *Percentage of allocation of securities  |  |  |  |
| *Residual securities allocation if any   |  |  |  |
| [please tick the respective nominee, (any one) if tick not marked default will be first nominee] |  |  |  |

Note : The nominee residual securities: incase of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be marked as nominee entitled for residual shares, if any.

\* Marked is Mandatory field

### CANCELLATION OF NOMINATION / DECLARATION FROM FOR OPTING OUT OF NOMINATION

☐ I/WE DO NOT WISH TO APPOINT ANY NOMINEE(S) IN MY/OUR TRADING/DEMAT ACCOUNT

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 holder(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.

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

Note: One witness shall attest signature(s) / thumb impression(s)

#### Details of the Witness

Name of witness \_\_\_\_\_

Address of witness \_\_\_\_\_

\_\_\_\_\_  
Signature of witness \_\_\_\_\_

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 will render my account liable for termination and suitable action.

|            | First/Sole Holder or Guardian<br>(in case of Minor) | Second Holder | Third Holder |
|------------|---|---------------|--------------|
| Name       |   |               |              |
| Signatures |   |               |              |

(Signatures should be preferably in blue ink).

#### 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, 2018, 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, 2018 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.
13. The stock broker / stock broker and depository participant shall not directly / indirectly compel the clients to execute Power of Attorney (PoA) or Demat Debit and Pledge Instruction (DDPI) or deny services to the client if the client refuses to execute PoA or DDPI.

#### Statement of account

14. 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.
15. 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.
16. 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.
17. 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

18. 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.

(S)

Signature Sole / 1st holder

(S)

Signature 2nd holder

(S)

Signature 3rd holder

19. 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**

20. 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.
21. 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**

22. 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**

23. 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.
24. 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.
23. 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.
24. 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**

25. 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**

26. 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**

27. 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.
28. 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.
29. 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.
30. 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
31. 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.
32. 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.

Signed and delivered by (For and on behalf of the Client)

Ⓢ

Signature Sole / 1st holder

Ⓢ

Signature 2nd holder

Ⓢ

Signature 3rd holder

(For and on behalf of the Depository Participant)

Signed and delivered by for  
**Sajag Securities Pvt. Ltd.**

(Authorised Signatory)

Witness Signature Name & Address

Witness Signature Name & Address

**FATCA / CRS DECLARATION FOR INDIVIDUAL ACCOUNTS**

(Mandatory for first Account Holder)

**Note – If you have any questions about your tax residency, please consult your professional tax advisor.**

|                          |  |                              |  |
|--------------------------|--|------------------------------|--|
| Name of Account Holder : |  |                              |  |
| Country of Birth         |  | Country / ies of Citizenship |  |

 Are you a tax resident of any country other than India      Yes ☐      No ☐

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Number below.

| Name of Country | Tax Identification Number / Other Equivalent Number | Identification Type |
|-----------------|---|---------------------|
|                 |   |                     |

**Declaration:**

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief correct and complete. In case of any change in the above given status on a future date, I undertake to inform Sajag Securities Pvt Ltd. (SSPL) the same within 30 days.
- I agree that if I am a U.S. Person or tax resident of a reportable foreign jurisdiction (other than U.S.) requiring reporting under FATCA/CRS or any other laws, my account details, as required under Inter Governmental Agreement (IGA)/ Multilateral Competent Authority Agreement (MCAA) signed by Indian Government, would be reported by SSPL to the relevant tax authority.
- If my Country of Birth is US, I am providing a certificate of relinquishment of citizenship (loss of nationality) OR a self certification for stating reasons for not having such a certificate despite relinquishing US citizenship OR not obtaining US citizenship at birth.
- I hereby confirm that details as provided by me above can be shared by SSPL with the concerned entities/authorities to whom FATCA/CRS norms are applicable.
- I also understand that as may be required by domestic or overseas regulators/tax authorities, SSPL may also be constrained to withhold payouts of any sum from my account or close or suspend my account (s).

Client's Signature: 

Date : \_\_\_\_\_

**FATCA / CRS DECLARATION FOR INDIVIDUAL ACCOUNTS**

(Mandatory for second Account Holder)

**Note – If you have any questions about your tax residency, please consult your professional tax advisor.**

|                          |  |                              |  |
|--------------------------|--|------------------------------|--|
| Name of Account Holder : |  |                              |  |
| Country of Birth         |  | Country / ies of Citizenship |  |

 Are you a tax resident of any country other than India      Yes ☐      No ☐

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Number below.

| Name of Country | Tax Identification Number / Other Equivalent Number | Identification Type |
|-----------------|---|---------------------|
|                 |   |                     |

**Declaration:**

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief correct and complete. In case of any change in the above given status on a future date, I undertake to inform Sajag Securities Pvt Ltd. (SSPL) the same within 30 days.
- I agree that if I am a U.S. Person or tax resident of a reportable foreign jurisdiction (other than U.S.) requiring reporting under FATCA/CRS or any other laws, my account details, as required under Inter Governmental Agreement (IGA)/ Multilateral Competent Authority Agreement (MCAA) signed by Indian Government, would be reported by SSPL to the relevant tax authority.
- If my Country of Birth is US, I am providing a certificate of relinquishment of citizenship (loss of nationality) OR a self certification for stating reasons for not having such a certificate despite relinquishing US citizenship OR not obtaining US citizenship at birth.
- I hereby confirm that details as provided by me above can be shared by SSPL with the concerned entities/authorities to whom FATCA/CRS norms are applicable.
- I also understand that as may be required by domestic or overseas regulators/tax authorities, SSPL may also be constrained to withhold payouts of any sum from my account or close or suspend my account (s).

Client's Signature: 

Date : \_\_\_\_\_

## OPTION FORM FOR ISSUE OF DIS BOOKLET

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

|                    |   |   |   |   |   |   |   |   |           |  |  |  |  |  |  |  |  |
|--------------------|---|---|---|---|---|---|---|---|-----------|--|--|--|--|--|--|--|--|
| DP ID              | 1 | 2 | 0 | 6 | 2 | 4 | 0 | 0 | Client ID |  |  |  |  |  |  |  |  |
| First Holder Name  |   |   |   |   |   |   |   |   |           |  |  |  |  |  |  |  |  |
| Second Holder Name |   |   |   |   |   |   |   |   |           |  |  |  |  |  |  |  |  |
| Third Holder Name  |   |   |   |   |   |   |   |   |           |  |  |  |  |  |  |  |  |

To,  
SAJAG SECURITIES PVT. LTD.  
Regent Chambers, 33/15-B, Karve Road, Opp. Garware College, Pune 411 004.  
SEBI Regn. No.:IN-DP-CDSL-524-2009

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 / Clearing Member / PMS manager) for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through such Clearing Member / by PMS manager

Yours faithfully

|            | First/Sole Holder | Second Joint Holder | Third Joint 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 Joint Holder | Third Joint Holder |
|------------|-------------------|---------------------|--------------------|
| Name       |                   |                     |                    |
| Signatures |                   |                     |                    |

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

## For office use only

Application Type\* ☐ New ☐ Update

(To be filled by financial institution)

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 )<br><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 )<br><input type="checkbox"/> B-Business<br><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"/> | State / U,T Code* | <input type="text"/> | ISO 3166 Country Code* | <input type="text"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |





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

**For office use only**

Application Type\* ☐ New ☐ Update

(To be filled by financial institution)

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 )<br><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 )<br><input type="checkbox"/> B-Business<br><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"/> |
| 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    |  |  |  |  |  |                  |  |  |  |  |  |                   |  |  |                        |  |  |  |  |  |
| 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* |  |  |  |  |  | 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)

|  |   |   |  |  |  |            |  |  |  |             |  |  |  |           |  |  |  |  |  |
|--|---|---|--|--|--|------------|--|--|--|-------------|--|--|--|-----------|--|--|--|--|--|
| <input type="checkbox"/> Addition of Related Person                            | <input type="checkbox"/> 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 |  |  |  |            |  |  |  |             |  |  |  |           |  |  |  |  |  |
|  |   | Prefix  |  |  |  | First Name |  |  |  | Middle Name |  |  |  | Last Name |  |  |  |  |  |
| Name*  |   |   |  |  |  |            |  |  |  |             |  |  |  |           |  |  |  |  |  |
| (If KYC number and name are provided, below details of section 6 are optional) |   |   |  |  |  |            |  |  |  |             |  |  |  |           |  |  |  |  |  |

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

|  |  |  |  |  |  |  |  |  |  |  |                             |                |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|-----------------------------|----------------|--|--|--|--|--|
| <input type="checkbox"/> A- Passport Number  |  |  |  |  |  |  |  |  |  |  | Passport Expiry Date        | DD - MM - YYYY |  |  |  |  |  |
| <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 - YYYY |  |  |  |  |  |
| <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)

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

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]

## SAJAG SECURITIES PVT. LTD.

Regent Chambers, 33/15-B, Karve Road, Opp. Garware College, Pune 411 004.

Tel : 91-20-66014737 / 25302655 Fax : 91-20-25302555

E-mail : dpcdsl@sajag.co.in Website : http://www.sajagonline.com

CDSL Regn. No. : IN-DP-CDSL-524-2009

DP ID : 12062400



### TARIFF STRUCTURE FOR INDIVIDUAL DEMAT ACCOUNT w.e.f. 01/01/2016

|   |                                  |
|---|----------------------------------|
| Documentation Charges                             | Nil                              |
| Account Maintenance (payable p.a. upfront)        | Rs. 250/-                        |
| Upfront Collection against DP Transaction Charges | Rs. 750/-                        |
| <b>Total Upfront Payment</b>                      | <b>Rs. 1000/-</b>                |
| Market / Off Market Delivery                      | Rs. 20/- Flat                    |
| Market / Off Market / Inter Depository Receipt    | Nil                              |
| Inter Depository Delivery                         | Rs. 20/- Flat                    |
| Pledge - Creation / Confirmation                  | Rs. 25/- + CDSL Charges Rs. 25/- |
| Pledge - Closure / Invocation                     | Rs. 25/- Flat                    |
| Dematerialisation                                 | Rs. 10 per certificate + postage |
| Rematerialisation                                 | Rs. 20 per certificate           |
| Lending / Borrowing - Initiation / Confirmation   | Rs. 25/- + CDSL Charges Rs. 25/- |
| Recall / Repay - Initiation / Confirmation        | Rs. 50/- per transaction         |
| Statement Charges                                 | Nil                              |
| Late or Same Day Execution Charges                | Nil                              |

- 1) All the % in the above tariff would be computed on the value of transaction as computed by CDSL.
- 2) These rates are subject to revision by **Sajag** and CDSL prior to 30 days notice.
- 3) Clients will be sent transaction statements every monthly provided there is a transaction.
- 4) Late/ Same day Instructions are accepted at client's risk.
- 5) Cheque bouncing charge at Rs.60 per instance shall be levied.
- 6) Stamp Papers/ POA charges used if any will be charged extra at actuals.
- 7) No charge on all failed and rejected transactions
- 8) Service Tax as applicable would be levied
- 9) The scheme once selected will be valid for a period of one year and will be automatically renewed at the end of the year unless a written communication in the prescribed format is received.
- 10) I/We agree to pay the charges as set out herein above subject to any change therein from time to time and specifically authorize you to debit all typed of dues / charges as set out herein above to my/ our Trading account ledger no. \_\_\_\_\_ having with you in the Segment of NSE and/or BSE.

I/ We accept the above Scheme.

(S)

Signature Sole / 1st holder

(S)

Signature 2nd holder

(S)

Signature 3rd holder

