

Application No: 50036



Chola Securities
aspires to be your
trusted partner in
providing Wealth
Solutions and
Growing
Relationships.

Let's Grow Together

Branch Use:

Client Name : SANTHOSH PRASAD
 Branch Code : TND1 AP/BR Name : CHENNAI - H.O
 RM Code : A197 RM Name : Aanya . S
 Dealer Code : A197 Dealer Name : Aanya . S
 Online Offline Only Trading Trading & DP Only DP

HO Use:

TRADING DP
 Client Code :
 AOF verified by / date :
 Account opened by / date :
 Checked in System by / date :
 CIBIL PAN

CDSL

ACCOUNT OPENING KIT (Part-A)



INDEX OF DOCUMENTS

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3	Rights and Obligation	Document stating the Rights & Obligations of stock broker / trading member, sub-broker and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading)	"Given as separate booklet Part B"
4	Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the securities market	
5	Guidance Note	Document detailing do's and don't for trading on exchange, for the education of the investors	
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4	Voluntary Authorization Letter	Declaration Authorizing stock broker to maintain SHARING INFORMATION AND SMS ALERTS, USING THE SAME MOBILE NUMBER AND EMAILID, MUTUAL FUND SERVICE SYSTEM (MFSS) FACILITY, CLIENT DEFAULTER DECLARATION, MOBILE NUMBER AND EMAILID.	10
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Member Name : Cholamandalam Securities Limited

BI Reg. No / date : INZ000168236 dt: 19/03/2018

Registered office address : 'DARE HOUSE' No. 2 (Old No. 234), NSC Bose Road, Parrys, Chennai - 600 001, India.

Correspondence address : DARE HOUSE Extn., 4th floor, 'DARE HOUSE COMPLEX' No. 2 (Old No. 234), NSC Bose Road, Parrys, Chennai - 600 001.

Phone number : (044) 40047370 Fax : (044) 40047373 Website : www.cholawealthdirect.com

Compliance officer name : Mr. H. Balaji

E-mail id : complianceofficersec@chola.murugappa.com

Contact No. : 044 - 40047226

Business Head name : Ms. Mariam Mathew

E-mail id : mariamM@chola.murugappa.com

Contact No. : 044 - 40047370

Customer grievance E-Mail id : customercarewm@chola.murugappa.com

For any grievance/dispute please contact stock broker (name) at the above address. In case not satisfied with the response, please contact, for NSE, Ph: 022-26598190, e-mail: ignse@nse.co.in, for BSE, Ph: 022-22721233/34 e-mail: is@bseindia.com

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



Important Instructions :

- 1) Fields marked with "*" are mandatory fields.
- 2) Please fill the form in English and in BLOCK letters.
- 3) Please fill the date in DD-MM-YYYY format.
- 4) Please read section wise detailed guidelines / instructions at the end.
- 5) List of State / U.T codes as per Indian Motor Vehicle Act, 1988 is available at the end.
- 6) List of two character ISO 3166 country codes is available at the end.
- 7) KYC number of applicant is mandatory for update application.
- 8) For particular section update, please tick (8) in the box available before the section number and strike off the sections not required to be updated.

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)

Name* (Same as ID proof)	Prefix	First Name	Middle Name	Last Name
MR		SANTHOSH		PRASAD
Maiden Name (If any*)				
Father / Spouse Name*	MR	PRASAD		
Mother Name*	MRS	LAKSHMI		
Date of Birth*	31	06	1993	
Gender*	<input checked="" type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	PHOTO
Marital Status*	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input checked="" type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)		
Residential Status*	<input checked="" type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Person of Indian Origin	
Occupation Type*	<input checked="" type="checkbox"/> S-Service (<input checked="" 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			
				Signature
				<i>(Handwritten Signature)</i>

2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSE 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)

A- Passport Number Passport Expiry Date

B- Voter ID Card

C- PAN Card ABCDS1234P

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

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* Residential / Business Residential Business Registered Office Unspecified

Proof of Address Passport Driving Licence UID (Aadhaar)

Voter Identity Card NREGA Job Card Others

Simplified Measures Account - Document Type code

Address

Line 1* NO 3/12, MASILAMANI, STREET,

Line 2 RAMANAGAR,

Line 3 CHENNAI

District* TIRUVALLUR Pin / Post Code* 600025 State / U.T Code* TN ISO 3166 Country Code* IN

MANDATORY DOCUMENTS

KYC - B

Address for communication / Corporate Benefits (Default option is local address)	<input checked="" type="checkbox"/> Local / Permanent address
	<input type="checkbox"/> Correspondence address / Foreign address

BANK ACCOUNT(S) DETAILS

No.	Bank Name, Branch Add. & Tel. No.	MICR No.	A/c Type	Account No.	IFSC Code
1	HDFC BANK LTD	60000112 877	SB	50110015545 6789	HDFC00 00153
2					

- 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 B.O.
 iii) Photocopy of the Passbook having name and address of the B.O. (or)
 iv) Letter from the bank.
 M In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

GUARDIAN DETAILS (In case the Sole Holder is a minor)

Name (Mr./Ms.)			
Relationship (if any)			
Address			
City / State	Pan No.	Pin Code	
Telephone No.	Fax	E-mail	

IN CASE OF NRIs

Foreign Address			
City / State	Pin Code		
RBI Reference No.	RBI Approval Date		

OTHER DETAILS

Gross Annual Income Details (Please Specify) Income range per annum: Below ₹ 1 lac ₹ 1-5 lac ₹ 5-10 lac ₹ 10-25 lac
 More than ₹ 25 lac

Net-worth (Net worth should not be older than 1 year Amount ₹ _____ as on (date) 27/12/2019

Occupation (Please tick ✓ any one and give brief details):
 Private Sector Public Sector Government Service Business Professional Agriculturist Retired
 House wife Student Others (Please specify) _____
 Company / Business name: TCS
 Designation: MANAGER Industry: IT
 Please tick, if applicable: Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)
 Any other information: _____

DEPOSITORY ACCOUNT(S) DETAILS

Sr. No.	Depository Participant Name	DP ID No.	DP Account No.	Depository Name
1				NSDL / CDSL
2				NSDL / CDSL

Shares bought by you will be transferred to your DPA/c stated by you at Sr. No. 1

TRADING PREFERENCES Please sign in the relevant boxes where you wish to trade. The segment not chosen should be struck off by the client.

Exchange & Segment	<input checked="" type="checkbox"/> NSE Cash (5)	<input type="checkbox"/>	<u>P. SANTHOSH</u>
<input checked="" type="checkbox"/> BSE Cash (3)	<input type="checkbox"/>	<input checked="" type="checkbox"/> NSE Derivatives (6)	<input type="checkbox"/>
<input checked="" type="checkbox"/> BSE Star MF (4)	<input type="checkbox"/>	<input checked="" type="checkbox"/> NSE MFSS (7)	<input type="checkbox"/>

PAST ACTIONS

Details of any action / proceedings initiated pending taken by SEBI Stock exchange ? any other authority against the applicant / constituent or its Partners ? promoters whole time directors authorized persons in charge of dealing in securities during the last 3 years

DEALINGS THROUGH SUB-BROKERS AND OTHER STOCK BROKERS

If client is dealing through the sub-broker, provide the following details:

Name	BSE SEBI Reg. No.
Regd. Off.	NSE SEBI Reg. No.
Address	MCX-SX SEBI Reg. No.
Tel. No.	Remisier/AP
Signature	Remisier/AP
Fax No.	Remisier/AP
Website	Remisier/AP

Whether dealing with any other stock broker / sub - broker (if case dealing with multiple stock brokers / sub - brokers, provided details of

Name of Stock Broker	Client Code
Name of Sub-Broker if any	Exchange

Details of disputes/dues pending from/to such stock broker/sub-broker:

ADDITIONAL DETAILS

Whether you wish to receive physical contract note or Electronic Contract Note (ECN) (please specify): ECN Physical

Specify your Email id, if applicable: SANTHOSH31@GMAIL.COM

Whether you wish to avail of the facility of internet trading/ wireless technology (please specify): Yes No

Number of years of investment/trading Experience: 0 years

Any other information

INTRODUCER DETAILS (Optional)

Name

Add. / Tel.

Signature

Status of the Introducer : Sub Broker / Remisier / Authorized Person / Existing Client / Other please specify

NOMINATION DETAILS (for Trading Account) We wish to nominate We do not wish to nominate

Name of the Nominee: S. VIJAY

Relationship with the Nominee: FATHER PAN of: Date of Birth 18/11/2012

Address and phone no. of the Nominee: SAME AS APPLICANT Phone: 911760581662

If Nominee is a minor, details of guardian:

Name of guardian: AKSHAYA

Address and phone no. of Guardian: SAME AS APPLICANT Phone: 9566183400 Signature of guardian Akshaya

WITNESSES (Only applicable in case the account holder has made nomination)

Name <u>VASANTH</u>	Name <u>GURU</u>
Signature <u>Vasanth</u>	Signature <u>Guru</u>
Address <u>NO. 11, SHIVA NAQAR, CHENNAI - 17</u>	Address <u>NO. 7, RAJA STREET, VENKAT NAQAR, CHENNAI - 18</u>

DECLARATION

MANDATORY DOCUMENTS

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

broker and the tariff sheet.

3. If/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and Risk Disclosure Document'. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for information on stock broker's designated website, if any.

I/We confirm having read/been explained and understood the contents of the document on policy and procedures of the stock

me SANTHOSH PRASAD

ice CHENNAI Date 27/12/2019

P. SANTHOSH
(Sole/First Holder) (Second Holder) (Third Holder)

FOR OFFICE USE ONLY

OC Code allotted to the Client: _____

Documents verified with Originals / In person Verification done by and Client interviewed / Approved by

Employee Name ARIYA S

Employee Signature [Signature]

Designation RELATIONSHIP MANAGER

Employee Code A127

Site CHENNAI Date 27/12/2019

Place of Verification CHENNAI Area of Verification CHENNAI

We undertake that we have made the client aware of 'Policy and Procedures', tariff sheet and all the non-mandatory documents. I/We have also made a client aware of 'Rights and Obligations' document(s), RDD and Guidance Note. I/We have given/sent him a copy of all the KYC documents. I/We undertake that any change in the 'Policy and Procedures', tariff sheet and all the non-mandatory documents would be duly intimated to the clients. I/We also undertake that any change in the 'Rights and Obligations' and RDD would be made available on my / our website, if any, for the information of the clients.

Date [Stamp] Signature of the Authorised Signatory Seal / Stamp of the stock broker

TARIFF SHEET FOR BROKING SERVICES		
SCHEDULE OF CHARGES		
Details of Charges*	Agreed Rates (in %)	Minimum Brokerage (in paisa)
Brokerage Equity – Intraday (in %)		
Brokerage Equity – Delivery (in %)		
Brokerage Derivatives - Equity Futures (in %)		0.02 Paise
Brokerage Derivatives - Equity Options (in Rs.)	Per Lot	N/A

*Subject to a maximum of 2.5% of the total transaction value as per SEBI Norms

Terms & Conditions:

1. Brokerage rates indicated above are exclusive of all statutory and exchange related charges
2. Derivatives Clearing Charges: Futures – 0.00015% and Options – 0.003%
3. GST at applicable rates will be levied on Brokerage, Transaction Charges, Clearing Charges, KRA, Account opening Charges, Beneficiary, Inter-settlement Charges and document delivery charges
4. F&O penalty would be charged as levied by the exchange
5. Stamp duty charges would vary from state to state
6. Account opening charges would be charged at Rs.300/- for resident account and Rs.1000/- for NRI accounts and KRA charges (Fresh /Modification) would be charged at Rs.35/-.
7. Delayed payment charges up to 24% per annum will be levied on bills outstanding after due date
8. Beneficiary Charges (On transfer of shares from dues beneficiary for sale) - Up to Rs.30 or 0.04% per ISIN whichever is higher
9. Inter settlement Charges (On transfer of shares from one settlement to another)- Up to Rs.30 or 0.04% per ISIN whichever is higher
10. Cheque bounce charges would be levied at Rs.500/- per instance
11. Additional services (if any) availed by clients would be charged separately
12. The above charges will not be refunded. The Company in its sole discretion may waive charges either in part or in full.
13. If the total brokerage as per agreed rate in the tariff sheet above is less than Rs.25/- per day / per exchange / Per Segment, then minimum brokerage of Rs.25/- or 2.5% of the total transaction value (exclusive of GST and statutory levies), whichever is less will be charged per day / per exchange / per segment (for Both Buy & Sell).
14. Where the value of scrip is Rs. 10/- per share or less and if the total brokerage as per agreed rate in the tariff sheet above is less than Rs. 25/- per day / per exchange / per segment, minimum brokerage of Rs. 25/- per day / per exchange / per segment will be charged, subject to the ceiling of 25 paisa per share (for Both Buy & Sell).

The Company reserves the right to revise brokerage structure & other statutory charges as applicable under respective laws by display of the same on website/direct communication.

The schedule of charges is also available on: www.cholawealthdirect.com

(9)



Client's Signature



Signature of Sub-broker / RM
Authorized Person / Introducer



for Cholamandalem Securities Limited

RUNNING ACCOUNT AUTHORISATION

To
M/s. Cholamandalam Securities Limited
"Dare House" Extn., 4th floor, No.2 N.S.C. Bose Road
Chennai – 600001

Date: 27/12/19

Dear Sir/ Madam,

I/We are dealing through you as a client in Capital Market and/or Future & Option segment and in order to facilitate ease of operations and up front requirement of margin for trade. I/We authorize you as under:

1. I/We request you to maintain running balance in my account & retain the credit balance in any of my/our account and to use the unused funds towards my/our margin/pay-in/other future obligation(s) at any segment(s) of any or all the Exchange(s)/Clearing corporation unless I/we instruct you otherwise.
2. I/We request you to settle my fund Once in every calendar Quarter or Once in a calendar Month. In case, the client has not filled the settlement period the funds will be settled on Quarterly basis or such other higher period as allowed by SEBI/Stock Exchange time to time except the funds given towards collaterals/margin in form of Bank Guarantee and/or Fixed Deposit Receipt.
3. In case I/We have an outstanding obligation on the settlement date, you may retain the requisite funds towards such obligations and may also retain the funds expected to be required to meet margin obligations for next 5 trading days, calculated in the manner specified by the exchanges.
4. I/We confirm you that I will bring to your notice any dispute arising from the statement of account or settlement so made in writing within 7 working days from the date of receipt of funds or statement of account or statement related to it, as the case may be at your registered office. After that I/We shall have no right to dispute the transaction, funds ever and agree that you shall not be liable for any incidental loss/damage caused due to retention of funds.
5. I/We authorize Cholamandalam Securities Limited to maintain a sum of Rs.10,000/- at all point of time towards charges on my Demat account and on other services. I/We agree that CSEC shall not be liable for any claim for the loss, loss of profit, loss of interest or for any consequential, incidental, special or exemplary damages, caused by retention/settlement of such /funds under aforesaid arrangement or otherwise.
6. I/We confirm you that I can revoke the above mentioned authority anytime in writing to you.

Thanking you

Yours faithfully,



(Signature of Client)

Client Name: SANTHOSH PRASAD

VOLUNTARY AUTHORISATION LETTER

Date: 27/12/19

S Cholamandalam Securities Limited
 "Share House" Extn., 4th floor, No.2 N.S.C. Bose Road
 Chennai - 600001

Dear Sir / Madam,

We SANTHOSH P have opened a trading account with Cholamandalam Securities Ltd (herein after referred to as CSEC) and further give my/our consent to CSEC for availing/non availing of the below mentioned Voluntary Services provided by CSEC as per the terms and conditions & declaration annexed herewith.

1. I/We wish to opt for Trading through Mobile Apps Yes / No
2. I/We wish to opt for Internet Trading/wireless technology Yes / No
3. I/We wish to opt for Electronic Contract Note (ECN) Yes / No
4. I/We wish opt for Documents Via Electronic Mode (DEM) Yes / No
5. I/We do not wish to receive Trade confirmation Over Phone Yes / No
6. I/We wish to opt for SMS services provided by CSEC Yes / No
7. I/We give consent for sharing my/our trading a/c information Yes / No
8. I/We give consent for using the same mobile number and email id by our family members as given in point no. 8 of Annexure to this letter - Yes / No
9. I/We give consent for trade in Mutual Fund Service System (MFSS) & BSE STAR MF facility Yes / No
10. I/We do hereby declare that I have not been involved in any terrorist activity and, have not been declared as defaulter. Yes / No
11. I/We hereby declare that I/We do not have mobile no. / E-mail id or I/We do not wish to register my/our mobile no. / e-mail id. - Yes / No

I/WE CONFIRM HAVING RECEIVED THE FOLLOWING DOCUMENTS BY WAY OF A SEPARATE BOOKLET (Part B of account opening form) Through Electronic Mode Physical Mode

- a. Rights & Obligations
- b. Rights & Obligations of the Beneficial Owner and Depository Participant
- c. Risk Disclosure Document
- d. Guidance Note
- e. Policies and Procedures
- f. Additional Terms & Conditions of Services
- g. Terms and Conditions-Cum-Registration / Modification Form for receiving SMS alerts from CDSL

I/We declare and acknowledge that I/We have received and read the Rights and Obligations document policies and procedures & standard documents and the terms and conditions for availing above stated voluntary services and agree to abide by and be bound by the same and by the applicable Laws as are in force from time to time. I/We declare that the particulars given by me / us in the annexure are true to the best of my knowledge as on the date of making this application. I/We agree and undertake to intimate the CSEC any changes(s) in the details / Particulars mentioned by me / us in the annexure. 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.

We further declare and acknowledge that I have read and understood the policies and procedures & standard documents; I understand that is also displayed for information on designated website of CSEC and shall abide by the same.

We further declare I/We have read, understood and agree to the terms & conditions which forms part of **annexure to this letter**.

Yours truly,

11)



(Sole/First Holder)



(Second Holder)



(Third Holder)

ANNEXURE

2 I/We declare that I/we have read, understood and agree to the terms & conditions given in the Rights and Obligations of Stock Brokers' Internet & Wireless Technology Based Trading Facility Provided By Stock Brokers To Client.

4 Contract note and other documents through e-mail & information through sms:

We confirm that my/our registered Mobile No is: 9176052662 and E-Mail id is SANTHOSH.KI@GMAIL.COM. I/We acknowledge and agree that non-receipt of e-mailed mail notification or SMS by CSEC shall amount to delivery of the ECN, DEM, and SMS services at my / our registered contact details. We affirm that CSEC shall not be responsible for the non-receipt of the ECN, DEM, SMS services due to any change in my / our email address and mobile number and if the same is not intimated by me/us to CSEC and that CSEC shall not take cognizance of out-of-office / out-of-station auto replies and I / We shall be deemed to have received such ECN, DEM, SMS & Other voluntary services stated above.

We hereby affirm that CSEC do not / does not require and shall not send hard copies of the Contract Notes & Other Statements at my / our signed address. I/We hereby agree that any change in e mail ID revocation ECN, DEM & SMS request shall be communicated by me/us through a physical letter or through Registered E-Mail to CSEC.

We undertake that it shall be my / our sole responsibility to verify the contents of the ECN, DEM & SMS services. If there is any discrepancy, I / We will inform CSEC of the same within 48 hours of the receipt of the ECN, DEM & SMS by replying to the email : stomercarewm@chola.murugappa.com.

We confirm and agree that I / We will acknowledge the ECN, DEM within 48 hours of the receipt. In case I / We do not / does not acknowledge the ECN, DEM by sending a reply mail within the stipulated time provided by CSEC, the same shall be deemed to have been acknowledged. I/We affirm that I can revoke above stated facility any time in writing to you or request through registered E-Mail.

Trade confirmation:

I hereby confirm that I do not wish to receive trade confirmations from your office through phone with regard to all my transactions put through Cholamandalam Securities Limited with immediate effect. I further confirm that sending physical contract notes/electronic contract notes to my registered address/e-mail address would suffice.

The above instruction shall be valid until further written advice from the undersigned.

4.7. Consent letter for sharing information and sms alerts

- I/We hereby agree and consent for the disclosure by the Member to any person or entity including but not limited to any independent third parties or any entities of the Member Group, whether within or outside India, of any information and data relating to me/us or relating to my/our trading account with Member for the purposes of or in connection with, any present or proposed initiatives, including but not limited to any marketing or cross sell initiatives, business proposals, activities, facilities or services availed, by me/us in future.
- I/We agree and permit the Member to provide intimations and communications, as its own discretion, including but not limited to outstanding debit recovery intimations, trade confirmations, margin and maintenance calls, (collectively "alerts") through the SMS alert facility on the mobile phone number which belongs to me/us as provided in the Account Opening Form or communicated otherwise. The information sent as an alert on the mobile phone number shall be deemed to have been received by me/us and the Member shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert. The Member will make best efforts to provide the service and I/We would not hold the Member liable for non-availability of the service in any manner whatsoever.
- I/We confirm you that I can revoke the above mentioned consent anytime in writing to you.

Declaration for using the same mobile number and email id

We _____ hereby declare that being a Spouse

Dependent Parent Dependent Children of Mr/Ms _____

have already given the Mobile number _____ & E-mail id _____

of his/her Trading Code _____ & DP account No _____

and I/We agree to use the same mobile number/email id for my/our trading and DP account.

We hereby agree to indemnify you against any transactional & financial disputes arising consequent to using the same mobile number and email

id. We undertake to inform you of any changes therein, immediately in writing to you.

Note: 'Family' for this purpose would mean self, spouse; dependent children and dependent parents only can use the same mobile/e-mail id for their family accounts.

Mutual fund service system (MFSS) facility/ BSE Star MF Facility:

I/We _____ am/are registered as your client with Client Code No. _____ and have executed the Trading Member and Client Agreement for the purpose of trading in the Capital Market segment of National Stock Exchange of India Ltd & Bombay Stock Exchange Ltd. (Exchange).

I/We am/are interested in availing the MF facility of the Exchange for the purpose of dealing in the units of Mutual Funds Schemes permitted to be dealt with on the Exchange platform.

For the purpose of availing the MF facility, I/we state that Know Your Client details as submitted by me/us for the stock broking may be considered for the purpose of MF of NSE/ BSE and I/we further confirm that the details contained in same remain unchanged as on date.

I/We are willing to abide by the terms and conditions as mentioned in the Circular dated December 2, 2009 and as may be specified by the Exchange from time to time in this regard.

I/We shall ensure also compliance with the requirements as may be specified from time to time by Securities and Exchange Board of India and Association of Mutual Funds of India (AMFI).

I/We shall read and understand the contents of the of the Scheme Information Document and Key Information Memorandum, addenda issued regarding each Mutual Fund Schemes with respect to which I/we choose to subscribe/redeem. I/We further agree to abide by the terms and conditions, rules and regulations of the Mutual Fund Schemes.

I/We therefore request you to register me/us as your client for participating in the MF of the NSE/ BSE

D. Client Defaulter Declaration

I/we do hereby declare that I have not been involved in any terrorist activity and I have not been declared as defaulter or my name is not appearing in defaulter database as per SEBI/ Various Exchanges/ Regulatory bodies/CIBIL (Credit Information Bureau of India Ltd.) etc.

I further declare that the above mentioned declaration/statement is true and correct.

Annexure 2.1

Additional KYC Form for opening a Demat Account

DP Documents

Cholamandalam Securities Limited

Dare House* No.2(Old No. 234), N.S.C. Bose Road, Parrys, Chennai - 600001, India.

For Individuals

Internal Ref No:

Client ID **12048800**

Application No:

I/We request you to open a Demat account in my/our name as per following details:-
(To be filled by the applicant in **BLOCK LETTERS** in English)

Holder Details

Sole / First Holder's Name	SANTHOSH PRASAD	PAN	A	B	C	D	E	1	2	3	4	P
Second Holder's Name	—	PAN										
Third Holder's Name	—	PAN										

Name **SANTHOSH PRASAD**

* In case of Firms, Association of Persons (AOP), Partnerships 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 checked="" type="checkbox"/> Individual	<input checked="" type="checkbox"/> Individual Resident <input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Individual Director <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Individual Margin Trading A/C (MANTRA) <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 Non-Repatriable <input type="checkbox"/> NRI Repatriable Promoter <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) _____

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 checked="" 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 further instruction from my/our end (If not marked, the default option would be 'No')	<input checked="" 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 checked="" type="checkbox"/> Monthly
I / We request you to send Electronic Transaction-cum-Holding statement at the email ID SANTHOSH31@GMAIL.IDM.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I/We would like to share the email ID with the RTA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I/We would like to receive the Annual Report <input type="checkbox"/> Physical / <input checked="" type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in Physical)	
Do you wish to receive dividend / interest directly into your Bank account 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DIS Instruction Booklet facility	<input checked="" type="checkbox"/> At the time of A/c opening <input type="checkbox"/> Subsequently on request at a later date

SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4	MOBILE NO. +91 9176052662 [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 Annexure-2.6	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 checked="" 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)								
Easi	To register for easi, please visit our website www.cdsindia.com Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.									

DP Documents

Residential / ID Proof/ Voter ID / Driving Licence / Passport / Ration Card / Telephone Bill / Electricity Bill / Leave License / Purchase Agreement / Bank Passbook / Latest Bank statement

ANNUAL INCOME RANGE (INR):

- Below 1 Lac
- Between 5 To 10 Lacs
- Between 25 To 35 Lacs
- Between 45 To 55 Lacs
- Between 75 To 100 Lacs
- Between 1 To 5 Lacs
- Between 10 To 25 Lacs
- Between 35 To 45 Lacs
- Between 55 To 75 Lacs
- Above 100 Lacs

Residential / ID Proof/ Voter ID / Driving Licence / Passport / Ration Card / Telephone Bill / Electricity Bill / Leave License / Purchase Agreement / Bank Passbook / Latest Bank statement

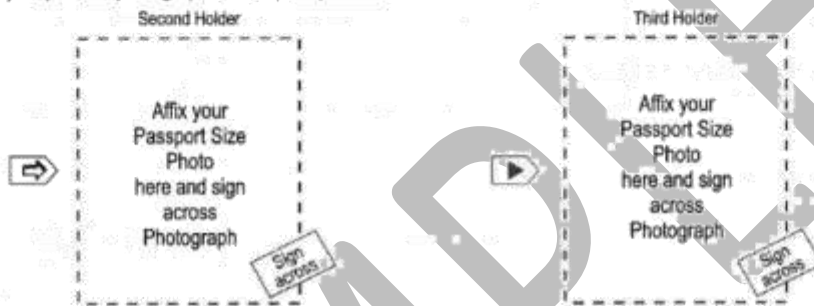
ANNUAL INCOME RANGE (INR):

- Below 1 Lac
- Between 5 To 10 Lacs
- Between 25 To 35 Lacs
- Between 45 To 55 Lacs
- Between 75 To 100 Lacs
- Between 1 To 5 Lacs
- Between 10 To 25 Lacs
- Between 35 To 45 Lacs
- Between 55 To 75 Lacs
- Above 100 Lacs

Declaration

We have read the terms & conditions DP-BO agreement 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 the 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.

Please attach recent passport size photographs in the space provided below:



	Name (s) of holder (s)	Signature (s)
First Holder	SIANTHOSH PRAISAB	(12)
Second Holder		
Third Holder		
Guardian (in case of Minor)		

(Please Tear here)

To be Filled by DP

Acknowledgement Receipt

Application No. _____

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

We hereby acknowledge the receipt of the Account Opening Form :

Name of the First Holder _____
 Name of the Second Holder _____
 Name of the Third Holder _____

Depository Participant Seal and Signature

15

with effect from: 14-09-2013

DP TARIFF

Client ID: _____

TARIFF FOR DEPOSITORY SERVICES	Normal Scheme	Security Deposit Scheme
DESCRIPTION	AMOUNT	AMOUNT
Annual Maintenance Charges (AMC)		
Individuals	Rs.125/- per quarter	NIL
Corporate	Rs.1000/- per annum	NIL
Security Deposit		
Individuals/Corporate	NIL	Rs.2500/- (Refundable Security Deposit)
Dematerialization		
Courier Charges	Rs.100/- per certificate + Rs.35/- as Charges	Rs.100/- per certificate + Rs.35/- as Courier Charges
Re-materialization	Rs.20/- for every 100 securities or part thereof	Rs.20/- for every 100 securities or part thereof
Transaction - Market / Off Market		
Sale	Rs.30/- or 0.04% whichever is higher	Rs.30/- or 0.04% whichever is higher
Buy	NIL	NIL
Inter-Depository Transaction Market / Off Market		
Sale	Rs.30/- or 0.04% whichever is higher	Rs.30/- or 0.04% whichever is higher
Buy	NIL	NIL
Modifications (other than change of mobile number & email address)	Rs.25/-	Rs.25/-
Failed Instructions	Rs.30/- Per Transaction	Rs.30/- Per Transaction
Pledge		
Creation	Rs.50/- or 0.04% whichever is higher	Rs.50/- or 0.04% whichever is higher
Creation Confirmation	Rs.50/- or 0.04% whichever is higher	Rs.50/- or 0.04% whichever is higher
Closure	Rs.50/- or 0.04% whichever is higher	Rs.50/- or 0.04% whichever is higher
Closure Confirmation	Rs.50/- or 0.04% whichever is higher	Rs.50/- or 0.04% whichever is higher
Invocation	Rs.50/- or 0.04% whichever is higher	Rs.50/- or 0.04% whichever is higher
Commercial Paper	Rs.500/- per Transaction	Rs.500/- per Transaction
Bonds	Rs.500/- per Transaction	Rs.500/- per Transaction
Government Securities	Rs.500/- per Transaction	Rs.500/- per Transaction

Terms & Conditions

- ▶ Cscs reserves the right to revise the charges from time to time by giving 30 days notice and this Terms & Conditions shall also part and parcel of depository participant agreement / account opening form
- ▶ All charges indicated above are excluding service tax and other applicable charges
- ▶ Electronic Clearing Service (ECS) Mandate is compulsory for the Normal scheme
- ▶ The applicable advance refundable security deposit amount in security deposit scheme will have to be deposited at the time of account opening and the security deposit shall not carry any interest. Security Deposit amount will be refunded at the time of closure of account after adjusting debits if any arising in the account.
- ▶ Quarterly Statement of Transactions will not be sent for those clients with no transaction/nil holding for the quarter as per NSDL/CDSL notification
- ▶ SMS Alert facility is mandatory for depository accounts operated by Power of Attorney (POA)
- ▶ I/We have read and understood the "Schedule of Charges" prescribed above and agreed to abide by the same

I/We wish to opt for DP Normal Scheme (OR) DP Security Deposit Scheme

(13)

First Holder Signature

➔

Second Holder Signature

➔

Third Holder Signature

POWER OF ATTORNEY

Client Id: _____

Note : "Execution of POA is not mandatory"

TO ALL TO WHOM THESE PRESENTS SHALL COME I/WE SANTHOSH PRASAD residing at No.35, MASILAMANI ST., RAMANAGAR, CHENNAI-53 hold a Beneficiary account no. _____ (BO-ID) with NSDL / CDSL through M/s. CHOLAMANDALAM SECURITIES LIMITED (Depository Participant) Bearing DP-ID 48800 / IN300572.



And Whereas, I/We am/are an investor engaged in buying and selling of securities through M/s. CHOLAMANDALAM SECURITIES LIMITED (Clearing Member), a member of BSE and NSE, Stock Exchanges bearing SEBI registration no. IN2000168235 And Whereas due to exigency and paucity of time, I/We am/are desirous of appointing an attorney to operate the aforesaid beneficiary account on my/our behalf for a limited purpose in the manner hereinafter appearing:

NOW KNOW WE ALL AND THESE PRESENTS WITNESSETH THAT I / WE THE ABOVE NAMED DO HEREBY NOMINATE, CONSTITUTE AND APPOINT M/s. Cholamandalam Securities Limited (Clearing Member) bearing CM-BP-ID IN553880(NSE Pool a/c), INB02374 (BSE Pool a/c) with (NSDL Depository), NSE pool a/c 120488000000037 and BSE pool 120488000000075 a/c with (CDSL Depository) as my/our true and lawful attorney (hereinafter referred to as the attorney) for me/us and on my/our behalf (and in my/our name to do instruct the aforesaid Depository Participant to debit securities and/or to transfer securities from the aforesaid account for the purpose of delivering the same to the clearing house of the recognized stock exchanges towards any segment which includes Mutual Funds transactions in respect of securities sold/redeemed by me/us through them and to return to me/us the securities received by M/s. Cholamandalam Securities Ltd (Depository Participant) erroneously or those securities that it was not entitled to receive from me/us.

This authority is restricted to the pay-in obligations arising out of the transactions of sale effected by me / us and transfer of securities from my / our BO account to Cholamandalam Securities Ltd Client collateral a/c: 10101627, MTF a/c 10101694, 10101635 with NSDL depository for all margin purpose through M/s. Cholamandalam Securities Limited (Clearing Member) and I / We ratify the instructions given by the aforesaid Clearing Member to M/s. Cholamandalam Securities Limited (Depository Participant) named herein above in the manner specified herein.

I / We further agree and confirm that the power of attorney is given to pledge the securities in favour of Cholamandalam Securities Limited for the purpose of meeting the margin requirements in connection with the trades executed by the client on a stock exchange through DP/Broker.

I / We further agree and confirm that the power of attorney is also given to apply for various products like mutual fund /Public Issue (IPOs of shares/Debtentures/Bonds) Rights offer of shares rendering shares in open offers etc...

I / We further agree and confirm that the power of attorney can be revoked by me/us at any time without notice.

FOR NON-INDIVIDUAL

IN WITNESS WHEREOF the _____ Ltd., has caused these presents executed by affixing its Common Seal in the presence of two of its Directors and the Company Secretary / Authorized Official, who have put their signatures hereto in token thereof at the place and on the date and year first herein above written and in the form and manner appear in herein below.

The Common Seal of Ltd. _____ has been affixed herunto pursuant to the Resolution passed by its Board of Directors at their meeting held on the _____ day of _____ 20____ in the presence of its Director Mr. _____ and Director Mr. _____ and Mr/Ms. _____ Company Secretary /Authorized Official, who have signed these presents and subscribed their signature hereto in token thereof. OR

IN WITNESS WHEREOF I/We, individual/ joint account holders herunto have set and subscribe my/our respective hand(s) here to at _____ on this _____ day of _____ 20____

(Sole/First Holder Signature)

(Second Holder Signature)

(Third Holder Signature)

IN THE PRESENCE OF WITNESSES

1. Witness Signature Vasanth
Name VASANTH
Address No. 11 SHIVA NAGAR
CHENNAI - 17

2. Witness Signature GURU
Name GURU
Address No. 7 DATA STREET,
VENKAT NAGAR, CHENNAI - 18

I / we accept
For M/s Cholamandalam Securities Limited.

Authorised Signatory

10 AM 11/12/2019

NOMINATION FORM

Annexure 3.2

To,
Cholamandalam Securities Ltd
 No. 2 NSC Bose Road, Parrys, Chennai - 600001.

Dear Sir/ Madam,

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.
 [Strike out what is not applicable.] [Signatures of all account holders should be obtained on this form].
- I/We nominate the following person/s who is entitled to receive security balances lying in my/our account, particulars whereof are given below, in the event of the death of the Sole holder or the death of all the Joint Holders.

BO Account Details			
DP ID		Client ID	
Name of the Sole / First Holder	SANTHOSH PRASAD.		
Name of the Second Holder			
Name of the Third Holder			
Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name :	S. VIJAY		
*First Name:			
Middle Name:			
*Last Name:			
*Address 1:	SAME AS APPLICANT		
Address 2:			
*City:			
*State:			
*Pin:			
Country			
Telephone No:	9791053223		
PAN No:	ABCDV1566Q		
UID			
Email ID	vijay31@gmail.com		
* Relationship with the BO:	SON.		
Nomination Details	Nominee 1	Nominee 2	Nominee 3
Date of birth (Mandatory if Nominee is a minor)	12/11/2012		
Name of the Guardian of nominee (if the nominee is a minor)	AKSHAYA.		
*First Name:			
Middle Name:			
*Last Name:			
*Address of the Guardian of Nominee:	SAME AS APPLICANT		
Address 2:			
*City:			

*State:			
*Pin:			
Country			
Age	24		
Telephone No:	9123465780		
Email ID	Santhosh31@gmail.com		
* Relationship of the Guardian with the nominee	Mother		
*Percentage of allocation of securities:	100/.		
*Residual Securities (please tick any one nominee. If tick not marked default will be first nominee):	YES <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


Note: Residual securities: in case 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. This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

Place: CHENNAI Date: 27/12/19

	Sole / First Holder	Second Holder	Third Holder
Name	SANTHOSH PRASAD		
Signature	(15) 		

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

Details of the Witness

First Witness	
Names of Witness	VASANTH
Address of Witness	No.11 SHIVA NAGAR, CHENNAI - 17
Signature of Witness	

(To be filled by DP)

Nomination Form accepted and registered with Registration No. _____ dated _____

For Cholamandalam Securities Ltd
(Authorized Signatory)

(Please tear here)

Acknowledgment Receipt

Received nomination from:

DP ID		Client ID	
Name			
Address			
Nomination in favor of			
First-Nominee			
Second- Nominee			
Third - Nominee			
No Nomination	Does not wish to nominate		
Registration No.		Registered on	

Depository Participant Seal and Signature

CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling individual KYC Application Form

General Instructions:

1. Fields marked with "*" are mandatory fields.
2. Tick "P" wherever applicable.
3. Self-Certification of documents is mandatory.
4. Please fill the form in English and in BLOCK letters.
5. Please fill all dates in DD-MM-YYYY format.
6. Whenever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
7. KYC number of applicant is mandatory for updation of KYC details.
8. For particular section update, please tick [P] in the box available before the section number and strike off the sections not required to be updated.
9. In case of 'Small Account type' only personal details at section number 1 and 2, photograph, signature and self-certification required.

A Clarification / Guidelines on filling 'Personal Details' section

1. **Name:** Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
2. Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

1. **Tax Identification Number (TIN):** TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integer number with an equivalent level of identification (a "functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number.

C Clarification / Guidelines on filling 'Proof of Identity [PoI]' section

1. If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
2. Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.
3. In case of Simplified Measures Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 3 (5).

Document Code	Description
01	Identity card with applicant's photograph issued by Central/ State Government Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions.
02	Letter issued by a gazetted officer, with a duly attested photograph of the person.

D Clarification / Guidelines on filling 'Proof of Address [PoA] - Current / Permanent / Overseas Address details' section

1. PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
2. State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
3. In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 4.1.

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal Tax receipt.
03	Bank account or Post Office savings bank account statement.
04	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
05	Letter of allotment of accommodation from employer, issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers, allotting official accommodation.
06	Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.

E Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

1. To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
2. In case of multiple correspondence / local addresses, Please fill 'Annexure A1'.

F Clarification / Guidelines on filling 'Contact details' section

1. Please mention two-digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
2. Do not add '0' in the beginning of Mobile Number.

G Clarification / Guidelines on filling 'Related Person details' section

1. Provide KYC number of related person if available.

H Clarification / Guidelines on filling 'Related Person details - Proof of Identity [PoI] of Related Person' section

1. Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

SAMPLE

E-Mail ID: SANTHOSH31@GMAIL.COM
91-9176052662

Instruction:

- ✓ All the details should be filled in the Block / Capital letter only
- ✓ Fill up the forms without any corrections (all corrections should be counter signed by clients)
- ✓ Recent color passport size photo need to affix in KYC form page no. 3
- ✓ Account opening cheque Rs.400/- (**Rs.300+35+GST**).
- ✓ RDS cheque Rs.2500/- for RDS opted clients need to enclose
- ✓ RDS cheque or DP NACH is mandatory for account opening
- ✓ Same email mobile is accepted for only self, spouse, dependent children and dependent parents
- ✓ All the applicable details need to be filled in the application
- ✓ Not applicable fields need to be strike out
- ✓ Verify Originals at the time of collecting the copy of proofs submitted
- ✓ Self-attested copy of PAN, Address proof and bank proof need to enclose (all copies should be in A4 paper, don't accept copy of proofs in bit papers)
- ✓ For Bank proof – Personalized cheque or non-personalized cheque with bank pass book / statement need to collect.
- ✓ For NSDL account if nominee is given, any one ID proof of nominee is mandatory
- ✓ Put original verified seal and signature with Employee code, Name and designation in PAN, Address proof and bank proof copies.
- ✓ Collect self-declaration from the client, if the client's name spelling is different in the proofs
- ✓ Don't write Aadhar number in the application form KYC page no. 3 (**Aadhar masking is mandatory**)
- ✓ Don't accept the illegible proofs for account opening
- ✓ Don't forward account opening form with incomplete documents to HO

Authorization letter Page no. 10 – following details to be taken care:

- ✓ Point number 8 – if customer using same email /mobile which is already used by some other customer of CSEC point number 8 should be ticked as YES and in page no. 11 point number 8 declaration for same email or mobile need to fill – same email mobile is accepted for only self, spouse, dependent children and dependent parents
- ✓ Point number 7 by *default option is YES* (since we are sharing details to vendor for trade confirmation)
- ✓ Point number 11 - If client doesn't give email / mobile No, same needs to fill as YES and select the option Email / Mobile accordingly



UMRN _____ Date 27/12/2019

Tick **CREATE**
 MODIFY
 CANCEL

Sponsor Bank Code HDFC0000860 Utility Code NACH0000000001222

I/We hereby authorize M/s. Citolamandalam Securities Limited to debit (tick) **SB/CA/CC/SB-NRE / SB-NRO / Other**

Bank a/c number 50100155456789

with Bank HDFC BANK LTD IFSC HDFC0000153 or MICR 600001287

an amount of Rupees FIVE HUNDRED ONLY ₹ 500/-

FREQUENCY Mthly Qtrly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 781001 Phone No. 9176052662

Reference 2 DP CHARGES Email ID santhosh31@gmail.com

I agree for the debit of Mandate processing charges by the Bank when I am authorizing to debit any amount as per latest Schedule of charges of the Bank.

PERIOD
From 27/12/2019
To DDMMYYYY
Or Until Cancelled

P. Santhosh
Signature of Primary Account holder

1. SANTHOSH PRASAD 3. _____

* The Bank reserves the right to debit any amount as per latest Schedule of charges of the Bank.
* Mandate processing charges are subject to the latest Schedule of charges of the Bank.
* The Bank reserves the right to debit any amount as per latest Schedule of charges of the Bank.
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* Mandate processing charges are subject to the latest Schedule of charges of the Bank.

SAMPLE

List of two - digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code	State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chhattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Jelhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

List of ISO 3166 two- digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Algeria	DZ	Algeria	DZ	Algeria	DZ
Åland Islands	AX	Algeria	DZ	Algeria	DZ	Algeria	DZ
Albania	AL	Algeria	DZ	Algeria	DZ	Algeria	DZ
Algeria	DZ	Algeria	DZ	Algeria	DZ	Algeria	DZ
Andorra	AD	Algeria	DZ	Algeria	DZ	Algeria	DZ
Angola	AO	Algeria	DZ	Algeria	DZ	Algeria	DZ
Anguilla	AI	Algeria	DZ	Algeria	DZ	Algeria	DZ
Antigua and Barbuda	AG	Algeria	DZ	Algeria	DZ	Algeria	DZ
Argentina	AR	Algeria	DZ	Algeria	DZ	Algeria	DZ
Armenia	AM	Algeria	DZ	Algeria	DZ	Algeria	DZ
Aruba	AW	Algeria	DZ	Algeria	DZ	Algeria	DZ
Australia	AU	Algeria	DZ	Algeria	DZ	Algeria	DZ
Austria	AT	Algeria	DZ	Algeria	DZ	Algeria	DZ
Azerbaijan	AZ	Algeria	DZ	Algeria	DZ	Algeria	DZ
Bahamas	BS	Algeria	DZ	Algeria	DZ	Algeria	DZ
Bahrain	BH	Algeria	DZ	Algeria	DZ	Algeria	DZ
Bangladesh	BD	Algeria	DZ	Algeria	DZ	Algeria	DZ
Barbados	BB	Algeria	DZ	Algeria	DZ	Algeria	DZ
Belarus	BY	Algeria	DZ	Algeria	DZ	Algeria	DZ
Belgium	BE	Algeria	DZ	Algeria	DZ	Algeria	DZ
Belize	BZ	Algeria	DZ	Algeria	DZ	Algeria	DZ
Benin	BJ	Algeria	DZ	Algeria	DZ	Algeria	DZ
Bermuda	BM	Algeria	DZ	Algeria	DZ	Algeria	DZ
Bhutan	BT	Algeria	DZ	Algeria	DZ	Algeria	DZ
Bolivia	BO	Algeria	DZ	Algeria	DZ	Algeria	DZ
Bonaire, Caribbean Netherlands	BQ	Algeria	DZ	Algeria	DZ	Algeria	DZ
Bosnia and Herzegovina	BA	Algeria	DZ	Algeria	DZ	Algeria	DZ
Botswana	BW	Algeria	DZ	Algeria	DZ	Algeria	DZ
Brazil	BR	Algeria	DZ	Algeria	DZ	Algeria	DZ
British Indian Ocean Territory	IO	Algeria	DZ	Algeria	DZ	Algeria	DZ
Britain Overseas	GB	Algeria	DZ	Algeria	DZ	Algeria	DZ
Bulgaria	BG	Algeria	DZ	Algeria	DZ	Algeria	DZ
Burkina Faso	BF	Algeria	DZ	Algeria	DZ	Algeria	DZ
Burundi	BI	Algeria	DZ	Algeria	DZ	Algeria	DZ
Cabo Verde	CV	Algeria	DZ	Algeria	DZ	Algeria	DZ
Cambodia	KH	Algeria	DZ	Algeria	DZ	Algeria	DZ
Cameroon	CM	Algeria	DZ	Algeria	DZ	Algeria	DZ
Canada	CA	Algeria	DZ	Algeria	DZ	Algeria	DZ
Cape Verde	CV	Algeria	DZ	Algeria	DZ	Algeria	DZ
Cayman Islands	KY	Algeria	DZ	Algeria	DZ	Algeria	DZ
Central African Republic	CF	Algeria	DZ	Algeria	DZ	Algeria	DZ
Chad	TD	Algeria	DZ	Algeria	DZ	Algeria	DZ
Chile	CL	Algeria	DZ	Algeria	DZ	Algeria	DZ
China	CN	Algeria	DZ	Algeria	DZ	Algeria	DZ
Christmas Island	CK	Algeria	DZ	Algeria	DZ	Algeria	DZ
Cocos (Keeling) Islands	CC	Algeria	DZ	Algeria	DZ	Algeria	DZ
Colombia	CO	Algeria	DZ	Algeria	DZ	Algeria	DZ
Comoros	KM	Algeria	DZ	Algeria	DZ	Algeria	DZ
Congo	CG	Algeria	DZ	Algeria	DZ	Algeria	DZ
Congo, the Democratic Republic of the	CD	Algeria	DZ	Algeria	DZ	Algeria	DZ
Cook Islands	CK	Algeria	DZ	Algeria	DZ	Algeria	DZ
Costa Rica	CR	Algeria	DZ	Algeria	DZ	Algeria	DZ
Cote d'Ivoire (Ivory Coast)	CI	Algeria	DZ	Algeria	DZ	Algeria	DZ
Croatia	HR	Algeria	DZ	Algeria	DZ	Algeria	DZ
Cuba	CU	Algeria	DZ	Algeria	DZ	Algeria	DZ
Curaçao	CW	Algeria	DZ	Algeria	DZ	Algeria	DZ
Cyprus	CY	Algeria	DZ	Algeria	DZ	Algeria	DZ
Czech Republic	CZ	Algeria	DZ	Algeria	DZ	Algeria	DZ
Dominica	DM	Algeria	DZ	Algeria	DZ	Algeria	DZ
Dominican Republic	DO	Algeria	DZ	Algeria	DZ	Algeria	DZ
DRC	CD	Algeria	DZ	Algeria	DZ	Algeria	DZ
Dominican Republic	DO	Algeria	DZ	Algeria	DZ	Algeria	DZ
Dominican Republic	DO	Algeria	DZ	Algeria	DZ	Algeria	DZ