



Application No. _____

To be filled by Branch / RM / Client

Whom to contact in case of any Discrepancy in AOF :	Payment Details :
Contact Person Name :	Cheque No.:
Contact No. :	Cheque Date :
Group Code :	Cheque Amount :
Scheme Code :	Bank Details :

Fetch Details : <input type="checkbox"/> CVL <input type="checkbox"/> NDML <input type="checkbox"/> DOTX	Date :
<input type="checkbox"/> CAMS <input type="checkbox"/> Others _____	Sign :



GLOBE CAPITAL MARKET LIMITED

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Phones : 011-43666400 (30 Lines) • Fax : 91-11-23712630

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E-mail : globedp@globecapital.com

DP ID : IN300966

APPLICATION FORM FOR OPENING ACCOUNT

INDIVIDUAL NRI FOREIGN NATIONAL CORPORATE/CM

Internal Ref. No. _____	Date _____	Account No. _____
Holder's Name Mr./Mrs. _____		

IMPORTANT INSTRUCTIONS :

1. Read the KYC form and overleaf instructions properly before filling the form.
2. Fill the KYC form in CAPITAL LETTERS (**including E-MAIL ID).
3. Use Black pen to fill KYC form.
4. Photograph affixed on KYC form should be signed across.
5. Separate KYC form is required for each joint holder.
6. In case of minor KYC form of minor as well as guardian is required.
7. All supporting documents should be submitted for all the account holders and should be self attested.
8. All supporting documents should be on A4 size paper.
9. No cutting/ over-writing/fluid will be allowed on KYC form.
10. Form should be complete in all respect.

CHECKLIST

INDIVIDUALS

1. Copy of Pan Card.
2. Copy of Valid Address Proof.(Address proof is to be submitted for permanent as well as correspondence address).
3. Passport size Photograph.
4. Cancel Cheque together with latest Bank Statement/Pass Book.
5. NRI's are required to submit address proof for Indian as well as Foreign address.

HUF

1. Copy of PAN Card of HUF & Karta.
2. Copy of Valid Address Proof of Karta.
3. Passport size Photograph of Karta.
4. Declaration by HUF is desired format.
5. Cancel Cheque of HUF'S bank account together with latest Bank Statement/Passbook.

MINOR

1. Copy of PAN Card of Minor & Guardian.
2. Date of Birth certificate of Minor.
3. Copy of Address Proof of Guardian.
4. Passport size Photograph of Minor & Guardian.
5. Cancel cheque of Minor's Bank account together with latest Bank Statement/Passbook.

Documents valid for Proof of Identity and Proof of Address (submit & Tick any one)

Proof of Identity (POI) <i>List of documents admissible as Proof of Identity :</i>	Proof of Address (POA) <i>List of documents admissible as Proof of Address: (*Documents having an expiry date should be valid on the date of submission)</i>
Unique Identification Number (UID) / Passport Voter ID Card / Driving License / PANCard with photograph	Passport / Voter Identity Card / Ration Card / Registered Lease or Sale Agreement of Residence / Driving License / Flat Maintenance bill / Insurance copy
Identity Card/Document with applicant's Photo, issued by any of the following : a) Central/State Government and its Departments, 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, and h) Credit cards/Debit cards issued by Banks.	Utility bills like Telephone Bill (only land line), Electricity Bill or Gas Bill (not more than 2 months old)
	Bank Account Statement / Passbook (not more than 2 months old)
	Self Declaration by High Court and Supreme Court Judges, giving the new address in respect of their own accounts.
	Proof of address issued by the following : Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank / Multinational Foreign Banks / Gazatted Officer / Notary Public / Elected representatives to the Legislative Assembly / Parliament / Documents issued by any Govt. or Statutory Authority.
	Identity Card/Documents with address, issued by any of the following : Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
For FII/sub account, Powre of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostilled or consularised) that gives the registered address should betaken.	
The proof of address in the name of the spouse may be accepted.	

Separate KYC form is required for each joint holder.

Application Form (For Individuals Only)



Please fill in ENGLISH and BLOCK LETTERS with black ink

KYC Number of applicant

A. Identity Details

1. Name of Applicant (As appearing in supporting identification document).

Prefix	First Name	Middle Name	Last Name
Name*			
Maiden Name (if any*)			
Father / Spouse Name*			
Mother Name*			

2. A. Gender Male Female Transgender **B. Marital status** Single Married Others **C. Date of Birth**

3. Nationality / Citizenship* Indian Other (Please specify) _____

4. Residential Status* Resident Individual Non Resident Indian Foreign National Person of Indian Origin

(If Non Resident/Foreign National, self certified copy of statutory approval obtained must be attached)

Occupation (Please tick (3) any one and give brief details):

Private Sector Service Public Sector Government Service Business Professional Agriculturist
 Retired Housewife Student Others (Please specify) _____

5. PAN Please enclose a duly attested copy of your PAN Card

Unique Identification Number (UID)/Aadhaar, if any: _____

6. Proof of Identity submitted for PAN exempt cases Please(3) (Please see guideline 'D' overleaf)

UID (Aadhaar) Passport Voter ID Driving Licence Others

PHOTOGRAPH
Please affix the recent passport size photograph and sign across it

B. Address Details

1. Address for Correspondence

City/Town/Village	Pin Code
State	Country

2. Contact Details

Tel. (Off.)	(ISD)	(STD)	Tel. (Res.)	(ISD)	(STD)
Mobile	(ISD)	(STD)	Fax	(ISD)	(STD)

MOBILE given by me belongs to Self Family (Spouse, Dependent Children, Dependent Parents)

E-Mail Id. _____

E-MAIL ID given by me belongs to Self Family (Spouse, Dependent Children, Dependent Parents)

No E-Mail/Mobile Declaration I hereby declare that I do not have any Email ID/Mobile

3. Specify the Proof of Address submitted for Residence / Correspondence Address _____

4. Permanent Address of Resident Applicant if different from above B1 OR Overseas Address (Mandatory) for Non-Resident Applicant

City/Town/Village	Pin Code
State	Country

5. Specify the Proof of Address submitted for Residence / Permanent Address _____

C. Fatca & CRS Detail

Nationality/Tax Residency/Citizen ship Other than India No Yes

Country of Birth	Place/City of Birth
Country of Citizenship/Nationality	
Country of Tax Residency (Other Than India)	
Tax Payer Identification Number (Other Than India)	

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I under take to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time. I hereby give my consent for receiving information including Central KYC Registry through SMS/Email on the above registered number/email address.

Place:

Date:

SIGNATURE OF APPLICANT

(1)

FOR OFFICE USE ONLY

Intermediary name OR code _____

(Originals Verified) Self Certified Document copies received

(Attested) True copies of documents received Main Intermediary

Seal/Stamp of the intermediary should contain Staff Name
Designation
Name of the Organization
Signature
Date

<input type="checkbox"/> IN-PERSON VERIFICATION (IPV)
<input type="checkbox"/> DOCUMENTS VERIFIED WITH ORIGINALS
<input type="checkbox"/> CLIENT INTERVIEWED BY
Date : <input type="text"/>
Institution Name & Code: Globe Capital Market Limited
Employee/AP/SB Details :
Name : _____
Code : _____
Designation : _____
Signature : _____

INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

1. Self attested copy of PAN card is mandatory for all clients.
2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIO Card/OCI Card and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
10. For opening an account with Depository Participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark Sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
11. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

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

1. PAN card with photograph. This is mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D)
2. Unique Identification Number (UID) (Aadhaar)/ Passport/ Voter ID card/ Driving license.
3. Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

C. Proof of Address (POA): - List of documents admissible as Proof of Address: (*Documents having an expiry date should be valid on the date of submission.)

1. Passport/ Voters Identity Card/ Ration Card/ Registered Lease or Sale Agreement of Residence/ Driving License/ Flat Maintenance bill/ Insurance Copy.

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

D. Exemptions/clarifications to PAN

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

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

E. List of people authorized to attest the documents:

1. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/ Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
2. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy /Consulate General in the country where the client resides are permitted to attest the documents.

Please Submit the KYC Documents on A4 Size Paper Only.

PART II - ACCOUNT OPENING FORM (FOR INDIVIDUALS)

DP ID : IN300966

DP ID	I	N	3	0	0	9	6	6	Client ID										
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I/We request you to open a depository account in my/our name as per following details :

(Please fill all the details in CAPITAL/BLOCK LETTERS only)

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

A. TYPE OF ACCOUNT (Please tick whichever is applicable)

<input type="checkbox"/> Ordinary Resident	<input type="checkbox"/> NRI-Repatriable	<input type="checkbox"/> Margin	<input type="checkbox"/> Promoter	<input type="checkbox"/> HUF
<input type="checkbox"/> Qualified Foreign Investor	<input type="checkbox"/> NRI-Non Repatriable	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Others (Specify) _____	
Sub Type	<input type="checkbox"/> Stock Broker-Client	<input type="checkbox"/> Stock Broker-Proprietary	<input type="checkbox"/> Stock Broker-Collateral	

B. DETAILS OF ACCOUNT HOLDER(S)

Account Holder(s)	Sole/First Holder	Second Holder	Third Holder
Name			
PAN			
Date of Birth			
UID / Aadhar			
Occupation (Please tick any one and give brief details)	<input type="checkbox"/> Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Business <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Others (Pl. Spcify) _____	<input type="checkbox"/> Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Business <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Others (Pl. Spcify) _____	<input type="checkbox"/> Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Business <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Others (Pl. Spcify) _____
Mobile			
Flag for Mobile	<input type="checkbox"/> Self <input type="checkbox"/> Family (Spouse, Dependent Children, Dependent Parents)	<input type="checkbox"/> Self <input type="checkbox"/> Family (Spouse, Dependent Children, Dependent Parents)	<input type="checkbox"/> Self <input type="checkbox"/> Family (Spouse, Dependent Children, Dependent Parents)
E-mail			
Flag for E-mail	<input type="checkbox"/> Self <input type="checkbox"/> Family (Spouse, Dependent Children, Dependent Parents)	<input type="checkbox"/> Self <input type="checkbox"/> Family (Spouse, Dependent Children, Dependent Parents)	<input type="checkbox"/> Self <input type="checkbox"/> Family (Spouse, Dependent Children, Dependent Parents)
Brief Details			

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

Name _____	PAN								
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D. BANK DETAILS

Bank Account Type	<input type="checkbox"/> Saving	<input type="checkbox"/> Current	<input type="checkbox"/> Other
Bank Account Number			
Bank Name:			
Bank Address			
	City/Town/Village	Pin Code	
	State	Country	
Bank Code (MICR)			
IFSC			

E. STANDING INSTRUCTIONS

1.	I/We authorise you to receive credits automatically into my/our account (If not marked default option would be Yes)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Client option to receive e-statement	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Receive Annual Reports, AGM notices and other communication from Issuer & RTA in physical form	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Account to be operated through Power of Attorney (PoA) (If not marked default option would be No)	<input type="checkbox"/> Yes <input type="checkbox"/> No

5.	SMS Alert facility : [Mandatory if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form]			
	Sr. No.	Holder	Yes	No
	1.	Sole / First Holder	<input type="checkbox"/>	<input type="checkbox"/>
	2.	Second Holder	<input type="checkbox"/>	<input type="checkbox"/>
3.	Third Holder	<input type="checkbox"/>	<input type="checkbox"/>	

F. GUARDIAN DETAILS (where sole holder is a minor) :

[For account of a minor, two KYC/KRA Application Forms must be filled i.e. one for the guardian and another for the minor (to be signed by guardian)]

Guardian Name																						
PAN														Date of Birth								
Relationship of Guardian with Minor																						

G. In Case of NRIs/Foreign Nationals

RBI Approval Reference Number							RBI Approval Date	D	D	M	M	Y	Y	Y	Y
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H. OTHER DETAILS (Mandatory information, to be filled by Client)

Gross Annual Income Details	Income Range per annum :		<input type="checkbox"/> Upto Rs. 1,00,000	<input type="checkbox"/> Rs. 1,00,001 to 5,00,000							
	<input type="checkbox"/> Rs. 5,00,001 to 10,00,000	<input type="checkbox"/> Rs. 10,00,001 to 25,00,000	<input type="checkbox"/> More than Rs. 25,00,000								
	Net Worth as on (Date) :										Rs.
(Net Worth should not be older than 1 year)											
Please tick, if applicable		<input type="checkbox"/> Politically Exposed Person (PEP)		<input type="checkbox"/> Related to Politically Exposed Person (RPEP)							

I. FATCA DETAILS (Mandatory)




Do you have any non-indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency? Yes No

Sole/First Holder/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No		Second Holder <input type="checkbox"/> Yes <input type="checkbox"/> No		Third Holder <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country of Birth		Country of Birth		Country of Birth	
Country of Citizenship/ Nationality		Country of Citizenship/ Nationality		Country of Citizenship/ Nationality	
Are you a US Specified Person? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide Tax Payer Id		Are you a US Specified Person? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide Tax Payer Id		Are you a US Specified Person? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide Tax Payer Id	
Country of Tax Residency* (Other then India) Taxpayer Identification No.		Country of Tax Residency* (Other then India) Taxpayer Identification No.		Country of Tax Residency* (Other then India) Taxpayer Identification No.	
1.		1.		1.	
2.		2.		2.	

*Please indicate all countries in which you are a resident for tax purpose and associated Taxpayer identification number.

DECLARATION

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

	Sole / First Holder / Guardian (Mr./Ms.) (in case of Minor)	Second Holder (Mr./Ms.)	Third Holder (Mr./Ms.)
Name			
Signatures	(2) 		

NOMINATION OPTION

<input type="checkbox"/> I/We wish to make a nomination. [As per details given below]	<input type="checkbox"/> I/We wish to cancel the nomination made by me/ us earlier and consequently all rights and liabilities in respect of beneficiary ownership in the securities held by me / us in the said account shall vest in me/ us. [Strike off the nomination details below]
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NOMINATION DETAILS




I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all securities held in the Depository by me / us in the said beneficiary owner account in the event of my / our death.

Nomination can be made upto three nominees in the account.		Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
1	Name of the nominee(s) (Mr./Ms.)			
2	Share of each Nominee	Equally <input type="checkbox"/> [If not equally, please specify percentage]	%	%
		Any odd lot after division shall be transferred to the first nominee mentioned in the form.		
3	Relationship With the Applicant (If Any)			
4	Address of Nominee(s)			
		PIN Code		
5	Mobile/Telephone No. of Nominee(s)			
6	Email ID of Nominee(s)			
7	Nominee Identification details : [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature	Photograph of 1st nominee	Photograph of 2nd nominee	Photograph of 3rd nominee
		Signatue	Signatue	Signatue
	<input type="checkbox"/> PAN			
	<input type="checkbox"/> Aadhaar			
	<input type="checkbox"/> Saving Bank Account No.			
	<input type="checkbox"/> Proof of Identity			
	<input type="checkbox"/> Demat Account ID			

Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:

8	Date of Birth {in case of minor nominee(s)}	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
9	Name of Guardian (Mr./Mrs.) {in case of minor nominee(s)}			
10	Address of Guardian			
		PIN Code		
11	Mobile/Telephone No. of Guardian			
12	Email ID of Guardian			
13	Relationship of Guardian with Nominee			
14	Guardian Identification details : [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature	Photograph of 1st Guardian	Photograph of 2nd Guardian	Photograph of 3rd Guardian
		Signatue	Signatue	Signatue

<input type="checkbox"/> PAN			
<input type="checkbox"/> Aadhaar			
<input type="checkbox"/> Saving Bank Account No.			
<input type="checkbox"/> Proof of Identity			
<input type="checkbox"/> Demat Account ID			
Signature of Witness for Nomination			
Name of the Witness	Address		Signature of Witness
			Date
			D D M M Y Y Y Y

	Sole / First Holder / Guardian (Mr./Ms.) (in case of Minor)	Second Holder (Mr./Ms.)	Third Holder (Mr./Ms.)
Name			
Signatures	(3) 		

Notes:

1. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non-individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly, all joint holders will sign the nomination form.
2. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
3. The Nominee(s) shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange/depository controls in force, from time to time.
4. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
5. Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.
6. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non- individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
7. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee(s).
8. Nomination can be made upto three nominees in a demat account. In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total upto hundred percent. In the event of the beneficiary owner not indicating any percentage of allocation/share for each of the nominees, the default option shall be to settle the claims equally amongst all the nominees.
9. On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.
10. Copy of any proof of identity must be accompanied by original for verification or duly attested by any entity authorized for atg the documents.
11. Savings bank account details shall only be considered if the account is maintained with the same participant.
12. DP ID and client ID shall be provided where demat details is required to be provided.
13. All communication shall be sent at the address of the Sole/First holder only.
14. 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.
15. 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.
16. Strike off whichever is not applicable.testin

INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

1. Self attested copy of PAN card is mandatory for all clients.
2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIO Card/OCICard and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
10. For opening an account with Depository participant or Mutual Fund, for a minor or photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
11. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.

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

1. PAN card with photograph. This is a mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
2. Unique Identification Number (UID) (Aadhaar)/Passport/Voter ID card/Driving license.
3. Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

C. Proof of Address (POA): List of documents admissible as Proof of Address: (*Documents having an expiry date should be valid on the date of submission.)

1. Passport/Voters Identity Card/Ration Card/Registered Lease or Sale Agreement of

Residence/Driving License/Flat Maintenance bill/Insurance Copy.

2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 2 months old.
3. Bank Account Statement/Passbook - Not more than 3 months old.
4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
6. Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
7. For FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostilled or consularised) that gives the registered address should be taken.
8. The proof of address in the name of the spouse may be accepted.

D. Exemptions/clarifications to PAN

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

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

E. List of people authorized to attest the documents:

1. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
2. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.

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

Types of entity	Documentary requirements
Corporate	<ul style="list-style-type: none"> • Copy of the balance sheets for the last 2 financial years (to be submitted every year) • Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year) • Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations • Photograph, POI, POA, PAN of individual promoters holding control – either directly or indirectly • Copies of the Memorandum and Articles of Association and certificate of incorporation • Copy of the Board Resolution for investment in securities market • Authorised signatories list with specimen signatures
Partnership firm	<ul style="list-style-type: none"> • Copy of the balance sheets for the last 2 financial years (to be submitted every year) • Certificate of registration (for registered partnership firms only) • Copy of partnership deed • Authorised signatories list with specimen signatures • Photograph, POI, POA, PAN of Partners
Trust	<ul style="list-style-type: none"> • Copy of the balance sheets for the last 2 financial years (to be submitted every year) • Certificate of registration (for registered trust only). Copy of Trust deed • List of trustees certified by managing trustees/CA • Photograph, POI, POA, PAN of Trustees
HUF	<ul style="list-style-type: none"> • PAN of HUF • Deed of declaration of HUF/List of coparceners • Bank pass-book/bank statement in the name of HUF • Photograph, POI, POA, PAN of Karta
Unincorporated Association or a body of individuals	<ul style="list-style-type: none"> • Proof of Existence/Constitution document • Resolution of the managing body & Power of Attorney granted to transact business on its behalf • Authorized signatories list with specimen signatures
Banks/Institutional Investors	<ul style="list-style-type: none"> • Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years • Authorized signatories list with specimen signatures
Foreign Institutional Investors (FII)	<ul style="list-style-type: none"> • Copy of SEBI registration certificate • Authorized signatories list with specimen signatures
Army/Government Bodies	<ul style="list-style-type: none"> • Self-certification on letterhead • Authorized signatories list with specimen signatures
Registered Society	<ul style="list-style-type: none"> • Copy of Registration Certificate under Societies Registration Act • List of Managing Committee members • Committee resolution for persons authorised to act as authorised signatories with specimen signatures • True copy of Society Rules and Bye Laws certified by the Chairman/Secretary

Please Submit the KYC Documents on A4 Size Paper Only.

ANNEXURE

Name, PAN, Residential Address and photographs of Promoters/Partners/Karta/Trustees and Wholetime/Other Directors :

1. Name <input style="width: 100%;" type="text"/>	Photographs of Promoters / Partners / Karta / Trustees / Wholetime / Other Directors & authorised signatories
Date of Birth <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> / <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> / <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> Status <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> PAN <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/>	
Residential Address <input style="width: 100%;" type="text"/>	
DIN <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> UID <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> DPIN <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/>	
Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/Wholetime/Other Directors:	
<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> Not a Politically Exposed Person (PEP) <input type="checkbox"/> Not Related to a Politically Exposed Person (PEP)	

2. Name <input style="width: 100%;" type="text"/>	Photographs of Promoters / Partners / Karta / Trustees / Wholetime / Other Directors & authorised signatories
Date of Birth <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> / <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> / <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> Status <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> PAN <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/>	
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DECLARATION BY HUF

This is to certify that following are the coparceners of _____ (HUF)

S.No.	Name	Gender (M/F)	Relationship with Karta	Signature (in case of major)	Date of Birth (in case of minor)
1.					
2.					
3.					
4.					
5.					
6.					

For _____ (HUF)
Karta

(5)  _____

Name & Signature of Karta
(Affix Stamp & HUF)

* Please attach separate annexure, if the space provided is not sufficient.

* Please stamp and sign.

SAMPLE FOR BOARD RESULATION

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED BY THE BOARD OF DIRECTORS OF AT THEIR MEETING HELD ON AT THEIR REGD. OFFICE.

1. Resolved that a Corporate Beneficiary/Clearing Member Account be opened for depository purpose with Globe Capital Market Ltd., 804 Ansal Bhawan, 16 K G Marg, Connaught Place, New Delhi-110001.
2. Further Resolved that Mr. DIRECTORS of the company whose specimen signatures are attested below be jointly / severally authorised to sign on behalf of the company all documents and forms relating to such account (in relation to debit or credit or otherwise) in such forms as may be required by the Globe Capital Market Ltd. and further any instructions, indemnities and counter indemnities which may be required by Globe Capital Market Ltd., from the company in connection with the above mentioned account.
3. That this resolution be communicated to the Globe Capital Market Ltd. and remain in force until notice in writing is given to the Globe Capital Market Ltd.

For

Director
Specimen Signature of

Mr.

Mr.

Attested By

Director

NOTE: This is required to be submitted on the Company's letterhead.

PART II - ACCOUNT OPENING FORM (FOR NON-INDIVIDUALS)

DP ID : IN300966

DP ID	I	N	3	0	0	9	6	6	Client ID								
-------	---	---	---	---	---	---	---	---	-----------	--	--	--	--	--	--	--	--

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

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

(Please fill all the details in CAPITAL/BLOCK LETTERS only)

A. TYPE OF ACCOUNT (Please tick whichever is applicable)

<input type="checkbox"/> Body Corporate	<input type="checkbox"/> FI	<input type="checkbox"/> FII	<input type="checkbox"/> Qualified Foreign Investor	<input type="checkbox"/> Mutual Fund
<input type="checkbox"/> Trust	<input type="checkbox"/> Bank	<input type="checkbox"/> CM	<input type="checkbox"/> Others (Specify) _____	
Sub Type	<input type="checkbox"/> Stock Broker-Client	<input type="checkbox"/> Stock Broker-Proprietary	<input type="checkbox"/> Stock Broker-Collateral	

B. DETAILS OF ACCOUNT HOLDER(S)

Account Holder(s)	Sole/First Holder	Second Holder	Third Holder
Name			
PAN			
Date of Incorporation/ Birth	-	-	-
UID / Aadhar			

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

Name _____	PAN								
------------	-----	--	--	--	--	--	--	--	--

D. In Case of FIIs/Others (as may be applicable)

RBI Approval Reference Number		RBI Approval Date	D	D	M	M	Y	Y	Y	Y
SEBI Registration Number (For FIIs)										

E. STANDING INSTRUCTIONS

1.	We authorise you to receive credits automatically into our account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2.	Client option to receive e-statement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.	Receive Annual Reports, AGM notices and other communication from Issuer & RTA in physical form	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.	Account to be operated through Power of Attorney (PoA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5.	SMS Alert facility :			
	Sr. No.	Holder	Yes	No
	1.	Sole / First Holder	<input type="checkbox"/>	<input type="checkbox"/>
	2.	Second Holder	<input type="checkbox"/>	<input type="checkbox"/>
	3.	Third Holder	<input type="checkbox"/>	<input type="checkbox"/>

F. BANK DETAILS

Bank Account Type	<input type="checkbox"/> Saving	<input type="checkbox"/> Current	<input type="checkbox"/> Other
Bank Account Number			
Bank Name:			
Bank Address			
	City/Town/Village	Pin Code	
	State	Country	
Bank Code (MICR)			
IFSC			

Mode of Operation for Sole/First Holder (in case of joint holdings, all the holders must sign)

<input type="checkbox"/> Any one singly	<input type="checkbox"/> Jointly by	<input type="checkbox"/> As per resolution	<input type="checkbox"/> Others (Pl. Specify)
---	-------------------------------------	--	---

DECLARATION

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

Authorised Signatories (Enclose a Board Resolution for Authorised Signatories)

	Sole / First Holder (Mr./Ms.)	Second Holder (Mr./Ms.)	Third Holder (Mr./Ms.)
Name			
Signatures	(6)		

FATCA & CRS DECLARATION (FOR NON-INDIVIDUAL)

Please tick the applicable tax resident declaration -

I. Is "Entity" a tax resident of any country other than India Yes No

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Sr. No.	Country	Tax Identification Number	Identification Type (TIN or Other*, please specify)
1.			
2.			
3.			

* In case Tax Identification Number is not available, kindly provide its functional equivalent.

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a, Financial institution <input type="checkbox"/> (Refer 1 of Part C) or Direct reporting NFE <input type="checkbox"/> (Refer 3(vii) of Part C) (please tick as appropriate)	GIIN <input style="width: 80%;" type="text"/> Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity _____ _____
GIIN not available (please tick as applicable)	<input type="checkbox"/> Applied for <input type="checkbox"/> Not obtained – Non-participating FI <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <input style="width: 20px;" type="text"/> (Refer 1 A of Part C)

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1. Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3. Is the Entity an active NFE (Refer 2c of Part C)	Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <input style="width: 20px;" type="text"/> (Mention code – refer 2c of Part C)
4. Is the Entity a passive NFE (Refer 3(ii) of Part C)	Yes <input type="checkbox"/> Nature of Business _____

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category): Unlisted Company Partnership Firm Limited Liability Partnership Company
 Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust
 Others (please specify _____)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
PAN #			
Address	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Tax ID %			
Tax ID Type			
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender			
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Percentage of Holding (%) §	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY

* To include US, where controlling person is a US citizen or green card holder

If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.

% In case Tax Identification Number is not available, kindly provide functional equivalent




§ Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

DECLARATION

I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Globe Capital Market Ltd for any modification to this information promptly.

I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

Name			
Designation			

(7)  _____ Sole/First Authorised Signatory Place _____	 _____ Second Authorised Signatory	 _____ Third Authorised Signatory Date ____/____/____
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NACH/ECS/AUTO DEBIT UMRN Date

MANDATE INSTRUCTION FORM Sponsor Bank Code Utility Code

Tick (✓) CREATE I/We hereby authorize to debit (tick✓) SB/CA/CC/SB-NRE / SB-NRO /Other

MODIFY CANCEL Bank a/c number

with Bank Name of customers bank IFSC or MICR

an amount of Rupees ₹

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

Reference 1 Phone No.

Reference 2 Email ID

I agree for the debit of Mandate processing charges by the Bank whom I am authorizing to debit my account as per latest Schedule of charges of the Bank.

PERIOD

From

To

Or Until Cancelled

1. Signature Primary Account holder 2. Signature of Account holder 3. Signature of Account holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

* This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/ Corporate to debit my account, based on the instructions as agreed and signed by me.
* I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

HDFC BANK UMRN Date

एच डी एफ सी बैंक लिमिटेड. HDFC BANK LIMITED. Sponsor Bank Code HDFC0000060 Utility Code HDFC02709000017917

Tick (✓) CREATE I/We hereby authorize GLOBE CAPITAL MARKET LIMITED to debit (tick✓) SB/CA/CC/SB-NRE / SB-NRO /Other

MODIFY CANCEL Bank a/c number

with Bank Name of customers bank IFSC or MICR

an amount of Rupees ₹

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

Reference 1 Phone No.

Reference 2 Email ID

I agree for the debit of Mandate processing charges by the Bank whom I am authorizing to debit my account as per latest Schedule of charges of the Bank.

PERIOD

From

To

Or Until Cancelled

1. Signature Primary Account holder 2. Signature of Account holder 3. Signature of Account holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

* This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account.
* I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.
I/We hereby declare that the above information is true and correct and that the mobile number listed above is registered in my/our name(s) and/or is the number that I/we use in the ordinary course. I/We hereby declare that, irrespective of my/our registration of the above mobile in the provider customer preference register, or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We consent to the Bank communicating to me/us about the transactions carried out in my/our aforesaid account(s).

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GLOBE CAPITAL MARKET LIMITED

804, Ansal Bhawan, 16, K.G. Marg, Connaught Place, New Delhi-110001

Phones : 011-43666400 (30 Lines) • Fax : 91-11-23712630

DP CHARGES

Revised Tariff for Beneficiary Accounts (with effect from September 1, 2016)

NATURE OF SERVICES	CHARGES		
	Regular Scheme	Globe Relax	Life Time
Account Maintenance Cycle	Four Quarter (One Year)	Twenty Quarter (Five Year)	Life Time
Maintenance Charges (Non-Corporate Account)	₹399/- for first Quarter remaining three Quarters Free	₹999/- for first Quarter remaining nineteen Quarters Free	₹1999/-
Maintenance Charges (Corporate Account)	₹1250/- for first Quarter remaining Quarters Free	Not Applicable	Not Applicable

TRANSACTION CHARGES - MONTHLY

Delivery	Market Transaction	₹20/- per instruction or 0.02% of transaction value, whichever is higher, subject to maximum of ₹100/-
	Off Market Transaction	₹25/- per instruction or 0.03% of transaction value, whichever is higher, subject to maximum of ₹1000/-
Pledge Creation/ Closure/ Invocation		₹50/- per instruction or 0.02% of transaction value, whichever is higher
Demat Charges		₹50/- for up to first hundred and after first hundred ₹10/- for every hundred securities or part thereof or a flat fee ₹10/- per certificate whichever is higher plus courier charges of ₹40/- for every 25 certificate and part thereof
Remat Charges		100/- for up to first hundred and after first hundred ₹0/- for every hundred securities or part thereof or a flat fee ₹30/- per certificate whichever is higher
Mutual funds (Destat / Redemption)		₹50/- per instruction plus courier charges
Instruction Booklet		₹2/- per leaf plus courier charges

Note:

• The Depository Participant shall reserve the right to revise the charges by giving not less than 30 days notice in writing to the client. • Value of Transaction will be in accordance with the Depository formulae. • Modification in client detail, ₹40/- per instance. Maintenance charges will be charged in advance at the time of opening the account. • Rejection charges ₹50/- per rejection plus courier charges. • Slip Rejection/Fail charges ₹20/- per rejection. • Off-Market Instruction not received prior to 24 hours of execution will be received at client's risk. • Instruction for Pay-In of securities to transfer from client account to CM Pool account, Inter settlement instruction, CM Pool to CM Pool transfer and delivery instruction will be accepted up till 4:00 PM on working day prior to Pay-in date. • Periodic statement free on Email and ₹40/- towards courier charges if sent physically. • Non-periodic statement shall be charged @ ₹5/- per page and postage/courier charge @ ₹40/- or actual charges whichever is higher. • In case of non-payment of bill/dues within 30 days of due date, interest shall be charged @ 2.0% per month on the outstanding dues. • ₹100/- will be charged to client in case of New Delivery Instruction Booklet is requested without requisition slip. • All charges are exclusive of Service Tax. Taxes and other Government levies will be charges extra as applicable from time to time.

“AS per SEBI Circular No. CIR/MRD/DP/22/2012 dated 27th August 2012, all clients who are willing to hold only one demat account as first holder and DP holding valuation will be maintained below Rs. 2 Lac. Is eligible to opt for BSDA (Basic Service Demat Account) subject to term and conditions mentioned by SEBI.” To opt BSDA scheme please sign a separate scheme sheet which can be obtained from our office.

I/We wish to avail BSDA facility in my/our Demat Account.

I/We do not wish to avail BSDA facility in my/our Demat Account.

HOLDER'S SIGNATURES

(9) 

First Holder Signature



Second Holder Signature



Third Holder Signature

Globe Capital Market Limited

(Authorised Signatory)

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

General Clause

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Rules and Regulations of Securities and Exchange Board of India (SEBI), Circulars/Notifications/Guidelines issued there under, Bye Laws and Business Rules/Operating Instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.
2. The DP shall open/activate demat account of a beneficial owner in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time. Beneficial Owner information
3. The DP shall maintain all the details of the beneficial owner(s) as mentioned in the account opening form, supporting documents submitted by them and/or any other information pertaining to the beneficial owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.
4. The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of opening the demat account or furnished to the DP from time to time.

Fees/Charges/Tariff

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

Dematerialization

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

Separate Accounts

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

Transfer of Securities

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

Statement of account

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

Manner of Closure of Demat account

17. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has

given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository. Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided no charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their demat account should be transferred to another demat account of the Beneficial Owner held with another DP or to rematerialize the security balances held.

18. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of thirty days as per procedure specified from time to time by the depository. Provided further, closure of demat account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

Default in payment of charges

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

Liability of the Depository

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

Freezing/ Defreezing of accounts

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

Redressal of Investor grievance

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

Authorized representative

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

Law and Jurisdiction

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

SIGNATURES

(10) 

First Holder Signature



Second Holder Signature



Third Holder Signature