

CDSL

DEMAT ACCOUNT

CLIENT REGISTRATION APPLICATION FORM

(FOR INDIVIDUAL)



Important Instructions:

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

For office use only Application Type* New Update
 (To be filled by financial institution) KYC Number (Mandatory for KYC update request)
 Account Type* Normal Simplified (for low risk customers) Small

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

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

PHOTO

Signature / Thumb Impression

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

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

ISO 3166 Country Code of Jurisdiction of Residence*

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

Place / City of Birth* ISO 3166 Country Code of Birth*

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

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

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

4. PROOF OF ADDRESS (PoA)*

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

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

Address Type* 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*

Line 2

Line 3

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

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

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

Line 1* [Grid] Line 2 [Grid] Line 3 [Grid] District* [Grid] Pin / Post Code* [Grid] State / U.T Code* [Grid] City / Town / Village* [Grid] ISO 3166 Country Code* [Grid]

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

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

Line 1* [Grid] Line 2 [Grid] Line 3 [Grid] State* [Grid] ZIP / Post Code* [Grid] City / Town / Village* [Grid] ISO 3166 Country Code* [Grid]

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

Tel. (Off) [Grid] Tel. (Res) [Grid] Mobile [Grid] FAX [Grid] Email ID [Grid]

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

Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*) [Grid]

Related Person Type* Guardian of Minor Assignee Authorized Representative Name* [Grid] Prefix [Grid] First Name [Grid] Middle Name [Grid] Last Name [Grid] (If KYC number and name are provided, below details of section 6 are optional)

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

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

7. REMARKS (If any)

[Grid]

8. APPLICANT DECLARATION

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

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

Date : [DD-MM-YYYY] Place : [Grid]

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date [DD-MM-YYYY] Emp. Name [Grid] Emp. Code [Grid] Emp. Designation [Grid] Emp. Branch [Grid]

[Employee Signature]

INSTITUTION DETAILS

Name [Grid] Code [Grid]

[Institution Stamp]

CHECK LIST FOR DP ACCOUNT OPENING – INDIVIDUALS/HUF/NRI ACCOUNTS

□ Proof of Identity of all the account holders ——— (Any one)

Passport, Voter ID Card, Driving license, PAN card with photograph, MAPIN card, Identity card/document with applicant's Photo, issued by 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.

□ Proof of Address of all the account holders ——— (Any one)

Ration card, Passport, Voter ID Card, Driving license, Bank passbook, verified copies of Electricity bills (not more than two months old)/ Residence Telephone bills (not more than two months old)/ Leave and License agreement / Agreement for sale, Self-declaration by High Court & Supreme Court judges, giving the new address in respect of their own accounts, Identity card/document with address, issued by 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; and g) Professional Bodies such as ICAI, ICWAI, Bar Council etc., to their Members.

Permanent Address Proof to be submitted for all the holders. Correspondence address is optional in case the client desires to give the correspondence address; the address proof of the first holder has to be submitted.

- Copy of Cancelled Cheque as a proof of MICR/Bank details.
- DP-Client Agreement duly signed by all the holders
- Power of Attorney duly signed by all account holders in case of POA accts
- Internet Agreement duly signed by all the holders
- Tariff duly signed by all the holders

GUIDELINES FOR FILLING UP THE ACCOUNT OPENING FORMS.

- Type of Account mentioned on the Account Opening Form
- Holder(s) Names are filled in clearly at the appropriate places
- Name in the Account opening form is the same as appearing in the supporting documents attached (for all holders)
- Permanent Address Proof in the account opening form is the same as the supporting document attached (for all holders)
- Correspondence address in the account opening form is the same as the supporting document attached (for first holder)
- Email Address provided
- Bank Details Provided correctly. MICR code mentioned correctly (9 digit code appearing on the bank cheque)
- Standing Instruction option selected correctly
- Nomination form duly filled (if required)
- (If applicable) Nominee is a minor - guardian Photo and details enclosed
- (If applicable) Beneficiary Holders sign obtained on the nomination form
- All holders Photographs are pasted and signed across
- Holders sign obtained on the account opening forms
- DP Client agreement and Internet Agreement is duly filled & signed by all the account holders/Authorized Signatories
- Tariff Card to be duly signed by all holders
- Power of Attorney is duly signed by all the holders in case of POA accts.
- Supporting Documents Attested By Introducer
- 1 Witness Name, address & Signature to be done on DP client Agreement & Internet Agreement.
- All the fields that are not applicable are marked with NA
- DSA Code correctly mentioned

**IN CASE OF HUF ACCOUNTS, HUF DECLARATION HAS TO BE SUBMITTED IN ADDITION TO THE ABOVE DOCUMENTS.
IN CASE OF NRI ACCOUNTS, RBI APPROVAL HAS TO BE SUBMITTED IN ADDITION TO THE ABOVE DOCUMENTS.**

**DP ACCOUNTS CANNOT BE OPENED IN THE NAME OF PROPRIETORSHIP FIRM/PARTNERSHIP FIRM.
IN SUCH CASES, THE DP ACCOUNTS HAVE TO BE OPENED IN THE INDIVIDUAL NAME OF THE PROPRIETOR/PARTNER(S)**

Kindly do not accept the below mentioned as Proofs.

- a) Copy of the bank passbook is not to be accepted as Proof of identity, it can be taken only as Proof of address.
- b) Copy of the requisition slip of bank chequebook is not to be accepted as proof of address.
- c) Copy of the demat client master list is not to be accepted as proof of address.
- d) If Photo identity of the account holder is not clear/visible.

**Mili Consultants & Investment Private Limited
204, Shreepal Complex, Suren Road,
Andheri East, Mumabi 400 093.**

Central Depository Services (India) Limited - CDSL KYC FORM

ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT

Application No	Date :
DP Internal Reference No.	
DP ID - 12065400	Client ID -

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

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

Holders Details

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

Status	Sub status
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual-Director <input type="checkbox"/> IndividualDirector'sRelative <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Minor <input type="checkbox"/> Individual Margin Trading A/C (MANTRA) <input type="checkbox"/> Others(specify) _____
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> NRI Repatriable Promoter <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"/> Qualified Foreign Investor <input type="checkbox"/> Others (specify) _____

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

Guardian's Name	PAN -
Relationship with the applicant	
I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes')	[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No
I/We would like to instruct the DP to accept all the pledge instructions in my/our account without any other further instruction from my/our end (If not marked,the default option would be"NO")	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Requirement: <input type="checkbox"/> D aily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	<input type="checkbox"/> As per SEBI Regulation:
I/ We request you to send Electronic Transaction-cum-Holding Statement at the email ID	<input type="checkbox"/> Yes <input type="checkbox"/> No
I/We would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No
I/We would like to receive the Annual Report <input type="checkbox"/> Physical <input type="checkbox"/> Electronic	<input type="checkbox"/> Both Physical & Electronic
(Tick the applicable box.If not marked the default option would be in Physical)	
Do you wish to receive dividend / interest directly in to your bank account given below through ECS? (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI form time to time]	<input type="checkbox"/> Yes <input type="checkbox"/> No

BANK DETAILS (DIVIDEND BANK DETAILS)

Bank Name / Full Branch address with city, state, country and pin code:	
Account Number	
Account Type:	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others-In case of NRI/NRE/NRO
Bank Code MICR Number (9 digit)	
IFSC code (11 character)	

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

<p>Gross Annual Income (details (Please tick (✓)</p> <p><input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1 - 5 lacs <input type="checkbox"/> 5-10 lacs <input type="checkbox"/> 10-25 lacs <input type="checkbox"/> 25 lacs -1Crore <input type="checkbox"/> >1Crore</p> <p style="text-align: center;">OR</p> <p>Net-worth in Rs. (Net worth should not be older than 1 year) _____ as on date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: right;">D D M M Y Y Y Y</p>
<p>Occupation</p> <p><input type="checkbox"/> Private sector service <input type="checkbox"/> Public sector <input type="checkbox"/> Government service <input type="checkbox"/> Business <input type="checkbox"/> Professional</p> <p><input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer</p> <p><input type="checkbox"/> Others (Please specify) _____</p>
<p>Please tick, if applicable: <input type="checkbox"/> Politically exposed person ; <input type="checkbox"/> Related to a Politically exposed person. For definition of Politically exposed person (PEP), please refer guideline overleaf.</p>

SMS Alert Facility Refer to Terms & Conditions	MOBILE NO. +91 _____ [(Mandatory , if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).	
Transactions Using Secured Texting Facility (TRUST).Refer to Terms and Conditions 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 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	
Easi	To register for easi, please visit our website www.cdslindia.com. Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online	
Stock Exchange Name /ID	Clearing Member Name	Clearingmember Id (Optional)

NOMINATION FORM

Mili Consultants & Investment Pvt. Ltd.

204,Shreepal Complex, 2nd Floor, Surend Road,

Andheri (East), Mumbai - 400 093.

Nomination Registration No	Dated

Photograph of Nominee 1
Sign across photograph

Photograph of Guardian if Nominee is a minor
Sign across photograph

Photograph of Nominee 2
Sign across photograph

Photograph of Guardian if Nominee is a minor
Sign across photograph

Photograph of Nominee 3
Sign across photograph

Photograph of Guardian if Nominee is a minor
Sign across photograph

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														
Name of Second Holder														
Name of Third Holder														
Nomination Details	Nominee 1				Nominee 2				Nominee 3					
Nominee Name : *First Name:														
Middle Name:														
*Last Name														
Address:														
	*City				State				*Pin				*Country	
	Telephone No.				FAX No.									
PAN No.	UID			Email ID										
*Relationship with the BO:														
Date of birth (mandatory if Nominee is a minor) DD-MM-YYYY														
Name of the Guardian of														
Nominee(if nominee is a minor)														
*First Name:														
Middle Name:														
*Last Name														
Address:	Nominee 1				Nominee 2				Nominee 3					
	*City				State				*Pin				*Country	
	Telephone No.				FAX No.									
PAN No.	UID			Email ID										

*Relationship of the Guardian with the Nominee			
*Percentage of allocation of securities			
*Residual Securities [please tick any one nominee, if tick not marked the default will be first nominee]			

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

*** Marked is Mandatory field**

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

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

Details of the Witness	
Name of witness	
Address of witness	
Signature of witness	

I / We have received and read the Rights and Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action. In case non resident account, I/We also declare that I/We have complied and will continue to comply with FEMA regulations.

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

(Signatures should be preferably in **black** ink).

Acknowledgement Receipt

Application No:

Date:

We hereby acknowledge the receipt of the Account Opening Application Form:		
Name of the Sole/First Holder	Name of Second Holder	Name of Third Holder

Depository Participant Seal and Signature

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

Definitions:

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

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

Availability:

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

Receiving Alerts:

1. The depository shall send the alerts to the mobile phone number provided by the BO while registering for the service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
2. The BO acknowledges that the alerts will be received only if the mobile phone is in 'ON' and in a mode to receive the SMS. If the mobile phone is in 'Off' mode i.e. unable to receive the alerts then the BO may not get / get after delay any alerts sent during such period.
3. The BO also acknowledges that the readability, accuracy and timeliness of providing the service depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.
4. The BO further acknowledges that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/ or inaccuracy. In case the BO observes any error in the information provided in the alert, the BO shall inform the depository and/ or the DP immediately in writing and the depository will make best possible efforts to rectify the error as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred/ suffered by the BO on account of opting to avail SMS alerts facility.
5. The BO authorizes the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity.
6. The BO agrees to inform the depository and DP in writing of any unauthorized debit to his BO account/ unauthorized transfer of securities from his BO account, immediately, which may come to his knowledge on receiving SMS alerts. The BO may send an email to CDSL at complaints@cdslindia.com. The BO is advised not to inform the service provider about any such unauthorized debit to/ transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse communication between the service provider and the depository.
7. The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.
8. The depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
9. If the BO finds that the information such as mobile number etc., has been changed with out proper authorization, the BO should immediately inform the DP in writing.

Fees:

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

Disclaimer:

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

Liability and Indemnity:

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

Amendments:

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

Governing Law and Jurisdiction:

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

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

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

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

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

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

BOID		
------	--	--

(Please write your 8 digit DPID)

(Please write your 8 digit Client ID)

Sole / First Holder's Name : _____

Sole / First Holder's Name : _____

Second Holder's Name : _____

Third Holder's Name : _____

Mobile Number on which messages are to be sent

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

The mobile number is registered in the name of: _____

Email ID: _____

(Please write only ONE valid email ID on which communication; if any, is to be sent)

Signatures (S) _____
Sole / First Holder

(S) _____
Second holder

(S) _____
Third Holder

Place: _____

Date: _____

SELF CERTIFICATION FOR INDIVIDUAL ACCOUNTS FOR FATCA / CRS

(Mandatory for each Account Holder)

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

Name of Account Holder :	
Country of Birth	
Country / ies of Citizenship	
US person	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

Declaration:

1. I understand that PCIPL is relying on this information for the purpose of determining my status in compliance with FATCA/CRS. PCIPL is not able to offer any tax advice on CRS or FATCA or its impact on me. I shall seek advice from professional tax advisor for any tax questions.
2. I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
3. I agree that as may be required by domestic regulators/tax authorities, PCIPL may also be required to report, reportable details to the concerned entities/authorities to whom FATCA/CRS norms are applicable or close or suspend my account.
4. I certify that I will provide the information on this form and to the best of my knowledge and belief the certification is true, correct, and complete including the taxpayer identification number.

Client's Signature	(S)
Date	

Date:

To,
Mili Consultants &
Investment Pvt. Ltd.
Mumbai – 400093.

Addendum to KYC as declaration by client

Option for initial issuance of Delivery Instruction Slip (DIS) booklet along with account opening (to be filled by persons seeking to open depository account who have given Power of Attorney to operate the depository account to a Stock Broker/Participant/Portfolio Manager for executing delivery instruction slip)

Options for Issue of DIS booklet (please tick any one)

Option 1: I/We do not wish to receive the DIS booklet with account opening. However, the DIS booklet should be issued to me/us on my/our request at any later date.

Option 2: I/We wish to receive the Delivery Instruction Slip (DIS) booklet with account opening.

Client Name:

Client's Signature

Date:

To,

Mili Consultants & Investment Pvt. Ltd.

204, Shreepal Complex, 2nd Floor,

Suren Road, Andheri (East),

Mumbai – 400093.

Maharashtra, India.

Dear Sir/Madam,

Subject: Maintenance of Regular Demat Account

Demat Account No. _____

I/we wish to maintain a regular demat account and avail the facility of a regular demat account and not a Basic Services Demat Account (BSDA) for which I/we have submitted my account opening form along with supporting document (s).

Kindly do the needful.

Thanking you,

(S) _____
Signature of the 1st Holder

(S) _____
Signature of the 2nd Holder

(S) _____
Signature of the 3rd Holder

(In case of Demat account having Joint holders; all holders have to sign compulsorily)

To,
Mili Consultants & Investment Pvt. Ltd.
204, Shreepal Complex, 2nd Floor,
Suren Road, Andheri (East),
Mumbai – 400093.

Dear Sir/Madam,

Sub: Acknowledgement of receipt of Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories

I/we hereby confirm and acknowledge that I/we have received the copy of Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories.

	Signature	
First Holder	S	○
Second Holder	S	○
Third Holder	S	○

Annexure B - Declaration Form for opting out of nomination

Mandatory Nomination for eligible Trading and Demat accounts

To,	Date	D	D	M	M	Y	Y	Y	Y
Mili Consultants & Investment Pvt. Ltd. 204,Shreepal Complex,2 nd Floor, Suren Road, Andheri (East), Mumbai – 400093, India.									
UCC									
DP ID	I	N							
Client ID (Only for Demat account)									
Sole/First Holder Name									
Second Holder Name									
Third Holder Name									
I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.									
Name and Signature of Holder(s)*									
1. _____ 2. _____ 3. _____									

* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

Annexure A - Nomination Form

Mandatory Nomination for eligible Trading and Demat accounts

Mili Consultants & Investment Pvt. Ltd. 204, Shreepal Complex, 2 nd Floor, Suren Road, Andheri (East), Mumbai – 400 093.													FORM FOR NOMINATION (To be filled in by individual applying singly or jointly)																
Date	D	D	M	M	Y	Y	Y	Y	UCC/ DP ID	I	N								Client ID										
I/We wish to make a Nominee (As per details given below)																													
Nominee Details																													
I/ We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my/our account in the event of my/ our death.																													
Nominee 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 [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) City/Place: State & Country: PIN Code																												
5	Mobile / Telephone No. of Nominee(s)																												
6	Email Id of Nominee(s)																												
7	Nominee Identification details- [Please tick any one of the following and provide details of same]																												
	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Driving License <input type="checkbox"/> Voter ID <input type="checkbox"/> Passport <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 minor:																													
8	Date of Birth {in case of minor nominee(s)}																												
9	Name of Guardian																												

	(Mr./Ms.) {in case of minor nominee(s)}			
10	Address of Guardian(s) City/Place: State & Country:			
	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 the following and provide details of same] <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Driving License <input type="checkbox"/> Voter ID <input type="checkbox"/> Passport <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat account ID			
Name(s) of the holder(s)				Signatures(s) of holder*
Sole/ First Holder (Mr./Ms.)				
Second Holder (Mr./Ms.)				
Third Holder (Mr./Ms.)				

* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature

Note:

This nomination shall supersede any prior nomination made by the account holder(s), if any