

SODHANI SECURITIES LIMITED



Member : National Stock Exchange of India Limited Participant: National Securities Depository Limited Address : 304, Samarpan, New Link Road, Chakala,

Andheri (East), Mumbai 400 099,

Phone : 022-2831 6600/2831 6601/ 2831 6602/ 2831 6603 Fax : 022-2831 6605 E-mail: sodhani.vt@gmail.com

APPLICATION FOR OPENING A DEMAT ACCOUNT (FOR INDIVIDUALS ONLY)

For office use only						
S. No. Date DD / MM / YYYY Client Id (For offfice use) DP ID: IN3007						
Name Name						
KYC Number						
Remarks						
Checklist of Documents submitted for: [Tick as applicable]						
A. Proof of Identity cum Residence B. Proof of Identity C. Proof of Residence						
☐ UID (Aadhaar) ☐ Passport ☐ Voter ID ☐ Driving Licence	Passport					
D. Bank Proof (First Holder C	Only)	E. Proof of Income (Any One)				
☐ Bank Statement / Bank Passbook with cheque leaf (r☐ Cancelled Personalised cheque leaf	not more than 3 months old)	— .,	TR Acknowledgement (Latest) n certificate (not more than 1 year old)			

IMPORTANT INSTRUCTIONS

- 1. All details to be filled in Capital Block letters in Black / Blue Ink Only.
- 2. Email ID & Mobile Number is mandatory.
- 3. All Corrections in the form should be counter signed.
- Strike off whichever option is not applicable.
- 5. All Originals to be produced for physical verification.
- 6. Name & address of the applicant mentioned on the KYC form should match with the documentary proof submitted

NOTES

- 1. All communication shall be sent at the address of the Sole/ First holder only.
- 2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8 th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate
- 3. Instructions related to nomination, are as below:
- a. 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.
- b. 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.
- c. 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 controls in force, from time to time.
- d. 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
- e. Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.
- f. The cancellation of nomination can be made by individuals only holding beneficiary 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 account is held jointly, all joint holders will sign the cancellation form.
- g. On cancellation of the nomination, the nomination shall stands rescinded and the depository shall not be under and obligation to transfer the securities in favour of the Nominee(s).
- h. 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.
- I. On request of Substitution of existing nominees by the beneficial owner, the earlier nomination stands rescinded. Hence, details of nominees as mentioned in the FORM 10 at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.
- j. Copy of any proof of identity must be accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure D.
- k. Savings bank account details shall only be considered if the account is maintained with the same participant.
- I. DP ID and client ID shall be provided where demat details is required to be provided.
- 4. If Mode of Operation for Joint Account is chosen as anyone of the holder or survivor(s), only specified operations such as transfer of securities including Inter-Depository Transfer, pledge / hypothecation / margin pledge / margin re-pledge (creation, closure and invocation and confirmation thereof as applicable) of securities and freeze/unfreeze of account and / or securities and / or specific number of securities will be permitted.
- In case of joint account, on death of any of the joint account holders, the surviving account holder(s) has to inform Participant about the death of account holder(s) with required documents within one year of the date of demise.

 6. In case of mode of communication: if 'first holder' is selected, the communication will be sent as per the preference mentioned. In case 'All joint account holders' is opted, communication to first holder will be sent as per the preference mentioned and communication to other holders will be in electronic mode. The default option will be communication to 'first holder', if no option selected.

GENERAL TARIFF FOR BENEFICIARY ACCOUNT HOLDERS (INDIVIDUAL)

SERVICES	VISHESH	PROMOTER		
ACCOUNT OPENING	NIL	NIL		
ANNUAL MAINTAINANCE CHARGES	`500/-	`1500/-		
MAINTAINANCE CHARGES (LIFE TIME - EXCLUDING NSDL CHARGES AS PER ACTUALS)	`2500/-	`10000/-		
SECURITY DEPOSIT**	`1000/-	`2000/-		
TRANSACTIONS (Per Trans.)				
DEMATERIALISATION (Out-of-pocket Expenses (per request)	` 10/- per Cert. subject to min ` 100/-	` 10/- per Cert. subject to min ` 100/-		
REMATERIALISATION/REPURCHASE	` 25/- per 100 shares subject to min ` 50/-	` 25/- per 100 shares subject to min ` 50/-		
MARKET SELL TRANSACTION (Inter DP)	0.04% sub to min ` 30.00	0.04% sub to min ` 30.00		
MARKET SELL TRANSACTION (Intra DP)	`15/-	`15/-		
OFF MARKET TRANSFER	0.04% sub to min ` 40.00	0.04% sub to min ` 40.00		
INTER DEPOSITORY TRANSFER	0.04% sub to min ` 40.00	0.04% sub to min ` 40.00		
PLEDGE CREATION/ CLOSURE /CONFIRMATION/ INVOCATION	0.04% sub to min ` 50.00	0.04% sub to min ` 50.00		
SECURITIES LENDING /BORROWING/ RECALL/ REPAY	0.04% sub to min `50.00	0.04% sub to min `50.00		
OTHER CHARGES				
LATE INTRUCTION CHARGES (ACCEPTANCE AT CLIENT'S RISK)*	RUCTION CHARGES ANCE AT CLIENT'S RISK)*			
INSTRUCTIONS SENT BY FAX (CONDITIONS APPLY)	`5/-	`5/-		
CORPORATE ACTION (DEBITS)	`10/-	`10/-		
CLIENT MASTER CHANGES REQUEST	`100/-	`100/-		

NOTES

- 1. Statutory tax/ cess/ charges is payable as applicable.
- *All market instructions for transfer must be received latest by 4.00 pm on the working day prior to the pay-in day as per SEBI issued guidelines.
 All off- market instructions for transfer must be received at least 1 day before the execution date. Late instructions would be accepted at the account
- holder's sole risk and responsibility and will invite additional charges as specified in the table above.
- 4. For calculation of charges, value of transactions considered will be as per rates provided by NSDL.
 5. Late Payment Charges 24% p.a. on the outstanding on due date calculated on daily basis.
- **Security Deposit is refundable only upon closing the account and is not adjustable against monthly bills.

FATCA / CRS DECLARATION / SELF CERTIFICATION FOR INDIVIDU

Client Name						
	First / Sole Holder	Second Holder (if any)	Third Holder (if any)			
Are you U.S. Person?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No			
Specify country of residence for tax purpose (Tax Residency)	☐ India ☐ Other _COUNTRY NAME_	☐ India ☐ Other COUNTRY NAME	☐ India ☐ Other COUNTRY NAME			
Specify country of citizenship	☐ India ☐ Other COUNTRY NAME	☐ India ☐ Other COUNTRY NAME	☐ India ☐ Other COUNTRY NAME			
Note: If you are a U.S. person and / or if your tax residency / nationality / citizenship is other than India, then please provide declaration / self certification under FATCA / CRS.						

First Holder Signature Second Holder Signature Third Holder Signature



SODHANI SECURITIES LIMITED





NSDL KRA

KNOW YOUR CLIENT (KYC) APPLICATION FORM (FOR INDIVIDUALS ONLY)

For office use only (To be filled by financial institution) KYC Number						
A. IDENTITY DETAILS						
1.	. Name (Same as ID Proof)					
	Father's / Spouse Name					
	Mother's Name					
•						
		atus Single Married C. Date of Birth DD / MM // fy) PLEASE SPECIFY (ISO 3166 Country Code	PHOTOGRAPH			
	Nationality ☐ Indian ☐ Others (please speci Status ☐ Resident Individual ☐ Non Res	ident Indian Foreign National Person of Indian Origin	; <u> </u>			
	i. PAN	(Please enclose a duly attested copy of your PAN Card)	Please affix the recent passport			
			size photograph and sign across it			
	Inique Identification Number (UID) / Aadhaar, if any					
0	 Proof of Identity submitted for PAN exempt case: UID (Aadhaar) Passport Voter ID 	s .				
R	3. ADDRESS DETAILS					
	Permanent Address of Resident Applicant					
		City / 3	Town / Village			
	District					
2	District	Pin Code State / U.T C	, , , , , , , , , , , , , , , , , , , ,			
2		ease submit ANY ONE of the following valid documents & tick (•) agair Registered Lease / Sale Agreement of Residence				
	_ , ,_ ,	— · — ·	LEASE SPECIFY			
	*Not more than 3 months old. Validity / Expiry da		Y			
3	S. Contact Details					
·	Tel.(Off.) ISD STD	Tel.(Res.) ISD STD	Mobile ISD			
	Fax	E-mail Id.				
	Relation (if Contact No. belongs to another pers		longs to another person)			
4	Address for Correspondence: Same as al	· · · · · · · · · · · · · · · · · · ·				
	Address for consepondation. Same as all	Jove I allierent nom above B1. Goverseas Address (Me	The desired from the state of t			
		Cit. (2	From (VEII- 1			
City / Town / Village						
	State		U.T Code ISO 3166 Country Code			
5	. , ,	ease submit ANY ONE of the following valid documents & tick (•) aga				
		Registered Lease / Sale Agreement of Residence Driving License atest Electricity Bill *Latest Gas Bill Others PLEASE SPECIF				
	*Not more than 3 months old. Validity / Expiry da		<u></u>			
	C. OTHER DETAILS	B B T IN IN T	<u>'</u>			
		ac 🗌 ` 1-5 Lac 🔲 ` 5-10 Lac 🔲 ` 10-25 Lac 🔲 > ` 25 Lacs				
	OR Net-worth in ` _(*Net worth should not be old					
	. Occupation Details	00011(000)				
	S-Service (Private Sector Public S					
2	O-Others (Professional Self Emp	• – – – – – – – – – – – – – – – – – – –	ategorised			
	Any other information:	d Person Related to a Politically Exposed Person				
-	•	ANT DECLARATION	SIGNATURE OF APPLICANT			
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 cas presenting, I am are aware that I may be held liable for it. I am aware of other modes of KYC which are	se			
available record ar	e and I have chosen Aadhaar based method voluntarily. My Aadhaar reco	ord can be used by NDML KRA only for the specific purpose of validating / maintaining / sharing my K [*] v Aadhaar record.	YC			
readable	OR code or my Aadhaar XML/Digilocker XML file, along with passcode	Í be validated against Aadhaar details. I/We hereby consent to sharing mylour masked Aadhaar card and validated, with KRA and other Intermediaries with whom I have a business relationship for K ral KYC Registry through SMS/Email on the above registered number/email address.	WULL			
	Date: D D / M M / Y Y Y Place: Date: D D / M M / Y Y Y Place: D D D D D D D D D D D D D D D D D D D					
	OR OFFICE USE ONLY		son Verification DONE on on on Market Market Year			
	C. C. FIOL COL CIVE	KYC VERIFICATION DONE BY	INSTITUTION DETAILS			
	(Self attested)					
_	Self Certified Document copies received	Date D D / M M / Y Y Y Y	Name Code			
L	(Originals verified) True copies of documents received	Employee Name				
		Employee Code				
		Employee Designation	OTAMI OF INOTITION			
		Employee Signature				
		-				



SODHANI SECURITIES LIMITED



PART II – ACCOUNT OPENING FORM (FOR INDIVIDUALS) Participant Name: Sodhani Securities Ltd. Client - ID (To be filled by Participant) I/ We request you to open a depository account in my/ our name as per the following details: Date D / M M / Y Y Y Y						
TYPE OF ACCOUNT						
☐ Ordinary Resident ☐ NRI-Repatriable ☐ NRI-Non Repatriable ☐ Qualified Foreign Investor						
☐ Foreign National ☐ Promoter ☐ Margin ☐ Others (Please specify)						
DETAILS OF ACCOUNT HOLDER(S):						
ACCOUNT HOLDER(S) SOLE / FIRST HOLDER SECOND HOLDER THIRD HOLDER						
Name						
PAN						
CRN (For office use)						
SMS Alert facility:	Yes No					
IN CASE OF NRI(S) / FOREIGN NATIONAL(S)						
RBI Approval Reference Number RBI Approval Date D	/ M M / Y Y Y Y					
BANK DETAILS						
Bank Account Type Savings Account Current Account Others (Please specify)						
Bank Account Number						
Bank Name						
Branch Address						
IFSC Code MICR						
STANDING INSTRUCTIONS						
I/ We authorise you to receive credits automatically into my/ our account.						
GUARDIAN DETAILS (where sole holder is a minor): Yes No						
Guardian Name Relationship of guardian with minor						
NOMINATION OPTION						
// We wish to make a nomination [Details are provided in FORM 10] // We wish to OPT OUT of NOMINATION [OPT-OUT	FORM ENCLOSED]					
DECLARATION						
The rules and regulations of the 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						

The rules and regulations of the 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/ 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. I/ We acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

	NAME(S) OF HOLDER(S)	SPECIMEN SIGNATURE(S) (Use black ink)
Sole/ First Holder/ Guardian (In case of minor) (Mr./ Ms.)		х
Second Holder (Mr./ Ms.)		х
Third Holder (Mr./ Ms.)		х



FORM FOR NOMINATION



To be filled in by individual applying singly or jointly

	Date D D / M M / Y Y Y Y	DP ID: IN300732	Client Id (F	or offfice use)						
☐ I/We wish to make a nomination. [As per details given below]										
	Nomination Details									
	I/We wish to make a nomination and do her	eby nominate the following person(s	s) who shall receiv	e all the assets h	neld in	my / οι	ır			
	account in the event of my / our death.				1					
	Nomination can be made upto three nominees in the account.	Details of 1st Nominee	Details of 2nd	Nominee		Details	of 3rd	d Nomi	nee	
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 s	hall be transferred	I to the first nomin	nee me	ntione	d in tł	ne form).	
2	Relationship With the Applicant (If Any)									
3.										
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] ☐ Photograph & Signature ☐ PAN									
	☐ Aadhaar ☐ Saving Bank account no.									
	☐ Proof of Identity ☐ 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)}									
9.	Name of Guardian (Mr./Ms.) {in case of minor nominee(s) }									
10.	Address of Guardian(s)									
	PIN Code									
11.	Mobile/Telephone no. of Guardian		1	1 1 1						
12.	Email ID of Guardian									
13.	Relationship of Guardian with nominee									
14.	Guardian Identification details -									-
. 7.	[Please tick any one of following and									
	provide details of same]									
	☐ Photograph & Signature ☐ PAN ☐ Aadhaar ☐ Saving Bank account no.									
	☐ Proof of Identity ☐ Demat Account ID									
	Name(s) of	f holder(s)		Sie	gnatur	e(s) of	hold	ler		
	Sole/ First Holder (Mr./Ms.)			X						
	Second Holder (Mr./Ms.) Third Holder (Mr./Ms.)			X						
*C:										
"Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature Note:										
	omination shall supersede any prior nomination made by the acco									
i ne D	epository Participant/Trading Member shall provide acknowledger	nent of the nomination form to the account hold	ier(s)							

FOR OFFICE USE ONLY

	Clier	nt Id (For offfice use)					
Branch	G	roup		Family Grou	nb		
Billing Details Scheme Deposit			Reports				
Other Charges							
High Risk Client	☐ Yes ☐ N	lo IF YES, PLEASE SE	PECIFY				
Client of Special Category Yes No IF YES, PLEASE SPECIFY							
I hereby declare that I have met the client personally and verified the person with the photo provided in account opening form (In Person Verification) and have verified all the proofs with original (OSV). I am aware of Civil and Criminal liability that may devolve upon me (irrespective of whether I remain in employment or not) as per law and Company Policies, in the event if false declaration to this effect. I hereby declare that I have made the client aware of "Policy & Procedures', Tariff Sheet, 'Rights & Obligations', RDD, Guidance Note and all the non-mandatory documents.							
Details of Employee/ Authorized Signatory	In-Person Verified By	Captured By	Verified	д Ву	KYC / C-KYC Uploaded / Fetched / Modified KYC / C-KYC Reference Number		
Name							
Date							

Signature