



GLOBALWORTH
SECURITIES LIMITED
MEMBER: NSE • BSE

DEMAT ACCOUNT OPENING FORM

INDIVIDUAL / HUF

Client Name : _____

Client Code : _____

Client DP ID : _____

DP Int. Ref. No. : _____

Please ensure that :

1. The account opening form, DP-BO Agreement, are filled properly and do have :
 - a. Client Name and Signature at all places - as it appears on the PAN Card
 - b. Address - as it appears on the address proof. In case permanent & correspondence address are different, make sure to provide address proof for both of them.
 - c. Witness Signature at all places required on the form
 - d. N.A. to be mentioned in the columns not applicable to the client.
2. All proofs, photographs and signatures on the form are clearly visible.
3. All corrections on the form are countersigned with full signature. White ink is not allowed either on form or agreement
4. All documents - PAN Card, ID and address proof are provided for the 2nd & 3rd Holder also (in case of demat A/c in joint name)
5. All cheques if any, should be drawn in favour of "Globalworth Securities Ltd."

Requirements

PROOFS (Compulsorily required for all categories)

1. **Proof of Identity** : (Please provide photocopy of any one)

PAN CARD (COMPULSORY) VOTER ID PASSPORT DRIVING LICENSE
* The Proof should be valid for atleast next 6 months

2. **Proof of Permanent Address** : (Please provide photocopy of any one)

PASSPORT DRIVING LICENSE RATION CARD VOTER ID
TELEPHONE BILL # ELECTRICITY BILL BANK PASSBOOK
(Mobile bill not allowed)
* The Proof should be Valid for atleast next 6 months # The Proof should not be more than 2 months old

3. **Proof of Correspondence Address** : (Please provide photocopy of any one)

In addition to above mentioned proof, we can accept the following only as correspondence address proof, if accompanied by a above permanent address proof

RENT AGREEMENT
* The proof should be valid for atleast next 2 months

4. **Proof of Bank Account** : (Please provide photocopy of any one)

CANCELLED CHEQUE with client name printed BANK PASSBOOK BANK STATEMENT
 BANK VERIFICATION LETTER on bank letter head (ORIGINAL)

5. **Proof of Demat Account** :

FOR EXISTING DP ACCOUNT HOLDER

CLIENT MASTER & DP STATEMENT

The name and DP account number should be same as information filled in application form. DP statement should clearly show DP ID and Client ID

HUF Additional Requirement

1. Address Proof as required by an individual
2. PAN card of Karta/HUF.
3. HUF declaration as per format attached
4. Bank proof of HUF
5. HUF stamp to be affixed whenever signature is made

HUF Additional Requirement / Non-Resident Indian

1. Pan card is compulsory
2. Only valid passport shall be accepted as proof of identity and proof address
3. Indian and foreign address of client along with proof is mandatory
4. Bank Account shall be either-Repatriable bank A/c. for NRE or Non-Repatriable A/c. for NRO status.
5. Proof of Demat account should be only with NRI status.
6. Permission for dealing in securities from Authorised Dealer (Bank)/RBI Approval is mandatory.
7. In case person is having foreign passport, proof of person being of Indian origin is required.

Third Holder

Second Holder

Sole/First Holder

Third Holder

Second Holder

Sole/First Holder

Additional KYC Form for Opening a Demat Account

For Individuals

Annexure 2.1

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(To be filled by the Depository Participant)

Application No.		Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.										
DP ID		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										
	Exchange Name & ID										
Second Holder's Name	PAN										
	UID										
Third Holder's Name	PAN										
	UID										

Name *	
*In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.	

Type of Account (Please tick whichever is applicable)

Status	Sub - Status
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual-Director <input type="checkbox"/> Individual Director's Relative <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"/> 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"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
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 and Electronic (Tick the applicable box. If not marked the default option would be in Physical)	

I/ We wish to receive dividend / interest directly in to my bank account as given below through ECS (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR code)											
IFS Code (11 character)											
Account number											
Account type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify)										
Bank Name											
Branch Name											
Bank Branch Address											
City	State		Country	PIN code							

Third Holder

(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.

Other Details Gross Annual Income Details	Income Range per annum: <input type="checkbox"/> Up to Rs.1,00,000 <input type="checkbox"/> Rs 1,00,000 to Rs 5,00,000 <input type="checkbox"/> Rs 5,00,000 to Rs 10,00,000 <input type="checkbox"/> Rs 10,00,000 to Rs 25,00,000 <input type="checkbox"/> More than Rs 25,00,000
Net worth as on (Date)	D D M M Y Y Y Y Rs <i>[Net worth should not be older than 1 year]</i>
Occupation	<input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Specify)
Please tick , if applicable:	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)
Any other information:	

SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4	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).	
Easi	To register for Easi , please visit our website www.cdsindia.com . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.	

MODE OF OPERATION FOR EXECUTION OF TRANSACTIONS (Transfer, Pledge & Freeze)

<input type="checkbox"/> Jointly	<input type="checkbox"/> Anyone of the Holder
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Consent for Communication to be received by first account holder/ all Account holder: (Tick the applicable box. If not marked the default option would be first holder .)		
<input type="checkbox"/> first Holder	<input type="checkbox"/> All Holder	Email id
Second Holder		
Third Holder		

Nomination Details

	Nomination Registration No.	Dated
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I/We hereby confirm that I/We **do not wish to appoint any nominee in my 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 demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the demat account.

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

Note:

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature [in both the cases i.e. nomination / / opt out nomination -

I/We **nominate** the following persons who is/are entitled to receive security balances lying in my/our account, particulars where of are given below, in the event of my / our death.

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name : *First Name: Middle Name: *Last Name: .....	.....	.....	.....
*Percentage of allocation of securities <input type="checkbox"/> Equally <small>[If not equally, please specify percentage]</small> Or <input type="checkbox"/> Share of each Nominee	%	%	%
<i>Any odd lot after division shall be transferred to the first nominee mentioned in the form</i>			
Nomination Identification Details – [Please tick any one of following and provide details of same]	Nominee 1	Nominee 2	Nominee 3
<input type="checkbox"/> Photograph & Signature <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 [Optional Fields]			
*Address:			
*City			
*State			
*Pin			
*Country			
*Relationship with the BO:			

Third Holder

Second Holder

Sole/First Holder

Third Holder

Second Holder

Sole/First Holder

Mobile no/Telephone No. [Optional Fields]			
Email ID: [Optional Fields]			
FAX No. [Optional Fields]			
To be filled only if nominee(s) is a minor:			
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 of the guardian of nominee:			
*City			
*State			
*Country			
*PIN			
Age			
Mobile /Telephone no [Optional Fields]			
Email ID: [Optional Fields]			
Fax No. [Optional Fields]			
*Relationship of the Guardian with the Nominee			
Guardian Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN Aadhaar Saving Bank account no. Proof of Identity <input type="checkbox"/> Demat Account ID [Optional Fields]			

Note : Residual securities: in case of multiple nominees remaining after distribution of securities as per percentage of allocation shall be transferred to the first nominee . -

*** Marked is Mandatory field**

Note:

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature [in both the cases i.e. nomination /negative nomination

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

The Depository Participant shall provide acknowledgement of the nomination form to the account holder(s)

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

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

(Signatures should be preferably in blue ink).

===== (Please Tear Here) =====

**Acknowledgement Receipt
Application No.: Date:**

We hereby acknowledge the receipt of the Account Opening and nomination Application Form:

Name of the Sole / First Holder
Name of Second Holder
Name of Third Holder

Depository Participant Seal and Signature

===== (Please Tear Here) =====

DP TARIFF

Particulars	Scheme A	Scheme B
Stamp Duty & Document Charges	Actual	Actual
Account Opening Charges	Nil	Nil
Advance Deposit	Rs. 2,500/-	-
Annual Maintenance Charges	Nil	Rs. 300/-
Debit Transaction (Market Transaction)	Rs. 12/- Per Instruction	Rs. 25/- Per Instruction
Debit Transaction (Off Market Transaction)	Rs. 50/- Per Instruction	Rs. 50/- Per Instruction

Holding For all the above scheme, below given charges are applicable :-

Dematerialisation	Rs 500/- Per DRN
Rematerialisation/Redemption	Rs. 100/- per RRN
Pledge Creation & Confirmation	Rs. 50/- per ISIN
Unpledge Creation & Confirmation	Rs. 50/-
Pledge Invocation	Rs. 50/-
Failed Instruction Charges	Rs. 12/- Per Instruction
Other Charges	Extra Holding Statement : Rs. 10/- Per Page, Slip Book Charges - Rs. 50/- (10 Slip Per Book), Any Modification In Demat Detail - Rs. 100/-
Statutory charges at the time of Account opening	POA Documentation charges at actuals

General Instruction For Applicants

1. Read the form carefully and in case of any queries contact the concerned official of our respective local office.
2. Fill up all the details in the enclosed form/agreement. In case any of the columns are not applicable to you. mention N.A. in that column.
3. Signatures can be in English, Hindi or any of the other languages contained in the 8th schedule of the constitution of India. Thumb impressions and signatures other than in the above mentioned languages must be attested by a magistrate or a notary public/special Executive Magistrate under his/her official seal.
4. Details of the Names, Address and Tel. No. etc. of the Magistrate/Notary Public/Special Executive Magistrate are to be provided in case if any attestation done by them.
5. All the proofs of identity and address should be certified as true. Bring the originals at the time of account opening for verification purpose.
6. Paste a recent passport size photograph in the space provided for in the form and sign across the photograph in a manner where part of the signature is on the photo and other part on the form.
7. In case of additional information, separate annexure should be attached to the application form
8. Information provided in the bank details should match with the bank proof provided by the client.
9. All correspondence/queries shall be addressed to the first/sole applicant.
10. Where the Demat Account Holder is a minor, person lawfully entitled to act on behalf of the minor should sign the nomination. Further such Demat Account Holder shall be required to complete the formalities related to KYC and other documents on attaining majority.



Sole/First Holder



Second Holder



Third Holder

Demat Debit and Pledge Instructions (DDPI)

To all to whom these presents shall come, I/We (Put name of BO) _____ residing at /having its registered office at _____

_____ send greetings, whereas I/We hold a Beneficiary account number _____ through (Name of DP) Globalworth Securities Limited bearing DP id 12070300 having SEBI registration number IN-DP-CDSL-172-2016. And Whereas I /We am/are an investor engaged in buying and selling of securities through Globalworth Securities Limited, having its registered office at 716, 7th Floor, Neelkanth Corporate Park, Kirol Road, Near Railway Station, Vidyavihar (West), Mumbai -400086, a member of Bombay Stock Exchange Ltd (BSE), National Stock Exchange of India Ltd (NSE), Metropolitan Stock Exchange Exchange (MSE), (SEBI registration number (INZ000177437) The following DP Account numbers for the purpose of this Instructions/authorization are

Demat account of Stock Broker

Name of Exchange	Demat Account Number	Type of Account
BSE	1207030000000060	CDSL PRINCIPAL ACCOUNT
BSE	1207030000000056	CDSL POOL ACCOUNT
NSE	1207030000000041	CDSL POOL ACCOUNT
NSE/BSE	1207030000015873	TM/CM/CMPA
NSEL SLBM	1207030000011636	SLBM POOL
NSE	1100001000018505	EARLY PAYIN ACCOUNT
NSE	IN300095 / 11500155	NSDL POOL ACCOUNT
BSE	1100001100022319	EARLY PAYIN ACCOUNT
BSE	IN300095 / 11506684	NSDL POOL ACCOUNT
BSE/NSE	IN300095 / 12212468	CMTMCM

PURPOSE OF DDPI

1. Transfer of securities held in the beneficial owner accounts of the client towards Stock Exchange related deliveries / settlement obligations arising out of trades executed by clients on the Stock Exchange through the same Stock Broker

	First / Sole Holder	Second Holder	Third Holder
*Specimen Signatures			

2. Pledging / re-pledging of securities in favour of trading member (TM)/ clearing member (CM) for the purpose of meeting margin requirements of the clients in connection with the trades executed by the clients on the Stock Exchange.

	First / Sole Holder	Second Holder	Third Holder
*Specimen Signatures			

3. Mutual fund transactions being executed on Stock Exchange order entry platforms

	First / Sole older	Second Holder	Third Holder
*Specimen Signatures			

4. Tendering shares in open offers through Stock Exchange platforms

	First / Sole Holder	Second Holder	Third Holder
*Specimen Signatures			

*The same may be signed physically against each purpose of DDPI. The same may also be eSigned .In case of eSign,client shall be given an option for choosing the specific purpose(s) of DDPI.

(Note: In case of HUF all co-parceners should sign.)

Made at _____ on this day of _____

Client (UCC) Code: _____

We hereby agree to execute Instructions in terms of the clauses mentioned and agreed by client.

For Globalworth Securities Limited

Director

Supplementary KYC Information & FATCA-CRS Declaration - Individuals

(Please consult your professional tax advisor for further guidance on your tax residency, FATCA / CRS Guidance)

PAN*				Folio No. *If PAN is not available				
Name				Gender	M F O			
Type of address given at KYC KRA	Residential		Residential or Business		Business			
Place of Birth								
Country of Birth								
Nationality								
Gross Annual Income Details in INR	Below 1 Lakh	5 - 10 Lacs	25 Lacs - 1 Crore	Net Worth in INR. In Lakhs			₹. _____	
	1 - 5 Lacs	10 - 25 Lacs	> 1 Crore	Net Worth as on			D D M M Y Y Y Y	
Occupation Details	Business	Professional	Public Sector	Housewife	Retired	Others [Please specify]		
	Private Sector	Government Service	Agriculturist	Student	Forex Dealer			
Politically Exposed Person [PEP]	Yes	Related to PEP			Not Applicable			
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 Numbers below.								
Country*	Tax Identification Number*			Identification Type (TIN or Other, please specify)				

*To also include USA, where the individual is a citizen /green card holder of The USA

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

Certification

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I /We also confirm that I /We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Signature

Date dd mm yy

Place _____

FATCA & CRS Terms & Conditions

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days

It is important that you respond to our request, even if you believe you have already supplied any previously requested information.

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

[SMS Alerts will be sent by CDSL to BOs for all debits]

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 without proper authorization, the BO should immediately inform the DP in writing.

Fees:

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

Disclaimer:

The depository shall make reasonable efforts to ensure that the BO's personal information is kept confidential. The depository does not 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

1	2	0	7	0	3	0	0								
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

(Please write your 8 digit DPID) (Please write your 8 digit Client ID)

Sole / First Holder's Name

: _____

Second Holder's Name

: _____

Third Holder's Name

: _____

Mobile Number on which messages are to be sent

+91												
-----	--	--	--	--	--	--	--	--	--	--	--	--

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

The mobile number is registered in the name of: _____

Email ID: _____

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

Signatures

Sole / First Holder/
Authorized Signatory

Second holder /
Authorized Signatory

Third Holder /
Authorized Signatory

Place: _____

Date: _____

OPTION FORM FOR ISSUE OF DIS BOOKLET

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

DP ID									Client ID							
First Holder Name																
Second Holder Name																
Third Holder Name																

To,
Globalworth Securities Limited
716, 7th floor, Neelkanth Corporate Park,
Kirol Road, Vidyavihar West,
Mumbai-400086.

Dear Sir / Madam,

I / We hereby state that: [Select one of the options given below]

OPTION 1:

I / We require you to issue Delivery Instruction Slip (DIS) booklet to me / us immediately on opening of my / our CDSL account though I / we have issued a Power of Attorney (POA) / registered for eDIS / executed PMS agreement in favour of / with Globalworth Securities Limited(name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for settling stock exchange trades [settlement related transactions] effected through such ^{Power of Attorney} holder -Clearing Member / by PMS manager/ for executing delivery instructions through eDIS.

Yours faithfully

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

OR

OPTION 2:

I / We do not require the Delivery Instruction Slip (DIS) booklet for the time being, since I / We have issued a POA/ registered for eDIS / executed PMS agreement in favour of / with Globalworth Securities Limited (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for settling stock exchange trades [settlement related transactions] effected through such Power of Attorney Holder - Clearing Member / by PMS manager or for executing delivery instructions through eDIS. However, the Delivery Instruction Slip (DIS) booklet should be issued to me / us immediately on my / our request at any later date.

Yours faithfully

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

=====(Please Tear Here)=====

Acknowledgement Receipt

Received OPTION FORM FOR ISSUE / NON ISSUE OF DIS BOOKLET from :

Depository Participant Seal and Signature

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 confirm having read / been explained and understood the contents of the documents on policy and procedure of Depository Participant and the tariff sheet.
- I further confirm having read and understood the contents of the 'Rights and Obligations' documents. I do hereby agree to be bound by such provision as outlined in these documents. I have also been informed that the standard set of documents has been displayed for information on Depository Participant designated website, if any.
- I have got a clear idea about all brokerage, commissions, fees and other charges levied by the Globalworth Securities Limited for trading and Depository account as per the relevant provisions/ guidelines specified by the SEBI/Stock Exchanges.

Place: _____

Date: _____

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

Consent to debit the trading account for the DP charges and the penalties levied in the Demat account

Date: / /

To,
 The Director,
 Globalworth Securities Limited.
 716, 7th Floor, Neelkanth Corporate
 Park, Kirol Road. Near Railway Station,
 Vidyavihar (West), Mumbai - 400 086

Sir,
 I/We have a trading account as well as a Demat account with Globalworth securities Ltd, (herein after refer to GSL). For the convenience of payment of all the charges, pertaining to my demat account, I/We hereby request you to debit my trading account with all the DP account charges, as and when the bill is raised by GSL (Depository Participant).
 Further, I understand that in case of any non-compliance of the Bye Laws, Rules and Regulations as laid down by SEBI / Exchanges and/or the Depositories, and for any other matters that may be decided by GSL from time to time, GSL may charge penalty on me. Such penalty amount shall be directly debited to my account, IN-le hereby request you to debit my trading account for the amount of per charged in my demat account with you,

My Unique Client Code _____

My Demat Account no is 12070300 _____

Yours Faithfully,

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

DP ID	1	2	0	7	0	3	0	0	CLIENT ID	0	0	0				
-------	---	---	---	---	---	---	---	---	-----------	---	---	---	--	--	--	--

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

HUF DECLARATION**NON-MANDATORY**

Date: _____

To,
Globalworth Securities Ltd.
716, 7th Floor, Neelkanth Corporate
Park, Kiroli Road, Near Railway Station,
Vidyavihar (West), Mumbai – 400 086

Dear Sir,

I hereby request you to open our demat account with you, for our HUF.

Being Karta of my family, I hereby declare that following is the list of family members in our HUF, as on date of application, i.e.

SR. NO.	NAME OF THE FAMILY MEMBERS	RELATIONS	DATE OF BIRTH	AGE	SIGNATURE
1					
2					
3					
4					
5					
6					
7					
8					

I hereby also declare that the particulars given by me as stated above are true to the best of my knowledge as on date for making this Application to open account.

I agree that any false / misleading information given by me or suppression of any material information will render my said account liable for termination and further action. Further,

I agree that I will immediately intimate any death/s or birth/s in the family as it changes the constitution of the HUF.

Thanking you,

Yours truly

 ClientSign

Karta

(Affix stamp of HUF)

Declaration for Common Mobile Number & Email ID

To,
 Globalworth securities limited
 716, 7th floor, Neelkanth corporate park,
 Kirol road, near railway station,
 Vidyavihar west, Mumbai-400086

Date: - _____

Sub – Declaration for Common Mobile Number & Email Id

Ref – Client Code: _____ DP ID: _____ Client ID: _____
 MOBILE NO. _____ EMAIL ID: _____

Dear Sir/Madam,

This is with reference to the SEBI circular CIR/MIRSD/15/2011 dated August 02, 2011 and Exchange Circulars NSE/INVG/18503 dated Aug 03, 2011, NSE/INVG/21841 dated October 4, 2012 & NSE/UCIBD/25879 dated February 14, 2014 regarding E mail and SMS alerts to investors and subsequent follow up and clarification circular NSE/INSP/27339 dated Aug 12, 2014 and NSE/INSP/27368 dated Aug 18, 2014.

I am aware that the above information is sought by regulator through you for protection of investors' interest against complaints of unauthorized trading by sending daily intimation through SMS and email for trades executed in our account.

Upon understanding from you that my mobile number/email id is registered with some of the clients who have trading and/or demat accounts with you, I have to state that this is in my full knowledge and I have consented to the below clients who is / are my relative/s to state my mobile number/email id in their KYCs to which I have no objection. All the transactions in their accounts are not only done as per their respective instructions but they are well conveyed by me of all the SMS/Email belonging to them which are sent by you to me on my above mobile number/email id.

All these below clients also do not have any objection to the same, in consent they have also signed:

S R N O	CLIENT NAME	U C C	DEAMT ACCOUNT 12070300	RELATION	SIGNATURE
1					
2					
3					
4					
5					
6					

However, In Case Of Any Further Regulatory Requirements, I Undertake To Abide upon Hearing From You

Thanking You, Yours

Faithfully,

x _____
 First Holder Signature

x _____
 Second Holder Signature

x _____
 Third Holder Signature



PAN* <input type="text"/>	Name <input type="text"/>			
Type of address given at KYC KRA	Residential <input type="checkbox"/>	Residential or Business <input type="checkbox"/>	Business <input type="checkbox"/>	Registered Of ce <input type="checkbox"/>
City of incorporation <input type="text"/>				
Country of incorporation <input type="text"/>				
Net Worth in INR. In ₹ Lakhs <input type="text"/>	Net Worth as on <input type="text"/>	DD / MM / YYYY		

(Date should not be older than one year)

Is the entity involved in / providing any of these services:	Foreign Exchange / Money Changer Services	YES <input type="checkbox"/>	Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates] <input type="checkbox"/>	YES <input type="checkbox"/>	Money Laundering / Pawning <input type="checkbox"/>	YES <input type="checkbox"/>	Any other information [if applicable] <input type="text"/>
		NO <input type="checkbox"/>		NO <input type="checkbox"/>		NO <input type="checkbox"/>	

Entity Constitution Type
Please tick as appropriate

Partnership Firm HUF Private Limited Company Public Limited Company Society AOP/BOI
 Trust Liquidator Limited Liability Partnership Artificial Juridical Person Others specify _____

Please tick the applicable tax resident declaration -

1. 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.)

Country	Tax Identification Number [%]	Identification Type (TIN or Other [%] , please specify)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

[%]In case Tax Identification Number is not available, kindly provide its functional equivalent or Company Identification Number or Global Entity Identification Number.

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

FATCA Declaration

(Please consult your professional tax advisor for further guidance on FATCA classification)

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

1. We are a, Financial institution ⁶ <input type="checkbox"/> or Direct reporting NFFE ⁷ <input type="checkbox"/> (please tick as appropriate)	GIIN <input 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 <input type="text"/> <input type="text"/>
GIIN not available (please tick as applicable)	
<input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category ¹⁰ <input type="text"/> <input type="text"/>	
<input type="checkbox"/> Not obtained – Non-participating FI	

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

1. Is the Entity a <i>publicly traded company</i> ¹ (that is, a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> No <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 <i>related entity</i> ² of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> No <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 <i>active</i> ³ NFE	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> <input type="text"/> (Mention code – refer 2c of Part D)
4. Is the Entity a <i>passive</i> ⁴ NFE	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____

¹Refer 2a of Part D | ²Refer 2b of Part D | ³Refer 2c of Part D | ⁶ Refer 1 of Part D | ⁷ Refer 3(vii) of Part D | ¹⁰ Refer1A of Part D

UBO Declaration

Category (Please tick applicable category):	<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Limited Liability Partnership Company
<input type="checkbox"/> Unincorporated association / body of individuals	<input type="checkbox"/> Public Charitable Trust	<input type="checkbox"/> Religious Trust	<input type="checkbox"/> Private Trust
<input type="checkbox"/> Listed Company (Need not provide UBO details sought under)		<input type="checkbox"/> Others (please specify _____)	

Please list below the details of controlling person(s), concerning ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s).

Owner-documented FFI's⁵ should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E

Name - Beneficial owner / Controlling person #Country - Tax Residency* #Tax ID No. - Or functional equivalent for each country*	#Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage #Type Code¹¹ - of Controlling person	Address - Include State, Country, PIN / ZIP Code & Contact Details
1. Name Country Tax ID No.	Tax ID Type Beneficial Interest Type Code	Address ZIP _____ State: _____ Country:
2. Name Country Tax ID No.	Tax ID Type Beneficial Interest Type Code	Address ZIP _____ State: _____ Country:
3. Name Country Tax ID No.	Tax ID Type Beneficial Interest Type Code	Address ZIP _____ State: _____ Country:

If passive NFE, please provide below additional details.

(Please attach additional sheets if necessary)

PAN City of Birth Country of Birth	Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available	DOB - Date of Birth Gender - Male, Female, Other
1. PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB DD/MM/YYYY Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
2. PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB DD/MM/YYYY Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
3. PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB DD/MM/YYYY Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

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

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

⁴Refer 3(iii) of Part D | ⁵Refer 3(vi) of Part D | ¹¹Refer 3(iv) (A) of Part D

FATCA Terms and Conditions

Towards compliance with tax information sharing laws, such as FATCA, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

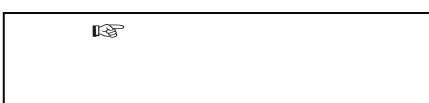
If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Tax Act 2010. Please note that you may receive more than one request for information if you have multiple relationships with ABC. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

Certification

I have understood the information requirements of this Form⁴ and read along with the Instructions & Definitions and hereby confirm that the information provided by us on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA Terms and Conditions above and hereby accept the same.

Name _____

Designation _____

Signature >>  Place _____

Date ___/___/___

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/PIOCard/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 amin 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

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

- 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, FIs, 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.

Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

Name of Applicant

Sr. No.	PAN	Name	DIN (For Directors)/ Aadhaar Number (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph
1						

Name & Signature of the Authorised Signatory(ies)

Date / /

16

Place for
Intermediary Logo

INTIMATION LETTER

From,

To,
GLOBALWORTH SECURITIES LTD
716 ,Neelkanth Corporate Parks,
Kiroli Road, Vidyavihar West,
Mumbai - 400086

Dear Sir,

The SEBI has Introduced BSDA Facility for those client who have holding of shares / securities of value below Rs.4, 00,0 00/-SEBI guidelines for BSDA Facility are enclosed for your reference.

Kindly select one of the below options to let us know whether you wish to convert the demat account in BSDA or not.

YES :

NO :

Thanks & Regards,
Globalworth Securities Ltd

Director

We / I Confirm,

 **②**
Sole/First Holder

 **③**
Second Holder

 **③**
Third Holder

SEBI GUIDELINES FOR BSDA FACILITY

Security Exchange Board of India (Sebi) had asked Depository Participants (DPs) to make "Basic Services Demat Account" (BSDA) available for retail investors. As per its circular posted on Sebi's website in August, this move was taken to achieve wider financial inclusion, encourage holding of demat accounts and to reduce the cost of maintaining securities in demat accounts for retail individual investors.

Who can open such accounts: The "Basic Services Demat Account" (BSDA) promises to provide limited services at reduced costs to retail investors. All individual who currently have one account or plan to open an demat account where they are the sole first holder will be allowed to open the BSDA, provided that the value of securities held here will not be more than Rs2 lakh at any given point of time. Keep in mind that you are allowed to open only one BSDA across all

What are the charges: The Annual Maintenance Charges (AMC) which you will have to shell out for BSDA will be as per predetermined slabs. If the value of your holdings is up to Rs 400,000 there won't be any annual maintenance charge. However, if the value of your holding is in between Rs 400,001 to Rs 10,00,000 you will have to pay a fee of Rs 100 as AMC.

Who decides the value: Sebi has entrusted the DPs to determine the value of holding on the basis of the daily closing price or Net Asset Value of the securities or units of mutual funds. Keep in mind that, if the value of your holdings exceeds the slabs mentioned above, DP's are permitted to charge you the same as they charge non- BSDA regular demat accounts.

What about statements: If you choose to avail the electronic statements, you won't have to pay anything. However, for physical statements, DPs have to provide two statements free of cost to you during the billing cycle. But addition statements will be charged a fee, which cannot be more than Rs25. You will get a transaction statement at the end of every quarter, provided there has been at least a single transaction in the quarter. For accounts where there are transactions, you will get an annual statement of holding, as per your choice, that is electronically or physical.

What if you are an existing demat account holder:

If you are an existing eligible individual and hold a demat account with a DP, you can ask the DP to convert your demat account into BSDA on the date of the next billing cycle based on value of holding of securities in the account as on the last day of previous billing cycle.

Other details: These BSDA will also offer SMS alert facility for debit transactions



(24)

Sole/First Holder



(24)

Second Holder



(24)

Third Holder

GLOBALWORTH SECURITIES LTD.

716, 7th Floor, Neelkanth Corporate Park, Kirol Road, Near Vidyavihar Railway Station, Vidyavihar (W), Mumbai-86.
CIN: U67190MH2010PLC201996|Telephone No. 022-6919 0000|Fax No.022-2101 0010

DECLARATION FOR BASIC SERVICE DEAMT ACCOUNT (BSDA)

DP ID: 12070300 CLIENT ID: _____

CLIENT NAME: _____

Please select one of the options given below,

1. I/we wish to open regular demat account

2. I/we wish to open BSDA account

3. I/we wish to opt out of BSDA

First/Sole Holder Sign:_____

Second Holder Sign:_____

Third Holder Sign:_____

DATE: ___/___/___

Nomination Form for Demat Accounts

I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our demise, as trustee and on behalf of my / our legal heir(s) *

	Nomination Details							Additional Details ****	
	Name of nominee	Share of nominee (%)**	Relationship	Postal Address	Mobile number & E-mail	Identity Number ***	D.o.B. of nominee	Guardian	
Nominee 1									
Nominee 2									
Nominee 3									
Nominee 4									
Nominee 5									
Nominee 6									
Nominee 7									
Nominee 8									
Nominee 9									
Nominee 10									

*Joint Accounts:

Event	Transmission of Account
Demise of one or more joint holder(s)	Surviving holder(s) through name deletion The surviving holder(s) shall inherit the assets as owners.
Demise of all joint holders simultaneously – having nominee	Nominee
Demise of all joint holders simultaneously – not having nominee	Legal heir(s) of the youngest holder

** If % is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division / fraction of %, shall be transferred to the first nominee mentioned in the nomination form. (see table in 'Transmission aspects').

*** Provide only number: PAN or Driving License or Aadhaar (last 4 digits). Copy of the document is not required. However, in case of NRI / OCI / PIO, Passport number is acceptable.

**** to be furnished only in following conditions / circumstances:

- Date of Birth (DoB): please provide, only if the nominee is minor.
- Guardian: It is optional for you to provide, if the nominee is minor.

- 1) I / We want the details of my / our nominee to be printed in the statement of holding or statement of account, provided to me/ us by the DP as follows; (please tick, as appropriate)
 - Name of nominee(s)
 - Nomination: Yes / No
- 2) I hereby authorize _____ (nominee number ____) to operate my account on my behalf, in case of my incapacitation in terms of paragraph 3.5 of the circular. He / She is authorized to encash my assets up to ____ % of assets in the account or Rs. _____. (Optional) (strike off portions that are not relevant) This nomination shall supersede any prior nomination made by me / us, if any.

3) Signature(s) – As per the mode of holding in demat account(s)

Name(s) of holder(s)	Signature(s) of holder / thumb impression	Signature of two witnesses*	Name of Witness & Address (wherever applicable) *
Sole / First Holder (Mr./Ms.)			
Second Holder (Mr./Ms.)			
Third Holder (Mr./Ms.)			

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

Rights, Entitlement and Obligation of the investor and nominee:

- If you are opening a new demat account, you have to provide nomination. Otherwise, you have to follow procedure as per 3.10 of this circular.
- You can make nomination or change nominee any number of times without any restriction.
- You are entitled to receive acknowledgement from the DP for each instance of providing or changing nomination.
- Upon demise of the investor, the nominees shall have the option to either continue as joint holders with other nominees or for each nominee(s) to open separate single account.
- In case all your nominees do not claim the assets from the DP, then the residual unclaimed asset shall continue to be with the concerned Depository in case of Demat account.
- You have the option to designate any one of your nominees to operate your account, in case of your physical incapacitation, at any point of time and not just during opening of account. This mandate can be changed any time you choose.
- The signatories for this nomination form shall be as per mode of holding in the demat account(s) i.e.
 - 'Either or Survivor' Accounts - any one of the holder can sign
 - 'First holder' Accounts - only First holder can sign
 - 'Jointly' Accounts - all holders have to sign

Transmission aspects

- DPs shall transmit the account to the nominee(s) upon receipt of 1) copy of death certificate and 2) completion / updation of KYC of the nominee(s). The nominee is not required to provide affidavits, indemnities, undertakings, attestations or notarization.
- In case of a joint account, for transmission to the surviving joint holder(s) by name deletion, the surviving joint holder(s) shall have the option to update residential address(es), mobile number(s), email address(es), bank account detail(s), annual income and nominee(s), either along with transmission or at a later date. The regulated entity cannot seek KYC documents at the time of transmission, unless it was sought earlier but not provided by the holder.
- Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the DP.

In case of multiple nominees, the assets shall be distributed pro-rata to the surviving nominees, as illustrated below.

% Share as specified by investor at the time of nomination		% assets to be apportioned to surviving nominees upon demise of investor and nominee 'A'			
Nominee	% share	Nominee	% initial share	% of A's share to be apportioned	Total % share
A	60%	A	0	0	0
B	30%	B	30%	45%	75%
C	10%	C	10%	15%	25%
Total	100%	-	40%	60%	100%
