

PART-II TRADING & DEPOSITORY ACCOUNT RELATED DETAILS

FOR INDIVIDUALS & NON-INDIVIDUALS



MASTER CAPITAL SERVICES LTD

CIN : U67190HR1994PLC076366
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DP ID : IN301143
 DP ID : I2022900

FOR OFFICE USE ONLY

CLIENT ID									
Unique Client Code (UCC)									

I/We request you to open a Trading & Depository account in my/our name as per the below mentioned details and request you to map my/our Client Id so allotted for depository account opened along with my/our trading account as my/our primary depository account and other depository account, if any, mentioned below as my/our additional depository account.

DETAILS OF ACCOUNT HOLDER(S)

Account Holder(s)	Sole/First Holder						Second Holder						Third Holder							
Name																				
PAN																				
Occupation (please tick any one and give brief details)	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> X-Not Catgorised	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Professional	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> X-Not Catgorised	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Professional
Brief details																				
Please Tick (✓) if Applicable	<input type="checkbox"/> Politically Exposed Person (PEP)						<input type="checkbox"/> Politically Exposed Person (PEP)						<input type="checkbox"/> Politically Exposed Person (PEP)							
	<input type="checkbox"/> Related to a Politically Exposed Person (RPEP)						<input type="checkbox"/> Related to a Politically Exposed Person (RPEP)						<input type="checkbox"/> Related to a Politically Exposed Person (RPEP)							

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

Name											PAN						
------	--	--	--	--	--	--	--	--	--	--	-----	--	--	--	--	--	--

TYPE OF ACCOUNT

<input type="checkbox"/> Ordinary Resident	<input type="checkbox"/> NRI-Repatriable	<input type="checkbox"/> NRI-Non Repatriable	<input type="checkbox"/> Qualified Foreign Investor	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Promoter	<input type="checkbox"/> Margin		
<input type="checkbox"/> Body Corporate	<input type="checkbox"/> FI	<input type="checkbox"/> FII	<input type="checkbox"/> Qualified Foreign Investor	<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> Trust	<input type="checkbox"/> Bank	<input type="checkbox"/> CM	<input type="checkbox"/> Others _____

STANDING INSTRUCTIONS

I/We authorise you to receive credits automatically into my/our account (If you do not wish to authorise for credit kindly tick at 'No')	<input type="checkbox"/> Yes <input type="checkbox"/> No
Demat Account to be operated through DDPI / Power of Attorney (PoA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
SMS Alert Facility [Mandatory if you are giving DDPI/PoA. Ensure that the mobile no. is provided in the KYC application form]	
First/Sole Holder <input type="checkbox"/> YES <input type="checkbox"/> NO	Second Holder <input type="checkbox"/> YES <input type="checkbox"/> NO
Third Holder <input type="checkbox"/> YES <input type="checkbox"/> NO	
Address for communication / Corporate Benefits (Default option is Local Address) <input type="checkbox"/> Local / Permanent Adress <input type="checkbox"/> Correspondence Address / Foreign Address	

SMS Alert Facility	Mobile No. + 9 1 _____
Refer to Terms & Conditions given as Annexure - 2.4	[Mandatory, if you are giving DDPI/Power of Attorney (POA)] (if DDPI/POA is not granted & you do not wish to avail of this facility, cancel this option)
	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.

ANNUAL INCOME DETAILS (Please Specify)

Income Range per annum*	<input type="checkbox"/> Below ₹ 1 Lac	<input type="checkbox"/> ₹ 1-5 Lac	<input type="checkbox"/> ₹ 5-10 Lac	<input type="checkbox"/> ₹ 10-25 Lac	<input type="checkbox"/> ₹ 25-1 Crore	<input type="checkbox"/> More than ₹ 1 Crore
Networth Amount* (₹)	_____ as on DDMMYYYY (Networth should not be older than 1 year)					

*Networth is compulsory for Non-Individual client. Income Range Compulsory for all clients.

TRADING PREFERENCES

* Please sign in the relevant boxes where you wish to trade. Please strike off the segment not chosen by you.

Exchanges	NSE & BSE					MCX, NCDEX, NSE & BSE
	Cash	Mutual Fund	Future & Options (F&O)	Currency	Debt	Commodity Derivatives
(4a)	(4b)	(4c)	(4d)	(4e)	(4f)	(4g)

If you do not wish to trade in any of segments / Mutual Fund, please mention here _____.

If, in future, the client wants to trade on any new segment/new exchange, separate authorization/letter should be taken from the client by the stock broker.

DEMAT PREFERENCES

Demat account to be opened, please choose anyone. <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL	(4h)
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DEPOSITORY ACCOUNT(S) DETAILS

S.No.	Name of Depository	DP ID	Client ID	DP Name
1.	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL			
2.	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL			

* If demat account(s) to be mapped is/are already opened then Copy of client master or latest statement of holding is required.

BANK ACCOUNT(S) DETAILS

Sr.	Bank Name	Branch Address & Pin Code	Type of Bank Account / A/c No.	MICR Code
1.			<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others _____ No. _____	
2.			<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others _____ No. _____	

*Copy of cancelled cheque with MICR & IFSC Code is required. Bank details at serial no. 1 will be mapped with demat a/c to be opened, if any.

G.S.T. Registration Details (As applicable)

Sr.No.*	State	GST Registration Number
1.		
2.		

*Please attach copy of GST Registration Certificate.

PAST ACTIONS

Details of any action/proceedings initiated/pending/ taken by SEBI/ Stock exchange/any other authority against the applicant/constituent or its Partners/promoters/whole time directors/authorized persons in charge of dealing in securities/commodities during the last 3 years: Yes No if yes, Mention Details.....

GUARDIAN DETAILS (where sole holder is a minor) :

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

Guardian Name																	
Relationship of guardian with applicant									PAN								

CLEARING MEMBER DETAILS (To be filled by Clearing Members only) FOR DEMAT ACCOUNT

Name of the Stock Exchange				Name of Clearing Corporation/Clearing House			
Clearing Member ID				SEBI Registration No.			
Trade Name				CM BP - Id (to be filled up by DP)			

DEALINGS THROUGH OTHER TRADING MEMBERS

If client is dealing through any other Trading Member, provide the following details (in case dealing with multiple Trading Members/AP's, provide details of all in a separate sheet containing all the information as mentioned below:

Member's / AP's Name					Client Code		
Exchange					Exchange Regn. No.		
Concern Members Name with whom the AP is Registered							
Registered Office Address							
City/Town/Village				PIN Code			
State				Country			
Ph.		Fax		Email		Website	
Details of disputes/dues pending from/to such Member/AP:							

ADDITIONAL DETAILS

◆ Mode of receiving statement of Account/ECN & other documents <input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form [Read Note & ensure that email id is provided in KYC application form.]	
Specify your Email id, if applicable	[E-mail Id mentioned in Part-I] E-mail Alert Facility <input type="checkbox"/> Yes <input type="checkbox"/> No
◆ Whether you wish to avail of the facility of internet trading/ wireless technology <input type="checkbox"/> Yes <input type="checkbox"/> No	Please specify
◆ I / We would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆ <input type="checkbox"/> No Prior Experience _____ <input type="checkbox"/> In Commodities _____ Yrs <input type="checkbox"/> In other investment related fields _____ Yrs	
◆ In case of non-individuals, name, designation, PAN, UID, signature, residential address and photographs of persons authorized to deal in securities on behalf of <input type="checkbox"/> Company <input type="checkbox"/> Firm <input type="checkbox"/> Others _____	
◆ Mode of receiving Standard Account Opening Documents <input type="checkbox"/> Electronic Mode <input type="checkbox"/> Physical Mode	
◆ 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 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 Physical)	
◆ Any other information	

DETAILS OF RELATED PERSON

<input type="checkbox"/> Addition of Related Person		<input type="checkbox"/> KYC Number of Related Persons (If available*)											
Related Person Type *		<input type="checkbox"/> Guardian of Minor				<input type="checkbox"/> Authorized Representative				<input type="checkbox"/> Assignee			
Name													
(If KYC Number and name are provided, below details are optional)													
PROOF OF IDENTITY [PoI] OF RELATED PERSON*													
<input type="checkbox"/> A - Passport Number								Passport Expiry Date				D D M M Y Y Y Y	
<input type="checkbox"/> B - Voter ID Card													
<input type="checkbox"/> C - PAN Card													
<input type="checkbox"/> D - Driving Licence								Driving Licence Expiry Date				D D M M Y Y Y Y	
<input type="checkbox"/> E - UID (Aadhaar)													
<input type="checkbox"/> Z - Others (any document notified by the central govt.)								Identification Number					

INTRODUCER DETAILS (Optional)

Name of the Introducer																	
Status of the Introducer		<input type="checkbox"/> Remisier				<input type="checkbox"/> Authorized Person				<input type="checkbox"/> Existing Client				<input type="checkbox"/> Others, please specify			
Address of Introducer		City/Town/Village						PIN Code									
		State				Country											
		Phone No.				Signature of the Introducer											
Client Code/Client ID (if Existing Client)																	

MOBILE NUMBER AND E-MAIL ID DECLARATION (For Individual)

(FIRST HOLDER)

I hereby declare that the Mobile No. mentioned on KYC Part-I belongs to Self Spouse Dependant Children Dependant Parent
Name of the relative _____ PAN

I hereby declare that the Email ID mentioned on KYC Part-I belongs to Self Spouse Dependant Children Dependant Parent
Name of the relative _____ PAN

(SECOND HOLDER)

I hereby declare that the Mobile No. mentioned on KYC Part-I belongs to Self Spouse Dependant Children Dependant Parent
Name of the relative _____ PAN

I hereby declare that the Email ID mentioned on KYC Part-I belongs to Self Spouse Dependant Children Dependant Parent
Name of the relative _____ PAN

(THIRD HOLDER)


I hereby declare that the Mobile No. mentioned on KYC Part-I belongs to Self Spouse Dependant Children Dependant Parent
Name of the relative _____ PAN

I hereby declare that the Email ID mentioned on KYC Part-I belongs to Self Spouse Dependant Children Dependant Parent
Name of the relative _____ PAN




MOBILE NUMBER AND E-MAIL ID DECLARATION (For Non-Individual)

I hereby declare that the Mobile No. mentioned on KYC Part-I belongs to _____	
PAN 	who is the Karta/Partner/Director/Authorized Signatory/Trustee of the HUF/Firm/Company/Trust
I hereby declare that the Email Id mentioned on KYC Part-I belongs to _____	
PAN 	who is the Karta/Partner/Director/Authorized Signatory/Trustee of the HUF/Firm/Company/Trust

IN CASE OF NRI's/Foreign National/FII's/OCB/OTHERS (As may be applicable)

RBI Approval Reference No.		RBI Approval Date	D	D	M	M	Y	Y	Y	Y
SEBI Registration No. (For FII's)										
Please attach copy of permission for dealing in securities/commodities from authorised dealer (bank) - RBI Approval										
With reference to my/our Demat account maintain with Master Capital Services Ltd., I/We hereby confirm that I/We have complied with, and shall continue to comply with Foreign Exchange Management Act (FEMA), 1999 and Rules & Regulations issued thereunder and other applicable laws.							 (5)		Signature of Client	

Mode of Operation for Joint Account

<input type="checkbox"/> Jointly	<input type="checkbox"/> Anyone of the holder or survivor (s)
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.	
Note: Other than above transactions/ conditions, all the other request should be duly signed by all the holders.	
 (6) Signature of Sole / First Holder	 Signature of Second Holder
 Signature of Third Holder	

Mode of Communication to be sent in case of joint account

For joint accounts, communication to be sent to	<input type="checkbox"/> First Holder	<input type="checkbox"/> All joint account holders
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Account Holder Details for UCC Mapping / Link :

Name of Sole/ First Holder			
PAN		UID	
I/We Authorized Master Capital Services Limited to Link My/Our UCC Code in My/ Our Demat Account open with this form number with following details.			
<i>Exchanges</i>			
NSE		CM ID / TM ID - 06436	
BSE		CM ID / TM ID - 0952	
MSEI		CM ID / TM ID - 1052	
Name of Second Holder			
PAN		UID	
Name of Third Holder			
PAN		UID	

ONE TIME DECLARATION FOR INTER DEPOSITORY TRANSFER OF GOVERNMENT SECURITIES

I / we, undersigned, having demat account with you as per the details mentioned below, hereby declare that I / we will submit only those inter depository transfer instructions in respect of Government Securities (G-Sec) which are bonafide and arising out of genuine trade or transfer transaction.

 (7)

.....
Signature of Sole / First Holder



.....
Signature of Second Holder



.....
Signature of Third Holder

INSTRUCTIONS RELATED TO NOMINATION, ARE AS BELOW:

- I. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly and singly by the sole/first holder in case of trading account. 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.
- II. 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.
- III. 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.
- IV. Nomination in respect of the beneficiary owner account/trading account stands rescinded upon closure of the beneficiary owner account/trading account. Similarly, the nomination in respect of the funds/securities/commodities shall stand terminated upon transfer of the funds/securities/commodities.
- V. Transfer of funds/securities/commodities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant/exchange(s) against the legal heir.
- VI. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts/trading account on their own behalf singly or jointly by the same persons who made the original nomination. Non- individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
- VII. On cancellation of the nomination, the nomination shall stand rescinded and the depository/exchange(s) shall not be under any obligation to transfer the funds/securities/commodities in favour of the Nominee(s).
- VIII. 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.
- IX. On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned in the FORM IO at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.
- X. 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.
- XI. Savings bank account details shall only be considered if the account is maintained with the same participant.
- XII. DP ID and client ID shall be provided where demat details is required to be provided.

NOMINATION FORM (Please fill either Annexure- A or Annexure-B, given below)

[Annexure A to SEBI circular No. SEBI/HO/MIRSD/RTAMB/CIR/P/2021/601 dated July 23, 2021 on Mandatory Nomination for Eligible Trading and Demat Accounts]

NOMINATION DETAIL

Nomination Registration No. : <table border="1" style="display:inline-table; width:100%; height:15px; vertical-align:middle;"><tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr></table>											Date : <table border="1" style="display:inline-table; width:100%; height:15px; vertical-align:middle;"><tr><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td></tr></table>															

UCC (Trading Code) <table border="1" style="display:inline-table; width:100%; height:15px; vertical-align:middle;"><tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr></table>											DP ID <table border="1" style="display:inline-table; width:100%; height:15px; vertical-align:middle;"><tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr></table>									Client ID <table border="1" style="display:inline-table; width:100%; height:15px; vertical-align:middle;"><tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr></table>										

I/We wish to make a nomination. [As per details given below]

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.

Nomination can be made upto three nominees in the account.		Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee																								
1	Name of the nominee(s) (Mr./Ms.)																											
2	Share of each Nominee <input type="checkbox"/> Equally <input type="checkbox"/> [If not equally, please specify percentage]	%	%	%																								
Any odd lot after division shall be transferred to the first nominee mentioned in the form.																												
3	Relationship With the Applicant (If Any)																											
4	Address of Nominee(s)																											
	PIN Code	<table border="1" style="display:inline-table; width:100%; height:15px; vertical-align:middle;"><tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr></table>									<table border="1" style="display:inline-table; width:100%; height:15px; vertical-align:middle;"><tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr></table>									<table border="1" style="display:inline-table; width:100%; height:15px; vertical-align:middle;"><tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr></table>								
5	Mobile/Telephone No. of Nominee(s)																											
6	Email ID of Nominee(s)																											
7	Nominee Identification details : [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature	Photograph of 1st nominee 	Photograph of 2nd nominee 	Photograph of 3rd nominee 																								
	Signature	<table border="1" style="display:inline-table; width:100%; height:15px; vertical-align:middle;"><tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr></table>									<table border="1" style="display:inline-table; width:100%; height:15px; vertical-align:middle;"><tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr></table>									<table border="1" style="display:inline-table; width:100%; height:15px; vertical-align:middle;"><tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr></table>								
	<input type="checkbox"/> PAN	<table border="1" style="display:inline-table; width:100%; height:15px; vertical-align:middle;"><tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr></table>									<table border="1" style="display:inline-table; width:100%; height:15px; vertical-align:middle;"><tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr></table>									<table border="1" style="display:inline-table; width:100%; height:15px; vertical-align:middle;"><tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr></table>								
	<input type="checkbox"/> Aadhaar	<table border="1" style="display:inline-table; width:100%; height:15px; vertical-align:middle;"><tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr></table>									<table border="1" style="display:inline-table; width:100%; height:15px; vertical-align:middle;"><tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr></table>									<table border="1" style="display:inline-table; width:100%; height:15px; vertical-align:middle;"><tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr></table>								
	<input type="checkbox"/> Saving Bank Account No.																											
	<input type="checkbox"/> Proof of Identity																											
	<input type="checkbox"/> Demat Account ID																											

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

8	Date of Birth {in case of minor nominee(s)}	<table border="1" style="display:inline-table; width:100%; height:15px; vertical-align:middle;"><tr><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td></tr></table>																				<table border="1" style="display:inline-table; width:100%; height:15px; vertical-align:middle;"><tr><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td></tr></table>																				<table border="1" style="display:inline-table; width:100%; height:15px; vertical-align:middle;"><tr><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td></tr></table>																			
9	Name of Guardian (Mr./Mrs.) {in case of minor nominee(s)}																																																												
10	Address of Guardian(s)																																																												
	PIN Code	<table border="1" style="display:inline-table; width:100%; height:15px; vertical-align:middle;"><tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr></table>									<table border="1" style="display:inline-table; width:100%; height:15px; vertical-align:middle;"><tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr></table>									<table border="1" style="display:inline-table; width:100%; height:15px; vertical-align:middle;"><tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr></table>																																									
11	Mobile/Telephone No. of Guardian																																																												
12	Email ID of Guardian																																																												
13	Relationship of Guardian with Nominee																																																												










Signature of Sole / First Holder



Signature of Second Holder







Signature of Third Holder

14 Guardian Identification details : [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <div style="text-align: right;">Signature</div>	Photograph of 1st Guardian 	Photograph of 2nd Guardian 	Photograph of 3rd Guardian 	
	<input type="checkbox"/> PAN			
	<input type="checkbox"/> Aadhaar			
	<input type="checkbox"/> Saving Bank Account No.			
	<input type="checkbox"/> Demat Account ID			
Signature of All Holder's				
 (9) Signature of Sole / First Holder	 Signature of Second Holder	 Signature of Third Holder		
Signature of Witness for Nomination*				
Name of the Witness	Address	 Signature of Witness		

*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




[Annexure B to SEBI circular No. SEBI/HO/MIRSD/RTAMB/CIR/P/2021/601 dated July 23, 2021 on Mandatory Nomination for Eligible Trading and Demat Accounts]

DECLARATION FORM FOR OPTING OUT OF NOMINATION		Date	<table border="1" style="display: inline-table;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
UCC (Trading Code)		DP ID									
Client ID											
Sole/First Holder Name											
Second Holder Name											
Third Holer 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.											
Signature of All Holder's											
 (9) Signature of Sole / First Holder	 Signature of Second Holder	 Signature of Third Holder									
Signature of Witness for Nomination*											
Name of the Witness	Address	 Signature of Witness									

*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

SIGNATURES OF ALL HOLDERS

Signature of Sole/ First Holder/ Guardian/Karta/ Auth. Signatory	 (10)
Signature of Second Holder / Auth. Signatory	
Signature of Third Holder / Auth. Signatory	

DECLARATION

- I/We hereby declare that the Rules, Regulations and By-laws of the Depository, Depository Participants, SEBI, Stock Exchanges & Stock Broker 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. 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 am/are aware that I/we may be held liable for it.
- I/We confirm having read explained and understood the contents of the document on policy and procedures of the Stock Broker and the tariff sheet.
I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) (Depository & Trading) and 'Risk Disclosure Document' (Trading). I/We do hereby agree to be bound by such provisions as outlined in these documents. I/we also declare that I/we have complied and will continue to comply with FEMA regulations. I/We hereby acknowledge the receipt of Rights and Obligations of Stock Brokers, Authorised person and Clients (Trading) and also Rights and Obligations of the Beneficial Owner and Depository Participant. I/We have also been informed that the standard set of documents has been displayed for Information on stock broker's designated website.
- I/We hereby declare that the client id allotted to me/us for depository account opened by you as per this application form be mapped with my/our trading account opened as per this application form as my/our primary depository account and other depository account, if any, mentioned above as my/our additional depository account.

Place : _____

Date _____

FOR OFFICE USE ONLY

UCC Code allotted to the Client	Client ID
I / We undertake that we have made the client aware of 'Policy and Procedures', tariff sheet and all the non-mandatory documents. I/We have also made the client aware of 'Rights and Obligations' document (s), RDD and Guidance Note. I/We have given/sent him a copy of all the KYC documents. I/We undertake that any change in the 'Policy and Procedures', tariff sheet and all the non-mandatory documents would be duly intimated to the clients. I/We also undertake that any change in the 'Rights and Obligations' and RDD would be made available on my/our website, for the information of the clients.	
Date :	Signature of the Authorised Signatory of Master Capital Services Ltd. with Seal & Stamp

INSTRUCTIONS / CHECK LIST

Additional documents in case of trading in derivatives segments - illustrative list:	
Copy of ITR Acknowledgement	Copy of Annual Accounts
In case of salary income - Salary Slip, Copy of Form 16	Net worth certificate
Copy of demat account holding statement.	Bank account statement for last 6 months
Any other relevant documents substantiating ownership of assets.	Self declaration with relevant supporting documents.

*In respect of other clients, documents as per risk management policy of the Company need to be provided by the client from time to time.

Bank Proof: Copy of cancelled cheque leaf/ pass book/bank statement specifying name of the constituent, MICR Code or/and IFSC Code of the bank should be submitted.

Demat Proof: Demat master or recent holding statement issued by DP bearing name of the client.

For Non Individuals: (i) Form need to be initialised by all the authorized Signatories.

- (ii) Copy of Board Resolution or declaration (on the letterhead) naming the persons authorized to deal in securities/commodities on behalf of company/firm/others and their specimen signatures.

In-person Verification:

For Individuals: (i) Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker/authorised person's office.

- (ii) In case of non-resident clients, employees at the stock broker's local office, overseas can do in-person' verification. Further, considering the infeasibility of carrying out 'In-person' verification of the non-resident clients by the stock broker's staff, attestation of KYC documents by Notary Public, Court, Magistrate, Judge, Local Banker, Indian Embassy / Consulate General in the country where the client resides may be permitted.

NOTES :

- All communication shall be sent at the address of the Sole/First holder only.
- Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
- For receiving Statement of Account in electronic form:
 - Client must ensure the confidentiality of the password of the email account.
 - Client must promptly inform the Participant if the email address has changed.
 - Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
- In case of joint account on death of any of the joint 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.
- In case 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 send as per preference and communication to other holders will be in electronic mode. The default option will be communication to first holder if no option selected.
- Strike off whichever is not applicable.