



Don't Just Say - **Money**, Say - “**MyMoney™**”



**CLIENT REGISTRATION FORM**

**MyMoney™**

**STOCK BROKING AND INVESTMENT BANKING  
MEMBER : NATIONAL STOCK EXCHANGE  
METROPOLITAN STOCK EXCHANGE  
DP : CDSL**

# MyMoney™

## SECURITIES LIMITED

Member : NSE, MSEI & CDSL

SEBI Registration Numbers :

NSE (CM) INZ 000239239 • Dated : 27-02-1996  
NSE (F&O) INZ 000239239 • Dated : 25-05-2005  
MSEI (CDS) INZ 000239239 • Dated : 29-09-2008  
CDSL IN-DP-390-2018 • Dated : 03-10-2018

DPID : 12087100

CIN No. : L67120DL1992PLC047890

Regd. Office : 10-A, Under Hill Lane, Civil Lines, Delhi - 110 054

Phones : 011-47087300, 47087455

E-mail : mymoneyviews@outlook.com

Website : www.mymoneyviews.com

### Clearing Members Detail (F&O / Currency Segment)

Clearing Member F&O Segment (NSE) :

Globe Capital Market Ltd.

SEBI Regn. No.: INZ000177137

609, Ansal Bhawan, 16 K.G. Marg  
Connaught Place, New Delhi-110001  
Phone : 011-30412345

Clearing Member Currency Segment (MSEI) :

Globe Capital Market Ltd.

SEBI Regn. No.: INZ000177137

609, Ansal Bhawan, 16 K.G. Marg  
Connaught Place, New Delhi-110001  
Phone : 011-30412345

Compliance Officer

**SANJAI SETH**

Ph.: 011-47087300

Email : sanjaiseth@rediffmail.com

CEO Detail

**SANJAI SETH**

Ph.: 011-47087300

Email : sanjaiseth@rediffmail.com

For any grievance/dispute please contact **MY MONEY SECURITIES LIMITED** at the above address or email id- [investorgrievance@mymoneyviews.com](mailto:investorgrievance@mymoneyviews.com) and Phone No. +91-11-47087300. In case not satisfied with the response, please contact the concerned exchange(s) at (NSE) [ignse@nse.co.in](mailto:ignse@nse.co.in) and Phone No. 18002660058, (MSEI) [investorcomplaints@msei.in](mailto:investorcomplaints@msei.in) and Phone No. +91-22-61129000, (CDSL) [complaints@cdslindia.com](mailto:complaints@cdslindia.com) and Phone No. 1800225533 (Toll Free).

### RISK PROFILE-ASSESSMENT (TO BE FILLED BY BRANCH/HO DEPARTMENT HEAD)

Type of Customer	
Category of Customer	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Observation of the official regarding correlation between the annual gross Income / Sales and proposed borrowing.	
Value of House / Property	
Is the official fully satisfied with the information furnished by the customer or he feels the need for cross checking any of these details with relative documents. If so, it should be arranged.	
Specific Recommendations for obtaining Additional Information. (Indicate what type of additional information should be obtained).	
Signature	
Comments on Enhanced Due Diligence (if any)	

**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
<b>Corporate</b>	<ul style="list-style-type: none"> <li>• Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>• 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).</li> <li>• Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations.</li> <li>• Photograph, POI, POA, PAN of individual promoters holding control-either directly or indirectly.</li> <li>• Copies of the Memorandum and Articles of Association and certificate of incorporation.</li> <li>• Copy of the Board Resolution for investment in securities market &amp; opening of Demat account.</li> <li>• Authorised signatories list with specimen signatures.</li> <li>• Networth Certificate (note over 12 months old).</li> </ul>
<b>Partnership Firm</b>	<ul style="list-style-type: none"> <li>• Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>• Certificate of registration (for registered partnership firms only).</li> <li>• Copy of partnership deed.</li> <li>• Authorised signatories list with specimen signatures.</li> <li>• Photograph, POI, POA, PAN of Partners.</li> </ul>
<b>Trust</b>	<ul style="list-style-type: none"> <li>• Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>• Certificate of registration (for registered trust only).</li> <li>• Copy of Trust deed. List of trustees certified by managing trustees/CA.</li> <li>• Photograph, POI, POA, PAN of Trustees.</li> </ul>
<b>HUF</b>	<ul style="list-style-type: none"> <li>• PAN of HUF.</li> <li>• Declaration of HUF/ List of coparceners.</li> <li>• Bank pass-book/bank statement in the name of HUF.</li> <li>• Photograph, POI, POA, PAN of Karta.</li> </ul>
<b>Unincorporated association or a body of individuals</b>	<ul style="list-style-type: none"> <li>• Proof of Existence/Constitution document.</li> <li>• Resolution of the managing body &amp; Power of Attorney granted to transact business on its behalf.</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>
<b>Banks/Institutional Investors</b>	<ul style="list-style-type: none"> <li>• Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years.</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>
<b>Foreign Institutional Investors (FII)</b>	<ul style="list-style-type: none"> <li>• Copy of SEBI registration certificate.</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>
<b>Registered Society</b>	<ul style="list-style-type: none"> <li>• Copy of Registration Certificate under Societies Registration Act.</li> <li>• List of Managing Committee members.</li> <li>• Committee resolution for persons authorised to act as authorised signatories with specimen signatures.</li> <li>• True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.</li> </ul>

**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.

- 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 master or recent holding statement issued by DP bearing name of the client.
- For individuals:
  - Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker/sub-broker's office.
  - 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.
- For non-individuals:
  - Form need to be initialized by all the authorized signatories.
  - Copy of Board Resolution or declaration (on the letterhead) naming the persons authorized to deal in securities on behalf of company/firm/others and their specimen signatures.

Application No. : .....

DP Internal Reference No. . : .....

# MyMoney™

## SECURITIES LIMITED

### DEPOSITORY SECTION

# CDSL

DP ID : 12087100

CLIENT ID : .....

#### NOTE : DP ACCOUNT OPEN FOR CHQ.

INDIVIDUAL CLIENT CHQ. - RS. 1000/- • CORPORATE CLIENT CHQ. - RS. 2000/- • NRI CLIENT CHQ. - RS. 2000/-  
(CHARGES FOR DP AMC ACCOUNT + POWER OF ATTORNEY STAMP PAPER + GST)

#### IN PERSON VERIFICATION




DP ID CDSL : DP - ID 12087100

Employee Name		Date of Verification	
Employee Code		Employee Sign	

#### PAYMENT DETAILS

Amount		Cash/Cheque		Cheque No.	
Drawn		Date			
Bank Details					
Checked By		Verified By			

#### SPECIMEN SIGNATURE

	NAME	SIGNATURE
First / Sole Holder		 1
Second Holder		
Third Holder		

**MY MONEY SECURITIES LIMITED**

Regd. Office : 10-A, Under Hill Lane, Civil Lines, Delhi - 110 054

Phones : 011-23924241, 23930655, 23937870, 23937892, Fax : 011-23924241

**Important Instructions:**

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

**For office use only**

(To be filled by financial institution)

Application Type\*

☐ New☐ Update

KYC Number

(Mandatory for KYC update request)

Account Type\*

☐ Normal☐ Simplified (for low risk customers)☐ Small☐ **1. PERSONAL DETAILS** (Please refer instruction A at the end)

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

**PHOTO**

Signature / Thumb Impression

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

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

ISO 3166 Country Code of Jurisdiction of Residence\*

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

Place / City of Birth\*

ISO 3166 Country Code of Birth\*

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

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

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

**4. PROOF OF ADDRESS (PoA)\***☐ **4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS** (Please see instruction D at the end)

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

Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhaar)		
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others	<input type="text"/>	please specify
	<input type="checkbox"/> Simplified Measures Account - Document Type code	<input type="text"/>			

**Address**

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
City / Town / Village*	<input type="text"/>
Pin / Post Code*	<input type="text"/>
State / U.T Code*	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>

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

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

Line 1*																
Line 2																
Line 3																
District*					Pin / Post Code*					State / U.T Code*			ISO 3166 Country Code*			

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

☐ Same as Current / Permanent / Overseas Address details

☐ Same as Correspondence / Local Address details

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

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

Tel. (Off)					Tel. (Res)					Mobile							
FAX					Email ID												

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

☐ Addition of Related Person

☐ Deletion of Related Person

KYC Number of Related Person (if available\*)

Related Person Type\*

☐ Guardian of Minor

☐ Assignee

☐ Authorized Representative

Name\*

Prefix

First Name

Middle Name

Last Name

(If KYC number and name are provided, below details of section 6 are optional)

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

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

☐ 7. REMARKS (If any)


8. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : DD - MM - YYYY

Place :

2

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☒ Certified Copies ☒ IPV Done

KYC VERIFICATION AND IN-PERSON VERIFICATION CARRIED OUT BY

Date	DD - MM - YYYY				Place							
Emp. Name												
Emp. Code												
Emp. Designation												
Emp. Branch												

[Employee Signature]

INSTITUTION DETAILS

Name MY MONEY SECURITIES LIMITED

Code

[Institution Stamp]



## Know Your Client (KYC)

### MY MONEY SECURITIES LIMITED

**Regd. Office :** 10-A, Under Hill Lane, Civil Lines, Delhi - 110 054

**Phones :** 011-23930655, 23937870, 47087300, 47087455

**Application No. :**

### Application Form (For Individuals Only)

Please fill in ENGLISH and in BLOCK LETTERS with black ink

#### A. Identity Details (please see guidelines overleaf)

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

Name

Father's/Spouse Name

**2. Gender** ☐ Male ☐ Female **B. Marital status** ☐ Single ☐ Married **C. Date of Birth**



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 /

**3. Nationality** ☐ Indian ☐ Other (Please specify) \_\_\_\_\_

**4. Status** Please tick (✓) ☐ Resident Individual ☐ Non Resident ☐ Foreign National (Passport Copy Mandatory for NRIs & Foreign Nationals)

**5. PAN**



 Please enclose a duly attested copy of your PAN Card

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

**6. Proof of Identity submitted for PAN exempt cases** Please Tick (✓)

☐ UID (Aadhaar) ☐ Passport ☐ Voter ID ☐ Driving Licence ☐ Others \_\_\_\_\_

**PHOTOGRAPH**

Please affix the recent passport size photograph and sign across it

#### B. Address Details (please see guidelines overleaf)

**1. Address for Correspondence**

City / Town / Village		Pin Code
State	Country	

**2. Contact Details**

Tel. (Off.) (ISD) (STD)	Tel. (Res.) (ISD) (STD)
Mobile (ISD) (STD)	Fax (ISD) (STD)
E-Mail Id.	

**3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.**

☐ Passport ☐ Ration Card ☐ Registered Lease/Sale Agreement of Residence ☐ Driving License ☐ Voter Identity Card ☐ \*Latest Bank A/c Statement/Passbook  
☐ UID / Aadhaar ☐ \*Latest Telephone Bill (only Land Line) ☐ \*Latest Electricity Bill ☐ \*Latest Gas Bill ☐ Others (Please specify) \_\_\_\_\_

\*Not more than 3 Months old. **Validity/Expiry date of proof of address submitted**



 / 



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

City / Town / Village		Pin Code
State	Country	

**5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.**

☐ Passport ☐ Ration Card ☐ Registered Lease/Sale Agreement of Residence ☐ Driving License ☐ Voter Identity Card ☐ \*Latest Bank A/c Statement/Passbook  
☐ UID / Aadhaar ☐ \*Latest Telephone Bill (only Land Line) ☐ \*Latest Electricity Bill ☐ \*Latest Gas Bill ☐ Others (Please specify) \_\_\_\_\_

\*Not more than 3 Months old. **Validity/Expiry date of proof of address submitted**



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**6. Any other information :** \_\_\_\_\_

#### DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our 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/we are aware that I/we may be held liable for it.

Place:

Date:

#### SIGNATURE OF APPLICANT

2

#### FOR OFFICE USE ONLY

IPV Done ☐ on 



 / 



 /

AMC/Intermediary name OR code

**MY MONEY SECURITIES LIMITED**

POS NO.: .....

☐ (Originals Verified) Self Certified Document copies received

☐ (Attested) True copies of documents received

Main Intermediary

Seal/Stamp of the intermediary should contain

Staff Name

Designation

Name of the Organization

Signature

Date

Seal/Stamp of the intermediary should contain

Staff Name

Designation

Name of the Organization

Signature

Date

"Please note that the KYC Application Form and overleaf instructions should be printed on the same page (back to back). If printed separately then both the pages should be attached and signed by the applicant."

## INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

### A. IMPORTANT POINTS:

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

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

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

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

1. Passport/ Voters Identity Card/ Ration Card/ Registered Lease or Sale Agreement of Residence/ Driving License/ UID (Aadhaar) / 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 apostilled or consularised) that gives the registered address should be taken.
8. The proof of address in the name of the spouse shall be acceptable, subject to the submission of proof of relationship alongwith the same.

### D. Exemptions/clarifications to PAN

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

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

### E. List of people authorized to attest the documents:

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

### F. Additional documents to be submitted in case you wish to trade on Futures and Options and/or Currency Derivatives Segments (provide any one).

- 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.



# Know Your Client (KYC)

## MY MONEY SECURITIES LIMITED

Regd. Office : 10-A, Under Hill Lane, Civil Lines, Delhi - 110 054

Phones : 011-23924241, 23930655, 23937870, 23937892, Fax : 011-23924241

Application No. :

### Application Form (For Non-Individuals Only)

Please fill in ENGLISH and in BLOCK LETTERS with black ink

#### A. Identity Details (please see guidelines overleaf)

1. Name of Applicant (Please write complete name as per Certificate of Incorporation / Registration; leaving one box blank between 2 words. Please do not abbreviate the Name).

2. Date of Incorporation d d / m m / y y y y

Place of Incorporation

3. Registration No. (e.g. CIN)

Date of commencement of business d d / m m / y y y y

4. Status Please tick (✓) ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Body Corporate ☐ Partnership ☐ Trust / Charities / NGOs

☐ FI ☐ FII ☐ HUF ☐ AOP ☐ Bank ☐ Government Body ☐ Non-Government Organisation

☐ Defence Establishment ☐ Body of Individuals ☐ Society ☐ LLP ☐ Others (Please specify)

5. Permanent Account Number (PAN) (MANDATORY) Please enclose a duly attested copy of your PAN Card

PHOTOGRAPH

Please affix the recent passport size photograph of Authorised Signatory and sign across it

#### B. Address Details (please see guidelines overleaf)

1. Address for Correspondence

City / Town / Village Postal Code  
State Country

2. Contact Details

Tel. (Off.) (ISD) (STD) Tel. (Res.) (ISD) (STD)  
Mobile (ISD) (STD) Fax (ISD) (STD)  
E-Mail Id.

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

☐ \*Latest Telephone Bill (only Land Line) ☐ \*Latest Electricity Bill ☐ \*Latest Bank Account Statement ☐ Registered Lease / Sale Agreement of Office Premises  
☐ Any other proof of address document (as listed overleaf). (Please specify)

\*Not more than 3 Months old. Validity/Expiry date of proof of address submitted d d / m m / y y y y

4. Registered Address (If different from above)

City / Town / Village Postal Code  
State Country

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

☐ \*Latest Telephone Bill (only Land Line) ☐ \*Latest Electricity Bill ☐ \*Latest Bank Account Statement ☐ Registered Lease / Sale Agreement of Office Premises  
☐ Any other proof of address document (as listed overleaf). (Please specify)

\*Not more than 3 Months old. Validity/Expiry date of proof of address submitted d d / m m / y y y y

#### C. Other Details (please see guidelines overleaf)

1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors (Please use the Annexure to fill in the details)

2. Any other information:

#### DECLARATION

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

NAME & SIGNATURE(S)  
OF AUTHORISED  
PERSON(S)

2

Place:

Date:

#### FOR OFFICE USE ONLY

AMC/Intermediary name OR code

MY MONEY SECURITIES LIMITED

POS NO.: .....

☐ (Originals Verified) Self Certified Document copies received

☐ (Attested) True copies of documents received

Seal/Stamp of the intermediary should contain

Staff Name

Designation

Name of the Organization

Signature

Date

Seal/Stamp of the intermediary should contain

Staff Name

Designation

Name of the Organization

Signature

Date

"Please note that the KYC Application Form and overleaf instructions should be printed on the same page (back to back). If printed separately then both the pages should be attached and signed by the applicant."

## 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 \_\_\_\_\_ PAN of the Applicant \_\_\_\_\_

1. Name \_\_\_\_\_  
 PAN \_\_\_\_\_ DIN (For Directors) / UID (for Others) \_\_\_\_\_  
 Residential /Registered Address \_\_\_\_\_  
 \_\_\_\_\_  
 City/Town/Village \_\_\_\_\_ Pin Code \_\_\_\_\_  
 City \_\_\_\_\_ Country \_\_\_\_\_  
 Relationship with Applicant (i.e. promoters, whole time directors etc.) \_\_\_\_\_  
 Wether Politically Exposed ☐ PEP (Politically Exposed Person) ☐ RPEP (Related to Politically Exposed Person) ☐ NO

PHOTOGRAPH

2. Name \_\_\_\_\_  
 PAN \_\_\_\_\_ DIN (For Directors) / UID (for Others) \_\_\_\_\_  
 Residential /Registered Address \_\_\_\_\_  
 \_\_\_\_\_  
 City/Town/Village \_\_\_\_\_ Pin Code \_\_\_\_\_  
 City \_\_\_\_\_ Country \_\_\_\_\_  
 Relationship with Applicant (i.e. promoters, whole time directors etc.) \_\_\_\_\_  
 Wether Politically Exposed ☐ PEP (Politically Exposed Person) ☐ RPEP (Related to Politically Exposed Person) ☐ NO

PHOTOGRAPH

3. Name \_\_\_\_\_  
 PAN \_\_\_\_\_ DIN (For Directors) / UID (for Others) \_\_\_\_\_  
 Residential /Registered Address \_\_\_\_\_  
 \_\_\_\_\_  
 City/Town/Village \_\_\_\_\_ Pin Code \_\_\_\_\_  
 City \_\_\_\_\_ Country \_\_\_\_\_  
 Relationship with Applicant (i.e. promoters, whole time directors etc.) \_\_\_\_\_  
 Wether Politically Exposed ☐ PEP (Politically Exposed Person) ☐ RPEP (Related to Politically Exposed Person) ☐ NO

PHOTOGRAPH

4. Name \_\_\_\_\_  
 PAN \_\_\_\_\_ DIN (For Directors) / UID (for Others) \_\_\_\_\_  
 Residential /Registered Address \_\_\_\_\_  
 \_\_\_\_\_  
 City/Town/Village \_\_\_\_\_ Pin Code \_\_\_\_\_  
 City \_\_\_\_\_ Country \_\_\_\_\_  
 Relationship with Applicant (i.e. promoters, whole time directors etc.) \_\_\_\_\_  
 Wether Politically Exposed ☐ PEP (Politically Exposed Person) ☐ RPEP (Related to Politically Exposed Person) ☐ NO

PHOTOGRAPH

5. Name \_\_\_\_\_  
 PAN \_\_\_\_\_ DIN (For Directors) / UID (for Others) \_\_\_\_\_  
 Residential /Registered Address \_\_\_\_\_  
 \_\_\_\_\_  
 City/Town/Village \_\_\_\_\_ Pin Code \_\_\_\_\_  
 City \_\_\_\_\_ Country \_\_\_\_\_  
 Relationship with Applicant (i.e. promoters, whole time directors etc.) \_\_\_\_\_  
 Wether Politically Exposed ☐ PEP (Politically Exposed Person) ☐ RPEP (Related to Politically Exposed Person) ☐ NO

PHOTOGRAPH

3

Name & Signature of the Authorised Signatory(ies)

Date d d / m m / y y y y

PEP: Politically Exposed Person RPEP: Related to Politically Exposed Person

## INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

### A. IMPORTANT POINTS:

- Self attested copy of PAN card is mandatory for all clients.
- 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.
- If any proof of identity or address is in a foreign language, then translation into English is required.
- Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- If correspondence & permanent address are different, then proofs for both have to be submitted.
- Sole proprietor must make the application in his individual name & capacity.
- For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIO Card/OCI Card and overseas address proof is mandatory.
- For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
- In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- For opening an account with Depository Participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark Sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
- 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:

- PAN card with photograph. This is mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D)
- Unique Identification Number (UID) (Aadhaar)/ Passport/ Voter ID card/ Driving license.
- 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.)

- Passport/ Voters Identity Card/ Ration Card/ Registered Lease or Sale

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

- Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
- Bank Account Statement/Passbook - Not more than 3 months old.
- Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
- Proof of address issued by 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.
- 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.
- For FI/sub account Power of Attorney given by FI/sub account to the Custodians (which are duly notarized and/or apostilled or consularised) that gives the registered address should be taken.
- The proof of address in the name of the spouse shall be acceptable, subject to the submission of proof of relationship alongwith the same.

### D. Exemptions/clarifications to PAN

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

- 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.
- Investors residing in the state of Sikkim.
- UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
- SIP of Mutual Funds upto Rs 50, 000/- p.a.
- 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:

- 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).
- In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy /Consulate General in the country where the client resides are permitted to attest the documents.

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

Types of entity	Documentary Requirements
<b>Corporate</b>	<ul style="list-style-type: none"> <li>Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>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).</li> <li>Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations.</li> <li>Photograph, POI, POA, PAN of individual promoters holding control-either directly or indirectly.</li> <li>Copies of the Memorandum and Articles of Association and certificate of incorporation.</li> <li>Copy of the Board Resolution for investment in securities market.</li> <li>Authorised signatories list with specimen signatures.</li> <li>Networth Certificate (note over 12 months old).</li> </ul>
<b>Partnership Firm</b>	<ul style="list-style-type: none"> <li>Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>Certificate of registration (for registered partnership firms only).</li> <li>Copy of partnership deed.</li> <li>Authorised signatories list with specimen signatures.</li> <li>Photograph, POI, POA, PAN of Partners.</li> </ul>
<b>Trust</b>	<ul style="list-style-type: none"> <li>Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>Certificate of registration (for registered trust only). Copy of Trust deed.</li> <li>List of trustees certified by managing trustees/CA.</li> <li>Photograph, POI, POA, PAN of Trustees.</li> </ul>
<b>HUF</b>	<ul style="list-style-type: none"> <li>PAN of HUF.</li> <li>Declaration of HUF/ List of coparceners.</li> <li>Bank pass-book/bank statement in the name of HUF.</li> <li>Photograph, POI, POA, PAN of Karta.</li> </ul>
<b>Unincorporated association or a body of individuals</b>	<ul style="list-style-type: none"> <li>Proof of Existence/Constitution document.</li> <li>Resolution of the managing body &amp; Power of Attorney granted to transact business on its behalf.</li> <li>Authorized signatories list with specimen signatures.</li> </ul>
<b>Banks/Institutional Investors</b>	<ul style="list-style-type: none"> <li>Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years.</li> <li>Authorized signatories list with specimen signatures.</li> </ul>
<b>Foreign Institutional Investors (FII)</b>	<ul style="list-style-type: none"> <li>Copy of SEBI registration certificate.</li> <li>Authorized signatories list with specimen signatures.</li> </ul>
<b>Army/Government Bodies</b>	<ul style="list-style-type: none"> <li>Self-certification on letterhead.</li> <li>Authorized signatories list with specimen signatures.</li> </ul>
<b>Registered Society</b>	<ul style="list-style-type: none"> <li>Copy of Registration Certificate under Societies Registration Act.</li> <li>List of Managing Committee members.</li> <li>Committee resolution for persons authorised to act as authorised signatories with specimen signatures.</li> <li>True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.</li> </ul>



Depository Participant - CDSL, DP ID : 12087100, SEBI Regn. No.: IN-DP-390-2018

Regd. Office : 10-A, Under Hill Lane, Civil Lines, Delhi - 110 054

Phones : 011-23924241, 23930655, 23937870, 23937892, E-mail : mymoney@vsnl.com

### ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT - FOR INDIVIDUALS

(To be filled by the Depository Participant)

Application No.											Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.																			
DP ID	1	2	0	8	7	1	0	0	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 :

#### TYPE OF ACCOUNT (Please tick whichever is applicable)

<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) _____

#### HOLDERS DETAILS

Sole/First Holder's Name	PAN																
	UID																
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.

#### DETAILS OF GUARDIAN (in case the account holder is minor)

Guardian's Name	PAN																
Relationship with the applicant																	

#### 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												

(i) Photocopy of the cancelled cheque having the name of the account holder where the cheque books 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 option (ii), (iii) and (iv) above, MICR Code of the branch should be present/mentioned on the document.

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
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

4

First Holder Signature

Second Holder Signature

Third Holder Signature

Do you wish to receive dividend/interest directly in to your bank account given below through ECS? (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

<b>SMS Alert Facility</b> Refer to Terms & Conditions given as <b>Annexure 2.4</b>	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).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Easi</b>	To register for <b>easi</b> , please visit our website <a href="http://www.cdsindia.com">www.cdsindia.com</a> . <b>Easi</b> allows a BO to view his ISIN balances, transactions and value of the portfolio online.	<input type="checkbox"/> Yes <input type="checkbox"/> No

### DIS BOOKLET [Select one of the options given below]

#### ☐ **OPTION 1 :**

I / We require you to issue Delivery Instruction Slip (DIS) booklet to me / us on opening my / our CDSL account through I / We have issued a Power of Attorney (POA) / executed PMS agreement in favour of / with \_\_\_\_\_ (name of attorney / Clearing Member / PMS manager) for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through such Clearing Member / by PMS manager.

#### ☐ **OPTION 2 :**

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

### NOMINATION DETAILS

Dear Sir/Madam,

I/We the Sole Holder/ Joint Holder / Guardian (in case of minor) hereby declare that :

☐ I/We **do not wish to nominate any one for this demat account.**

[Strike out what is not applicable] [Signatures of all account holders should be obtained on this form]

☐ I/We **nominate** the following persons who is entitled to receive security balances lying in my/our account, particulars whereof are given below, in the event of the death of Sole holder or the death of all the Joint Holders.

Nomination Regn. No.	
Date	D D M M Y Y Y Y

NOMINATION DETAILS	NOMINEE 1	NOMINEE 2	NOMINEE 3
Nominee Name			
First Name*			
Middle Name			
Last Name*			
Address*			
City*			
State*			
PIN*			
Country*			
Telephone No.			
Fax No.			
PAN No.			
UID			
Email ID			
Relationship with the BO*			
Date of Birth* (Mandatory if Nominee is a Minor)			



Name of the Guardian of Nominee (if the nominee is minor) First Name*			
Middle Name			
Last Name*			
Address of the Guardian of nominee*			
City*			
State*			
PIN*			
Country*			
Age			
Telephone No.			
Fax No.			
E-mail Id			
Relationship of the Guardian with the Nominee			
Percentage of allocation of securities*			
Residual Securities [please tick any one nominee.* If tick not marked default will be first nominee]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**\*Marked is Mandatory field**

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

Note : One Witness shall attest signature(s) / Thumb Impression(s).

Details of the Witness		
	First Witness	Second Witness
Name of Witness		
Address of Witness		
Signature of Witness		

**OTHER DETAILS**




Gross Annual Income Details : Income Range per annum : ☐ Below Rs. 1 Lac ☐ Rs. 1 Lac to 5 Lac  
 (please specify) ☐ Rs. 5 Lac to 10 Lac ☐ Rs. 10 Lac to 25 Lac ☐ Rs. 25 Lac to 1 Crore ☐ >1 Crore  
 Net-worth as on (date)..... ( )  
 (Net worth should not be older than 1 year)

Occupation : ☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Business ☐ Professional  
 (please tick any one and give brief details) ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Others \_\_\_\_\_

Please tick, if applicable (for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors) :  
 : ☐ Politically Exposed Person (PEP) ☐ Related to Politically Exposed Person (PEP)

Any other information : \_\_\_\_\_

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	 5		

(Signatures should be preferably in black ink)

**DECLARATION BY HUF (To be filled in case of HUF A/c Only )**

This is to certify that following are the family members under \_\_\_\_\_ (HUF)

S. No.	Name	Gender (Male/Female)	Relationship with Karta	Date of Birth							
1.											
2.											
3.											
4.											
5.											
6.											

For \_\_\_\_\_ (HUF)

 6

Client Signature (Karta)

\* Please stamp and sign.



Depository Participant - CDSL, DP ID : 12087100, SEBI Regn. No.: IN-DP-390-2018

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### ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT - FOR NON-INDIVIDUALS

(To be filled by the Depository Participant)

Application No.											Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.																			
DP ID	1	2	0	8	7	1	0	0	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 :

#### TYPE OF ACCOUNT (Please tick whichever is applicable)

Status		Sub-Status (To be filled by the DP)	
<input type="checkbox"/> Body Corporate <input type="checkbox"/> Banks <input type="checkbox"/> Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> OCB <input type="checkbox"/> FII <input type="checkbox"/> CM <input type="checkbox"/> FI <input type="checkbox"/> Clearing House <input type="checkbox"/> Others (Specify) _____			
SEBI Registration No. (if applicable)		SEBI Registration Date	D D M M Y Y Y Y
RBI Registration No. (if applicable)		RBI Approval Date	D D M M Y Y Y Y
ROC Registration No. (if applicable)		ROC Registration Date	D D M M Y Y Y Y
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) _____		

#### HOLDERS DETAILS

Sole/First Holder's Name	PAN																
	UID																
Second Holder's Name	PAN																
	UID																
Third Holder's Name	PAN																
	UID																
Search Name																	

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.

#### 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				

4

First Holder Signature

Second Holder Signature

Third Holder Signature

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque books 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 option (ii), (iii) and (iv) above, MICR Code of the branch should be present/mentioned on the document.

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
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

Do you wish to receive dividend/interest directly in to your bank account given below through ECS? (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

<b>SMS Alert Facility</b> Refer to Terms & Conditions given as <b>Annexure 2.4</b>	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).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Easi</b>	To register for <b>easi</b> , please visit our website <a href="http://www.cdslindia.com">www.cdslindia.com</a> . <b>Easi</b> allows a BO to view his ISIN balances, transactions and value of the portfolio online.	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### OTHER DETAILS




Gross Annual Income Details (please specify)	: Income Range per annum : <input type="checkbox"/> Below Rs. 1 Lac <input type="checkbox"/> Rs. 1 Lac to 5 Lac <input type="checkbox"/> Rs. 5 Lac to 10 Lac <input type="checkbox"/> Rs. 10 Lac to 25 Lac <input type="checkbox"/> Rs. 25 Lac to 1 Crore <input type="checkbox"/> >1 Crore
	Net-worth as on (date)..... ( ) (Net worth should not be older than 1 year)
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"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others _____
Please tick, if applicable (for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors) :	: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (PEP)
Any other information	: _____

#### CLEARING MEMBER DETAILS (To be filled by CMs only)

Name of Stock Exchange			
Name of CC / CH			
Clearing Member ID		Trading Member ID	

Do you wish to receive dividend/interest directly in to your bank account given below through ECS? (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

I/We have received and read the document of 'Rights and Obligation of BO-DP' (DP-CM agreement for BSE Clearing Member Accounts) including the schedules thereto and the 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 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.

	Sole / First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Designation			
Signatures	 5		

(Signatures should be preferably in black ink)

(In case of more authorised signatories, please add annexure)

**UPDATION OF E-MAIL ID & OR MOBILE NUMBER OF MY FAMILY MEMBER IN MY CLIENT MASTER**

To, Date : .....  
**MY MONEY SECURITIES LIMITED**  
**Regd. Office :** 10-A, Under Hill Lane, Civil Lines, Delhi - 110 054  
**Phones :** 011-47087300, 47087455, **E-mail :** mymoneyviews@outlook.com

**Sub: Request for Updation Email Id & or Mobile Number of my Family Member in my Client Master**

Client Code :	DP Client ID :
Client Name :	Mobile No.:
E-mail Id :	

Dear Sir/Ma'm,

I/We hereby declare that the aforesaid mobile number and E-mail Id belongs to

<input type="checkbox"/> Me I hereby declare that: 1. I give my consent to use my aforesaid email Id &/ or mobile no. for any communication with respect to trading & /or Demat account of my family( spouse, dependent children, dependant parents) 2. The information sent/communicated on the aforesaid email id & mobile number shall be deemed to be duly communicated to the respective client in full discharge of your obligations, if any as part of services rendered with respect to my/ our aforesaid trading/ demat account.	<input type="checkbox"/> Me I hereby declare that: 1. I am the spouse/ dependant parent/ dependent child of my family member whose email id / mobile number is mentioned above. 2. The information sent/ communicated on the aforesaid email id & mobile number shall be deemed to be duly communicated to me in full discharge of your obligations as part of services rendered with respect to my trading account.
I/We hereby undertake to indemnify you and shall keep you indemnified against all losses, damages and actions which you may suffer or face as a consequence of you acting on my this request and or my failure to inform you in writing about the change in my status as mentioned above.	

 15  
 \_\_\_\_\_  
 Client Signature

Client Code : .....

Name of Client: .....

Client Id : .....

**ACKNOWLEDGEMENT FROM CLIENT****MY MONEY SECURITIES LIMITED**

**Regd. Office :** 10-A, Under Hill Lane, Civil Lines,  
 Delhi - 110 054

I/we hereby acknowledge the receipt of complete copy of duly executed KYC, alongwith all annexures as prescribed by SEBI circular dated 22nd August, 2011 and all other documents as executed by me/us. Further I/we confirmed that the documents for KYC submitted by me/us are true and correct. I/we acknowledge that the other details related to me/us account are as under :

Trading Code : .....

Email Id : .....

Name : .....

Dated : .....

 16  
 \_\_\_\_\_  
 Client Signature



# MyMoney™

## SECURITIES LIMITED

Depository Participant - CDSL, DP ID : 12087100, SEBI Regn. No.: IN-DP-390-2018

Regd. Office : 10-A, Under Hill Lane, Civil Lines, Delhi - 110 054

Phones : 011-23924241, 23930655, 23937870, 23937892, E-mail : mymoney@vsnl.com

**Annexure - 2.4**

### Terms and Conditions-Cum-Registration / Modification Form for receiving SMS Alerts from CDSL

#### Definitions :

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

- "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.
- "DP" means Depository Participant of CDSL. The term covers all types of DPs who are allowed to open demat accounts for investors.
- "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.
- SMS means "Short Messaging Service"
- "Alerts" means a customized SMS sent to the BO over the said mobile phone number.
- "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.
- "Service" means the service of providing SMS alerts to the BO on best effort basis as per these terms and conditions.

#### Availability :

- 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.
- The service is currently available to the BOs who are residing in India.
- 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.
- 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.
- 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 :

- 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.
- 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.
- 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.
- 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

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.

DP Id	1	2	0	8	7	1	0	0	BO Id								
-------	---	---	---	---	---	---	---	---	-------	--	--	--	--	--	--	--	--

First Holder's Name : \_\_\_\_\_

Second Holder's Name : \_\_\_\_\_

Third Holder's Name : \_\_\_\_\_

Mobile No. on which messages are to be sent

+	9	1															
---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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


The Mobile Number is registered in the name of : \_\_\_\_\_

E-mail Id: \_\_\_\_\_

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

 8  
First Holder Signature

  
Second Holder Signature

  
Third Holder Signature

Place:.....

Date:.....

**General Clause**

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Rules and Regulations of Securities and Exchange Board of India (SEBI), Circulars/Notifications/Guidelines issued there under, Bye Laws and Business Rules/Operating Instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.
2. The DP shall open/activate demat account of a beneficial owner in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time.

**Beneficial Owner information**

3. The DP shall maintain all the details of the beneficial owner(s) as mentioned in the account opening form, supporting documents submitted by them and/or any other information pertaining to the beneficial owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.
4. The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of opening the demat account or furnished to the DP from time to time.

**Fees/Charges/Tariff**

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

**Dematerialization**

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

**Separate Accounts**

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

**Transfer of Securities**

11. The DP shall effect transfer to and from the demat accounts of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the Beneficial Owner and the DP shall maintain the original documents and the audit trail of such authorizations.
12. The Beneficial Owner reserves the right to give standing instructions with regard to the crediting of securities in his demat account and the DP shall act according to such instructions.
13. The Stock Broker / Stock Broker and Depository participant shall not directly / indirectly compel the clients to execute power of attorney (PoA) or Demat Debit and Pledge Instruction (DDPI) or deny services to the client if the client refuses to execute PoA or DDPI.

**Statement of account**

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

**Manner of Closure of Demat account**

18. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository. Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided no charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their demat account should be transferred to another demat account of the Beneficial Owner held with another DP or to rematerialize the security balances held.
19. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of thirty days as per procedure specified from time to time by the depository. Provided further, closure of demat account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

**Default in payment of charges**

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

**Liability of the Depository**

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

**Freezing/Defreezing of accounts**

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

**Redressal of Investor grievance**

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

**Authorized representative**

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

**Law and Jurisdiction**

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

**Declaration**

I/We confirm having read and understood the contents of the "Rights and Obligations" document and acknowledge receipt of copy of same.

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Signature of Client/Authorized Signatory (ies)

Dt.: \_\_\_\_\_



### SEB I /HO/MIR SD/DoP/P/CIR/2022/44

**Demat Debit and pledge Instruction (DDPI) for transfer of Securities to wards deliveries/Settlement Obligations and pledging/re-pledging of securities in favour of My Money Securities Limited DP DPID12087100 SEBI single Registration IN-DP 390-2018**

S . NO.	Purpose	Signature of Client *	
1	Transfer of securities held in the beneficial owneraccounts of the client towards Stock Exchange related deliveries/settlementobligations arising out of trades executed by clientson the Stock Exchange through the same stockbroker	1  2  3	
2	Pledging / re-pledging of securities in favour oftrading member (TM) / clearing member (CM) forthe purpose of meeting margin requirements of theclients in connection with the trades executed bythe clients on the Stock Exchange.	1  2  3	
3	Mutual Fund transactions being executed on StockExchange order entry platforms	1  2  3	
4	Tendering shares in open offers through StockExchange platforms	1  2  3	
Sr.. No	Name Of Account Holder	DP ID/CM IS	CLIENT ID
1.	My Money Securities Limited cdsi pool a/c	12087100	00000135
2.	My Money Securities Limited Early pay-in	11000011	00021043
3.	My Money Securities Limited Margin Pledge	12087100	00001352
4.	My Money Securities Limited DDPI	22087100	00000024
5	My Money Securities Limited		

First Holder Signature	Second Holder Signature	Third Holder Signature

For:- My Money Securities Limited

Director

**FATCA & CRS DECLARATION (FOR INDIVIDUAL)**Do you have any non-indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency? ☐ Yes ☐ No

Sole/First Holder/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No		Second Holder <input type="checkbox"/> Yes <input type="checkbox"/> No		Third Holder <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country of Birth		Country of Birth		Country of Birth	
Country of Citizenship/ Nationality		Country of Citizenship/ Nationality		Country of Citizenship/ Nationality	
Are you a US Specified Person? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide Tax Payer Id		Are you a US Specified Person? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide Tax Payer Id		Are you a US Specified Person? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide Tax Payer Id	
Country of Tax Residency* (Other then India)	Taxpayer Identification No.	Country of Tax Residency* (Other then India)	Taxpayer Identification No.	Country of Tax Residency* (Other then India)	Taxpayer Identification No.
1.		1.		1.	
2.		2.		2.	
3.		3.		3.	

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

**FATCA - CRS Terms and Conditions**

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

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

Signatures

 13

Sole/First Holder Signature



Second Holder Signature



Third Holder Signature

**FATCA & CRS DECLARATION (FOR NON-INDIVIDUAL)**

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.)

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

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

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

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

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

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

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

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

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

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

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

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

Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
PAN <sup>#</sup>			
Address	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____



Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Tax ID %			
Tax ID Type			
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Holding (%) <sup>\$</sup>			

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

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

<sup>%</sup> In case Tax Identification Number is not available, kindly provide functional equivalent

<sup>\$</sup> Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

#### DECLARATION

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

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

Name

Designation

 13

Sole/First Holder Signature



Second Holder Signature



Third Holder Signature

Place \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

#### PROPRIETARY BUSINESS

To, \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date : \_\_\_\_\_

Dear Sir/Madam,

Under instructions of SEBI, The National Stock Exchange of India Ltd. (NSE), and Metropolitan Stock Exchange of India Ltd. (MSEI) has directed all its members to inform their clients whether they engage in proprietary trading. In this regard we wish to inform you that we as a company do engage in proprietary Business in the Cash/F&O/Currency Segment of NSE and MSEI.

Kindly take note of the above.

Thanking you,

For **My Money Securities Ltd.**

I have noted the above contents

Authorised Signatory

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Client Signature



### Schedule of Demat Charges ( Beneficiary Owners - CDSL)

S. No.	Services	Charges
1.	Annual Maintenance Charges Individual	Rs.350 + GST extra
2.	Annual Maintenance Charges Non-Individual	Rs.1000/- +GST extra
3.	One time charges for individual & HUF	Rs. 5000/- +GST extra
4.	Annual Maintenance Charges Non-Individual-Escrow Account	Rs.10000/- +GST extra
5.	Annual Maintenance Charges Individual – NRI	Rs.5000/- GST extra
6.	BSDA Demat Account AMC	Holdings Value: Rs.1/- to Rs. 400000 /- : Nil Rs. 400001/- to Rs. 1000000/-: Rs. 100/- Rs.1000000/- & above Rs. 350/-
7.	Off Mkt. & On Mkt.transaction Charges for Debit	0.02 % or Min. Rs.25/- Whichever is higher
8.	Pledge Invocation / Closure	Rs.50/-
9.	Unpledge	Rs.50/-
10.	Dematerialization	Rs.50/- Per Request Rs.3/- Per Certificate
11.	Rematerialization	Rs.50/- Per Request Rs.3/- Per Certificate Up to 100 Shares.
		Courier Charges Delhi / Out Of Delhi Rs.50/-
12.	DIS Booklet	1st Book Free - 20 Slip (Extra Rs. 50/- each)
13.	KRA Charges	Rs.100/- New
14.	CKYC Charges	Rs.100/- New
15.	Modification Charges	Rs.100/-
16.	Delivery Instruction Failed Charges	Rs.20/-

1. Dematerialization of shares mailing Rs.50/- out station on actual charges.
2. This structure will be effect 1<sup>st</sup> June 2005. If CDSL further revises the company will again revise its charges.
3. Rejection charges on failure on the delivery Rs.20/- per instruction
4. Delivery instruction accepted within 24 hours on the execution date will be at client's sole risks.
5. For weekly and fortnightly statement charge extra Rs.10/- per page+ courier charges.
6. Additional statements Rs.5/- per page.
7. Taxes and other govt. Levies will be charged extra as applicable from time to time.
8. In case of any upward revision in schedule of charges 30 days' notice would be given by publishing in newspaper /post shall treated as sufficient notice.
9. In case of non-payment of bills/dues within 15 days of due date the depository services are liable to be discontinued with a period of 30 days from the date of demand. The renewal charge for resuming the services will be Rs.100/-
10. All BOs opting the facility of BSDA shall register their mobile number for availing the SMS alert facilities for the debit transactions.
11. Any services not mentioned above will charged extra

**Note:** In case the value of securities exceeds Rs.10,00,000/- the BSDA account will automatically be converted into a normal account and normal charges as per the prevailing scheme will be applicable.

For, My Money Securities Limited

(Authorised Signatory)

1 \_\_\_\_\_  
1<sup>st</sup> Holder Signature

2 \_\_\_\_\_  
2<sup>nd</sup> Holder Signature

3 \_\_\_\_\_  
3<sup>rd</sup> Holder Signature

Received Copy

Client Signature .....



To,  
My Money Securities Limited.  
10-A, Under Hill Lane,  
Civil Lines, Delhi-110054

Subject: - Aadhaar consent for Account opening and Account Modification.

I/We, \_\_\_\_\_ hereby voluntarily submit my/our Aadhaar number, Virtual ID, e-Aadhaar, XML, Masked Aadhaar, Aadhaar details, demographic information, information obtained through face authentication and/or biometric information ("Information"). I/We confirm that:

1. I/We have been given other alternative means by My Money Securities Limited for KYC purposes including physical KYC by submitting officially valid documents and I/We have voluntarily chosen Aadhaar based KYC.
2. I/We am/are aware that my/our Information can be used only for any of the following purposes and not for any other purpose: (i) for requirements as per KYC norms, PML Act, 2002 and rules thereunder and Regulatory guidelines; (ii) for any other facility related to Stock/Commodity Broking operations, Depository and other services (iii) for carrying out authentication, using e-KYC or any other mode or facility as may be permitted from time to time under the applicable law;
3. I/We hereby authorize and consent to My Money Securities Limited to collect, disclose, share, store, preserve and use the Information and authentication data and records, as may be required under the applicable law or for the purposes above or as per the internal requirements of My Money Securities Limited I have been explained about the consent, purpose of collecting Aadhaar and the nature of information that may be shared upon authentication.
4. I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.
5. I/We hereby consent to receiving information from CVL KRA through SMS/Email on the registered number/Email address as per KYC / KRA form.
6. I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked

Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

For, My Money Securities Limited  
  
(Authorized Signatory )

1 -----  
1<sup>st</sup> Holder Signature

2 -----  
2<sup>nd</sup> Holder Signature

3 -----  
3<sup>rd</sup> Holder Signature

### ACKNOWLEDGEMENT RECEIPT

Application No. ....

Date .....

We hereby acknowledge the receipt of the Account Opening Form From :

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

Depository Participation Seal / Signature

MyMoney™

UMRN

Date

Tick (✓)

Sponsor Bank Code

Utility Code

CREATE  
MODIFY  
CANCEL

I/We hereby authorize

My Money Securities Ltd.

to debit (tick ✓)

SB/CA/CC/SB-NRE / SB-NRO /Other

Bank a/c number

with Bank

Name of customers bank

IFSC

or MICR

an amount of Rupees

₹

FREQUENCY ☐ Mthly ☐ Qtly ☐ H-Yrly ☐ Yrly ☒ As&when presented

DEBIT TYPE ☐ Fixed Amount ☒ Maximum Amount

Reference 1

Phone No.

Reference 2

Email ID

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

PERIOD

From

To

Or

☐ Until Cancelled

Signature Primary Account holder

Signature of Account holder

Signature of Account holder

1.  12 Name as in bank records 2. Name as in bank records 3. Name as in bank records

\* This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorising the user entity/corporate to debit my account.

\* I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.

I/We hereby declare that the above information is true and correct and that the mobile number listed above is registered in my/our name(s) and/or is the number that I/we use in the ordinary course. I/We hereby declare that, irrespective of my/our registration of the above mobile in the provider customer preference register, or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We consent to the Bank communicating to me/us about the transactions carried out in my/our aforesaid account(s).

MyMoney™

UMRN

Date

Tick (✓)

Sponsor Bank Code

Utility Code

CREATE  
MODIFY  
CANCEL

I/We hereby authorize

My Money Securities Ltd.

to debit (tick ✓)

SB/CA/CC/SB-NRE / SB-NRO /Other

Bank a/c number

with Bank

Name of customers bank

IFSC

or MICR

an amount of Rupees

₹

FREQUENCY ☐ Mthly ☐ Qtly ☐ H-Yrly ☐ Yrly ☒ As&when presented

DEBIT TYPE ☐ Fixed Amount ☒ Maximum Amount

Reference 1

Phone No.

Reference 2

Email ID

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

PERIOD

From

To

Or

☐ Until Cancelled

Signature Primary Account holder

Signature of Account holder

Signature of Account holder

1.  13 Name as in bank records 2. Name as in bank records 3. Name as in bank records

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Application No.	DP Ref. No.	POA No.

Client Name _____	Client Code _____								
Branch / Sub-broker _____	Branch Code _____								
DP ID <table border="1"> <tr> <td>1</td> <td>2</td> <td>0</td> <td>8</td> <td>7</td> <td>1</td> <td>0</td> <td>0</td> </tr> </table>	1	2	0	8	7	1	0	0	Client ID _____
1	2	0	8	7	1	0	0		
	Date of Registration _____								

**Note :** The information to be given in the Form is the sole property of My Money Securities Ltd. and would not be disclosed to any one unless required by law or except with the permission of the client.

# MyMoney™

## SECURITIES LIMITED

10-A, Under Hill Lane, Civil Lines, Delhi - 110 054  
 Phones : 011-47087300, 47087455  
 E-mail : mymoneyviews@outlook.com  
 Website : www.mymoneyviews.com