



Application No. \_\_\_\_\_

To be filled by Branch / RM / Client

Whom to contact in case of any Discrepancy in AOF :	Payment Details :
Contact Person Name :	Cheque No.:
Contact No. :	Cheque Date :
Group Code :	Cheque Amount :
Scheme Code :	Bank Details :
Fetch Details : <input type="checkbox"/> CVL <input type="checkbox"/> NDML <input type="checkbox"/> DOTX <input type="checkbox"/> CAMS <input type="checkbox"/> Others _____	Date : Sign :

**PRRSAAR COMMODITIES PVT. LTD.**

CIN : U74899DL1994PTC060025

Registered Office :

17A/35, 2nd Floor, Punjabi Bagh West, New Delhi-110026

Ph. : 011-45350000-15 • Fax : 011-42466672

E-mail : dp@prrsaar.com • Website : www.prrsaar.com

DP ID : 12091700

**APPLICATION FORM FOR OPENING A DEMAT ACCOUNT**☐ INDIVIDUAL    ☐ NRI    ☐ FOREIGN NATIONAL    ☐ CORPORATE/CM    ☐ NON-INDIVIDUAL

Internal Ref. No. \_\_\_\_\_ BO Id \_\_\_\_\_

Holder's Name \_\_\_\_\_

## 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/PIOCard/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 or 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 a 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 2 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 may be accepted.

### 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. Incase 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> </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>Deed of 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>

Please Submit the KYC Documents on A4 Size Paper Only.

# Application Form (For Individuals Only)

Please fill in ENGLISH and BLOCK LETTERS with black ink

KYC Number of applicant



## A. Identity Details

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

Prefix	First Name	Middle Name	Last Name
Name*			
Maiden Name (if any*)			
Father / Spouse Name*			
Mother Name*			

2. A. Gender ☐ Male ☐ Female ☐ Transgender B. Marital status ☐ Single ☐ Married ☐ Others C. Date of Birth | d | d | m | m | y | y | y | y |

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

4. Residential Status\* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

(If Non Resident/Foreign National, self certified copy of statutory approval obtained must be attached)

Occupation (Please tick (✓) any one and give brief details):

☐ Private Sector Service ☐ Public Sector ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist  
☐ Retired ☐ Housewife ☐ Student ☐ Others (Please specify)

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 (✓) (Please see guideline 'D' overleaf)

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

## PHOTOGRAPH

Please affix the recent passport size photograph and sign across it

## B. Address Details

### 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)

MOBILE given by me belongs to ☐ Self ☐ Family (Spouse, Dependent Children, Dependent Parents)

E-Mail Id.

E-MAIL ID given by me belongs to ☐ Self ☐ Family (Spouse, Dependent Children, Dependent Parents)

### 3. Specify the Proof of Address submitted for Residence / Correspondence Address

### 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. Specify the Proof of Address submitted for Residence / Permanent Address

## C. Fatca & CRS Detail

Nationality/Tax Residency/Citizen ship Other than India ☐ No ☐ Yes

Country of Birth	Place/City of Birth
Country of Citizenship/Nationality	
Country of Tax Residency (Other Than India)	
Tax Payer Identification Number (Other Than India)	

## DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I 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. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time. I hereby give my consent for receiving information including Central KYC Registry through SMS/Email on the above registered number/email address.  
 I/We hereby provided my/our consent for sharing / disclosed of the Aadhaar number(s) including demographic information with Prrsaar Commodities Pvt. Ltd., SEBI, Exchanges, CKYC, KRA, Depositories and any other institutions / agencies as per requirement.

Place:

Date:

## SIGNATURE OF APPLICANT

(1)

## FOR OFFICE USE ONLY

Intermediary name OR code

☐ (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

## IN-PERSON VERIFICATION (IPV)

## DOCUMENTS VERIFIED WITH ORIGINALS

## CLIENT INTERVIEWED BY

Date : | d | d | / | m | m | / | y | y | y | y |

Institution Name & Code: Prrsaar Commodities Pvt. Ltd.

Employee/AP/SB Details :

Name : \_\_\_\_\_

Code : \_\_\_\_\_

Designation : \_\_\_\_\_

Signature : \_\_\_\_\_

# ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT-INDIVIDUAL

DP ID : 12091700

BOID 1 2 0 9 1 7 0 0

(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 :

## A. 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) _____
<b>Sub Type</b>	<input type="checkbox"/> TM-Client Securities Margin Pledge A/c <input type="checkbox"/> CM-Client Securities Margin Pledge A/c <input type="checkbox"/> TM/CM-Client Securities Margin Pledge A/c <input type="checkbox"/> Others _____		

## B. HOLDERS DETAILS

Sole/First Holder's Name		PAN	
UID		Date of Birth	D D M M Y Y Y Y
Second Holder's Name		PAN	
UID		Date of Birth	D D M M Y Y Y Y
Third Holder's Name		PAN	
UID		Date of Birth	D D M M Y Y Y Y

Name*	PAN
	Date of Incorporation

\* 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.

## C. BANK DETAILS (Dividend Bank Details)

Bank Code (9 digit MICR Code)	
IFSC 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

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

Guardian's Name	PAN
Relationship with the applicant	Date of birth

**E. OTHER DETAILS (Mandatory information, to be filled by Client)**

Gross Annual Income Details	Income Range per annum :				<input type="checkbox"/> Upto Rs. 1,00,000	<input type="checkbox"/> Rs. 1,00,001 to 5,00,000
	<input type="checkbox"/> Rs. 5,00,001 to 10,00,000		<input type="checkbox"/> Rs. 10,00,001 to 25,00,000		<input type="checkbox"/> More than Rs. 25,00,000	
	Net Worth as on (Date) : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rs.					
(Net Worth should not be older than 1 year)						
Occupation	<input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Specify) _____					
Please tick	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not a Politically Exposed Person (PEP) <input type="checkbox"/> Not Related to Politically Exposed Person (RPEP)					




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

<b>Transactions Using Secured Texting Facility (TRUST)</b>  DPs are advised to note that the registration to TRUST will be discontinued with the release of BO changes till further intimation as per CDSL Circular dated August 03, 2018 - CDSL/OPS/DP/SYSTM/2018/408	I wish to avail the TRUST facility using the Mobile Number registered for SMS Alert Facility, I have read and understood the Terms and Conditions prescribed by CDSL for the same. <input type="checkbox"/> Yes <input type="checkbox"/> No		
	I wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST.		
	<b>Stock Exchange Name/ID</b>	<b>Clearing Member Name</b>	<b>Clearing Member ID (Optional)</b>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

**F. FATCA DETAILS of NRIs/Foreign Nationals (Mandatory)**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.

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

	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signatures	(2) 		

## NOMINATION OPTION

- ☐ I/We do not wish to nominate any one for this demat account.
- ☐ I/We nominate the following persons who is/are entitled to receive security balances lying in my/our account, particulars where of are given below, in the event of my/our death.

### NOMINATION DETAILS

Nomination can be made upto three nominees in the account.		Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
1	Name of the nominee(s) (Mr./Ms.)			
2	Share of each Nominee Equally <input type="checkbox"/> [If not equally, please specify percentage]	%	%	%
Any odd lot after division shall be transferred to the first nominee mentioned in the form.				
3	Relationship With the Applicant (If Any)			
4	Address of Nominee(s)			
	PIN Code			
5	Mobile/Telephone No. of Nominee(s)			
6	Email ID of Nominee(s)			
7	Nominee Identification details :  [Please tick any one of following and provide details of same]  <input type="checkbox"/> Photograph & Signature	<div>Photograph of 1st nominee</div> <div>Signature of Nominee across photograph</div> <div>Signature</div>	<div>Photograph of 2nd nominee</div> <div>Signature of Nominee across photograph</div> <div>Signature</div>	<div>Photograph of 3rd nominee</div> <div>Signature of Nominee across photograph</div> <div>Signature</div>
	<input type="checkbox"/> PAN			
	<input type="checkbox"/> Aadhaar			
	<input type="checkbox"/> Saving Bank Account No.			
	<input type="checkbox"/> Proof of Identity			
	<input type="checkbox"/> Demat Account ID			
<b>Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:</b>				
8	Date of Birth {in case of minor nominee(s)}	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
9	Name of Guardian (Mr./Mrs.) {in case of minor nominee(s)}			
10	Address of Guardian			
	PIN Code			
11	Mobile/Telephone No. of Guardian			
12	Email ID of Guardian			
13	Relationship of Guardian with Nominee			
14	Guardian Identification details :  [Please tick any one of following and provide details of same]  <input type="checkbox"/> Photograph & Signature	<div>Photograph of 1st Guardian</div> <div>Signature of Guardian across photograph</div> <div>Signature</div>	<div>Photograph of 2nd Guardian</div> <div>Signature of Guardian across photograph</div> <div>Signature</div>	<div>Photograph of 3rd Guardian</div> <div>Signature of Guardian across photograph</div> <div>Signature</div>





## Application Form (For Non-Individuals Only)



**PRRSAF**  
ISO - 9001:2000  
YOU MUST GROW

[illegible]

<b>1. Address for Correspondence</b>																								
City/Town/Village															Postal Code									
State										Country														
<b>2. Contact Details</b>																								
Tel. (Off.)					(ISD)		(STD)		Tel. (Res.)					(ISD)		(STD)								
Mobile					(ISD)		(STD)		Fax					(ISD)		(STD)								
E-Mail Id.																								
<b>3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents &amp; tick (✓) against the document attached.</b>																								
<input type="checkbox"/> *Latest Telephone Bill (only Land Line) <input type="checkbox"/> *Latest Electricity Bill <input type="checkbox"/> *Latest Bank Account Statement <input type="checkbox"/> Registered Lease / Sale Agreement of Office Premises																								
<input type="checkbox"/> 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]																								
<b>4. Registered Address (If different from above)</b>																								
City/Town/Village															Postal Code									
State										Country														
<b>5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents &amp; tick (✓) against the document attached.</b>																								
<input type="checkbox"/> *Latest Telephone Bill (only Land Line) <input type="checkbox"/> *Latest Electricity Bill <input type="checkbox"/> *Latest Bank Account Statement <input type="checkbox"/> Registered Lease / Sale Agreement of Office Premises																								
<input type="checkbox"/> 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]																								

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)**

(4) 

Intermediary name **OR** code

- ☐ (Originals Verified) Self Certified Document copies received
- ☐ (Attested) True copies of documents received
- Main Intermediary

Date :   /   /    Institution Name & Code: **Prrsaar Commodities Pvt. Ltd.**

Employee/AP/SB Details :

Employee/AT/SD Details :  
Name :

Name : \_\_\_\_\_  
Code : \_\_\_\_\_

Designation : \_\_\_\_\_

Signature : \_\_\_\_\_



## ANNEXURE

### Name, PAN, Residential Address and photographs of Promoters/Partners/Karta/Trustees and Wholetime/Other Directors :

<p>1. Name <input style="width: 100%;" type="text"/></p> <p>Date of Birth <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> / <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> / <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> Status <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> PAN <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/></p> <p>Residential Address <input style="width: 100%;" type="text"/></p> <p>DIN <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> UID <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> DPIN <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/></p> <p>Please tick, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/Wholetime/Other Directors:</p> <p><input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> Not a Politically Exposed Person (PEP) <input type="checkbox"/> Not Related to a Politically Exposed Person (PEP)</p>	<div style="border: 1px solid black; padding: 5px;">             Photographs of Promoters / Partners / Karta / Trustees / Wholetime / Other Directors &amp; authorised signatories           </div>
---	---

<p>2. Name <input style="width: 100%;" type="text"/></p> <p>Date of Birth <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> / <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> / <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> Status <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> PAN <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/></p> <p>Residential Address <input style="width: 100%;" type="text"/></p> <p>DIN <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> UID <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> DPIN <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/></p> <p>Please tick, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/Wholetime/Other Directors:</p> <p><input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> Not a Politically Exposed Person (PEP) <input type="checkbox"/> Not Related to a Politically Exposed Person (PEP)</p>	<div style="border: 1px solid black; padding: 5px;">             Photographs of Promoters / Partners / Karta / Trustees / Wholetime / Other Directors &amp; authorised signatories           </div>
---	---

<p>3. Name <input style="width: 100%;" type="text"/></p> <p>Date of Birth <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> / <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> / <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> Status <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> PAN <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/></p> <p>Residential Address <input style="width: 100%;" type="text"/></p> <p>DIN <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> UID <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> DPIN <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/></p> <p>Please tick, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/Wholetime/Other Directors:</p> <p><input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> Not a Politically Exposed Person (PEP) <input type="checkbox"/> Not Related to a Politically Exposed Person (PEP)</p>	<div style="border: 1px solid black; padding: 5px;">             Photographs of Promoters / Partners / Karta / Trustees / Wholetime / Other Directors &amp; authorised signatories           </div>
---	---

<p>4. Name <input style="width: 100%;" type="text"/></p> <p>Date of Birth <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> / <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> / <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> Status <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> PAN <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/></p> <p>Residential Address <input style="width: 100%;" type="text"/></p> <p>DIN <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> UID <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> DPIN <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/></p> <p>Please tick, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/Wholetime/Other Directors:</p> <p><input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> Not a Politically Exposed Person (PEP) <input type="checkbox"/> Not Related to a Politically Exposed Person (PEP)</p>	<div style="border: 1px solid black; padding: 5px;">             Photographs of Promoters / Partners / Karta / Trustees / Wholetime / Other Directors &amp; authorised signatories           </div>
---	---

<p>5. Name <input style="width: 100%;" type="text"/></p> <p>Date of Birth <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> / <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> / <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> Status <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> PAN <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/></p> <p>Residential Address <input style="width: 100%;" type="text"/></p> <p>DIN <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> UID <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> DPIN <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/></p> <p>Please tick, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/Wholetime/Other Directors:</p> <p><input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> Not a Politically Exposed Person (PEP) <input type="checkbox"/> Not Related to a Politically Exposed Person (PEP)</p>	<div style="border: 1px solid black; padding: 5px;">             Photographs of Promoters / Partners / Karta / Trustees / Wholetime / Other Directors &amp; authorised signatories           </div>
---	---

## DECLARATION BY HUF

This is to certify that following are the coparceners of \_\_\_\_\_ (HUF)

S.No.	Name	Gender (M/F)	Relationship with Karta	Signature (in case of major)	Date of Birth (in case of minor)
1.					
2.					
3.					
4.					
5.					
6.					

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

(5) 

Name & Signature of Karta  
(Affix Stamp of HUF)

- \* Please attach separate annexure, if the space provided is not sufficient.
- \* Please stamp and sign.

## SAMPLE FOR BOARD RESULATION

### CERTIFIED TRUE COPY OF THE RESOLUTION PASSED BY THE BOARD OF DIRECTORS OF AT THEIR MEETING HELD ON AT THEIR REGD. OFFICE .

1. Resolved that a Corporate Beneficiary/Clearing Member Account be opened for depository purpose with Prrsaar Commodities Pvt. Ltd., 17A/35, 2nd Floor, Punjabi Bagh West, New Delhi-110026.
2. Further Resolved that Mr. DIRECTORS of the company whose specimen signatures are attested below be jointly / severally authorised to sign on behalf of the company all documents and forms relating to such account (in relation to debit or credit or otherwise) in such forms as may be required by the Prrsaar Commodities Pvt. Ltd. and further any instructions, indemnities and counter indemnities which may be required by Prrsaar Commodities Pvt. Ltd., from the company in connection with the above mentioned account.
3. That this resolution be communicated to the Prrsaar Commodities Pvt. Ltd. and remain in force until notice in writing is given to the Prrsaar Commodities Pvt. Ltd.

For

Director  
Specimen Signature of  
Mr.  
Mr.

Attested By  
Director

**NOTE: This is required to be submitted on the Company's letterhead.**

**ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT (NON-INDIVIDUAL)**

/ DP ID : 12091700 /

 BOID 

1	2	0	9	1	7	0	0								
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

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

(Please fill all the details in CAPITAL/BLOCK LETTERS only)

 Date 

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

**A. TYPE OF ACCOUNT (Please tick whichever is applicable)**

Status	<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) _____												
Sub Type	<input type="checkbox"/> TM-Client Securities Margin Pledge A/c <input type="checkbox"/> CM-Client Securities Margin Pledge A/c <input type="checkbox"/> TM/CM-Client Securities Margin Pledge A/c <input type="checkbox"/> Others _____													
SEBI Registration No. (if applicable)					SEBI Registration Date	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">D</td><td style="width: 20px; text-align: center;">D</td><td style="width: 20px; text-align: center;">M</td><td style="width: 20px; text-align: center;">M</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y							
RBI Registration No. (if applicable)					RBI Approval Date	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">D</td><td style="width: 20px; text-align: center;">D</td><td style="width: 20px; text-align: center;">M</td><td style="width: 20px; text-align: center;">M</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y							
ROC Registration No. (if applicable)					ROC Registration Date	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">D</td><td style="width: 20px; text-align: center;">D</td><td style="width: 20px; text-align: center;">M</td><td style="width: 20px; text-align: center;">M</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y							
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) _____													

**B. HOLDERS DETAILS**

Account Holder(s)	Sole/First Holder	Second Holder	Third Holder
Name			
PAN			
UID / Aadhar			
Date of Incorporation/ Birth			

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.

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
I/We would like to instruct the DP to accept all the pledge instructions in my/our account without any other further instruction from my/our end. (If not marked, the default option would be 'Yes')	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Requirement (If not marked, the default option would be as per SEBI Regulation)	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
I would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No
I would like to receive the Annual Report (Tick the applicable box. If not marked the default option would be 'Electronic')	<input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical & Electronic
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
SMS Alert Facility Refer to Terms & Conditions given as <b>Annexure B</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).
Easi	To register for easi, please visit our website <a href="http://www.cdslindia.com">www.cdslindia.com</a> . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.

**C. OTHER DETAILS (Mandatory information, to be filled by Client)**

Gross Annual Income Details	Income Range per annum : <input type="checkbox"/> Upto Rs. 1,00,000 <input type="checkbox"/> Rs. 1,00,001 to 5,00,000 <input type="checkbox"/> Rs. 5,00,001 to 10,00,000 <input type="checkbox"/> Rs. 10,00,001 to 25,00,000 <input type="checkbox"/> More than Rs. 25,00,000										
	Net Worth as on (Date) : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> Rs.										
	(Net Worth should not be older than 1 year)										
Occupation	<input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Specify) _____										
Please tick	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not a Politically Exposed Person (PEP) <input type="checkbox"/> Not Related to Politically Exposed Person (RPEP)										

**D. BANK DETAILS (Dividend Bank Details)**

Bank Code (9 digit MICR Code)									
IFSC 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			

**E. CLEARING MEMBER DETAILS (to be filled up by Clearing Members only)**




1.	Name of Stock Exchange	
2.	Name of Clearing Corporation/Clearing House	
3.	Clearing Member ID	
4.	SEBI Registration Number	
5.	Trade Name	
6.	CM-BP-ID (to be filled up by Participant)	

**DECLARATION**



I/We acknowledge the receipt of copy of document, "Right and Obligations of the Beneficial Owner and Depository Participant". The rules and regulations of the FATCA & CRS, Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/we hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/ we are aware that I/we may be held liable for it. In case non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations.

I / We hereby provide my / our consent for sharing / disclosed of the Aadhaar number(s) including demographic information with Prrsaar Commodities Pvt. Ltd., SEBI, Exchanges, CKYC, KRA, Depositories and any other institutions / agencies as per requirement.

**Authorised Signatories** (Enclose a Board Resolution for Authorised Signatories)

HOLDER	NAME	SIGNATURE
Sole/First Signatory		(6) 
Second Signatory		
Third Signatory		

**OTHER HOLDER**

Second Signatory		
Third Signatory		

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

Please tick the applicable tax resident declaration -

- I. 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)

<p>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)</p>	<p><b>GIIN</b> <input style="width: 100%;" type="text"/></p> <p><b>Note:</b> 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</p> <p>Name of sponsoring entity <input style="width: 100%;" type="text"/></p> <hr/> <p><input type="checkbox"/> <b>GIIN not available</b> (please tick as applicable)</p> <p><input type="checkbox"/> <b>Applied for</b> <input type="checkbox"/> Not obtained – Non-participating FI</p> <p><input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <input style="width: 50px;" type="text"/> (Refer 1 A of Part C)</p>
---	---

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

<p>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)</p>	<p>Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded)</p> <p>Name of stock exchange <input style="width: 100%;" type="text"/></p>
<p>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)</p>	<p>Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)</p> <p>Name of listed company <input style="width: 100%;" type="text"/></p> <p>Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company</p> <p>Name of stock exchange <input style="width: 100%;" type="text"/></p>
<p>3. Is the Entity an active NFE (Refer 2c of Part C)</p>	<p>Yes <input type="checkbox"/> Nature of Business <input style="width: 100%;" type="text"/></p> <p>Please specify the sub-category of Active NFE <input style="width: 50px;" type="text"/> (Mention code – refer 2c of Part C)</p>
<p>4. Is the Entity a passive NFE (Refer 3(ii) of Part C)</p>	<p>Yes <input type="checkbox"/> Nature of Business <input style="width: 100%;" type="text"/></p>

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

**Category** (Please tick applicable category):

<input type="checkbox"/> Unincorporated association / body of individuals	<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Limited Liability Partnership Company
<input type="checkbox"/> Others (please specify <input style="width: 100px;" type="text"/> )	<input type="checkbox"/> Public Charitable Trust	<input type="checkbox"/> Religious Trust	<input type="checkbox"/> Private Trust

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 #			
Address	Zip <input style="width: 100px;" type="text"/> State: <input style="width: 100px;" type="text"/> Country: <input style="width: 100px;" type="text"/>	Zip <input style="width: 100px;" type="text"/> State: <input style="width: 100px;" type="text"/> Country: <input style="width: 100px;" type="text"/>	Zip <input style="width: 100px;" type="text"/> State: <input style="width: 100px;" type="text"/> Country: <input style="width: 100px;" type="text"/>

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>s</sup>			

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

# 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.

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

<sup>s</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 Prrsaar Commodities Pvt. 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			


(7)  \_\_\_\_\_

Sole/First Authorised Signatory

Place \_\_\_\_\_

 \_\_\_\_\_

Second Authorised Signatory

 \_\_\_\_\_

Third Authorised Signatory

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

## **Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories**

### **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

### **Beneficiary 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.

### **Statement of account**

13. 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.
14. 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.
15. 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.
16. 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**

17. 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.

18. 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**

19. 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.
20. 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**

21. 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**

22. 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.
23. 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**

24. 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**

25. 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**

26. 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 circulars/notices issued there under or Rules and Regulations of SEBI.
27. 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.
28. 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.
29. 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
30. 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.
31. 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.

#### **SIGNATURES**

(8) 

First Holder Signature



Second Holder Signature



Third Holder Signature

# ANNEXURE - A

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

### Definitions:

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

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

### Availability:

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

### Receiving Alerts:

1. The depository shall send the alerts to the mobile phone number provided by the BO while registering for the service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
2. The BO acknowledges that the alerts will be received only if the mobile phone is in 'ON' and in a mode to receive the SMS. If the mobile phone is in 'Off' mode i.e. unable to receive the alerts then the BO may not get / get after delay any alerts sent during such period.
3. The BO also acknowledges that the readability, accuracy and timeliness of providing the service depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.
4. The BO further acknowledges that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/ or inaccuracy. In case the BO observes any error in the information provided in the alert, the BO shall inform the depository and/ or the DP immediately in writing and the depository will make best possible efforts to rectify the error as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred/ suffered by the BO on account of opting to avail SMS alerts facility.

5. The BO authorizes the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity.
6. **The BO agrees to inform the depository and DP in writing of any unauthorized debit to his BO account/ unauthorized transfer of securities from his BO account, immediately, which may come to his knowledge on receiving SMS alerts. The BO may send an email to CDSL at [complaints@cdslindia.com](mailto:complaints@cdslindia.com). The BO is advised not to inform the service provider about any such unauthorized debit to/ transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse communication between the service provider and the depository.**
7. The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.
8. The depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
9. If the BO finds that the information such as mobile number etc., has been changed without proper authorization, the BO should immediately inform the DP in writing.

### Fees:

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

### Disclaimer:

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

### Liability and Indemnity:

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

### Amendments:

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

### Governing Law and Jurisdiction:

Providing the Service as outlined above shall be governed by the laws of India and will be subject to the exclusive jurisdiction of the courts in Mumbai.  
I/We wish to avail the SMS Alerts facility provided by the depository on my/our mobile number provided in the registration form subject to the terms and conditions mentioned below. **I/ We consent to CDSL providing to the service provider such information pertaining to account/transactions in my/our account as is necessary for the purposes of generating SMS Alerts by service provider, to be sent to the said mobile number.**

I/We have read and understood the terms and conditions mentioned above and agree to abide by them and any amendments thereto made by the depository from time to time.

I/ we further undertake to pay fee/ charges as may be levied by the depository from time to time.

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

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

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

BOID

1	2	0															
---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Please write your 8 digit DPID)

(Please write your 8 digit Client ID)

Sole / First Holder's Name : \_\_\_\_\_ Second Holder's Name \_\_\_\_\_ Third Holder's Name \_\_\_\_\_

Mobile Number on which message are to be sent

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

The mobile number is registered in the name of : \_\_\_\_\_

Email ID : \_\_\_\_\_

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

Signatures



Sole/First Holder Signature



Second Holder Signature



Third Holder Signature

Place : \_\_\_\_\_

Date : \_\_\_\_/\_\_\_\_/20\_\_\_\_

# ANNEXURE - B

## Terms And Conditions for availing Transaction Using Secured Texting (TRUST) service offered by CDSL

DPs are advised to note that the registration to TRUST will be discontinued with the release of BO changes till further intimation as per CDSL Circular dated August 03, 2018 - CDSL/OPS/DP/SYSTM/2018/408

- Definitions:**  
In these Terms and Conditions the terms shall have following meaning unless indicated otherwise:
  - "Depository" means Central Depository Services (India) Limited (CDSL)
  - TRUST means "Transactions Using Secured Texting" service offered by the Depository.
  - "Service Provider" means a cellular service provider(s) with whom the Depository has entered / shall enter into an arrangement for providing the TRUST service to the BO.
  - "Service" means the service of providing facility to receive/give instructions through SMS on best effort basis as per the following terms and conditions. The types of transaction that would normally qualify for this type of service would be informed by CDSL from time to time.
  - "Third Party" means the operators with whom the Service Provider is having / will have an arrangement for providing SMS to the BO.
- The service will be provided to the BO at his / her request and at the discretion of the depository provided the BO has registered for this facility with their mobile numbers through their DP or by any other mode as informed by CDSL from time to time. Acceptance of application shall be subject to the verification of the information provided by the BO to the Depository
- The messages will be sent on best efforts basis by way of an SMS on the mobile no which has been provided by the BOs. However Depository shall not be responsible if messages are not received or sent for any reason whatsoever, including but not limited to the failure of the service provider or network.
- The BO is responsible for promptly informing its DP in the prescribed manner any change in mobile number, or loss of handset on which the BO wants to send/receive messages generated under TRUST. In case the new number is not registered for TRUST in the depository system, the messages generated under TRUST will continue to be sent to the last registered mobile number. The BO agrees to indemnify the depository for any loss or damage suffered by it on account of messages sent on such mobile number.
- The BO agrees that SMS received by the Depository from the registered mobile number of the BO on the basis of which instructions are executed in the depository system shall be conclusive evidence of such instructions having been issued by the BO. The DP / CDSL will not be held liable for acting on SMS so received.
- The BO shall be responsible for submitting response to the 'Responsive SMS' within the specified time period. Transactions for which no positive or negative confirmation is received from the BO, will not be executed except for transaction for deregistration. Further, CDSL shall not be responsible for BOs not submitting the response to the said SMS within the time limit prescribed by CDSL.
- The BO agrees that the signing of the TRUST registration form by all joint holders shall mean that the instructions executed on the basis of SMS received from the registered mobile for TRUST shall be deemed to have been executed by all joint holders.
- The BO agrees to ensure that the mobile number for TRUST facility and SMS alert (SMART) facility is the same. The BO agrees that if he is not registered for SMART, the DP shall register him for SMART and TRUST. If the mobile number provided for TRUST is different from the mobile number recorded for SMART, the new mobile number would be updated for SMART as well as TRUST.
- BOs are advised to check the status of their obligation from time to time and also advise the respective CMs to do so. In case of any issues, the BO/CM should approach their DPs to ensure that the obligation is fulfilled through any other mode of delivery of transactions as may be informed / made available by CDSL from time to time including submission of Delivery Instruction Slips to the DP.
- The BO acknowledges that CDSL will send the message for confirmation of a transaction to the BO only if the Clearing Member (registered by the BO for TRUST) enters the said transaction in CDSL system for execution through TRUST within prescribed time limit.
- The BO further acknowledges that the BO/CM shall not have any right to any claim against either the DP or Depository for losses, if any, incurred due to non receipt of response on the responsive SMS or receipt of such response after the prescribed time period. In the event of any dispute relating to the date and time of receipt of such response, CDSL's records shall be conclusive evidence and the Parties agree that CDSL's decision on the same shall be final and binding on both Parties.
- The BO may request for deregistration from TRUST at any time by giving a notice in writing to its DP or by any other mode as specified by Depository in its operating instructions. The same shall be effected after entry of such request by the DP in CDSL system if the request is received through the DP.
- Depository reserves the right to charge such fees from time to time as it deems fit for providing this service to the BO.
- The BO expressly authorises Depository to disclose to the Service Provider or any other third party, such BO information as may be required by them to provide the services to the BO. Depository however, shall not be responsible and be held liable for any divulgence or leakage of confidential BO information by such Service Providers or any other third party.
- The BO takes the responsibility for the correctness of the information supplied by him to Depository through the use of the said Facility or through any other means such as electronic mail or written communication.
- The BO is solely responsible for ensuring that the mobile number is not misused and is kept safely and securely. The Depository will process requests originated from the registered Mobile as if submitted by the BO and Depository is not responsible for any claim made by the BO informing that the same was not originated by him.
- Indemnity:**  
In consideration of providing the service, the BO agrees that the depository shall not be liable to indemnify the BO towards any damages, claims, demands, proceedings, loss, cost, charges and expenses whatsoever as a consequence of or arising out of interference with or misuse, improper or fraudulent use of the service by the BO.
- Disclaimer:**  
Depository shall be absolved of any liability in case :-
  - There is loss of any information during processing or transmission or any unauthorized access by any other person or breach of confidentiality.
  - There is any lapse or failure on the part of the service providers or any third party affecting the said Facility and that Depository makes no warranty as to the quality of the service provided by any such service provider.
  - There is breach of confidentiality or security of the messages whether personal or otherwise transmitted through the Facility.

To register for easi, please visit our website [www.cdslindia.com](http://www.cdslindia.com). Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.

Dear Sir/Madam,

I/We wish to avail the following facility/ies provided by the depository on my/our mobile number as provided below subject to the terms and conditions as specified by CDSL.

- SMART - SMS alert facility
- TRUST - Transaction using Secured Texting facility.

(please note that SMS alert facility is mandatory if TRUST facility is opted for)

BOID	1	2	0															
------	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Please write your 8 digit DPID)

(Please write your 8 digit Client ID)

Sole / First Holder's Name : \_\_\_\_\_ Second Holder's Name \_\_\_\_\_ Third Holder's Name \_\_\_\_\_

Mobile Number on which message are to be sent	+91																	
---	-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

(Existing users registered for SMS alerts : Please note that if the mobile number for TRUST is different than the registered mobile number for SMS alert, the new mobile number will be updated for SMS alert also.)


The mobile number is registered in the name of : \_\_\_\_\_

Email ID : \_\_\_\_\_

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

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 purpose of availing the said facility.

I/We have read and understood the terms and conditions prescribed by CDSL for the said facility/ies 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.

Signatures     
Sole/First Holder Signature Second Holder Signature Third Holder Signature

Place : \_\_\_\_\_ Date : \_\_\_\_/\_\_\_\_/20\_\_\_\_

## FORMAT OF REQUEST (DP-EMUL)

To,  
**Prrsaar Commodities Pvt. Ltd.**  
17A/35, 2nd Floor, Punjabi Bagh West,  
New Delhi-110026

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

Re: DP ID : \_\_\_\_\_ BO / CLIENT ID : \_\_\_\_\_




Dear Sir,  
I/We hereby declare that the aforesaid mobile number or E-mail ID belongs to me or my family (**spouse, dependent children and dependent parents**)

Contact Mode	Mention the Mobile / Email ID	Mobile / Email ID Registered in the Name (Please tick (✓) whichever applicable)			
(Please mention Email If in CAPITAL LETTERS only)		Self	Spouse	Dependent Child	Dependent Parent
Mobile	<input type="checkbox"/> 1st Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 2nd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 3rd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email ID	<input type="checkbox"/> 1st Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 2nd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 3rd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of 1st Account Holder : \_\_\_\_\_

Name of 2nd Account Holder : \_\_\_\_\_

Name of 3rd Account Holder : \_\_\_\_\_

Signatures <sup>(11)</sup>  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
Sole/First Holder Signature                      Second Holder Signature                      Third Holder Signature

### **DECLARATION BY CLIENT**

I/We the Sole Holder/ Joint Holder in the demat account number \_\_\_\_\_  
hereby declare that :

<input type="checkbox"/> I/We wish to Open / Convert this demat account under BSDA Category. <div style="text-align: right;">(Subject to Terms and Condition related to BSDA)</div>
<input type="checkbox"/> I/We do not wish to Open/Convert this demat account under BSDA Category. Open / Convert this account as under : <div style="display: flex; justify-content: space-around;"><input type="checkbox"/> Normal AMC    <input type="checkbox"/> Lifetime Maintenance</div>

I/We acknowledge the receipt of copy of DP Tariff. The terms and conditions related to the DP Tariff in force, pertaining to the demat account have been read and understood by me/us. I/we agree to abide by and to be bound by the terms and conditions.

Signatures <sup>(12)</sup>  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
Sole/First Holder Signature                      Second Holder Signature                      Third Holder Signature

## POWER OF ATTORNEY

M/S Prsraar Commodities Pvt. Ltd. (hereinafter referred to as “PRRSAAR”), a Company duly incorporated under the Companies Act, 1956 and having its Registered Office at 17A/35, 2<sup>nd</sup> Floor West Punjabi Bagh, New Delhi-110026 as the Second Part,

### RECITAL

WHEREAS PRRSAAR is providing various securities related services which inter alia includes but not limited to transaction in connection with purchase or sale of securities, scripts, stocks, units of mutual fund etc. Whereas PRRSAAR is a member of National Stock Exchange of India Limited, BSE Limited, Metropolitan Stock Exchange of India Ltd. bearing SEBI Registration No. INZ000027432.

AND WHEREAS I/We hold a Beneficiary account, bearing Client ID/BO ID..... with Prsraar Commodities Private Limited, a Depository Participant (DPID CDSL 91700) there in after referred to as “PRRSAAR (DP)” in order to avail the various services being offered by PRRSAAR.

AND WHEREAS for facilitating smooth operations of the various services availed by me/us offered by PRRSAAR, I/We am/are desirous of appointing an attorney and confer upon it powers here in after stated.

NOW THESE PRESENTS WITNESS THAT I/We do hereby jointly and severally nominate, constitute and appoint PRRSAAR, acting through their respective Director(s), employees or such other person as may be authorized by them byway of Resolution, whether passed in a meeting of the Board of Directors or any Committee formed by the Board, for the aforesaid and various other purposes, as my/our true and lawful attorney to do, execute and perform severally the following acts, deeds, matter sand things:

1. To operate the specified aforementioned Beneficiary Account and issue instructions relating to demat of securities, and to sign and execute delivery instruction slip to effect transfer of shares / securities from my / our beneficiary account, to execute receipt instructions, pledge instructions, pledge closure instructions and all such other instructions that may be required to facilitate the transactions undertaken by me/us pursuant to my our dealings with PRRSAAR in securities market which includes but not limited to capital/derivative/currency derivative segment, mutual fund, IPO, debt market etc. as per byelaws, rule, regulations, circulars of stock Exchanges and Regulatory Authorities.
2. To instruct the PRRSAAR (DP) to debit securities and/or to transfer securities from the aforementioned Beneficiary Account to the pool account of PRRSAAR as mentioned herein below or such other demat account as intimated to me by time to time by PRRSAAR for the purpose of delivering the same to the Clearing Corporation of the aforesaid Stock Exchanges toward any segment in respect of the securities sold by me/us through them (Including pay in/ pay out due to exercise of rights by PRRSAAR over securities considered as margin/collateral/security).

### POOL ACCOUNTS

NSDL		CDSL	
NSE		NSE	
IN300966	10506040	12091700	00000159

3. Pursuant to my/our instruction or instruction of my/our Authorised Representative, to apply for various products such as Mutual Funds, Public issues of securities including debentures, rights, offer of shares, tendering shares in open offer/buy back etc.
4. I/we want you to consider the securities in my/our demat account as margin/collateral/ security for any and all dealings which as per your records/opinion are done/to be done/expected to be done through/with you. And to instruct the PRRSAAR (DP) to debit securities and/or to transfer securities from the aforementioned Beneficiary Account to the Margin Account(s) of the PRRSAAR as mentioned herein below or such other demat account as intimated to me by time to time by PRRSAAR and for creating/ maintaining collateral/ security/ margin in form of securities.

### CLIENT SECURITIES MARGIN PLEDGE ACCOUNTS

DP Name	PRRSAAR COMMODITIES PRIVATE LIMITED
DP ID	12091700
Client ID	00000110



5. To sign the necessary forms and other documents if any and to file the same with the company/ie sand/or mutual fund concerned for purchase, sell, redemption or otherwise transfer such securities/units of mutual funds and transferring it in my/our name.
6. To forward all such applications placed through the website to the online-IPO module of the concerned Exchange or owner/issuer of Investment products.
7. To do all such acts, deeds, things as may be required to ensure that all deliveries of securities arising out of transactions undertaken by me/us under the Agreement are duly and properly completed.
8. To do all such other act or deeds which PRRSAAR in its sole discretion considers necessary in this connection, in order complete the transaction(s)
9. Where by PRRSAAR undertakes to return the securities that may have been received by them erroneously or those securities that it was not entitled to receive.
10. To authorize PRRSAAR to send consolidated summary of my/our scrip-wise buy and sell positions taken with average rates to the me/us by way of SMS/email on a daily basis, notwithstanding any other document to be disseminated as specified by SEBI from time to time.
11. This Power of Attorney may be revoked by me at any time by lodging with PRRSAAR, a communication in writing duly signed. Provided, however, that the revocation shall not so operate as to preclude or deny execution of transactions as are required for the purpose of fulfilling all obligations (towards settlement, delivery, margin or otherwise), arising out of transactions executed for and on my behalf on the platform of Stock Exchanges prior to the time of receipt of such revocation by PRRSAAR.
12. Where by this Power of Attorney is revocable at any time, without notice.

I DO HEREBY for myself, my heirs, executors and administrators do hereby agree to ratify, confirm and valid at all and whatsoever my said Attorney shall door purport to door cause to be done by virtue of these presents.

Authorizations in the POA inconsistent with the contrary to the provisions of the relevant SEBI Circulars shall be in operative. This Powerof Attorney shall be subject to the jurisdiction of the Courts in Delhi.

Signed and Delivered By

CLIENT NAME & SIGNATURE				ACCEPTED FOR & BEHALF OF PRRSAAR COMMODITIES PVT. LTD.	
	<b>First / Sole Holder</b>	<b>Second Holder</b>	<b>Third Holder</b>	Name	
Name				Address	
Sign. of Client	(13) 			Sign. of FE Signatory	
Date :		Place :		Date :	Place :
WITNESS FOR CLIENT				WITNESS FOR PRRSAAR COMMODITIES PVT. LTD.	
Name				Name	
Address				Address	
Sign. of Witness				Sign. of Witness	

**Note : In case of HUF, all co-parceners to sign POA.**

# PRRSAAR COMMODITIES PVT. LTD.

Registered Office : 17A/35, 2nd Floor, Punjabi Bagh West, New Delhi-110026

Ph. : 011-45350000-15 • Fax : 011-42466672 • E-mail : dp@prrsaar.com

## DP CHARGES

### REVISED TARIFF FOR BENEFICIARY ACCOUNTS

NATURE OF SERVICES	CHARGES		
	Scheme 1	Scheme 2	Scheme 3
Account Maintenance Cycle	One Year	Five Year	Life Time
Maintenance Charges (Non-Corporate Account)	₹299/- (for POA) ₹399/- (for Non-POA)	₹1199/- (for POA) ₹1599/- (for Non-POA)	₹4999/- (Refundable after one year without interest)
Maintenance Charges (Corporate Account)	₹999/-	Not Applicable	Not Applicable

### TRANSACTION CHARGES - MONTHLY

Delivery	Market Transaction	₹20.50/- per instruction or 0.02% of transaction value, whichever is higher, subject to maximum of ₹100/-
	Off Market Transaction	₹30/- per instruction or 0.03% of transaction value, whichever is higher, subject to maximum of ₹500/-
Pledge Creation/ Closure/ Invocation		₹30/- per instruction or 0.03% of transaction value, whichever is higher
Demat Charges		₹100/- for up to first hundred and after first hundred ₹20/- for every hundred securities or part thereof or a flat fee ₹10/- per certificate whichever is higher plus courier charges of ₹50/- for every 25 certificate and part thereof
Remat Charges		₹100/- for up to first hundred and after first hundred ₹30/- for every hundred securities or part thereof or a flat fee ₹30/- per certificate whichever is higher
Mutual funds (Destat / Redemption)		₹30/- per instruction plus courier charges
Instruction Booklet		₹50/- for ten leaf, ₹100/- for 20 leaf

#### Note:

• The Depository Participant shall reserve the right to revise the charges by giving not less than 30 days notice in writing to the client.  
• Value of Transaction will be in accordance with the Depository formulae. • Modification in client detail, ₹100/- per instance.  
Maintenance charges will be charged in advance at the time of opening the account. • Rejection charges ₹100/- per rejection plus courier charges. • Slip Rejection/Fail charges ₹200/- per rejection. • Off-Market Instruction not received prior to 24 hours of execution will be received at client's risk. • Instruction for Pay-In of securities to transfer from client account to CM Pool account, Inter settlement instruction, CM Pool to CM Pool transfer and delivery instruction will be accepted up till 4:00 PM on working day prior to Pay-in date. • Periodic statement free on Email and ₹100/- towards courier charges if sent physically. • Non-periodic statement shall be charged @ ₹5/- per page and postage/courier charge @ ₹50/- or actual charges whichever is higher. • In case of non-payment of bill/dues within 30 days of due date, interest shall be charged @ 2.0% per month on the outstanding dues. • ₹100/- will be charged to client in case of New Delivery Instruction Booklet is requested without requisition slip. • All charges are exclusive of GST. Taxes and other Government levies will be charges extra as applicable from time to time.

**“AS per SEBI Circular No. CIR/MRD/DP/22/2012 dated 27th August 2012, all clients who are willing to hold only one demat account as first holder and DP holding valuation will be maintained below Rs. 2 Lac. Is eligible to opt for BSDA (Basic Service Demat Account) subject to term and conditions mentioned by SEBI.” To opt BSDA scheme please sign a separate scheme sheet which can be obtained from our office.**

- ☐ I/We wish to avail BSDA facility in my/our Demat Account.  
☐ I/We do not wish to avail BSDA facility in my/our Demat Account.

#### HOLDER'S SIGNATURES

(14) 

First Holder Signature



Second Holder Signature



Third Holder Signature

**Prrsaar Commodities Pvt. Ltd.**

(Authorised Signatory)







## **PRRSAAR COMMODITIES PVT. LTD.**

(CIN : U74899DL1994PTC060025)

MEMBER : CENTRAL DEPOSITORY SERVICES LTD. (CDSL)

**DP ID : 12091700**

---

**Registered Office :** 17A/35, 2nd Floor, Punjabi Bagh West, New Delhi-110026

Ph. : 011-45350000-15      Fax : 011-42466672

E-mail : [dp@prrsaar.com](mailto:dp@prrsaar.com)      Website : [www.prrsaar.com](http://www.prrsaar.com)