



DBFS SECURITIES LIMITED

Admn. Office: 111/947, Smart Centre, M.K.K. Nair Road, Vazhakkala, Kochi-682 021
 Phone: 0484-3060000, Fax: 0484-3060268, E-mail: dp@dbfsindia.com
Regd. Office: Old No. 2A, New No.5, West Road, C I T Nagar (West), Chennai - 600 035
Investor Grievance Cell: grievance@dbfsindia.com

SEBI Reg.No: IN-DP-CDS/232/2004 DP ID: 12032800

APPLICATION FOR OPENING A SECURITIES ACCOUNT CENTRAL DEPOSITORY SERVICES (INDIA) LTD.

Individual NRI Foreign National

Please fill all the details in BLOCK LETTERS in English

Application No. CDS :

Date : Account No.

(To be filled by **Company**)

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

Type of Account (Please tick whichever is applicable)

STATUS	SUB-STATUS		
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident	<input type="checkbox"/> Individual Director	<input type="checkbox"/> Individual Promoter
	<input type="checkbox"/> Individual Director Relative	<input type="checkbox"/> Individual HUF/AOP	<input type="checkbox"/> Individual Margin Trading A/C (MANTRA)
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable	<input type="checkbox"/> NRI Non-Repatriable	<input type="checkbox"/> NRI – Depository Receipts
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National - Depository Receipts	

Sole / First Holder's Details

First Name	<input style="width: 98%; height: 20px;" type="text"/>		
Middle Name	<input style="width: 98%; height: 20px;" type="text"/>		
Last Name / Search Name	<input style="width: 98%; height: 20px;" type="text"/>		
Father / Husband Name	<input style="width: 98%; height: 20px;" type="text"/>		
Title	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms <input type="checkbox"/> Others Suffix <input style="width: 40px; height: 20px;" type="text"/>
Address for Correspondence	<input style="width: 98%; height: 20px;" type="text"/>		Permanent Address (if Different) <input style="width: 98%; height: 20px;" type="text"/>
	<input style="width: 98%; height: 20px;" type="text"/>		<input style="width: 98%; height: 20px;" type="text"/>
	<input style="width: 98%; height: 20px;" type="text"/>		<input style="width: 98%; height: 20px;" type="text"/>
City	<input style="width: 98%; height: 20px;" type="text"/>	City	<input style="width: 98%; height: 20px;" type="text"/>
State	<input style="width: 98%; height: 20px;" type="text"/>	State	<input style="width: 98%; height: 20px;" type="text"/>
Country	<input style="width: 98%; height: 20px;" type="text"/>	Country	<input style="width: 98%; height: 20px;" type="text"/>
Pin Code	<input style="width: 98%; height: 20px;" type="text"/>	Pin Code	<input style="width: 98%; height: 20px;" type="text"/>
Telephone No.	<input style="width: 98%; height: 20px;" type="text"/>	Telephone No.	<input style="width: 98%; height: 20px;" type="text"/>
Fax No.	<input style="width: 98%; height: 20px;" type="text"/>	Fax No.	<input style="width: 98%; height: 20px;" type="text"/>
P.A.N/G.I.R No.	<input style="width: 98%; height: 20px;" type="text"/>	I.T Circle / Ward / District	<input style="width: 98%; height: 20px;" type="text"/>
MAPIN Code	<input style="width: 98%; height: 20px;" type="text"/>		
E-mail Address	<input style="width: 98%; height: 20px;" type="text"/>		Date of Birth <input style="width: 40px; height: 20px;" type="text"/>
Occupation	<input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Farmer <input type="checkbox"/> Retired <input type="checkbox"/> House wife <input type="checkbox"/> Others		
Waiver from Confirmation for Credits	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Account Statement requirement	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi - Annually <input type="checkbox"/> Annually		

Guardian Details (If Sole / First Holder is a minor)

Guardian's Name			
Relationship			
Address			
City		Country	
State		Pin Code	
Telephone No.		Fax No.	
E-mail Address			

Other Holder Details

Name of Second Holder			
Middle Name		Last Name / Search Name	
Father / Husband Name			
Title	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms <input type="checkbox"/> Others Suffix
Address			
City		State	
Country		Pin Code	
Telephone No.		Fax No.	
Date of Birth		P.A.N / G.I.R No.	
I.T.Circle/Ward/ District		MAPIN Code	
E-mail Address			

Name of Third Holder			
Middle Name		Last Name / Search Name	
Father / Husband Name			
Title	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms <input type="checkbox"/> Others Suffix
Address			
City		State	
Country		Pin Code	
Telephone No.		Fax No.	
Date of Birth		P.A.N / G.I.R No.	
I.T.Circle/Ward/ District		MAPIN Code	
E-mail Address			

Bank Details of Sole/First Holder

Bank Details	Electronic Credit or Mandate (For Dividend / Interest)	Beneficiary Bank Details (To be printed on the Cheque / Warrant)
Bank Name		
Branch Name		
Bank Address		
9-Digit Code No.*		
Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit	
Bank Account No.		

* Code No. of the Bank and Branch appearing on MICR cheque issued by the Bank.

For NRIs/ Foreign National (Only if the First /Sole holder is an NRI / Foreign National)

Foreign Address		Indian Address	
City		City	
Country		Country	
Pin Code		Pin Code	
Tel No.		Tel No.	
Fax No.		Fax No.	
Currency		E-mail	
RBI Reference No.		RBI Approval Date	

Declaration

I / We have read the agreement, terms & conditions and agree to abide by and bound by the Bye laws as are in force from time to time for such Accounts. I/We declare that the particulars given by me / us above are true and correct to the best of my / our knowledge as on the date of making this application. I / We further agree that any false / misleading information given by me / us or suppression of any material information will render my/our account liable for termination and further action.

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature	(X1)	(X1)	(X1)

(X2)

Passport Size Photograph of **First / Sole Signatory**
(Please Sign across the Photograph)

(X2)

Passport Size Photograph of **Second Signatory**
(Please Sign across the Photograph)

(X2)

Passport Size Photograph of **Third Signatory**
(Please Sign across the Photograph)

Introduction Details

Introduction by an existing account holder of DBFS Securities Limited
I confirm the identity, occupation and address of the applicant(s).
Introducer's Name
BO Id.....
Signature of Introducer : (To be verified by officials of **DBFSSL**)

Proof of Identity

Please provide a copy of any one of the following :

a) Passport	<input type="checkbox"/>	b) PAN Card	<input type="checkbox"/>	c) Photo Credit Card	<input type="checkbox"/>
d) Driving License	<input type="checkbox"/>	e) Election Identity Card	<input type="checkbox"/>	f) Ration Card	<input type="checkbox"/>

Enclosures (The following documents are to be submitted by the Investors)

- ✦ The Introduction may not be required if the certified copies of any one of the following document is submitted by the BO for determining the intending BO's bonafides: Photocopy of Election ID Card / Passport.
- ✦ Date of Birth Certificate in case of Minors
- ✦ Proof of NRI Status
- ✦ Copy of RBI approval for NRIs.
- ✦ One passport size photograph of each account Holder.

DBFS SECURITIES LIMITED

Admn. Office: 111/947, Smart Centre, M.K.K. Nair Road, Vazhakkala, Kochi-682 021

NOMINATION FORM FOR CDSL

I / We _____

(Name/s) _____ Address(es) hereby declare that:

- I/We **do not wish** to nominate any one for this demat account. *[Strike out what is not applicable.] [Signatures of all account holders should be obtained on this form].*
- I/We **nominate** the following person who is entitled to receive securities outstanding in my / our account, particulars whereof are given below, in the event of the death of the Sole holder or the death of all the Joint Holders.

BO Account Details													
BO ID	1	2	0	3	2	8	0	0					
Name of Sole / First Holder													
Name of Second Holder													
Name of Third Holder													

Nominee Details

Name													
Address													
Title	<input type="checkbox"/> Mr.			<input type="checkbox"/> Mrs.			<input type="checkbox"/> Miss						
Tel. No.							Fax No.						
Relationship with BO (if any)													
If Nominee is a minor his date of Birth													

As the Nominee is minor on this date, I/We appoint Mr./Ms./Mrs. _____
 _____ (Name)

_____ (Address) and _____

(Age) to receive the securities in this account on behalf of the nominee in the event of the death of the Sole holder or the death of all the Joint Holders.

Place:

Date :

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature	(x3)	(x3)	(x3)

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

Two witnesses shall attest Thumb Impression(s)

Nomination form accepted and registered vide Registration No.

dated

For **DBFS Securities Limited**

(Authorised Signatory)

(To be filled by Client Account Holders of DBFS SECURITIES LIMITED only)

From

Date:

..... (Name & Address of the Client)

.....
.....

To

The DBFS Securities Limited
Admn. Office: 111/947, Smart Centre, M.K.K. Nair Road,
Vazhakkala, Kochi-682 021

Dear Sir,

I _____ having BO Account No. _____ with DP ID No. _____ hereby authorise DBFS Securities Limited (DBFSSL) to debit/ credit my said account with securities which are purchased/ sold by me through my Client Account No. _____ with DBFSSL without any specific request or intimation. I also authorise DBFSSL to debit my above client account with DP charges, as may be billed by the DP from time to time.

I/We further authorize DBFSSL to debit my account and transfer securities for margins in F&O Account No. _____ and also for early pay-in of securities to clearing corporation without further intimation or request. This authorisation shall be effective till the same is cancelled or rescinded by me in writing.

Thanking you,

Yours faithfully,

(X4)

Name & Signature of the CLIENT

SPECIMEN SIGNATURE CARD

Account No. :	1	2	0	3	2	8	0	0											
---------------	----------	----------	----------	----------	----------	----------	----------	----------	--	--	--	--	--	--	--	--	--	--	--

(To be filled by the Depository Participant)

	First/ Sole Holder	Second Holder	Third Holder
Name			
Specimen Signature (in Black ink only)	(X5)	(X5)	(X5)

ACKNOWLEDGMENT RECEIPT (DP TO BO)

Application No. CDS.:

We hereby acknowledge the receipt of the Account Opening Application Form along with duly filled NOMINATION FORM :-

Name of the Sole / First Holder											
Name of Second Holder											
Name of the Third Holder											
Nomination in favor of											
No Nomination	<input type="checkbox"/> Does not wish to nominate										
Registration No.		Registered on	D	D	M	M	Y	Y	Y	Y	

If you need any further clarification / information please feel free to call us.

Depository Participant Seal and Signature

INSTRUCTIONS FOR APPLICANTS.

1. If the Clearing member is a Sole Proprietor or an individual, then the Corporate Account Opening Form should be filled in.
2. Signatures can be in English, Hindi or any of the other languages contained in the 8th schedule of the Constitution of India. Thumb impressions and signatures other than the above mentioned languages must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate under his/her official seal.
3. Details of the Names, Address and Tel No. e.t.c. of the Magistrate / Notary Public / Special Executive Magistrate are to be provided in case of any attestation done by them.
4. In case of additional signatures, separate annexures should be attached to the application form.
5. In case of applications under a Power of Attorney, the relevant Power of Attorney or the certified and duly notarized copy thereof, Name of the POA, Signature of the POA, must be lodged with the DP alongwith the application.
6. All correspondence / queries shall be addressed to the First / Sole Applicant only.
7. Suffix refers to MR. X Junior or MR. X Senior or Lord Y I or Lord Y II etc.
8. Where the holder is a minor, person lawfully entitled to act on behalf of the minor should sign the nomination.
9. Strike off whichever is not applicable.
10. The following documents are to be submitted by the Investors:-
 - ☒ The Introduction may not be required if the certified copies of any one of the following documents is submitted by the BO for determining the intending BO bonafides - Photocopy of the Election ID Card / Passport / Ration Card.
 - ☒ Date of Birth Certificate in case of Minors.
 - ☒ Proof of NRI Status.
 - ☒ Copy of RBI Approval for NRIs.
 - ☒ One passport size photograph of each Account Holder.

DBFS SECURITIES LIMITED	
Admn. Office: 111/947, Smart Centre, M.K.K. Nair Road, Vazhakkala, Kochi-682 021	
SCHEDULE OF CHARGES	
A/C OPENING	NIL
A/C CLOSING	NIL
ANNUAL MAINTAINCE CHARGE	Rs: 250/ Per annum
Market Trades within DBFS Securities LTD	Transaction Through DIS Rs: 15/-, POA/easiest Rs: 15/-
Off Market Transaction	Rs: 50/ Transaction
Inter Depository	Rs: 50/ Transaction
DEMAT	Rs: 25/ DRF
REMAT	Rs: 25/ RRF
PLEDGE	Rs: 25/ Request
UNPLDGE	Rs: 25/ Request
Statutory charges Rs:50.00 for stamp paper	
Service Tax will be applicable at the prevailing rate	
Signature (X6)	



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Regd. Office: Old No. 2A, New No.5, West Road, C I T Nagar (West), Chennai - 600 035

STAMP

AGREEMENT BETWEEN A PARTICIPANT AND A PERSON SEEKING TO OPEN A BENEFICIAL OWNER'S ACCOUNT

This Agreement made and entered into at Cochin this _____ day of _____, 200_, between DBFS Securities Limited, (x7) having its registered office at Old No.2A, New No. 5, West Road, CIT Nagar (West), Chennai- 600 035 and administrative office at 111/947, Smart Centre, M.K.K. Nair Road, Vazhakkala, Kochi-682 021 hereinafter called "the Participant" of the one Part;

AND

Mr./Ms./M/s. _____, having his/ its office/ registered office/ address at _____ hereinafter called "the Beneficial Owner" of the Other Part.

WHEREAS the Beneficial Owner is desirous of opening a beneficial owner's account with the Participant and the Participant has agreed to open an account in the name of the Beneficial Owner and render services to the Beneficial Owner as a participant, on the terms and conditions recorded hereinbelow: (x8)

NOW THIS AGREEMENT WITNESSETH AND IT IS HEREBY AGREED BY AND BETWEEN THE PARTIES HERETO AS FOLLOWS:

General Clause

1. The parties hereto agree to abide by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Bye Laws and Operating Instructions issued by CDSL from time to time in the same manner and to the same extent as if the same were set out herein and formed part of this Agreement.

Fees, Charges and deposits

2. The Participant shall be entitled to change or revise the fees, charges or deposits from time to time provided however that no increase therein shall be effected by the Participant unless the Participant shall have given at least one month's notice in writing to the Beneficial Owner in that behalf. In case the Beneficial Owner committing a default in the payment of any such amount payable to the Participant on their respective due dates or within fifteen days of the same being demanded (where no such due date is specified), the Participant shall be entitled to charge interest on the amount remaining outstanding or unpaid not exceeding 18% per annum or part thereof. On such continued default, the Participant after giving two days notice to the Beneficial Owner shall have a right to stop processing of instructions of Beneficial Owners till such time he makes the payment along with interest if any.

Statement of Account

3.1 The Participant shall furnish to the Beneficial Owner a statement of his/its account at the end of every month if there has been even a single entry or transaction during that month, and in any event once at the end of each quarter. The statement of accounts to be provided to the Beneficial Owner under this Agreement shall be in the form specified in Operating Instructions or as communicated by CDSL from time to time. The Participant shall furnish such statements at such shorter periods as may be required by the Beneficial Owner on payment of such charges by the Beneficial Owner as may be specified by the Participant.

3.2 It is agreed that if a Participant is providing the services of issuing the statement of accounts in an electronic mode and if the Beneficial Owner is desirous of availing such services from the Participant, then the Participant will furnish to the Beneficial Owner the statement of accounts under its digital signature, as governed under the Information Technology Act, 2000.

Provided however that in the event of the Beneficial Owner requiring a physical copy of the statement of accounts, despite receiving the same in the electronic mode, then irrespective of having forwarded the same via electronic mode, the Participant shall be obliged to provide a physical copy thereof to the BO.

3.3 It is agreed and understood between the parties that if the Participant does not have the facility of providing the statement of account in the electronic mode, then the Participant shall be obliged to forward the statement of account only in physical form.

Beneficial Owner shall intimate change of particulars

4. The Participant shall not be liable or responsible for any loss that may be caused to the Beneficial Owner by reason of his/its failure to intimate change in the particulars furnished to the Participant from time to time, unless notified by the Beneficial Owner.

Depository not liable for claims against Beneficial Owner

5. CDSL shall not be liable to the Beneficial Owner in any manner towards losses, liabilities and/ or expenses arising from the claims of third parties or for any fees, charges, taxes, duties, levies or penalties levied, imposed or demanded by any Central, State, statutory or revenue authority in respect of securities credited to the Beneficial Owner's account.

Authorised Representative

6. Where the Beneficial Owner is a body corporate or a legal entity, it shall, simultaneously with the execution of the Agreement furnish to

(x9)

Signature of the Beneficial Owner/s

For DBFS Securities Limited

the Participant, 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.

Closure of Account

7. The Beneficial Owner, may, at any time terminate this Agreement by calling upon the Participant to close his/its account with the Participant in the manner and on the terms and conditions set out in the Bye Laws and the procedure laid down in the Operating Instructions. In the event of termination of this Agreement the Beneficial Owner shall either get the securities transferred to some other account or get the same rematerialised.

Stamp Duty

8. Any stamp duty (including interest or penalty levied thereon) payable on the Agreement and/or on any deed, document or writing executed in pursuance hereof between the parties hereto shall be borne and paid by the Beneficial Owner.

Force Majeure

9. Notwithstanding anything contained herein or in the Bye Laws, neither party hereto shall be liable to indemnify or compensate the other for any breach, non-performance or delay in performance of any obligations under the Agreement or for any harm, loss, damage or injury caused to the other due to causes reasonably beyond its control including but not limited to tide, storm, cyclone, flood, lightning, earthquake, fire, blast, explosion or any other act of God, war, rebellion, revolution, insurrection, embargo or sanction, blockade, riot, civil commotion, labour action or unrest including strike, lock-out or boycott, interruption or failure of any utility service, enemy action, criminal conspiracy, act of terrorism or vandalism, sabotage, or intrusion, or any other irresistible force or compulsion.

Service of Notice

10. Any notice or communication required to be given under the Agreement shall not be binding unless the same is in writing and shall have been served by delivering the same at the address set out hereinabove against a written acknowledgement of receipt thereof or by sending the same by pre-paid registered post at the aforesaid address or transmitting the same by facsimile transmission, electronic mail or electronic data transfer at number or address that shall have been previously specified by the party to be notified. Notice given by personal delivery shall be deemed to be given at the time of delivery. Notice given by post in accordance with this clause shall be deemed to be given at the commencement of business of the recipient of the notice on the third working day next following its posing. Notice sent by facsimile transmission, electronic mail or electronic data transfer shall be deemed to be given at the time of its actual transmission.

Arbitration

11. The parties hereto shall, in respect of all disputes and differences that may arise between them, abide by the provisions relating to arbitration and conciliation specified under the Bye Laws.

Jurisdiction

12. The parties hereto agree to submit to the exclusive jurisdiction of the courts in Cochin.

Governing Law

13. The Agreement shall be governed by and construed in accordance with the laws in force in India.

IN WITNESS WHEREOF the parties hereto have hereunto set and subscribed their respective hands/seals to this Agreement in duplicate on the day, month, year and place first hereinabove mentioned.

SIGNED AND DELIVERED)
by the withinnamed the)
Participant)

DBFS Securities Limited)
by the hand of its authorised)
representative Shri _____)
in the presence of)

SIGNED AND DELIVERED)
by the withinnamed the)
Beneficial Owner/s)
_____ (X10))
in the presence of)

Details For First Holder	
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify)
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation	Service <input type="checkbox"/> Central Govt. <input type="checkbox"/> State Govt. <input type="checkbox"/> Public / Private Sector <input type="checkbox"/> NGO <input type="checkbox"/> Statutory Body] <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Others (Specify) _____
Nature of business: (Products / services provided)	
Financial Details:	Income Range per annum: <input type="checkbox"/> Up to Rs.1,00,000 <input type="checkbox"/> Rs.1,00,001 to Rs.2,00,000 <input type="checkbox"/> Rs.2,00,001 to Rs.5,00,000 <input type="checkbox"/> More than Rs.5,00,000

Details For Joint Second Holder	
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify)
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation	Service <input type="checkbox"/> Central Govt. <input type="checkbox"/> State Govt. <input type="checkbox"/> Public / Private Sector <input type="checkbox"/> NGO <input type="checkbox"/> Statutory Body] <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Others (Specify) _____
Nature of business: (Products / services provided)	

Details For Joint Third Holder	
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify)
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation	Service <input type="checkbox"/> Central Govt. <input type="checkbox"/> State Govt. <input type="checkbox"/> Public / Private Sector <input type="checkbox"/> NGO <input type="checkbox"/> Statutory Body] <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Others (Specify) _____
Nature of business: (Products / services provided)	

Signature of First Holder (x11)

Signature of Second Holder (x11)

Signature of Third Holder (x11)

**AGREEMENT BETWEEN DP AND BENEFICIAL OWNER
FOR SENDING TRANSACTION STATEMENTS/ REPORTS ELECTRONICALLY**

Date: _____

To,

DBFS SECURITIES LIMITED
III/947, SMART CENTRE, M.K.K. NAIR ROAD, VAZHAKKALA,
KOCHI 682021, KERALA, INDIA

Re: Beneficial Owner (BO) Account No._____

I/We _____ [name(s) of the
BO(s)] had entered into agreement dated _____ with you at the time of opening of the aforesaid
BO account.

Pursuant to the amendment in Clause 3 of the agreement (Annexure C to the Bye Laws of CDSL), I/We confirm
having opted to receive the statement of accounts pertaining to the above mentioned BO account in electronic mode
in lieu of physical copy of the statement of account.

I/We confirm that the dispatch of statement of account to me/us at the following email address shall constitute full and
absolute discharge of your obligation under the above agreement to provide me/us with statement of my/our BO
account. But, I/we reserve my/our right to receive the physical copy of statement of accounts despite receiving the
same in electronic mode, if such a demand is made in writing on you.

[Email address: _____]

I/We confirm that any change in the aforesaid email address or any other instructions with regard to dispatch/ service
of my/our statement of account on me/us shall not be binding upon you unless you are intimated in writing by me/us
by acknowledged delivery.

Yours faithfully,

Name/s of the
Beneficial owner/s
(all joint holders)

1.

2.

3.

Signature/s

ⓧ12

ⓧ12

ⓧ12



**POWER OF ATTORNEY
FOR PAY-IN OF SECURITIES FOR THE PURPOSE OF SETTLEMENT**

THIS POWER OF ATTORNEY is drawn on the ____ day of _____, 200__ in favour of M/s DBFS Securities Limited by the undersigned _____, having permanent address at _____

(X13)

Whereas I hold a Beneficiary account no. _____ (BO-ID) with Central Depository Services (India) Limited, through DBFS Securities Limited (name of the Depository Participant) bearing DP-ID 12032800.

And Whereas I am an investor engaged in buying and selling of securities through DBFS Securities Limited. / Doha Brokerage & Financial Services Ltd (name of the Clearing Member), members of National Stock Exchange of India Ltd. and BSE Ltd. respectively, bearing SEBI registration Nos. INB230806338 (NSE) and INB010726033 (BSE).

And Whereas due to exigency and paucity of time, I am desirous of appointing an agent/attorney to operate the aforesaid beneficiary account on my behalf for a limited purpose in the manner hereinafter appearing:

NOW KNOW WE ALL AND THESE PRESENTS WITNESSTH THAT I THE ABOVENAMED DO HEREBY NOMINATE, CONSTITUTE/ AND APPOINT **M/s DBFS Securities Limited** (name of the attorney/ Clearing Member) as my true and lawful attorney (hereinafter referred to as the attorney) for me and on my behalf and in my name to do instruct the aforesaid Depository Participant to debit securities and/or to transfer securities from the aforesaid account for the purpose of delivering the same to the clearing house/s of the recognized stock exchange/s towards any segment in respect of securities sold by me through them or for the purpose of transferring them as margin for trading in the above exchanges.

This authority is restricted to the pay-in obligations arising out of the transactions of sale effected by me through DBFS Securities Limited and Doha Brokerage & Financial Services Ltd. (name of Clearing Member), as the case may be and margin requirement in my trading account/s with the aforementioned Trading/Clearing Member/s.

I further agree and confirm that the powers and authorities conferred by this Power of Attorney shall continue until I have given to the Depository Participant fifteen days advance notice in writing to the contrary.

SIGNED AND DELIVERED _____)

By the within-named Beneficial Owner)

_____) (X14)

_____)

IN THE PRESENCE OF _____)

_____)

_____)

Accepted: _____

(Name, Address and Signature of the Attorney)

CENTRAL DEPOSITORY SERVICES (INDIA) LTD. (CDSL)

28th Floor, P. J. Towers, Dalal Street, Mumbai- 23, Ph: 2723333 Fax: 91 - 22 - 2723199

**Electronic Access to Securities Information (easi)
Registration Form-Beneficial Owner (BO)**

Name of the Beneficial Owner(s)	1.
	2.
	3.
Beneficial Owner ID	
Login ID	
DP Name	DBFS SECURITIES LIMITED
DP ID	12032800
DP Address	III/947, SMART CENTRE, M.K.K. NAIR ROAD, VAZHAKKALA, KOCHI 682021, KERALA, INDIA
Email Address of the BO	
Tel. No. with STD Code	Mobile:

I/We would like to register above mentioned account for the **easi** service. I /We am/are aware that **easi** service is available to me/us which only enables me/us to view the security balances lying in the said accounts. I/We hereby agree to the terms and conditions that I/We have read earlier for availing the said service.

Date :

Place :

Signature(s)	<input type="checkbox"/> First Holder	<input type="checkbox"/> Second Holder	<input type="checkbox"/> Third Holder
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(To be filled up by the DP)

This is to certify that

- 1.
- 2.
- 3.

are maintaining BO A/c No. _____ with us. We have verified the signatures of the said account holders and they match with the specimen signatures as per our records.

Date :

Place :

Signature :

(Authorised Signatory & Stamp of DP)

FORM FOR RECEIVING SMS ALERT FROM CDSL

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)*.

BO ID	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											
	<i>(Please write your 8 digit DPID)</i>	<i>(Please write your 8 digit Client)</i>																					

Sole/FirstHolder'sName:

Second Holder's Name

Third Holder's Name

Mobile Number on which messages are to be sent	+91	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											
<i>(Please write only the mobile number without prefixing country code or zero)</i>																								

The mobile number is registered in the name of: _____

EmailID: _____
(Please write only ONE valid e-mail ID on which communication, if any, is to be sent)

Signature(s)

Sole/First Holder

Second Holder

Third Holder

Place: _____

Date: _____

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.

Signature of the Beneficial Owner/s

Availability:

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

Receiving Alerts:

1. The depository shall send the alerts to the mobile phone number provided by the BO while registering for the service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
2. The BO acknowledges that the alerts will be received only if the mobile phone is in 'ON' and in a mode to receive the SMS. If the mobile phone is in 'Off' mode i.e. unable to receive the alerts then the BO may not get / get after delay any alerts sent during such period.
3. The BO also acknowledges that the readability, accuracy and timeliness of providing the service depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.
4. The BO further acknowledges that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/ or inaccuracy. In case the BO observes any error in the information provided in the alert, the BO shall inform the depository and/ or the DP immediately in writing and the depository will make best possible efforts to rectify the error as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred/ suffered by the BO on account of opting to avail SMS alerts facility.
5. The BO authorizes the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity.
6. The BO agrees to inform the depository and DP in writing of any unauthorized debit to his BO account/ unauthorized transfer of securities from his BO account, immediately, which may come to his knowledge on receiving SMS alerts. The BO may send an email to CDSL at complaints@cdslindia.com. The BO is advised not to inform the service provider about any such unauthorized debit to/ transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse communication between the service provider and the depository.
7. The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.
8. The depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
9. If the BO finds that the information such as mobile number etc., has been changed with out proper authorization, the BO should immediately inform the DP in writing.

Fees:

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

Disclaimer:

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

Liability and Indemnity:

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

Amendments:

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

Governing Law and Jurisdiction:

Providing the Service as outlined above shall be governed by the laws of India and will be subject to the exclusive jurisdiction of the courts in Mumbai.

Signature(s)

(X18)

Sole/First Holder

(X18)

Second Holder

(X18)

Third Holder