



# EVERMORE

STOCK BROKERS PVT LTD

## DEMAT ACCOUNT OPENING FORM

|                        |                        |  |
|------------------------|------------------------|--|
| KRA REF NO.<br>CKYC NO |                        |  |
| PAN NO.                |                        |  |
| BENEFICIARY NAME       | 1 <sup>ST</sup> HOLDER |  |
|                        | 2 <sup>ND</sup> HOLDER |  |
|                        | 3 <sup>RD</sup> HOLDER |  |
| ACCOUNT OPEN DATE      |                        |  |
| DEMAT A/C NO.          | 12072100               |  |

### ACCOUNT OPENING INDEX

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|                              |                                                                                                  |
|------------------------------|--------------------------------------------------------------------------------------------------|
| <b>Name of Stock Broker:</b> | <b>EVERMORE STOCK BROKERS PRIVATE LIMITED</b>                                                    |
| <b>Registered Office:</b>    | <b>UNIT -1-A 15TH FLOOR,TOWER -1 GIFT CITY GANDHINAGAR 382355 GUJARAT</b>                        |
| <b>Corporate Office:</b>     | <b>UNIT NO.003 FIRST FLOOR, RAGHULEELA MEGA MALL OFF.S.V. ROAD KANDIVALI (W) MUMBAI - 400067</b> |
| <b>Tel No.</b>               | 022 – 42229900                                                                                   |
| <b>Fax No.</b>               | 022 – 42229988                                                                                   |
| <b>Email Id:</b>             | <a href="mailto:cdsl@evermore.in">cdsl@evermore.in</a>                                           |
| <b>Website</b>               | <a href="http://www.evermore.in">www.evermore.in</a>                                             |
| <b>SEBI Registration No.</b> | <b>IN-DP-270-2016 (Central Depository Services Limited)</b>                                      |
| <b>Compliance Officer</b>    | Ms. <b>MADHVI JAIN</b><br>Tel No. <b>9004628285</b><br>Email Id: <b>Compliance@evermore.in</b>   |

*In case not satisfied with the response, please contact the concerned exchange(s)/ Depository as under*

| Depository                                 | Email Id                                                                                                                                        | Tel No.                |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Securities & Exchange Board of India(SEBI) | <a href="mailto:sebi@sebi.gov.in">sebi@sebi.gov.in</a>                                                                                          | 022-264499500/40459950 |
| Central Depository Services Ltd (CDSL)     | <a href="mailto:investors@cdslindia.com">investors@cdslindia.com/</a><br><a href="mailto:complaints@cdslindia.com">complaints@cdslindia.com</a> | 022-22728207           |

**ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT - FOR NON -INDIVIDUALS****EVERMORE STOCK BROKERS PRIVATE LIMITED****Regd. office: UNIT -1-A 15TH FLOOR,TOWER -1 GIFT CITY GANDHINAGAR 382355 GUJARAT****Corporate Office: UNIT NO.003 FIRST FLOOR, RAGHULEELA MEGA MALL OFF.S.V. ROAD  
KANDIVALI (W) MUMBAI - 400067**

(To be filled by the Depository Participant)

|                           |   |      |   |   |   |   |   |   |           |  |  |  |  |  |  |
|---------------------------|---|------|---|---|---|---|---|---|-----------|--|--|--|--|--|--|
| Application No.           |   | Date |   |   |   |   |   |   |           |  |  |  |  |  |  |
| DP Internal Reference No. |   |      |   |   |   |   |   |   |           |  |  |  |  |  |  |
| DP ID                     | 1 | 2    | 0 | 7 | 2 | 1 | 0 | 0 | Client ID |  |  |  |  |  |  |

(To be filled by the applicant in **BLOCK LETTERS** in English)

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

**Holders Details**

|                            |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------------------|--------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Sole / First Holder's Name | PAN                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                            | UID                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                            | UCC                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                            | Exchange Name & ID |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Second Holder's Name       | PAN                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                            | UID                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Third Holder's Name        | PAN                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                            | UID                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Name \***

-----

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

**Type of Account (Please tick whichever is applicable)**

|                                              |                                         |                                                |  |
|----------------------------------------------|-----------------------------------------|------------------------------------------------|--|
| <b>Status</b>                                | <input type="checkbox"/> Body Corporate | <input type="checkbox"/> Banks                 |  |
|                                              | <input type="checkbox"/> Mutual Fund    | <input type="checkbox"/> Trust                 |  |
|                                              | <input type="checkbox"/> OCB            | <input type="checkbox"/> FI                    |  |
|                                              | <input type="checkbox"/> Clearing House | <input type="checkbox"/> FII                   |  |
|                                              | <input type="checkbox"/> CM             | <input type="checkbox"/> Others(specify) _____ |  |
| <b>Sub – Status</b>                          |                                         |                                                |  |
| <b>Nationality</b>                           | <input type="checkbox"/> Indian         | <input type="checkbox"/> Others(specify) _____ |  |
| <b>SEBI Registration No. (If Applicable)</b> |                                         | <b>SEBI Registration date (If Applicable)</b>  |  |
| <b>RBI Registration No. (If Applicable)</b>  |                                         | <b>SEBI Approval date (If Applicable)</b>      |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                |       |                                                                                                                                                                                                                                                                                                                                                          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| I/We instruct the DP to receive each and every credit in my / our Account<br>(If not marked, the default option would be 'Yes')                                                                                                                                                                                                                                                                                                |       | <b>(Automatic Credit)</b><br><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<br>(If not marked, the default option would be 'No')                                                                                                                                                                                                                         |       | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                 |          |
| Account Statement Requirement    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<br>_____                                                                                                                                                                                                                                                                                                                               |       | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                 |          |
| I / We would like to share the email ID with the RTA                                                                                                                                                                                                                                                                                                                                                                           |       | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                 |          |
| I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic<br>(Tick the applicable box. If not marked the default option would be in Physical)                                                                                                                                                             |       |                                                                                                                                                                                                                                                                                                                                                          |          |
| <b>Clearing Member Details (To be filled by CMs only)</b>                                                                                                                                                                                                                                                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                          |          |
| Name of Stock Exchange                                                                                                                                                                                                                                                                                                                                                                                                         |       |                                                                                                                                                                                                                                                                                                                                                          |          |
| Name of CC / CH                                                                                                                                                                                                                                                                                                                                                                                                                |       |                                                                                                                                                                                                                                                                                                                                                          |          |
| Clearing Member Id                                                                                                                                                                                                                                                                                                                                                                                                             |       | Trading member ID                                                                                                                                                                                                                                                                                                                                        |          |
| I / We wish to receive dividend / interest directly in to my bank account given below through ECS (if not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time ]                                                                                                                                                                                                      |       | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                 |          |
| <b>Bank Details [Dividend Bank Details]</b>                                                                                                                                                                                                                                                                                                                                                                                    |       |                                                                                                                                                                                                                                                                                                                                                          |          |
| Bank Code (9 digit MICR code)                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                          |          |
| IFS Code (11 character)                                                                                                                                                                                                                                                                                                                                                                                                        |       |                                                                                                                                                                                                                                                                                                                                                          |          |
| Account number                                                                                                                                                                                                                                                                                                                                                                                                                 |       |                                                                                                                                                                                                                                                                                                                                                          |          |
| Account type                                                                                                                                                                                                                                                                                                                                                                                                                   |       | <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify)                                                                                                                                                                                                                                               |          |
| Bank Name                                                                                                                                                                                                                                                                                                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                          |          |
| Branch Name                                                                                                                                                                                                                                                                                                                                                                                                                    |       |                                                                                                                                                                                                                                                                                                                                                          |          |
| Bank Branch Address                                                                                                                                                                                                                                                                                                                                                                                                            |       |                                                                                                                                                                                                                                                                                                                                                          |          |
| City                                                                                                                                                                                                                                                                                                                                                                                                                           | State | Country                                                                                                                                                                                                                                                                                                                                                  | PIN code |
| (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)<br>(ii) Photocopy of the Bank Statement having name and address of the BO<br>(iii) Photocopy of the Passbook having name and address of the BO, (or)<br>(iv) Letter from the Bank.<br>>In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document. |       |                                                                                                                                                                                                                                                                                                                                                          |          |
| <b>Other Details</b>                                                                                                                                                                                                                                                                                                                                                                                                           |       |                                                                                                                                                                                                                                                                                                                                                          |          |
| Gross Annual Income Details                                                                                                                                                                                                                                                                                                                                                                                                    |       | Income Range per annum:<br><input type="checkbox"/> Up to Rs 1,00,000 <input type="checkbox"/> Rs 1,00,000 to Rs.5,00,000 <input type="checkbox"/> Rs.5,00,000 to Rs. 10,00,000<br><input type="checkbox"/> Rs. 10,00,000 to Rs. 25,00,000 <input type="checkbox"/> Rs.25,00,000 to Rs. 1,00,00,000<br><input type="checkbox"/> More than Rs.1,00,00,000 |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                |       | Net worth as on (Date)    _____    Rs _____<br>[Net worth should not be older than 1 year]                                                                                                                                                                                                                                                               |          |
| Please tick If any of the authorized signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors is either Politically Exposed Person (PEP) or Related to Politically Exposed Person (RPEP) <input type="checkbox"/> . Please provide details as per Annexure 2.2 A.                                                                                                                                          |       |                                                                                                                                                                                                                                                                                                                                                          |          |
| Any other information:                                                                                                                                                                                                                                                                                                                                                                                                         |       |                                                                                                                                                                                                                                                                                                                                                          |          |
| <b>MODE OF OPERATION FOR EXECUTION OF TRANSACTIONS (Transfer, Pledge &amp; Freeze)</b>                                                                                                                                                                                                                                                                                                                                         |       |                                                                                                                                                                                                                                                                                                                                                          |          |
| <input type="checkbox"/> Jointly                                                                                                                                                                                                                                                                                                                                                                                               |       | <input type="checkbox"/> first Holder                                                                                                                                                                                                                                                                                                                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                |       | <input type="checkbox"/> Any one of the Holder                                                                                                                                                                                                                                                                                                           |          |
| <b>Consent for Communication to be received by first account holder/ all Account holder: (Tick the applicable box. If not marked the default option would be first holder.</b>                                                                                                                                                                                                                                                 |       |                                                                                                                                                                                                                                                                                                                                                          |          |
| <input type="checkbox"/> first Holder                                                                                                                                                                                                                                                                                                                                                                                          |       | <input type="checkbox"/> All Holder                                                                                                                                                                                                                                                                                                                      |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                |       | Email id                                                                                                                                                                                                                                                                                                                                                 |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                |       | Second Holder                                                                                                                                                                                                                                                                                                                                            |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                |       | Third Holder                                                                                                                                                                                                                                                                                                                                             |          |

|                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                         |                               |                                      |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------|
| <b>SMS Alert Facility Refer to Terms &amp; Conditions given as Annexure - 2.4</b>                 | MOBILE NO. +91 _____<br>[(Mandatory , if you are giving Power of Attorney ( POA)]<br>(if POA is not granted & you do not wish to avail of this facility, cancel this option).                                                                                                                                                                                           |                               |                                      |
| <b>Easi</b>                                                                                       | To register for <i>easi</i> , please visit our website <a href="http://www.cdslindia.com">www.cdslindia.com</a> . <i>Easi</i> allows a BO to view his ISIN balances, transactions and value of the portfolio online.                                                                                                                                                    |                               |                                      |
| Transactions Using Secured Texting Facility (TRUST). Refer to Terms and Conditions Annexure – 2.6 | 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.<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><br>/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST |                               |                                      |
|                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                         | <u>Stock Exchange Name/ID</u> | <u>Clearing Member Name</u>          |
|                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                         |                               | <u>Clearing Member ID (Optional)</u> |
|                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                         |                               |                                      |
| <b>Easi</b>                                                                                       | To register for <i>easi</i> , please visit our website <a href="http://www.cdslindia.com">www.cdslindia.com</a> .<br><i>Easi</i> allows a BO to view his ISIN balances, transactions and value of the portfolio online.                                                                                                                                                 |                               |                                      |

I/We have received and read the document of 'Rights and Obligation of BO-DP' (DP-CM agreement for BSE Clearing Member Accounts) including the schedules thereto and the terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

|                    | <b>Sole / First Authorised Signatory</b>                                            | <b>Second Authorised Signatory</b>                                                  | <b>Third Authorised Signatory</b>                                                     |
|--------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <b>Name</b>        |                                                                                     |                                                                                     |                                                                                       |
| <b>Designation</b> |                                                                                     |                                                                                     |                                                                                       |
| <b>Signature</b>   |  |  |  |

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

(Signatures should be preferably in black ink).

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

### Acknowledgement Receipt

Application No.:

Date:

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

|                                        |  |
|----------------------------------------|--|
| <b>Name of the Sole / First Holder</b> |  |
| <b>Name of Second Holder</b>           |  |
| <b>Name of Third Holder</b>            |  |

Depository Participant Seal and Signature

**Details of Politically Exposed Persons (PEP)/ Related to Politically Exposed Person (RPEP).  
[ For-non-individual]**

Name of holder \_\_\_\_\_ PAN of the holder \_\_\_\_\_

| Sr.No | Name of the Authorized signatories /Promoters /Partners / Karta/ Trustees /Whole Time Directors | Relation with the holder (i.e. promoters, whole time directors etc | Please tick the relevant option.                              |
|-------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------|
|       |                                                                                                 |                                                                    | <input type="checkbox"/> PEP<br><input type="checkbox"/> RPEP |
|       |                                                                                                 |                                                                    | <input type="checkbox"/> PEP<br><input type="checkbox"/> RPEP |
|       |                                                                                                 |                                                                    | <input type="checkbox"/> PEP<br><input type="checkbox"/> RPEP |
|       |                                                                                                 |                                                                    | <input type="checkbox"/> PEP<br><input type="checkbox"/> RPEP |
|       |                                                                                                 |                                                                    | <input type="checkbox"/> PEP<br><input type="checkbox"/> RPEP |

1. 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/Special Executive Officer under his/her official seal.
2. Signatures should be preferably in **BLACK INK**.
3. Details of the Names, Address and Tel. Number(s), etc., 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(for accounts other than individuals), separate annexures should be attached to the application form.
5. In case of applications containing a Power of Attorney, the relevant Power of Attorney or the self-certified copy thereof,must be lodged alongwith the Application.
6. All correspondence/queries shall be addressed to the first/Sole applicant only.
7. Where the holder is a minor, person lawfully entitled to act on behalf of the minor should sign the nomination.
8. Strike off whichever option, in the Account Opening Form, is not applicable.
9. 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 bonafied: Photocopy of 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.

**10.Bank Proof:**

- (I) Photocopy of the cancelled cheque having the name of the account hold where the cheque book is issued, (or)
- (ii) Photocopy of the Bank Statement having name and address of the BO and not more than 4 months old, (or)
- (iii) Photocopy of the Passbook having name and address of the BO, (or)
- (iv) Letter from the Bank. In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document and it should be self-certified by the BO.

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

**\* Marked is Mandatory field**

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

**Note:** One witness shall attest signature(s) / thumb impression(s)

| Details of the Witness |                                                                                     |                                                                                     |
|------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
|                        | First Witness                                                                       | Second Witness                                                                      |
| Name of witness        |                                                                                     |                                                                                     |
| Address of witness     |                                                                                     |                                                                                     |
| Signature of witness   |  |  |

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

### **General Clause**

1. The Beneficial Owner(BO) and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 2018, 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 (BO) in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time.

### **Beneficial Owner information**

3. The DP shall maintain all the details of the (BO)(s) as mentioned in the account opening form, supporting documents submitted by them and/or any other information pertaining to the (BO) 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 (BO) 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 (BO) 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 (BO) as set out in the Tariff Sheet provided by the DP. It may be informed to the (BO) 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 (BO) regarding the same.

### **Dematerialization**

8. The (BO) 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 (BO)s and securities of each (BO) shall be segregated and shall not be mixed up with the securities of other (BO)s and/or DP's own securities held in dematerialized form.
10. The DP shall not facilitate the (BO) 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, 2018 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 (BO) only on the basis of an order, instruction, direction or mandate duly authorized by the (BO) and the DP shall maintain the original documents and the audit trail of such authorizations.
12. The (BO) reserves the right to give standing instructions regarding the crediting of securities in his demat account and the DP shall act according to such instructions.
13. The stockbroker / stock broker and depository participant shall not directly / indirectly compel the clients to execute Power of Attorney (PoA) or Demat Debit and Pledge Instruction (DDPI) or deny services to the client if the client refuses to execute PoA or DDPI.

### **Statement of account**

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

### **Manner of Closure of Demat account**

18. The DP shall have the right to close the demat account of the (BO), for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the (BO) as well as to the Depository. Similarly, the (BO) 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 (BO) shall specify whether the balances in their demat account should be transferred to another demat account of the (BO) held with another DP or to rematerialize the security balances held.

19. Based on the instructions of the (BO), the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of 2 working days as per procedure specified from time to time by the depository incase of no outstanding dues and in case of outstanding dues, shall provide 30 days notice. In case of non-payment of dues, DP shall reject the account closure request and in case the dues are cleared by BO, respective account shall be closed by DP within 2 working days of clearing the dues. Provided further, closure of demat account shall not affect the rights, liabilities and obligations of either the (BO) or the DP and shall continue to bind the parties to their satisfactory completion.

#### **Default in payment of charges**

20. In event of (BO) 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 (BO), the DP may charge interest at a rate as specified by the Depository from time to time for the period of such default.
21. In case the (BO) 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 (BO) shall have the right to stop processing of instructions of the (BO) till such time he makes the payment along with interest, if any.

#### **Liability of the Depository**

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

#### **Freezing/ Defreezing of accounts**

23. The (BO) may exercise the right to freeze/defreeze his/her demat account maintained with the DP in accordance with the procedure and subject to the restrictions laid down under the Bye-laws and Business Rules/Operating Instructions.
24. The DP or the Depository shall have the right to freeze/defreeze the accounts of the (BO)s on receipt of instructions received from any regulator or court or any statutory authority.
25. The Joint holders are aware that in case of any Statutory Order for freezing any one joint holder, the demat account will be frozen and the other joint holders will have to obtain a specific Order for unfreezing their percentage of joint ownership by submitting the relevant documentary proof to the Order issuing authority.

#### **Redressal of Investor grievance**

26. The DP shall redress all grievances of the (BO) against the DP within a period of thirty days from the date of receipt of the complaint.

#### **Authorized representative**

27. If the (BO) 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**

28. In addition to the specific rights set out in this document, the DP and the (BO) shall be entitled to exercise any other rights which the DP or the (BO) 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.
29. 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 (BO) maintains his/ her account, that may be in force from time to time.
30. The (BO) and the DP shall abide by the arbitration and conciliation procedure prescribed under the Byelaws of the depository and that such procedure shall be applicable to any disputes between the DP and the (BO).
31. 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
32. 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.
33. 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 (BO) 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.

## **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 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](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 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.

 \_\_\_\_\_

## **CHARGE STRUCTURE FOR DP CLIENTS**

| No. | PARTICULARS                                                                                                                                                                                                                                                                                                              | Amount in Rs.                                                                            |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 1.  | <b>Demat Account Opening</b><br>Documentation charges<br>FAX Indemnity<br>Power of Attorney(POA/DDPI) Stamp Duty Charges                                                                                                                                                                                                 | FREE<br>FREE<br>500/-                                                                    |
| 2.  | <b>Annual Maintenance</b>                                                                                                                                                                                                                                                                                                | 300/- Individual<br>800/- CM/Corporates/Others                                           |
| 3.  | <b>Account Closing Charges</b>                                                                                                                                                                                                                                                                                           | FREE                                                                                     |
| 4.  | <b>Demat</b>                                                                                                                                                                                                                                                                                                             | 5/- per Certificate plus Rs. 20/- per request plus courier charges                       |
| 5.  | <b>Rematerialisation</b> -per Certificate,(courier charges extra)                                                                                                                                                                                                                                                        | 15/-per 100/- securities or part thereof or Rs.15/- per certificate whichever is higher. |
| 6.  | <b>Debit Transaction</b><br>Market-Off market/Inter Depository<br>Custody Charges                                                                                                                                                                                                                                        | 12/- (within Evermore DP) Rs. 18/- Outside Evermore DP<br>FREE                           |
| 7.  | <b>Pledge</b><br>Creation                                                                                                                                                                                                                                                                                                | 12/-PER ISIN                                                                             |
|     | Invocation                                                                                                                                                                                                                                                                                                               | NIL                                                                                      |
|     | Closure                                                                                                                                                                                                                                                                                                                  | 12/- PER ISIN                                                                            |
| 8.  | <b>Other Transaction</b><br>Late Transaction(Per Transaction)<br>Transmission<br>Nomination<br>Modification of a/c detail<br>Freezing/Defreezing<br>Failed Instruction<br>Additional Statement(Quarterly)<br>Additional Statement(Annually)<br>Cheque Dishonoured charges(Per Instance)<br>Additional DIS Book(per book) | 10/-<br>FREE<br>FREE<br>FREE<br>FREE<br>10/-<br>10/-<br>10/-<br>10/-<br>25/-             |
| 9.  | Easiest/Easi                                                                                                                                                                                                                                                                                                             | FREE                                                                                     |

| Value Of Holding in the demat Account (Debt as well as other than Debt Securities Combined) | Maximum Annual Maintenance Charges     |
|---------------------------------------------------------------------------------------------|----------------------------------------|
| Up to ` 4 lakhs                                                                             | NIL                                    |
| More than ` 4 lakhs but up to ` 10 lakhs                                                    | RS. 100                                |
| More than ` 10 lakhs                                                                        | Not a BSDA. Regular AMC may be levied. |

|            | First / Sole Holder<br>or Guardian (in case of Minor)                               | Second Holder                                                                       | Third Holder                                                                          |
|------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Name       |                                                                                     |                                                                                     |                                                                                       |
| Signatures |  |  |  |

**OPTION FORM FOR ISSUE OF DIS BOOKLET – VOLUNTARY**

To,  
**EVERMORE STOCK BROKERS PRIVATE LIMITED**  
**UNIT -1-A 15TH FLOOR,TOWER -1 GIFT CITY GANDHINAGAR 382355 GUJARAT**

Sir (s),

Re: Option Form for Issue of DIS Booklet

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

☐ **OPTION 1:**

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

|                                                                                               | <b>First/Sole Holder or<br/>Guardian (in case of Minor)</b> | <b>Second Holder</b> | <b>Third Holder</b> |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------|---------------------|
| Name (s)                                                                                      |                                                             |                      |                     |
| Signatures  |                                                             |                      |                     |

OR

☐ **OPTION 2:**

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

|                                                                                                | <b>First/Sole Holder or<br/>Guardian (in case of Minor)</b> | <b>Second Holder</b> | <b>Third Holder</b> |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------|---------------------|
| Name (s)                                                                                       |                                                             |                      |                     |
| Signatures  |                                                             |                      |                     |

**Acknowledgement Receipt**

**Application No.:**

**Date:**

We hereby acknowledge the receipt of the option form for issue / non issue of DIS booklet Form:

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

**Depository Participant Seal and Signature**

# FATCA & CRS Declaration - Non Individual

|                 |  |                     |  |                  |  |
|-----------------|--|---------------------|--|------------------|--|
| <b>PAN Name</b> |  | <b>Trading Code</b> |  | <b>Client ID</b> |  |
|-----------------|--|---------------------|--|------------------|--|

**Please tick the applicable tax resident declaration -**

1. Is "Entity" a tax resident of any country other than India ☐ YES ☐ NO  
*(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)*

| Sr. No. | Country | Tax Identification Num%ber | Identification Type<br>(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,<br/>Financial institution <input type="checkbox"/><br/>(Refer 1 of Part C)<br/>Or<br/>Direct reporting NFE <input type="checkbox"/><br/>(Refer 3(vii) of Part C)<br/>(please tick as appropriate)</p> | <p>GIIN <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<br/> Name of sponsoring entity _____</p> |
| <p><b>GIIN not available</b><br/>(please tick as applicable)</p>                                                                                                                                                      | <p><input type="checkbox"/> Applied for <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 type="checkbox"/> (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")**

|          |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> | <p>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 _____</p>                                                                                                                                                                                                                                   |
| <b>2</b> | <p>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><b>Yes</b> <input type="checkbox"/> <i>(If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)</i></p> <p>Name of listed company _____</p> <p>Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or<br/> <input type="checkbox"/> Controlled by a Listed Company</p> <p>Name of stock exchange _____</p> |
| <b>3</b> | <p>Is the Entity an active NFE (Refer 2c of Part C)</p>                                                                                                                   | <p>Yes <input type="checkbox"/> Nature of Business _____</p> <p>Please specify the sub-category of Active NFE <input type="checkbox"/> (Mention code – refer 2c of Part C)</p>                                                                                                                                                                                                                   |
| <b>4</b> | <p>Is the Entity a passive NFE (Refer 3(ii) of Part C)</p>                                                                                                                | <p>Yes <input type="checkbox"/> Nature of Business _____</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): ☐ Unlisted Company ☐ Partnership Firm ☐ Limited Liability Partnership Company☐ Unincorporated association / body of individuals ☐ Public Charitable Trust ☐ Religious Trust ☐ Private Trust☐ Others (please specify \_\_\_\_\_)Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). *(Please attach additional sheets if necessary)*

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

| Details                              | UBO1                                                                                                        | UBO2                                                                                                        | UBO3                                                                                                        |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Name of UBO                          |                                                                                                             |                                                                                                             |                                                                                                             |
| UBO Code (Refer 3(iv) (A) of Part C) |                                                                                                             |                                                                                                             |                                                                                                             |
| Country of Tax residency*            |                                                                                                             |                                                                                                             |                                                                                                             |
| PAN #                                |                                                                                                             |                                                                                                             |                                                                                                             |
| Address                              | State: _____<br>Country : _____                                                                             | State: _____<br>Country _____                                                                               | State: _____<br>Country: _____                                                                              |
|                                      | <input type="checkbox"/> Residence <input type="checkbox"/> Business                                        | <input type="checkbox"/> Residence <input type="checkbox"/> Business                                        | <input type="checkbox"/> Residence <input type="checkbox"/> Business                                        |
| Address Type                         | <input type="checkbox"/> Registered office                                                                  | <input type="checkbox"/> Registered office                                                                  | <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<br><input type="checkbox"/> Others _____ | <input type="checkbox"/> Service <input type="checkbox"/> Business<br><input type="checkbox"/> Others _____ | <input type="checkbox"/> Service <input type="checkbox"/> Business<br><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                        |                                                                                                             |                                                                                                             |                                                                                                             |
| Percentage of Holding (%)\$          |                                                                                                             |                                                                                                             |                                                                                                             |

\* 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

\$ 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 &amp; Conditions mentioned in this Form (read along with FATCA &amp; 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 **EVERMORE SHARE BROKING PRIVATE LIMITED** 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.**Name****Designation**

Signature :

Place :

Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest AAL branch or you can dispatch the hard copy to-

**Head Office:** UNIT -1-A 15TH FLOOR TOWER -1 GIFT CITY GANDHINAGAR GUJARAT – 382355**Ph.:- 7718841382 / 42229999****E-mail : - backoffice@evermore.in**

## HUF DECLARATION

Dear Sir (s),

We hereby declare the following details of karta and coparcener:

|                          |  |
|--------------------------|--|
| Name of the HUF          |  |
| PAN Number HUF           |  |
| Name of Karta            |  |
| PAN of Karta             |  |
| No of Members of the HUF |  |

| Sr. No. | Name of the Members of HUF | Date of Birth | Relationship with Karta | Sex | Signature(Not required in case of Minor) |
|---------|----------------------------|---------------|-------------------------|-----|------------------------------------------|
| 1.      |                            |               |                         |     |                                          |
| 2.      |                            |               |                         |     |                                          |
| 3.      |                            |               |                         |     |                                          |
| 4.      |                            |               |                         |     |                                          |
| 5.      |                            |               |                         |     |                                          |
| 6.      |                            |               |                         |     |                                          |
| 7.      |                            |               |                         |     |                                          |
| 8.      |                            |               |                         |     |                                          |

Place: Date

HUF KARTA



**DECLARATION, INDEMNITY CUM UNDERTAKING FOR NAME OR SIGNATURE  
DISCREPANCY IN PAN CARD, BANK PROOF & ADDRESS PROOF – VOLUNTARY**

To,  
**EVERMORE STOCK BROKERS PRIVATE LIMITED**  
UNIT -1-A 15TH FLOOR,TOWER -1 GIFT CITY GANDHINAGAR 382355 GUJARAT  
Sir (s),

Re: Declaration cum Indemnity for Name or Signature

Please note my name is registered differently in PAN card, Bank, Address proof, demat account etc. I confirm that all the names given in these accounts belong to me only and request you to open Trade & demat account with you as per PAN Card. My PAN number is \_\_\_\_\_do hereby affirm, declare and undertake as under:

1. That my name as it appears on the Income Tax website is \_\_\_\_\_
2. That my name as it appears on my Pan Card is \_\_\_\_\_
3. That my name as it appears on the Address proof is \_\_\_\_\_
4. That my name as it appears on the Bank Proof is \_\_\_\_\_
5. That I hereby request **EVERMORE STOCK BROKERS PRIVATE LIMITED** to maintain my name in Demat and Trading account as per the name appearing on the Income Tax website.
6. With reference to my signature mismatch as per Pan Card number given above and the account opening form and other documents I have submitted herewith, I request you to record with yourselves my specimen signature as signed below.
7. That I promise and undertake to get my PAN card altered in accordance with my name or signature as appearing on the Income Tax website within 45 days from the date of signing this undertaking. **EVERMORE STOCK BROKERS PRIVATE LIMITED** may, at its sole discretion, terminate my trading and demat account in the event of me not getting my name altered within 45 days of signing this undertaking.
8. That I further undertake to open a bank account in accordance with the name as appearing on the Income Tax website within one week from the date of signing this undertaking.
9. I further undertake that in case my name has been changed after approval from government authorities and notified in official gazette, I shall get the name change effected in PAN, Bank account etc. and furnish immediately to **EVERMORE STOCK BROKERS PRIVATE LIMITED**.
10. That I further declare that I am responsible and I shall indemnify & keep indemnified **EVERMORE STOCK BROKERS PRIVATE LIMITED**, its directors, officers employees and agents from and against any and all losses, claims, liabilities, obligations, damages, deficiencies, judgments, actions, suits, proceedings arising out of or in relation to corporate benefits, IPO refund, Foreign Exchange Management Act (FEMA), share transfer, dematerialization of securities, rematerialization of securities, dividends, interest, etc., that may arise due to name or signature discrepancy or due to non compliance or any liability suffered or incurred or fastened on to **EVERMORE STOCK BROKERS PRIVATE LIMITED** due to **EVERMORE STOCK BROKERS PRIVATE LIMITED** accepting this Declaration-cum-undertaking and/or acting on this basis.

That the contents of this declaration, Indemnity-cum-undertaking have been explained to me in vernacular and I have understood the same before signing it. That this declaration, Indemnity-cum-undertaking given by me to **EVERMORE STOCK BROKERS PRIVATE LIMITED** is by my absolute free will and without any coercion, undue influence, pressure, etc., and at present I am having sound health and mind.

Place:  
Date:



## FATCA DECLARATION – ENTITIES

### PART-A

|                                                                             |                                                                    |  |  |  |                                                                                                              |                               |  |  |  |  |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------|--|--|--|--------------------------------------------------------------------------------------------------------------|-------------------------------|--|--|--|--|
| <b>NAME:</b>                                                                |                                                                    |  |  |  |                                                                                                              |                               |  |  |  |  |
| <b>PAN:</b>                                                                 |                                                                    |  |  |  |                                                                                                              |                               |  |  |  |  |
| <b>PLACE OF INCORPORATION:</b>                                              |                                                                    |  |  |  |                                                                                                              |                               |  |  |  |  |
| <b>COUNTRY OF INCORPORATION:</b>                                            |                                                                    |  |  |  |                                                                                                              |                               |  |  |  |  |
| <b>IS THE ENTITY INVOLVED IN / PROVIDING ANY OF THE FOLLOWING SERVICES:</b> | Foreign Exchange / Money Changer Services <input type="checkbox"/> |  |  |  |                                                                                                              | <b>Any other Information:</b> |  |  |  |  |
|                                                                             | Gaming / Gambling / Lottery Services <input type="checkbox"/>      |  |  |  |                                                                                                              |                               |  |  |  |  |
|                                                                             | Money Laundering / Pawning <input type="checkbox"/>                |  |  |  |                                                                                                              |                               |  |  |  |  |
| <b>POLITICAL EXPOSED PERSON (PEP)</b>                                       |                                                                    |  |  |  | Yes <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable <input type="checkbox"/> |                               |  |  |  |  |

*\*If PAN is not available, please specify Folio No*

Is your Country of Tax Residency other than India: YES ☐ NO ☐

If 'YES', please specify the details of all countries where you hold tax residency and its Tax residency and its Tax Identification Number & type

| Sr. No | Country of Tax Residency # | Tax Payer Identification Number / Functional Equivalent | Identification Type |
|--------|----------------------------|---------------------------------------------------------|---------------------|
|        |                            |                                                         |                     |
|        |                            |                                                         |                     |
|        |                            |                                                         |                     |

*In case the Entity's Country of Incorporation / Tax Residence is US but Entity is not a Specified US person, mention Entity's exemption code here \_\_\_\_\_.*

### PART-B [to be filled by Financial Institutions or Direct Reporting NFFEs]

|                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| We are a<br><br><input type="radio"/> Financial Institution / FFI<br><br><br><br><input type="radio"/> Direct Reporting NFFE | <b>GIIN (Global Intermediary Identification Number):</b><br><table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p><i>Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below</i></p> <p><b>Name of the sponsoring entity:</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><b>GIIN not available (tick any one)</b></p> <p><input type="checkbox"/> Applied for</p> <p><input type="checkbox"/> Not required to apply for –specify sub - category <input type="checkbox"/> de</p> <p><input type="checkbox"/> Not obtained - Non -participating FFI</p> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

### Part C [Fill any one as applicable to be filled by NFEs other than Direct Reporting NFFEs]

|   |                                                                                                      |                                                                                                               |
|---|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| 1 | Is the entity is a listed company [whose shares are regularly traded on a recognized stock exchange] | Yes <input type="checkbox"/> (Please specify the name of the Stock Exchange (s) where it is traded regularly) |
|---|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|   |                                                                                                                          |                                                                                                                                                                                                                        |
|---|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   |                                                                                                                          | 1. _____<br>2. _____                                                                                                                                                                                                   |
| 2 | Is the entity a Related Entity of a listed company<br>[whose shares are regularly traded on a recognized stock exchange] | Yes <input type="checkbox"/> (Please specify the name of the listed company, name of the Stock Exchange(s) where it is traded regularly)<br><br>Name of the listed company: _____<br><br>Name of Stock Exchange: _____ |
| 3 | Is the entity an Active NFE ?                                                                                            | Yes -Nature of business _____<br><br>Please specify sub -category of Active N <input type="checkbox"/>                                                                                                                 |
| 4 | If the entity a Passive NFE                                                                                              | Yes -Nature of business _____<br><br>Also submit UBO Form [provided separately]                                                                                                                                        |

#### DECLARATION:

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize EVERMORE STOCK BROKERS PRIVATE LIMITED to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to EVERMORE STOCK BROKERS PRIVATE LIMITED and its group companies ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your end or by domestic or overseas regulators/ tax authorities. I/We EVERMORE STOCK BROKERS PRIVATE LIMITED to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same.

Place:

 Date:

|                                                                                     |
|-------------------------------------------------------------------------------------|
|  |
|  |
|  |

## Investor Chartered for Depository Participant ( DP)

### Vision

Towards making Indian Securities Market - Transparent, Efficient, & Investor friendly by providing safe, reliable, transparent and trusted record keeping platform for investors to hold and transfer securities in dematerialized form.

### Mission

- To hold securities of investors in dematerialised form and facilitate its transfer, while ensuring safekeeping of securities and protecting interest of investors.
- To provide timely and accurate information to investors with regard to their holding and transfer of securities held by them.
- To provide the highest standards of investor education, investor awareness and timely services so as to enhance Investor Protection and create awareness about Investor Rights.

### Details of business transacted by the Depository and Depository Participant (DP)

A Depository is an organization which holds securities of investors in electronic form. Depositories provide services to various market participants - Exchanges, Clearing Corporations, Depository Participants (DPs), Issuers and Investors in both primary as well as secondary markets. The depository carries out its activities through its agents which are known as Depository Participants (DP). Details available on the link <https://www.cdslindia.com/DP/dplist.aspx>

### Description of services provided by the Depository through Depository Participants (DP) to investors

#### (1) Basic Services

| Sr No | Brief about the Activity / Service                      | Expected Timelines for processing by the DP after receipt of proper documents                                                                                                                                                                                                                                                                      |
|-------|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.    | Dematerialization of securities                         | 7 days                                                                                                                                                                                                                                                                                                                                             |
| 2.    | Rematerialization of securities                         | 7 days                                                                                                                                                                                                                                                                                                                                             |
| 3.    | Mutual Fund Conversion / Destatementization             | 5 days                                                                                                                                                                                                                                                                                                                                             |
| 4.    | Re-conversion / Restatementisation of Mutual fund units | 7 days                                                                                                                                                                                                                                                                                                                                             |
| 5.    | Transmission of securities                              | 7 days                                                                                                                                                                                                                                                                                                                                             |
| 6.    | Registering pledge request                              | 15 days                                                                                                                                                                                                                                                                                                                                            |
| 7.    | Closure of demat account                                | 2 days                                                                                                                                                                                                                                                                                                                                             |
| 8.    | Settlement Instruction                                  | For T+1 day settlements, Participants shall accept instructions from the Clients, in physical form up to 4 p.m. (in case of electronic instructions up to 6.00 p.m.) on T day for pay-in of securities. For T+0 day settlements, Participants shall accept EPI instructions from the clients, till 11:00 AM on T day. Note: 'T' refers 'Trade Day' |

(2) Depositories provide special services like pledge, hypothecation, internet based services etc. in addition to their core services and these include

| Sr. No | Type of Activity /Service                               | Brief about the Activity / Service                                                                                                                                                                                                                                                                                                                                                    |
|--------|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.     | Value Added Services                                    | Depositories also provide value added services such as<br><a href="#">a. Basic Services Demat Account (BSDA)</a><br><a href="#">b. Transposition cum dematerialization</a><br><a href="#">c. Linkages with Clearing System</a><br>Distribution of cash and non-cash corporate benefits (Bonus, Rights, IPOs etc.), stock lending, demat of NSC / KVP, demat of warehouse receipts etc |
| 2.     | Consolidated Account statement (CAS)                    | CAS is issued 10 days from the end of the month (if there were transactions in the previous month) or half yearly(if no transactions)                                                                                                                                                                                                                                                 |
| 3.     | Digitalization of services provided by the depositories | Depositories offer below technology solutions and e-facilities to their demat account holders through DPs:<br><a href="#">a. E-account opening</a><br><a href="#">b. Online instructions for execution</a><br><a href="#">c. e-DIS / Demat Gateway</a><br><a href="#">d. e-CAS facility</a><br><a href="#">Miscellaneous services</a>                                                 |



## Details of Grievance Redressal Mechanism

### (1) The Process of investor grievance redressal

|    |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | <b>Investor Complaint/ Grievances</b>                                            | <p>Investor can lodge complaint/ grievance against the Depository/DP in the following ways:</p> <p>a. Electronic mode -</p> <ul style="list-style-type: none"> <li>• <a href="#">SCORES 2.0 (a web based centralized grievance redressal system of SEBI)</a></li> </ul> <p>Two Level Review for complaint/grievance against DP:</p> <ul style="list-style-type: none"> <li>- First review done by Designated Body</li> <li>- Second review done by SEBI</li> </ul> <p>(i) <a href="#">Respective Depository's web portal dedicated for the filing of complaint</a></p> <p>(iii) Emails to designated email IDs of Depository - <a href="mailto:complaints@cdslindia.com">complaints@cdslindia.com</a></p> <p>b. Offline mode :</p> <p>Investors can send physical letters to CDSL on our registered office address.</p> <p>The complaints/ grievances lodged directly with the Depository shall be resolved within 21 days.</p>                                                                                                                                                                                                                                                          |
| 2. | Online Dispute Resolution (ODR) platform for online Conciliation and Arbitration | <p>If the Investor is not satisfied with the resolution provided by DP or other Market Participants, then the Investor has the option to file the complaint/ grievance on SMARTODR platform for its resolution through by online conciliation or arbitration.</p> <p>SMART ODR -<a href="https://smartodr.in/login">https://smartodr.in/login</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 3. | Steps to be followed in ODR for Review, Conciliation and Arbitration             | <ul style="list-style-type: none"> <li>• Investor to approach Market Participant for redressal of complaint</li> <li>• If investor is not satisfied with response of Market Participant, he/she can escalate the complaint on SEBI SCORES portal</li> <li>• Alternatively, the investor may also file a complaint on SMARTODR portal for its resolution through online conciliation and arbitration</li> <li>• Upon receipt of complaint on SMARTODR portal, the relevant MII will review the matter and endeavour to resolve the matter between the Market Participant and investor within 21 days.</li> <li>• If the matter could not be amicably resolved, then the Investor may request the MII to refer the matter case for conciliation.</li> <li>• During the conciliation process, the conciliator will endeavor for amicable settlement of the dispute within 21 days, which may be extended with 10 days by the conciliator.</li> <li>• If the conciliation is unsuccessful, then the investor may request to refer the matter for arbitration.</li> <li>• The arbitration process to be concluded by arbitrator(s) within 30 days, which is extendable by 30 days.</li> </ul> |
| 4. | <b>Lodging of Complaints relating to ODR Platform</b>                            | <p>Investors may lodge complaints in respect of Online Dispute Resolution ("ODR") Institutions, neutrals (conciliators/arbitrators), or proceedings conducted on the SMART ODR Portal, at their convenience.</p> <p>Complaints can be submitted through written communication or by email, as detailed below:</p> <p><b>A. Conciliation Matters (including Conciliators and ODR Institutions)</b></p> <p><b>By Letter:</b></p> <p>Investor Grievance (IG) Department<br/>Central Depository Services (India) Limited (at registered office address)</p> <p><b>By Email:</b></p> <p><a href="mailto:cdslig@cdslindia.com">cdslig@cdslindia.com</a></p> <p><b>Arbitration Matters (including Arbitrators and ODR Institutions) By Letter:</b></p> <p>Legal Department<br/>Central Depository Services (India) Limited (at registered office address)</p> <p><b>By Email:</b></p> <p><a href="mailto:cdsllegal@cdslindia.com">cdsllegal@cdslindia.com</a><br/><a href="mailto:odr.legal@cdslindia.com">odr.legal@cdslindia.com</a></p>                                                                                                                                                      |

|    |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. | <b>Claim to be filed by Beneficial Owner:</b> | <p>The Beneficial owner who suffered a loss due to the actions of Depository Participant ("DP")/ Central Depository Services (India) Limited ("CDSL") needs to file their claim with DP/ CDSL along with relevant documents including but not limited to:</p> <ul style="list-style-type: none"> <li>• Statement of claim</li> <li>• Details of estimated loss (including calculation) and supporting documents</li> <li>• FIR Copy (in case of alleged fraud and infidelity of employee)</li> <li>• Declaration stating that same relief has not been sought before any other fora</li> </ul> <p><b>The hard copy of the claim is to be addressed to the CDSL Legal Team at the registered office of the Company and the soft copy is to be submitted to the Email ID - <a href="mailto:claims@cdslindia.com">claims@cdslindia.com</a>.</b></p> |
| 6. | Person with Disabilities (PwDs)               | <p>Persons with Disabilities (PwDs), may lodge complaints/grievances against the Depository or Depository Participant (DP) through the following mechanisms:</p> <ul style="list-style-type: none"> <li>• <a href="#">Respective Depository's web portal dedicated for the filing of compliant</a></li> <li>• Emails to designated email IDs of Depository <a href="mailto:pwds@cdslindia.com">pwds@cdslindia.com</a></li> </ul> <p><b>Investors can send physical letters to CDSL on our registered office address or can connect with us through our helpline number: 022 6234 3748</b></p>                                                                                                                                                                                                                                                    |

#### Guidance pertaining to special circumstances related to market activities: Termination of the Depository Participant

| Sr No | Type of special circumstances                                                                                                                                                                                                                                                                                                                       | Timelines for the Activity/ Service                                                                                                                                                                    |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.    | <ul style="list-style-type: none"> <li>• Depositories to terminate the participation in case a participant no longer meets the eligibility criteria and/or any other grounds as mentioned in the bye laws like suspension of trading member by the Stock Exchanges.</li> <li>• Participant surrenders the participation by its own wish.</li> </ul> | Client will have a right to transfer all its securities to any other Participant of its choice without any charges for the transfer within 30 days from the date of intimation by way of letter/email. |

#### Dos and Don'ts for Investors: -

| Sr No | Guidance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.    | Always deal with a SEBI registered Depository Participant for opening a demat account.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2.    | Read all the documents carefully before signing them                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 3.    | Before granting Power of attorney to operate your demat account to an intermediary like Stock Broker, Portfolio Management Services (PMS) etc., carefully examine the scope and implications of powers being granted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 4.    | Always make payments to registered intermediary using banking channels. No payment should be made in name of employee of intermediary.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 5.    | Accept the Delivery Instruction Slip (DIS) book from your DP only (pre-printed with a serial number along with your Client ID) and keep it in safe custody and do not sign or issue blank or partially filled DIS slips. Always mention the details like ISIN, number of securities accurately. In case of any queries, please contact your DP or broker and it should be signed by all demat account holders. Strike out any blank space on the slip and Cancellations or corrections on the DIS should be initialed or signed by all the account holder(s).<br>Do not leave your instruction slip book with anyone else. Do not sign blank DIS as it is equivalent to a bearer cheque |
| 6.    | Inform any change in your Personal Information (for example address or Bank Account details, email ID, Mobile number) linked to your demat account in the prescribed format and obtain confirmation of updation in system                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 7.    | Mention your Mobile Number and email ID in account opening form to receive SMS alerts and regular updates directly from depository.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 8.    | Always ensure that the mobile number and email ID linked to your demat account are the same as provided at the time of account opening/updation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 9.    | Do not share password of your online trading and demat account with anyone.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 10.   | Do not share One Time Password (OTP) received from banks, brokers, etc. These are meant to be used by you only.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 11.   | Do not share login credentials of e-facilities provided by the depositories such as e-DIS/demat gateway, SPEED-e/easiest etc. with anyone else.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 12.   | Demat is mandatory for any transfer of securities of Listed public limited companies with few exceptions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 13.   | If you have any grievance in respect of your demat account, please write to designated email IDs of depositories or you may lodge the same with SEBI online at <a href="https://scores.gov.in/scores/Welcome.html">https://scores.gov.in/scores/Welcome.html</a>                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 14.   | Keep a record of documents signed, DIS issued and account statements received.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 15.   | As Investors you are required to verify the transaction statement carefully for all debits and credits in your account. In case of any unauthorized debit or credit, inform the DP or your respective Depository.                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 16.   | Appoint a nominee to facilitate your heirs in obtaining the securities in your demat account, on completion of the necessary procedures.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 17.   | Register for Depository's internet based facility or download mobile app of the depository to monitor your holdings.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 18.   | Ensure that, both, your holding and transaction statements are received periodically as instructed to your DP. You are entitled to receive a transaction statement every month if you have any transactions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 19.   | Do not follow herd mentality for investments. Seek expert and professional advice for your investments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 20.   | Beware of assured/fixed returns.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

## Rights of investors

- Receive a copy of KYC, copy of account opening documents.
- No minimum balance is required to be maintained in a demat account.
- No charges are payable for opening of demat accounts.
- If executed, receive a copy of Power of Attorney. However, Power of Attorney is not a mandatory requirement as per SEBI / Stock Exchanges. You have the right to revoke any authorization given at any time.
- You can open more than one demat account in the same name with single DP/ multiple DPs.
- Receive statement of accounts periodically. In case of any discrepancies in statements, take up the same with the DP immediately. If the DP does not respond, take up the matter with the Depositories.
- Pledge and /or any other interest or encumbrance can be created on demat holdings.
- Right to give standing instructions with regard to the crediting of securities in demat account.
- Investor can exercise its right to freeze/defreeze his/her demat account or specific securities / specific quantity of securities in the account, maintained with the DP.
- In case of any grievances, Investor has right to approach Participant or Depository or SEBI for getting the same resolved within prescribed timelines.
- Every eligible investor shareholder has a right to cast its vote on various resolutions proposed by the companies for which Depositories have developed an internet based 'e-Voting' platform.
- Receive information about charges and fees. Any charges/tariff agreed upon shall not increase unless a notice in writing of not less than thirty days is given to the Investor.
- Right to indemnification for any loss caused due to the negligence of the Depository or the participant.
- Right to opt out of the Depository system in respect of any security.

### Responsibilities of Investors

- Deal with a SEBI registered DP for opening demat account, KYC and Depository activities.
- Provide complete documents for account opening and KYC (Know Your Client). Fill all the required details in Account Opening Form / KYC form in own handwriting and cancel out the blanks.
- Read all documents and conditions being agreed before signing the account opening form.
- Accept the Delivery Instruction Slip (DIS) book from DP only (preprinted with a serial number along with client ID) and keep it in safe custody and do not sign or issue blank or partially filled DIS.
- Always mention the details like ISIN, number of securities accurately
- Inform any change in information linked to demat account and obtain confirmation of updation in the system.
- Regularly verify balances and demat statement and reconcile with trades / transactions.
- Appoint nominee(s) to facilitate heirs in obtaining the securities in their demat account.
- Do not fall prey to fraudsters sending emails and SMSs luring to trade in stocks / securities promising huge profits.

### Code of Conduct for Depositories

#### (Part D of Third Schedule of SEBI (D & P) regulations, 2018)

##### *A Depository shall*

- always abide by the provisions of the Act, Depositories Act, 1996, any Rules or Regulations framed thereunder, circulars, guidelines and any other directions issued by the Board from time to time.
- adopt appropriate due diligence measures.
- take effective measures to ensure implementation of proper risk management framework and good governance practices.
- take appropriate measures towards investor protection and education of investors.
- treat all its applicants/members in a fair and transparent manner.
- promptly inform the Board of violations of the provisions of the Act, the Depositories Act, 1996, rules, regulations, circulars, guidelines or any other directions by any of its issuer or issuer's agent.
- take a proactive and responsible attitude towards safeguarding the interests of investors, integrity of depository's systems and the securities market.
- endeavor for introduction of best business practices amongst itself and its members.
- act in utmost good faith and shall avoid conflict of interest in the conduct of its functions.
- not indulge in unfair competition, which is likely to harm the interests of any other Depository, their participants or investors or is likely to place them in a disadvantageous position while competing for or executing any assignment.
- segregate roles and responsibilities of key management personnel within the depository including
  - a. Clearly mapping legal and regulatory duties to the concerned position
  - b. Defining delegation of powers to each position
  - c. Assigning regulatory, risk management and compliance aspects to business and support teams
- be responsible for the acts or omissions of its employees in respect of the conduct of its business.
- monitor the compliance of the rules and regulations by the participants and shall further ensure that their conduct is in a manner that will safeguard the interest of investors and the securities market.

## Code of Conduct for Participants

- A participant shall make all efforts to protect the interests of investors.
- A participant shall always endeavour to—
  - a. render the best possible advice to the clients having regard to the client's needs and the environments and his own professional skills;
  - b. ensure that all professional dealings are effected in a prompt, effective and efficient manner;
  - c. inquiries from investors are adequately dealt with;
  - d. grievances of investors are redressed without any delay.
- A participant shall maintain high standards of integrity in all its dealings with its clients and other intermediaries, in the conduct of its business.
- A participant shall be prompt and diligent in opening of a beneficial owner account, dispatch of the dematerialisation request form, rematerialisation request form and execution of debit instruction slip and in all the other activities undertaken by him on behalf of the beneficial owners.
- A participant shall endeavour to resolve all the complaints against it or in respect of the activities carried out by it as quickly as possible, and not later than one month of receipt.
- A participant shall not increase charges/fees for the services rendered without proper advance notice to the beneficial owners.
- A participant shall not indulge in any unfair competition, which is likely to harm the interests of other participants or investors or is likely to place such other participants in a disadvantageous position while competing for or executing any assignment.
- A participant shall not make any exaggerated statement whether oral or written to the clients either about its qualifications or capability to render certain services or about its achievements in regard to services rendered to other clients.
- A participant shall not divulge to other clients, press or any other person any information about its clients which has come to its knowledge except with the approval/authorisation of the clients or when it is required to disclose the information under the requirements of any Act, Rules or Regulations.
- A participant shall co-operate with the Board as and when required.
- A participant shall maintain the required level of knowledge and competency and abide by the provisions of the Act, Rules, Regulations and circulars and directions issued by the Board. The participant shall also comply with the award of the Ombudsman passed under the Securities and Exchange Board of India (Ombudsman) Regulations, 2003.
- A participant shall not make any untrue statement or suppress any material fact in any documents, reports, papers or information furnished to the Board.
- A participant shall not neglect or fail or refuse to submit to the Board or other agencies with which it is registered, such books, documents, correspondence, and papers or any part thereof as may be demanded/requested from time to time.
- A participant shall ensure that the Board is promptly informed about any action, legal proceedings, etc., initiated against it in respect of material breach or non-compliance by it, of any law, Rules, regulations, directions of the Board or of any other regulatory body.
- A participant shall maintain proper inward system for all types of mail received in all forms.
- A participant shall follow the maker—Checker concept in all of its activities to ensure the accuracy of the data and as a mechanism to check unauthorised transaction.
- A participant shall take adequate and necessary steps to ensure that continuity in data and record keeping is maintained and that the data or records are not lost or destroyed. It shall also ensure that for electronic records and data, up-to-date back up is always available with it.
- A participant shall provide adequate freedom and powers to its compliance officer for the effective discharge of his duties.
- A participant shall ensure that it has satisfactory internal control procedures in place as well as adequate financial and operational capabilities which can be reasonably expected to take care of any losses arising due to theft, fraud and other dishonest acts, professional misconduct or omissions
- A participant shall be responsible for the acts or omissions of its employees and agents in respect of the conduct of its business.
- A participant shall ensure that the senior management, particularly decision makers have access to all relevant information about the business on a timely basis.
- A participant shall ensure that good corporate policies and corporate governance are in place.



## FINANCIAL STATUS

The information is sought under the Prevention of Money Laundering Act, 2002, the rules notified there under and SEBI and Exchange Guidelines issued on Anti Money Laundering:

### A. ANNUAL INCOME (Last 3 years from the date of the opening of this account)

#### 1<sup>st</sup> Year:

- |                                                   |                                                     |                                                     |
|---------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> upto Rs. 1 lac           | <input type="checkbox"/> Rs. 1 lac to Rs. 2 lacs    | <input type="checkbox"/> Rs. 2 lacs to Rs. 5 lacs   |
| <input type="checkbox"/> Rs.5 lacs to Rs.10 lacs  | <input type="checkbox"/> Rs.10 lacs to Rs. 25 lacs  | <input type="checkbox"/> Rs. 25 lacs to Rs. 50 lacs |
| <input type="checkbox"/> Rs.50 lacs to Rs.1 crore | <input type="checkbox"/> Rs. 1 Crore to Rs. 5 crore | <input type="checkbox"/> Above Rs. 5 Crore          |

#### 2<sup>nd</sup> Year

- |                                                   |                                                     |                                                     |
|---------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> upto Rs. 1 lac           | <input type="checkbox"/> Rs. 1 lac to Rs. 2 lacs    | <input type="checkbox"/> Rs. 2 lacs to Rs. 5 lacs   |
| <input type="checkbox"/> Rs.5 lacs to Rs.10 lacs  | <input type="checkbox"/> Rs.10 lacs to Rs. 25 lacs  | <input type="checkbox"/> Rs. 25 lacs to Rs. 50 lacs |
| <input type="checkbox"/> Rs.50 lacs to Rs.1 crore | <input type="checkbox"/> Rs. 1 Crore to Rs. 5 crore | <input type="checkbox"/> Above Rs. 5 Crore          |

#### 3<sup>rd</sup> Year

- |                                                   |                                                     |                                                     |
|---------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> upto Rs. 1 lac           | <input type="checkbox"/> Rs. 1 lac to Rs. 2 lacs    | <input type="checkbox"/> Rs. 2 lacs to Rs. 5 lacs   |
| <input type="checkbox"/> Rs.5 lacs to Rs.10 lacs  | <input type="checkbox"/> Rs.10 lacs to Rs. 25 lacs  | <input type="checkbox"/> Rs. 25 lacs to Rs. 50 lacs |
| <input type="checkbox"/> Rs.50 lacs to Rs.1 crore | <input type="checkbox"/> Rs. 1 Crore to Rs. 5 crore | <input type="checkbox"/> Above Rs. 5 Crore          |

### B. NETWORTH DETAILS (as on the date of account opening)

- |                                                   |                                                     |                                                      |
|---------------------------------------------------|-----------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> upto Rs. 1 lac           | <input type="checkbox"/> Rs. 1 lac to Rs. 2 lacs    | <input type="checkbox"/> Rs. 2 lacs to Rs. 5 lacs    |
| <input type="checkbox"/> Rs.5 lacs to Rs.10 lacs  | <input type="checkbox"/> Rs.10 lacs to Rs. 25 lacs  | <input type="checkbox"/> Rs. 25 lacs to Rs. 50 lacs  |
| <input type="checkbox"/> Rs.50 lacs to Rs.1 crore | <input type="checkbox"/> Rs. 1 Crore to Rs. 5 crore | <input type="checkbox"/> Rs. 5 Crore to Rs. 25 Crore |
| <input type="checkbox"/> Above Rs. 25 crore       |                                                     |                                                      |

#### Please tick mark the additional applicable category to you

- ☐ Non resident client
- ☐ High net-worth client (having annual income + networth of more than `1 crore)
- ☐ Trust, Charities, NGOs and organizations receiving donations,
- ☐ Company having close family shareholdings or beneficial ownership
- ☐ Civil Servant or family member or close relative of civil servant
- ☐ Bureaucrat or family member or close relative of bureaucrat
- ☐ Current or Former MP or MLA or MLC or their family member or close relative
- ☐ Politician or their family member or close relative
- ☐ Current or Former Head of State or of Governments or their family member or close relative
- ☐ Senior government/judicial/ military officers or their family member or close relative
- ☐ Senior executives of state-owned corporations or their family member or close relative
- ☐ Companies offering foreign exchange offerings
- ☐ None of the above

I hereby further confirm/undertake that the investments/trading done in securities market are from my own/borrowed sources of funds and I confirm that the funds utilized for trading activity by me is in compliance with the rules, regulations and guidelines stipulated under PMLA.

Place:

Date:



## SELF DECLARATION OF INCOME AND NETWORTH

I, \_\_\_\_\_ having PAN: \_\_\_\_\_ Resident of \_\_\_\_\_

do hereby solemnly affirm and declares as under:

a) My annual income is Rs. \_\_\_\_\_ (Source of Income \_\_\_\_\_).

b) My DP holding as on the date is attached herewith. The total valuation as on \_\_\_\_\_ is Rs. \_\_\_\_\_.

c) My Net Worth as on \_\_\_\_\_ is Rs. \_\_\_\_\_.

We hereby further confirm/undertake that the investments/trading done in securities market are from our own/borrowed sources of funds and we confirm that the funds utilized for trading activity by us is in compliance with the rules, regulations and guidelines stipulated under PMLA.

I certify that the above information given by me is true.

Place:

Date:



**ACKNOWLEDGEMENT OF RECEIPT OF COPY OF DEMAT ACCOUNT OPENING FORM**

To,  
**EVERMORE STOCK BROKERS PRIVATE LIMITED**

Sir(s),

**Re: Acknowledgement**

I/We, \_\_\_\_\_, have opened demat account in your dp and I/we confirm that I/we have received the welcome letter stating my client Id allotted to me along with a copy of DIS Booklet NO \_\_\_\_\_ and client master / executed client registration documents viz. Client registration form/ KYC, Rights & Obligations, Beneficial Owner & Depository Participant.

I/We look forward to a mutually beneficial relationship with you.

Σ>

(Client  
Sign)  
Date:

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To,  
**EVERMORE STOCK BROKERS PRIVATE LIMITED**

Sir(s),

I/We, \_\_\_\_\_,  
have opened demat account in your dp and I/we confirm that I/we have received the welcome letter stating my client Id allotted to me along with a copy of client master / executed client registration documents viz. Client registration form/KYC, Rights & Obligations, and copy of Investor Charter Beneficial Owner & Depository Participant.

I/We look forward to a mutually beneficial relationship with you.



(Client Sign)

Date:

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