


## KYC FORM – NON INDIVIDUALS



IDENTITY DETAILS			
Name of the Applicant:			
Date of Incorporation	(DD / MM / YYYY)		
Date of Commencement	(DD / MM / YYYY)		
PAN			
Country of Incorporation			
City of Incorporation			
Registration number (CIN Number)			
<div> <div>PHOTOGRAPH of Authorized Signatory</div> <div>Please affix the recent passport size photographs and sign across it</div> <div>Sign Here</div> </div>			
STATUS			
<input type="checkbox"/> Partnership Firm <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> Trust <input type="checkbox"/> Liquidator <input type="checkbox"/> HUF <input type="checkbox"/> LLP <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI <input type="checkbox"/> FPI Cat _____ <input type="checkbox"/> Others _____			
ADDRESS DETAILS			
Registered Address (including city, state, country and pin code)			
Business / Correspondence Address (if any) (including city, state, country and pin code)			
Tax Residency Address		<input type="checkbox"/> Business (Correspondence) <input type="checkbox"/> Registered Office	
Specify the proof of address submitted for address			
CONTACT DETAILS (to be used for all necessary reporting / communication purposes)			
Landline Phone No: (including city & country code)		Mobile No: (including city & country code)	
Fax No: (including city & country code)		Email ID:	
Details of Promoters/Partners/Karta/Trustees/Whole Time Directors <input type="checkbox"/> Please refer Annexure 1 A			
Name			
PAN		DIN	
		Aadhar Number	
Address			
DECLARATION			
We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, we are aware that we may be held liable for it.			
For : _____  <div> <div>Sign Here</div> <div>Signature &amp; Stamp of the Authorised Signatory</div> </div>		<b>FOR OFFICE USE ONLY</b> <input type="checkbox"/> (Originals verified) True copies of Docs received <input type="checkbox"/> (Self-Attested) Self Certified Doc copies received  _____ Signature of the Authorised Signatory	

ANNEXURE 1 A					
Details of Promoters / Senior Management (e.g. Partners, Karta, Trustees & Whole Time Directors) forming a part of Know Your Client (KYC) Application Form for Non-Individuals					
APPLICANT NAME		PAN			
No.	NAME, ADDRESS & SIGNATURE	PAN, DIN and Aadhar Number	Relationship	PEP STATUS	PHOTOGRAPH
	NAME: ADD:	PAN		<input type="checkbox"/> YES	
		DIN		<input type="checkbox"/> NO	
		Aadhar Number		<input type="checkbox"/> RELTV	
	NAME: ADD:	PAN		<input type="checkbox"/> YES	
		DIN		<input type="checkbox"/> NO	
		Aadhar Number		<input type="checkbox"/> RELTV	
	NAME: ADD:	PAN		<input type="checkbox"/> YES	
		DIN		<input type="checkbox"/> NO	
		Aadhar Number		<input type="checkbox"/> RELTV	
	NAME: ADD:	PAN		<input type="checkbox"/> YES	
		DIN		<input type="checkbox"/> NO	
		Aadhar Number		<input type="checkbox"/> RELTV	
	NAME: ADD:	PAN		<input type="checkbox"/> YES	
		DIN		<input type="checkbox"/> NO	
		Aadhar Number		<input type="checkbox"/> RELTV	

For : \_\_\_\_\_

 \_\_\_\_\_

Name & Signature of the Authorised Signatory (with stamp)

Date \_\_\_\_\_ Place \_\_\_\_\_

\_\_\_\_\_



Seal / Stamp of the Edelweiss

Demat Account Opening Form NSDL and CDSL (Non Individual)				
<b>EDELWEISS BROKING LIMITED</b> Edelweiss House, Off CST Road, Kalina, Mumbai - 400 098. DP ID – IN303719				
<i>Please select any one of the below options</i>				
<input type="checkbox"/> Demat account to be opened with NSDL		<input type="checkbox"/> Demat account to be opened with CDSL		
To be filled by the Depository participant in BLOCK LETTERS in English				
<b>Application No.</b>		<b>Client ID</b>	<b>DP Internal Ref No.</b>	
<b>Date</b>	DD MM YY			
I/We request you to open a Depository account in My/Our name as per the below Details On DD / MM / YYYY				
<b>FORM TO BE FILLED IN BLOCK LETTERS Only</b>				
Details of Account holders (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))				
Account Holders	Sole / First Holder	Second Holder	Third Holder	
<b>Name / Search Name</b>				
<b>PEP/RPEP</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SMS Alert facility</b> Mobile number mandatory if POA selected Annexure A	Account to be operated through Power Of Attorney		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	SMS Alert facility required		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Mobile Number on which messages are to be sent			
ID Num PAN	PAN of Entity			
ID Num UID				
Contact Number <b>*Mandatory if POA given Annex I</b>				
Gross Annual Income Details (Previous 3 years)	Year 1	<input type="checkbox"/> Below INR 1 Lac <input type="checkbox"/> INR 10-25 Lac	<input type="checkbox"/> INR 1 - 5 Lac <input type="checkbox"/> INR25 Lacs-1 crore	<input type="checkbox"/> INR 5 - 10 Lac <input type="checkbox"/> Above INR 1 crore
	Year 2	<input type="checkbox"/> Below INR 1 Lac <input type="checkbox"/> INR 10-25 Lac	<input type="checkbox"/> INR 1 - 5 Lac <input type="checkbox"/> INR25 Lacs-1 crore	<input type="checkbox"/> INR 5 - 10 Lac <input type="checkbox"/> Above INR 1 crore
	Year 3	<input type="checkbox"/> Below INR 1 Lac <input type="checkbox"/> INR 10-25 Lac	<input type="checkbox"/> INR 1 - 5 Lac <input type="checkbox"/> INR25 Lacs-1 crore	<input type="checkbox"/> INR 5 - 10 Lac <input type="checkbox"/> Above INR 1 crore
Net Worth Details (not older than 1 year)		As on Date	DD / MM / YYYY	
Email ID				
*In case of Firms, HUF, 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 below				
<b>Name</b>		<b>PAN No.</b>		
Type Of Account (Please tick whichever is applicable)				
<b>Status</b>		<b>Sub Status (To be filled by the DP)</b>		
<input type="checkbox"/> Body Corporate <input type="checkbox"/> Banks <input type="checkbox"/> Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> OCB <input type="checkbox"/> FPI <input type="checkbox"/> CM <input type="checkbox"/> Clearing House <input type="checkbox"/> FII <input type="checkbox"/> FI Others _____		Sub Status _____		
<b>Nationality</b>	<input type="checkbox"/> Indian <input type="checkbox"/> Others (Specify) _____			
SEBI Registration No.		SEBI Registration Date	DD / MM / YYYY	
RBI Registration No.		RBI Approval Date	DD / MM / YYYY	

Bank Details (Dividend Bank Details)					
BANK NAME					
Branch Name					
Address					
City		State		Country and Pin	
Account type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others			Account No.	
IFSC Code				MIRC Code	

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)  
 (ii) Photocopy of the Bank Statement having name and address of the BO  
 (iii) Photocopy of the Passbook having name and address of the BO, (or)  
 (iv) Letter from the Bank.  
 (v) In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

Standing Instructions if account to be opened in NSDL/ CDSL			Please tick Yes/No
I / We instruct the DP to receive each and every credit in my/our account <i>(Automatic Credit)</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID mentioned above			<input type="checkbox"/> Yes <input type="checkbox"/> No
Account to be operated through Power of Attorney (POA)			<input type="checkbox"/> Yes <input type="checkbox"/> No
I/ We wish to receive dividend / interest directly in to my bank account as given above 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
Standing Instructions if account to be opened in CDSL			Please tick Yes/No
I / We would like to instruct the DP to accept all the pledge instructions in my/our account without any other further instruction from my/our end. [If not marked, the default option would be 'No <b>(to be selected if account opened in CDSL)</b> ']			<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to share the email ID with the RTA <b>(to be selected if account opened in CDSL)</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
TRUST FACILITY			
<input type="checkbox"/> I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility I have read and understood the Terms and Conditions prescribed by CDSL for the same. <input type="checkbox"/> I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST <b>Annexure B</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)	
Easi	To register for e asi, please visit our website <a href="http://www.cdslindia.com">www.cdslindia.com</a> . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.		
Account Statement Requirement		<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	
Annual Report Requirement (If not marked the default option would be in Physical)		<input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical and Electronic	
Clearing Member Details (to be filled by CM's only)			
Name of Stock Exchange			
Name of Clearing Corporation/Clearing House			
Clearing Member ID		Trading Member ID	
SEBI Reg No		Trade Name	
CM-BP-ID (to be filled up by Participant )			

DECLARATION			
<ul style="list-style-type: none"> <li>I/We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and we undertake to inform you of any changes therein, immediately.</li> <li>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. I/We are aware that we may be held liable for it.</li> <li>I / We acknowledge that I /we have received and read "Rights and Obligations of the Beneficial Owner and Depository Participant" as per Annexure C of the attached booklet. I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts.</li> <li>The same has been called upon by me in <input type="checkbox"/> Physical Copy <input type="checkbox"/> Soft Copy</li> <li>I/we also declare that I/We will continue to comply with FEMA regulations. (In case non resident account)</li> </ul>			
	Sole / First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Designation			
Signature			
Mode of Operation (Please select and provide details below)			
<input type="checkbox"/> Any one Singly <input type="checkbox"/> Jointly <input type="checkbox"/> As per resolution <input type="checkbox"/> Others please specify			
Details			
Notes 1) In Case of additional signatures, separate annexure should be attached to the application form 2) Thumb impression and signatures other than English or Hindi or any other language not contained in the 8th schedule of the Constitution of India must be attested by a Mistreated or Notary Public or a Special Executive Magistrate 3) For receiving Statement of Account in electronic form : a) Client must ensure the confidentiality of the password of the email account b) Client must promptly inform the participant if the email address has changed e) Strike off whichever is not applicable			
Option for issue of DIS Booklet			
Kindly confirm the manner of receiving DIS booklet (To be filled by person(s) seeking to open a Depository account where Power of Attorney has been granted to operate the Depository account)		<input type="checkbox"/> I/We wish to receive the Delivery Instruction Slip (DIS) booklet with account opening. <input type="checkbox"/> I/We do not wish to receive the Delivery Instruction Slip (DIS) booklet with account opening. However, the DIS booklet should be issued to me/us immediately on my/our request at a later date.	

### Acknowledgement

<b>EDELWEISS BROKING LIMITED</b> Edelweiss House, Off CST Road, Kalina, Mumbai - 400 098. DP ID – IN303719			
Please select any one of the below options			
<input type="checkbox"/> Demat account to be opened with NSDL		<input type="checkbox"/> Demat account to be opened with CDSL	
Received the application from Mr./Ms _____ as the sole/first holder along with _____ and _____ as the second and third holders respectively for opening of the depository account. Please quote the DP ID and Client ID allotted to you by (CM-BP-ID in case of Clearing) in all your future correspondence.			
Date – DD MM YY		Participant Sign	

<b>FATCA &amp; CRS Declaration</b> <i>(Please consult your professional tax advisor for further guidance on FATCA &amp; CRS classification)</i>			
<b>TAX RESIDENCE DECLARATION</b> <i>(tick any one, as applicable)</i>			
<input type="checkbox"/> Entity is a tax resident of India and not resident of any other country			OR
Tax Resident Address <input type="checkbox"/> Same as Registered Address			
<input type="checkbox"/> Entity is a tax resident of the country/ies mentioned in the table below			
Please indicate ALL the countries in which you are a resident for tax purposes and the associated Tax ID No. below			
Country	Tax Identification Number <sup>6</sup>	Identification Type (TIN or Other <sup>6</sup> , please specify)	
<sup>6</sup> <i>In case Tax Identification Number is not available, kindly provide functional equivalent<sup>5</sup></i> <sup>5</sup> <i>It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation &amp; attach this to the form</i>			
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: _____ <i>(Refer 3(viii) of Part D)</i>			
<b>PART A</b> <i>(to be filled by Financial Institutions or Direct Reporting NFEs)</i>			
<b>Entity is a</b> <input type="checkbox"/> <b>Financial Institution<sup>1</sup></b> <b>OR</b> <input type="checkbox"/> <b>Direct reporting NFE<sup>2</sup></b>	<b>GIIN</b>	<b>Name of sponsoring entity</b>	
	<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 above.</i>		
In case GIIN not available, please tick any one below (as applicable) <i>(options available only for Financial Institutions)</i> <input type="checkbox"/> <b>Applied for</b> <input type="checkbox"/> <b>Not required to apply for</b> <i>(Please specify sub-category<sup>3</sup> _____) Please provide with Form W8-BEN-E, duly filled in</i> <input type="checkbox"/> <b>Not obtained – Non-participating FI</b>			
<sup>1</sup> <i>If the entity is a FI and a tax resident outside India, please fill the below:</i>			
Are you from CRS Jurisdiction		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If No, please answer the next question)</i>	
<i>Please refer to List of Signatories to CRS @ <a href="http://www.oecd.org/tax/automatic-exchange/international-framework-for-the-crs/">http://www.oecd.org/tax/automatic-exchange/international-framework-for-the-crs/</a></i>			
Are you an Investment Entity <i>(Refer 1(iii) of Part D)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please answer the next question)</i>	
Is the entity managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity and the gross income of the entity is primarily attributable to investing, re-investing, or trading in financial assets <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please additionally fill Part C)</i>			
<b>PART B</b> <i>(to be filled by NFEs other than Direct Reporting NFEs; please fill any one as appropriate)</i>			
<input type="checkbox"/> <b>Publicly traded company<sup>4</sup></b> <i>(i.e. a company whose shares are regularly traded on an established securities market)</i>		<input type="checkbox"/> <b>Related entity of a publicly traded company<sup>5</sup></b> <input type="checkbox"/> <i>Subsidiary</i> <input type="checkbox"/> <i>Controlled</i>	
<b>Name of the stock exchange</b> <i>(Please specify any one stock exchange on which the stock is traded)</i>		<b>Name of such publicly traded company</b>	
		<b>Name of the stock exchange (any one)</b>	
<input type="checkbox"/> <b>Active NFE<sup>6</sup></b>		<input type="checkbox"/> <b>Passive NFE<sup>7</sup></b>	
<b>Sub-category</b> <i>((Refer 2c of Part D))</i>		<b>Nature of Business</b>	
<b>Nature of Business</b>			

<sup>1</sup> Refer 1 of Part D in the Information booklet

<sup>2</sup> Refer 3(vii) of Part D in the Information booklet

<sup>3</sup> Refer 1A. of Part D in the Information booklet

<sup>4</sup> Refer 2a of Part D in the Information booklet

<sup>5</sup> Refer 2b of Part D in the Information booklet

<sup>6</sup> Refer 2c of Part D in the Information booklet

<sup>7</sup> Refer 3(ii) of Part D in the Information booklet

### FATCA-CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with Edelweiss or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

### CERTIFICATION

I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by me on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA CRS Terms and Conditions and hereby accept the same

For : \_\_\_\_\_

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

Authorized Signatory

\_\_\_\_\_

Signature & Stamp

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



PART C (to be filled only by Passive NFEs)			
Please list below the details of each controlling person(s) , confirming ALL countries of tax residency/ permanent residency/ citizenship and ALL Tax Identification Numbers for EACH controlling persons (Please attach additional sheets if necessary):			
	Controlling Person 1	Controlling Person 2	Controlling Person 3
Name			
Country of tax residency*			
Address (include City State, Country & Pin code)			
Telephone/ Mobile No. (with ISD code)			
TIN (or functional equivalent for each country identified in relation to each person <sup>%</sup> )			
Identification Type (TIN or Other, please specify)			
Controlling person type code <sup>8</sup>			
Additional details to be filled below <b>ONLY</b> by controlling persons having tax residency/permanent residency/citizenship in any country other than India including green card holders:			
	Controlling Person 1	Controlling Person 2	Controlling Person 3
Customer ID (if allotted)			
Gender (Male, Female, Other)			
City of Birth			
Country of birth			
Occupation Type (Service, Business, Others)			
Nationality			
PAN			
Father's Name (if PAN not available)			
Date of Birth			
Address type for address mentioned above (Residence or business, Residential, Business, Registered office)			
Identification Type (Documents submitted as proof of identity of the individual) <sup>@</sup>			
Identification Number (Mandatory if PAN or Aadhaar number is not reported)			
Spouse's name (optional)			
Aadhaar Number (optional)			

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

% In case Tax Identification Number is not available, kindly provide functional equivalent<sup>1</sup>

@ Permissible values are:

- Passport
- Election ID card
- PAN Card
- ID Card
- Driving License
- UIDAI Letter
- NREGA Job card
- Others

<sup>8</sup> Refer 3(iv) (A) of Part D in the Information booklet



## POWER OF ATTORNEY

A Power of Attorney given on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

1. Mr./Mrs./Ms. \_\_\_\_\_, an  
Individual/Partnership Firm/Company/Hindu Undivided Family/FII/Others (please specify \_\_\_\_\_)  
having its registered office/carrying on business at/residing at \_\_\_\_\_  
\_\_\_\_\_

2. Mr./Mrs./Ms. \_\_\_\_\_, an  
Individual residing at \_\_\_\_\_  
\_\_\_\_\_

3. Mr./Mrs./Ms. \_\_\_\_\_, an  
Individual residing at \_\_\_\_\_  
\_\_\_\_\_

(hereinafter referred to as the "Client" which expression shall, unless repugnant to the context or meaning thereof, be deemed to include its / his / her / their respective heirs, executors, administrators, successors, legal representatives and permitted assigns) of the OTHER PART.

WHERE AS:

A. \_\_\_\_\_, a  
Company incorporated under the Companies Act, 1956 and having its Registered office at' \_\_\_\_\_

(hereinafter referred to as "Portfolio Manager" which expression shall include unless repugnant to or inconsistent with the subject or context thereof, its successors and assigns) is duly authorised by the Securities and Exchange Board of India (hereinafter referred to as "SEBI") to provide Portfolio Management Services vide SEBI Registration No. \_\_\_\_\_.

B. The Portfolio Manager has agreed to provide Portfolio Management Services under the name and style (label) of \_\_\_\_\_  
\_\_\_\_\_ (hereinafter referred to as "Services") and I/We have agreed to avail the same under the Discretionary Portfolio Investment Management Agreement for \_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_ (hereinafter referred to as the "said Agreement") dated \_\_\_\_\_.



C. The Portfolio Manager through its authorized representatives will be required to operate the Bank, Demat and Trading Accounts (hereinafter referred to as “Accounts”) on my/ our behalf and do all other acts, deeds, matters and things in relation to and concerning the funds, monies, amounts and/or securities placed by me/us in connection with the Services to be provided by the Portfolio Manager to me/us. For the purpose of operating the said Accounts and inter alia for conducting/settling transactions, I/we hereby appoint, nominate and authorize the Portfolio Manager acting through its officers/authorized representatives as my/our true and lawful Attorney (hereinafter referred to as “Attorney”), with power and authority to act for me/us and on my/our behalf in connection with my/our abovementioned Accounts, specifically conferring upon my/our Attorney the following powers that I/we wish to confer: (For definition of the term ‘Securities’, please refer to the said instruction Agreement

1. To do all such act, deeds, things and give all such instructions whatsoever concerning the investment process as I/we myself/ourselves would have if I/we were personally present.
2. To open, operate and close the Bank Accounts, in my/our name(s) and to provide all such information, declaration and documents for and on my/our behalf as shall be required by the Bank for opening an Account. I/we hereby agree, ratify and confirm any and all transactions or dealings affected in the above mentioned Bank Account by my/our Attorney. I/we also hereby agree, confirm and undertake that the transactions are commensurate with my/our income, net worth, and general / business profile. The Attorney shall have the sole authority and power to operate my/our Bank Account, either singly or jointly with any person or person (s) and carry out all banking transactions such as debiting and crediting the account, issue cheques, drafts, to transfer monies including inter-alia through internet/ENET etc. and to otherwise operate the said Bank Account with full authority and I/we hereby declare and undertake not to operate such Bank Account during the currency of this Power Of Attorney in any manner whatsoever. The Attorney shall also have the authority to close the said Bank Account.
3. To collect cheque books/leaves/bank statements from the Bank in respect of the Bank Account. To prepare sign and submit all forms, statements and declarations as may be required in respect of the Bank Account. To submit requisition/application for cheque books, Electronic Clearing System (ECS) facility or Real Time Gross Settlement (RTGS) facility, Net Banking Facility, passwords, if any and for operating the said Accounts electronically.
4. To avail all the banking facilities including but not limited to Net banking, Phone banking, and obtain the secret password, PIN, TIN etc. as may be required for operational convenience and if required to execute in my/our name(s) all requisite documents including indemnities and to enter into, make, sign, seal, execute, deliver, acknowledge or perform any agreement(s), contract, deed, or thing on my/ our behalf which in the opinion of the said Attorney may be necessary or proper in respect of the aforesaid activities.
5. To make necessary application(s) on my / our behalf to any officials and/or authorities and/ or Regulator(s) in India, including but not limited to Central Government, Reserve Bank of India,



SEBI, Income Tax Authorities and/or Banks in connection with my/our purchase/sale/transfer/holding and continuing to hold any Securities of bodies corporate or government securities or units or securities issued by Unit Trust of India or deposits in any company or body corporate or other investments of whatsoever nature or kind, in electronic or dematerialized or physical form and to represent me/us in all respects before such authority or authorities and to represent me/us in all respects before such authority(ies) and establish without encumbrance the ownership of such Securities and/or other investments in my/our name(s).

6. To file forms/applications and to fulfill other obligations, to secure approval / consent / permission or for that purpose to enter into any deed/document on my/our behalf with any Officials or regulatory or statutory authorities in India, including but not limited to, the Central Government and/or the Reserve Bank of India and/or the Income Tax Authorities and/or Securities and Exchange Board of India in connection with securing the permission/consent of the concerned authority(ies) with respect to purchase / sale / transfer / holding and continuing to hold securities in accordance with the discretion of the Portfolio Manager, and to represent me/us in all respects before such authority or authorities and establish without encumbrance the ownership of the securities in my/our name(s).
7. To buy, sell, endorse, transfer, assign, or deal in all or any Securities in any joint stock company or body corporate in electronic or dematerialized or physical form including enter into foreign transactions.
8. To sell, endorse, transfer, assign, surrender or renew all or any Securities and/or other investments in electronic, dematerialized or physical form which now or shall hereafter stand in my/our name(s) or to which I/ we am/are now or may at any time hereafter be entitled.
9. To open, maintain, close and/or operate in my/our name, either singly or jointly, Depository Account(s) with a Depository Participant (DP) for the purpose of dematerialization (Demat) of Securities subject to applicable laws, rules, regulations and amendments thereto from time to time. To submit physical shares for demat, issue instructions (including for off-market trades) for buying and selling of shares as well as for collecting and crediting dividends, correspond with companies, registrars and the Depository Participant and in general operate such Demat Account for any of the transactions. Without prejudice to the generality of the power conferred under the above clause: -
  - a) To instruct the DP to debit/credit Securities to the said Demat Account from any other account and/or to transfer securities from the said Demat Account to any other account;
  - b) To instruct the DP to distribute or deliver to any person(s) any Securities or any documents evidencing the ownership, possession or title to the Securities in the said Demat Account;



- c) To give instruction to the DP to give effect to or note a mortgage, charge, hypothecation, pledge, lien or other encumbrance or right in respect of any securities in the said Demat Account;
- d) To certify the correctness of the said Demat Account and/or any statement, details or transactions in respect of the said Demat Account;
- e) To give instructions to the DP to debit the said Demat Account and/or to receive the Securities in the said Demat Account and all documents evidencing the ownership, possession or title to the securities in the said Demat Account;
- f) To obtain any and all details concerning the said Demat Account and to apply for and receive statements and other information in respect of the said Demat Account;
- g) To give instruction to the DP for dematerialisation or rematerialisation of any securities in or to be credited to said Demat Account;
- h) To give instruction to the DP to freeze the said Demat Account and/or to defreeze/ release the said Demat Account;
- i) To withdraw the balance in the said Demat Account;
- j) To give such standing instruction to the DP as the Attorney think fit and proper;
- k) To give instructions to transfer securities to accounts of other persons as instructed by me/us;
- l) To execute, sign and deliver such forms, instructions, applications, letters, authorities, mandates, declarations, indemnities, affidavits and other documents and writings whatsoever as may be required for giving effect to all or any of the powers or authorities conferred by and under this Power of Attorney;
- m) To sign such documents and perform such other acts, deeds and things whatsoever which ought to be done, executed or performed in or about the aforesaid powers and authorities of every nature and kind whatsoever as fully and effectually and to all intents and purposes as I myself / We our self could do if I/We was/ were personally present and the aforesaid powers and authorities shall be under the full management and directions of the Attorney;
- n) I/We hereby agree and confirm that the powers and authorities conferred by this Power of Attorney shall continue until I/We have given to the DP reasonable advance and/or notice in writing to the contrary;
- o) I/We further agree and confirm that I/We shall be bound by whatever the Attorney shall do or cause to be done under or pursuant to the powers and authorities conferred by this Power of Attorney;



- p) I/We further agree that the Attorney be allowed to maintain Securities and/or monies with a registered member of a stock exchange (s) towards margin as required by the regulations of the relevant stock exchange(s);
- q) To sell or otherwise deal with or dispose of and to purchase, subscribe or otherwise acquire in any manner from the market or under public or rights issues or otherwise and accept the transfers of any securities, annuities or other mercantile negotiable instruments which shall or may at any time belong to me/us or which hereafter be transferred to me/ us, whether solely or jointly and whether in my/our own right or having any other interest of whatsoever nature and however arising and in any capacity whatsoever including those belonging to others with my/our name and for such purposes to sign, execute or endorse all instruments of transfer and other documents for any purpose whatsoever by virtue of these presents;
10. To acquire by subscribing to or by purchase, of Securities or Government Securities and to sell, transfer, and endorse the Securities or any Government Securities or redeem the same either through Internet using the Identification Number issued by any Mutual Fund from time to time, and/or to sign and to execute all transfer deeds whether as transferor or transferee and such other instruments, application and papers as may be necessary for the purpose of acquiring or transferring/ redeeming the same, making pledge/lien on such securities and/or for transferring the investments in the units of Mutual Fund from one scheme to another or between Mutual Funds.
11. To appoint or nominate or engage or enter into agreements with any broker for effecting any sales or purchases or acquisition in any manner aforesaid and my/our said Attorney shall have powers to appoint and employ any agents or other persons at such remuneration by way of commission/fees or otherwise and to delegate any or all powers given herein to such persons as the said Attorney may think proper and to dismiss and discharge them from time to time and to appoint or employ any other/s in their stead.
12. To open and/or operate new or existing safe custody account with a SEBI registered Custodian or to keep in safe custody the Securities and other investments purchased or acquired pursuant to the above authority.
13. To appoint, engage, or enter into an agreement with any Service Provider for carrying out of various administrative functions / fund accounting activities for the Portfolio Manager subject to and in accordance with the terms and conditions mentioned in the said Agreement.
14. To place all orders for the purchase and/or sale of securities and/or enter into contracts including place order or enter into contracts for future, options in securities, option on indices and other similar types of investments as may be deemed expedient for my/our accounts, for the said purpose, and appoint, nominate or engage any broker and/or agent for effecting purchase and sale of the securities as mentioned above and to sign and submit such documents



as may be required for admission as a client of such broker as/or agent and pay appropriate fees as commission to such broker and/or legal agents for the services rendered by them.

15. To make applications IPOs, private placements, right shares, debentures, units of Mutual Fund and additional shares or debentures or units of any company or body corporate or Unit Trust of India or any Mutual Fund and to receive and hold right shares or debentures or unit or additional shares or debentures or units and bonus shares or units.
16. To demand, collect, receive and give good effectual receipt(s) and discharge(s) for all and any bonus, dividends, interests, accruals or any other sum(s) and or income received or receivable from investment in Securities of any company or body corporate, Government or Public Body or authority or Unit Trust of India or any Mutual Fund and to sign and endorse cheques, pay orders, dividend or interest warrants or certificates in respect thereof and to demand and receive all debts/sums of money, principal, interest, dividends and other dues of whatever nature or account which are now or at any time, hereafter may be due /payable and belong to me/us on any account or accounts or in any manner and periodically examine, state and adjust accounts between me/us and any persons whosoever.
17. For the purpose of aforesaid or any of them to sign any applications, contracts, agreements, transfer, acceptance, receipt, acquittance or other document and form and to do all lawful acts requisite for effecting the premises.
18. To deposit the monies realised from sell of Securities with any bank and keep them invested/ deposited or to open fixed deposit account with any bank in my/our name as my/our Attorney may deem fit.
19. To pay or allow all taxes, rates, charges, deductions, expenses and outgoings whatsoever due and payable or to become due and payable on account or in respect of the Securities.
20. To initiate, prosecute and defend all legal proceedings touching any of the matters aforesaid or any other matter in which I am/ We/are or may hereafter be interested or concerned and also if thought fit, to compromise, refer to arbitration, withdraw or to contest judgements in any such proceedings as aforesaid.
21. To give or join in giving notice for calling and/ or to call or join in calling Extraordinary General Meeting of any company on requisition in accordance with section 169 and /or on the applicable provisions of the Companies Act, 1956.
22. To attend, vote and otherwise act as Attorney or proxy at all or any meeting or meetings of the members, creditors, or debenture holders of any company in which Securities are acquired or held pursuant to this authority and to vote at any such meeting for and on my/our behalf as the Attorney may deem fit and also execute any proxy on my/our behalf.
23. To engage and/or appoint lawyers and other professional advisors as may be necessary for all or any of the purpose herein above mentioned and to dispense with their services and also appoint



the same or any other advocates, pleaders, etc. as and when the occasion may arise with similar powers to discharge them when such services are not required.

24. And for all or any of the purposes aforesaid to appoint from time to time a substitute or substitutes and or revoke such substitution but so that the appointment of any such substitute shall not affect or prejudice the rights or powers of the Attorney to act hereunder and the Attorney may continue to do so notwithstanding such appointments.
25. And for all or any of the purpose set out hereunder, to assign or transfer any or all rights or obligations or powers hereunder to such person (s) as it may deem necessary or expedient without my / our prior written consent.
26. And I/We do hereby for myself/ourselves, my/our heirs, executors, administrators, successors and legal representatives ratify and confirm and agree to ratify and confirm all and whatsoever acts, deeds, matters and things done or cause to be done by the Attorney or his substitute or substitutes for the purpose of implementation of the powers conferred hereunder.
27. In case of my/our death/ the death of all or any of us, this Power of Attorney, as to all acts, deeds, matters and things which before the fact of such death shall be known to it or him shall be done by my/our Attorney or by any substitute by virtue or under color or in pursuance hereof and all payments made to it or him before that fact of such death shall be known to the person making the payment shall be binding upon my heirs, executors and administrators/heirs, executors, and administrators of any of us so dying aforesaid, as the same would have been upon him if living.
28. And I/We hereby confirm that the said Attorney acting as my / our Attorney under these presents shall not be liable or answerable or responsible for any loss or diminution caused or occasioned by its acting as such Attorney in good faith.
29. I/We hereby authorise the said Attorney to debit my Bank Account with their branch for all the service charges, fees, out of pocket expenses, conveyance expenses, postage, telephone/fax charges etc. payable by me/us from time to time in accordance with the schedule of charges/fees/ expenses etc. prescribed by the said Attorney in regard to the above said work to be carried out by the Attorney on my/our behalf.
30. And generally to do all and perform and execute all such other acts, deeds, matters and things for or on behalf of me/us or that may be necessary, proper, convenient or expedient to be done in and about the premises as fully and effectively to all intents and purposes as I/We myself/ ourselves would do if personally present and I/We hereby notify and confirm and agree and undertake to notify and confirm whatsoever the said Attorney or any substitute appointed by the said Attorney shall lawfully do or caused to be done by virtue of these presents.
31. And I/We hereby declare that the said Attorney is entitled to act and exercise all the powers herein conferred upon through any of its officers and employees or any other agent appointed



by the Attorney for this purpose and I/ we do hereby for myself/ourselves, my/our successors and assigns jointly and severally undertake and agree to indemnify and keep indemnified my/our Attorney against all claims, demands, proceedings, losses, damages, charges and expenses which may be raised against or incurred by reason or in consequence of the actions of my/our Attorney.

32. This Power of Attorney is perpetual until a notice is duly communicated in writing at least 30 days prior to the withdrawal/cancellation of my/ our Attorney. Provided, however, that the revocation shall not so operate as to preclude or deny execution of transactions as are required for the purpose of fulfilling all obligations arising out of transactions executed for and on behalf of me/us by said Attorney prior to the time of receipt of such revocation by the said Attorney and is exclusive to said Attorney except to the extent not permissible under the rules and regulations of the SEBI and applicable laws and the directions issued thereunder. I shall indemnify and keep indemnified if no such notice is served revoking/ cancelling my/our Power of Attorney and by virtue of that reason, if the operation of the said Accounts is operated by the Attorney.
33. This Power of Attorney may be modified in future by the Portfolio Manager by giving a due notice of 7 working days to the Client.
34. The Portfolio Manager shall forward a copy of this Power of Attorney to the Bank(s), and I/We agree that any action taken by the Bank(s) under this Power of Attorney shall be in good faith. I/We state that the Bank shall not be held liable for any direct or indirect loss, damage, costs, claims and expenses whatsoever resulting as consequence or caused or contributed by any event or relating to its action in relation to this Power of Attorney.
35. This Power of Attorney shall be deemed to be duly executed only after it has been executed by the Attorney for acceptance as herein provided and shall be effective only pursuant to such execution.

This Power of Attorney shall be interpreted as per the laws of India and shall be subject to jurisdiction of the courts of Mumbai in India. In witness whereof, I/we have hereunder set my/our hand at this, the \_\_\_\_\_ day of \_\_\_\_\_ Two Thousand \_\_\_\_\_.

**First Holder**

**Second Holder**

**Third Holder**



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



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

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



Accepted

For \_\_\_\_\_

Signature:

in the presence of:

(Witness of the Client)

(Witness of the Portfolio Manager)

Before Me