

South Asian Stocks Limited

Regd. Off. : 3rd Floor , Building No. 5 , Local Shopping Complex ,
Rishabh Vihar, Near Karkarduma Metro Station . East Delhi – 110092

Tel. No. 011-4040-9999 Fax No.-011-47377215

Email: Support @sasonline.in, Website: www.sasonline.in

F1 

KNOW YOUR CLIENT (KYC) APPLICATION FORM

(For Non-Individuals)

Paste passport size
photograph of Karta
and cross sign over it

Please fill this form in ENGLISH and in BLOCK LETTERS

| A. IDENTITY DETAILS | | | | | | | | | | | | | | | | | | | | |
|---------------------|---|---|---------|---|---|---|---|---|--------------------------------|--|--|--|-------------------|--|-------------|--|--|--|--|--|
| 1 | Name of the Applicant | | | | | | | | | | | | | | | | | | | |
| 2 | Date of incorporation | | | | | | | | Place of incorporation | | | | | | | | | | | |
| | D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | |
| 3 | Date of commencement of business | | | | | | | | | | | | | | | | | | | |
| | D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | |
| 4 | a) PAN | | | | | | | | b) Registration No. (e.g. CIN) | | | | | | | | | | | |
| 5 | Status (please tick any one): <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Private Limited Co. <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Trust <input type="checkbox"/> Charities <input type="checkbox"/> NGO's <input type="checkbox"/> Others (please specify) _____ </div> <div style="width: 33%;"> <input type="checkbox"/> Bank <input type="checkbox"/> Government Body <input type="checkbox"/> Non Government Organization <input type="checkbox"/> Defense Establishment <input type="checkbox"/> Society <input type="checkbox"/> LLP </div> <div style="width: 33%;"> <input type="checkbox"/> Partnership <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> BOI </div> </div> | | | | | | | | | | | | | | | | | | | |
| B. ADDRESS DETAILS | | | | | | | | | | | | | | | | | | | | |
| 1 | Correspondence Address | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | City/town/village | | PIN Code | | | | | |
| | State | | Country | | | | | | | | | | | | | | | | | |
| 2 | Specify the proof of address submitted for correspondence address | | | | | | | | | | | | | | | | | | | |
| 3 | Contact Details | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | Tel. (Off.) | | Tel. (Res.) | | | | | |
| | | | | | | | | | | | | | Fax No. | | Mobile No. | | | | | |
| Email ID | | | | | | | | | | | | | | | | | | | | |
| 4 | Registered Address (if different from above): | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | City/town/village | | PIN Code | | | | | |
| | State | | Country | | | | | | | | | | | | | | | | | |

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Name & Signature of the Authorised Signatory(ies)

C. OTHER DETAILS

| | | |
|---|---|---|
| 1 | Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors: | If space is insufficient, enclose these details separately <i>[Illustrative format enclosed]</i> |
| 2 | DIN of whole time directors: | |
| 3 | Aadhaar number of Promoters/Partners/Karta | |

D. DECLARATION

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

F3 

Name & Signature of the Authorised Signatory(ies) _____

Date

D

D

M

M

Y

Y

Y

Y

FOR OFFICE USE ONLY☐ Originals verified and Self-Attested Documents copies receivedName and Signature of the
Authorised Signatory

Date

D

D

M

M

Y

Y

Y

Y

Seal/Stamp of the
intermediary

**Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC)
Application Form for Non-Individuals**

| Sr. No. | Name | Relationship with Applicant (i.e. promoters, whole time directors etc.) | PAN | Residential / Registered Address | DIN of whole time directors /Aadhaar number of Promoters/Partners/Karta/co-parcener | Photograph |
|---------|------|--|-----|----------------------------------|---|--|
| 1 | | | | | | Paste passport size photograph of Karta and cross sign over it |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

F4 

Name & Signature of the Authorised Signatory(ies)

Date

D

D

M

M

Y

Y

Y

Y

South Asian Stocks Limited

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FORM 11

PART II – ACCOUNT OPENING FORM

(FOR NON-INDIVIDUALS)

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--------------------------------------|---|---|---|---|---|--|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DP –ID | | | | | | | | Client –ID (To be filled by Participant) | | | | | | | | | | | | | | | | | |
| I | N | 3 | 0 | 6 | 1 | 2 | 2 | | | | | | | | | | | | | | | | | | |
| We request you to open a depository account in our name as per the following details: <i>(Please fill all the details in CAPITAL LETTERS only)</i> | | | | | | | | | | Date | D | D | M | M | Y | Y | Y | Y | | | | | | | |
| A) Details of Account holder(s): | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Name | | | | | | PAN | | | | | | | | | | | | | | | | | |
| Sole/ First Holder | | | | | | | | | | | | | | | | | | | | | | | | | |
| Second Holder | | | | | | | | | | | | | | | | | | | | | | | | | |
| Third Holder | | | | | | | | | | | | | | | | | | | | | | | | | |
| B) Type of account | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Body Corporate | | <input type="checkbox"/> FI | | <input type="checkbox"/> FII | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Qualified Foreign Investor | | <input type="checkbox"/> Mutual Fund | | <input type="checkbox"/> Trust | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Bank | | <input type="checkbox"/> CM | | <input type="checkbox"/> HUF | | | | | | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> Other (Please specify) _____ | | | | | | | | | | | | | | | | | | | | | |
| C) For Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., although the account is opened in the name of the partner(s), trustee(es) etc., the name & PAN of the Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., should be mentioned below: | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) Name | | | | | | | | b) PAN | | | | | | | | | | | | | | | | | |
| D) Income Details (please specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Income Range per annum | | | | | | | | and | | Networth | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Below ` 20 Lac | | | | | | | | | | Amount (`) _____ | | | | | | | | | | | | | | | |
| <input type="checkbox"/> ` 20 – 50 Lac | | | | | | | | | | As on (date) <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | | | | | | | | D | D | M | M | Y | Y | Y | Y |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> ` 50 Lac – 1 crore | | | | | | | | | | (Networth should not be older than 1 year) | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Above ` 1 crore | | | | | | | | | | | | | | | | | | | | | | | | | |
| E) In case of FIIs/Others (as may be applicable) | | | | | | | | | | | | | | | | | | | | | | | | | |
| RBI Approval Reference Number | | | | | | | | | | | | | | | | | | | | | | | | | |
| RBI Approval date | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEBI Registration Number (for FIIs) | | | | | | | | | | | | | | | | | | | | | | | | | |
| F) Bank details | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Bank account type <input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify) _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Bank Account Number | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | |
|----|--|---|-----------------------|---|----------------------------|---|----------|--------------------------|---|--|--|--|--|--|
| | 3 | Bank Name | | | | | | | | | | | | |
| | 4 | Branch Address | | | | | | | | | | | | |
| | | | City/town/ village | | | | PIN Code | | | | | | | |
| | | | State | | | | Country | | | | | | | |
| | 5 | MICR Code | | | | | | | | | | | | |
| | 6 | IFSC | | | | | | | | | | | | |
| G) | Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors: | | | <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) | | | | | | | | | | |
| H) | Clearing Member Details (to be filled up by Clearing Members only) | | | | | | | | | | | | | |
| | 1 | Name of Stock Exchange | | | | | | | | | | | | |
| | 2 | Name of Clearing Corporation/ Clearing House | | | | | | | | | | | | |
| | 3 | Clearing Member ID | | | | | | | | | | | | |
| | 4 | SEBI Registration Number | | | | | | | | | | | | |
| | 5 | Trade Name | | | | | | | | | | | | |
| | 6 | CM-BP-ID (to be filled up by Participant) | | | | | | | | | | | | |
| I) | Standing Instructions | | | | | | | | | | | | | |
| | 1 | We authorise you to receive credits automatically into our account. | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | 2 | Account to be operated through Power of Attorney (PoA) | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | 3 | SMS Alert facility | | | | | | | | | | | | |
| | | Sr. No. | Holder | | | Yes | | No | | | | | | |
| | | 1 | Sole/First Holder | | | <input type="checkbox"/> | | <input type="checkbox"/> | | | | | | |
| | | 2 | Second Holder | | | <input type="checkbox"/> | | <input type="checkbox"/> | | | | | | |
| | | 3 | Third Holder | | | <input type="checkbox"/> | | <input type="checkbox"/> | | | | | | |
| | 4 | Mode of receiving Statement of Account [Tick any one] | | <input type="checkbox"/> Physical Form | | | | | | | | | | |
| | | | | <input type="checkbox"/> Electronic Form [Read Note 3 and ensure that email ID is provided in KYC Application Form]. | | | | | | | | | | |
| J) | List of family members (Separate Annexure maybe used in case number of members is higher) | | | | | | | | | | | | | |
| | Sr No. | Name of Coparcener/Member | Gender | Date of Birth | Relation with Karta | Whether Coparcener/Member (please specify) | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

Declaration

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by us and we have understood the same and we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. 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. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

Authorised Signatories (Enclose a Board Resolution for Authorised Signatories. In case of HUF details of Karta to be given)

| Sole/First Holder | Name | Signature(s) |
|------------------------------|------|--------------|
| First Signatory/Karta of HUF | | F5 ➡ |
| Second Signatory | | G1 ➡ |
| Third Signatory | | H1 ➡ |
| Other Holders | | |
| Second Holder | | S1 ➡ |
| Third Holder | | T1 ➡ |

| | |
|--|--|
| Mode of Operation for Sole/First Holder (In case of joint holdings, all the holders must sign. In case of HUF this is not applicable) | |
| <input type="checkbox"/> Any one singly | |
| <input type="checkbox"/> Jointly by | |
| <input type="checkbox"/> As per resolution | |
| <input type="checkbox"/> Others (please specify) | |

Notes:

1. In case of additional signatures, separate annexures should be attached to the application form.
2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
3. For receiving Statement of Account in electronic form:
 - I. Client must ensure the confidentiality of the password of the email account.
 - II. Client must promptly inform the Participant if the email address has changed.
 - III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
4. Strike off whichever is not applicable.

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Acknowledgement

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Email: Support @sasonline.in, Website: www.sasonline.in

Received the application from M/s_____ as the sole/first holder alongwith
_____ and _____ as the second and third holders respectively for
opening of a depository account. Please quote the DP ID & Client ID allotted to you (CM-BP-ID in case of Clearing Members) in all
your future correspondence.

Date:

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

Participant Stamp & Signature

Rights and Obligations of the Beneficial Owner and Depository Participant

General Clause

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

Beneficial Owner information

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

Fees/Charges/Tariff

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

Dematerialization

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

Separate Accounts

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

Transfer of Securities

11. The DP shall effect transfer to and from the demat accounts of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the Beneficial Owner and the DP shall maintain the original documents and the audit trail of such authorizations.
12. The Beneficial Owner reserves the right to give standing instructions with regard to the crediting of securities in his demat account and the DP shall act according to such instructions.

Statement of account

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

Manner of Closure of Demat account

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

Default in payment of charges

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

Liability of the Depository

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

Freezing/ Defreezing of accounts

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

Redressal of Investor grievance

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

Authorized representative

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

Law and Jurisdiction

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

F6  _____ **S2**  _____ **T2**  _____
(1st Signatory) (2nd Signatory) (3rd Signatory)

RATE SHEET

DP ID IN306122

SCHEDULE - A




CHARGES FOR THE DEPOSITORY SERVICE

I/We agree to pay the charges as per following charge structure for our Demat account with South Asian Stocks Ltd.

Client ID : _____

Effective: _____ / _____ / 20_____

| Charge Head | Charges |
|--|---|
| Annual Maintenance charges | For Individuals Rs 200/-, For Non Individuals / Corporate Rs 1000/- per annum paid upfront at the time of account opening |
| Debit Transactions charges Market/Off Market. | Flat Rs 15 per transaction |
| Dematerialization Charges | Flat Rs 150 per request |
| SLB Charges | For Security Borrowing: Rs.25 plus Depository charges For Security Lending: Rs.25 plus Depository charges |
| Same day pay-in execution charges | Nil |
| (Pledge Charges) Creation /Invocation | Rs.50 per transaction (separate for creation & Invocation) |
| Rematerialization Charges | Rs.25 per certificate or 0.05% of the value of the transaction whichever is higher plus Depository charges at actual |
| Failed / Rejected Transactions | Rs.30 per transaction |
| Demat Rejection Charges | Rs.35 per rejection for every 500 gms |

F7  _____ **S3**  _____ **T3**  _____
 (Sole/First Holder`s Sign.) (Second Holder`s Sign.) (Third`s Sign.)

CLIENT ID: _____




| | |
|-----------------------|--|
| E-Mail Statement | Period Bills and Transaction statement and other communication will be sent by email only. Terms and Condition for the same to be mandatorily executed. Request for physical statement will be charged Rs 100 for Courier & Printing/Stationery Charges. |
| Cheque Bounce Charges | Charges will be applied based on charges as determined by our bankers |

Other Points:

1. All charges would attract the GST/levies and / or other such taxes as applicable from time to time.
2. All payments have to be made favouring South Asian Stocks Ltd. You can pay by Cheques or Demand Draft payable at the local branch where the account is opened. Outstation cheques will not be accepted. Or else you can also avail facility of ECS or choose to pay online.
3. All the percentages in the above structure would be applied on the value of the transaction as computed by the depository.
4. Out of Pocket expenses uncured on the Dispatch of securities for Dematerialisation and communication charges incurred on out-station calls/faxes made specifically on request of the client will be charged on actual.
5. Charges quoted above are for the service listed. Any service not listed above will be charged separately.
6. Any advance payments over and above the normal amount due can also be made. Any such higher amount paid than the minimum amount payable at the time of account opening shall be adjusted against the bills raised from time to time.

Important Note:

1. DP bills should be paid on or before the due date. Interest shall be levied @ 18% per annum on outstanding amount for non-payment from bill due date. Pursuant to Clause 19 of rights and obligation, in case of non-payment of DP charges within the due date, DP reserves the right to discontinue operation of the demat account till such time that the payment is received.
2. For all purpose the Bill date shall be constructed as the date of demand and the bill will be considered as the **Bill cum Notice** for payment and, South Asian Stocks Ltd reserves the right to "freeze depository account for debit transactions", in case of nonpayment of charges after two days from the Bill due date.
3. The renewal charges for resuming the depository operations will be Rs.150 per Account and the service will be resumed in minimum of two working days from the date of receipt of request at South Asian Stocks Ltd.
4. I / We understand that the above charges are subject to revision by South Asian Stocks Ltd. After providing a notice period of 30 days. Such revision will be notified by ordinary post/courier.

F8  _____ **S4**  _____ **T4**  _____
 (Sole/First Holder's Sign.) (Second Holder's Sign.) (Third's Sign.)

VOLUNTARY

Authorization to debit Demat account operating charges

To
South Asian Stocks Ltd.
3rd Floor , Building No. 5 , Local Shopping Complex,
Rishabh Vihar, Near Karkarduma Metro Station.
East Delhi – 110092

Dear Sir,

Sub: Authorisation for debit the Demat Account Charges

Ref: Client ID: _____




I/We have opened/have a NSDL beneficiary account with South Asian Stocks Ltd. depository participant, along with SAS trading account for investment and trading purposes.

I/We, hereby authorize South Asian Stocks Ltd., to debit from my trading account, the charges payable towards AMS, Transactions Charges & applicable statutory levies, levied by South Asian Stocks Ltd, in the above said demat account.

I/We are aware of the charges for operating the said demat account with South Asian Stocks Ltd. Any such sum debited to my trading account shall be binding on , me/us.

Thanking you,

Yours truly,




F9  _____ **S5**  _____ **T5**  _____
(Sole/First Holder`s Sign.) (Second Holder`s Sign.) (Third`s Sign.)

LIMITED PURPOSE POWER OF ATTORNEY

This Power of Attorney is executed on this.....day of.....Between Mr./Ms./M/S.....
.....S/o/D/oof.....
..... residing at /having registered Office at.....as
One Part,

AND

M/S South Asian Stocks Limited (hereinafter referred to as "SASL"), a Company duly incorporated under the Companies Act, 1956 and having its Registered Office at 3rd Floor, Building No. 5, Local Shopping Complex, Rishabh Vihar, Near Karkarduma Metro Station. East Delhi - 110092 as the Second Part, RECITALS

F10  _____ **S6**  _____ **T6**  _____
(Sole/First Holder`s Sign.) (Second Holder`s Sign.) (Third`s Sign.)

WHEREAS SASL is providing various securities related services which inter alia includes but is not limited to transactions in connection with purchase or sale of securities, script, stocks etc. Whereas SASL is a member of Bombay Stock Exchange Ltd and National Stock Exchange of India Limited bearing SEBI Registration INZ000164738.

WHEREAS I/We hold a Beneficiary account, bearing Client ID.....with South Asian Stocks Limited, a Depository Participant (DP ID-NSDL- IN306122) (hereinafter referred to as "SASL (DP)" in order to avail the various services being offered by SASL.

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




1. To operate the specified aforementioned Beneficiary Account and issue instructions relating to demat of securities and to sign and execute delivery instruction slip to effect transfer of shares/securities from my/our beneficiary account, to execute receipt instructions, pledge instructions, pledge closure instructions and all such other instructions that may be required to facilitate the transactions undertaken by me/us pursuant to the Member Client Agreement.
2. To instruct the SASL (DP) to debit securities and /or to transfer securities from the aforementioned Beneficiary Account to the Pool Account of SASL as mentioned herein below for the purpose of delivering the same to the Clearing Corporation of the aforesaid Stock Exchanges towards any segment in respect of the securities sold by me/us through them (Including pay in/pay out due to exercise to rights by SASL over securities considered as margin/collateral/security):
Pool Accounts:

| | NSE | | BSE | |
|-------------------------|-----------------|--------------------------|-----------------|--|
| | NSDL | CDSL | NSDL | CDSL |
| CM-BP-ID / BO ID | IN567297 | 12014100 00028528 | IN665842 | 12014100 00028509 12014100 00028513 |

3. I/We Want you consider the securities in my/our Demat Account as margin/ Collateral/ Security for any & all dealings which as per your record/ opinion are done / to be done through/with you. And Instruct to SASL (DP) to Pledge the Securities in favour of South Asian Stocks Limited for the limited purpose of meeting my / our margin requirements in connection with the trades executed by me/us on any recognized stock exchange through South Asian Stocks Limited. To Re-Pledge such securities to the Clearing Member / Clearing Corporation as the case may be in below Accounts"

| Account Name | Account No |
|--|-------------------|
| South Asian Stocks Limited-TM/CM-Client Securities Margin Pledge Account | IN306122-10224459 |
| South Asian Stocks Limited-TM-Client Securities Under Margin funding Account | IN306122-10224467 |

4. To do all such acts, deeds, things as may be required to ensure that all deliveries of securities arising out of transactions undertaken by me/us under the Agreement are duly and properly completed.

F11  _____ **S7**  _____ **T7**  _____
(Sole/First Holder`s Sign.) (Second Holder`s Sign.) (Third`s Sign.)




5. To do all such other acts or deeds which SASL in its sole discretion considers necessary in this connection, in order to complete the transaction(s).
6. Whereby SASL undertakes to return the securities that may have been received by them erroneously or those securities that it was not entitled to receive.
7. Whereby this Power of Attorney is revocable at any time, without notice to either party

I DO HEREBY for myself, my heirs, executors and administrators do hereby agree to ratify, confirm and validate all and whatsoever my said

Attorney shall do or purport to do or cause to be done by virtue of these presents.

This document shall be subject to the exclusive jurisdiction of the courts of law at the place of acceptance of this Power of Attorney by the Attorney.

I/We do hereby undertake to ratify whatever they said Attorney may lawfully do in and by virtue of these presents.

F12  _____ **S8**  _____ **T8**  _____
 (Sole/First Holder`s Sign.) (Second Holder`s Sign.) (Third`s Sign.)

Sole/First Holder Name Second Holder Name Third Holder Name

.....

Address Address Address

.....

| | | |
|--------------------|---------------------|----------------------|
| Witness – I | Witness – II | Notary Public |
| Name: | Name: | Name: |
| Address: | Address: | Address: |
| | | |
| Signature: | Signature: | Signature: |

Attestation by Notary Public or witness that this Power of Attorney was executed by the donor(s) above named before me/us.

Accepted for and on behalf of donee

Signed for and on behalf of donee **South Asian Stocks Limited** (Stock broking division) in acceptance at

.....

| | | | | | | | | | | |
|--|--|-----------|---|---|---|---|---|---|---|---|
| <div style="display: flex; align-items: center;"> <div style="background-color: #007bff; color: white; padding: 5px; margin-right: 10px;"> SAS Online </div> <div> SOUTH ASIAN STOCKS LIMITED FATCA SELF CERTIFICATION FORM For Non-Individual Applicants / Investors <small>(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)</small> </div> </div> | | DP ID | I | N | 3 | 0 | 6 | 1 | 2 | 2 |
| | | Client ID | | | | | | | | |
| | | Date | d | d | m | m | y | y | y | y |
| | | Place | | | | | | | | |

| | | | | | | | | | | | | | | | |
|-------------------------------------|--|--|--|------------------------------|--|---|---|---|---|---|---|---|---|---|---|
| Name of the entity | | | | | | | | | | | | | | | |
| Type of address given at KRA | | <input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office | | | | | | | | | | | | | |
| PAN | | | | Dare of incorporation | | D | D | / | M | M | / | Y | Y | Y | Y |
| City of incorporation | | | | | | | | | | | | | | | |
| Country of incorporation | | | | | | | | | | | | | | | |

| ADDITIONAL KYC INFORMATION | | | | | | | | | |
|--|--|---|--|--|--|----|----|------|-------------------------|
| Gross Annual Income(Rs.)(Please tick()) | | <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore | | | | | | | |
| OR | | | | | | | | | |
| Net-worth | | Rs. _____ | | as on | | DD | MM | YYYY | (Not older than 1 year) |
| Politically Exposed Person (PEP) Status* (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) | | | | | | | | | |
| <small>*PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.</small> | | | | | | | | | |
| Non-Individual Investors involved/providing any of the mentioned services | | | | <input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of the above | | | | | |

| FATCA & CRS Declaration | | | |
|--|---------|----------------------------|---|
| Please tick the applicable tax resident declaration- | | | |
| 1. Is "Entity" a tax resident of any country other than India <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)</small> | | | |
| Sr. No. | Country | Tax Identification Number* | Identification Type (TIN or Other*, please specify) |
| 1. | | | |
| 2. | | | |
| 3. | | | |

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

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

| PART A (to be filled by Financial Institutions or Direct Reporting NFEs) | |
|--|--|
| 1. We are a, Financial institution <input type="checkbox"/> (Refer 1 of Part C) or Direct reporting NFE <input type="checkbox"/> (Refer 3(vii) of Part C) (please tick as appropriate) | GIIN <div style="border: 1px solid black; width: 200px; height: 20px;"></div> Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity _____ _____ |
| GIIN not available (please tick as applicable) | <input type="checkbox"/> Applied for <input type="checkbox"/> Not obtained – Non-participating FI <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <div style="border: 1px solid black; width: 40px; height: 20px;"></div> (Refer 1 A of Part C) |

| PART B (Please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs") | |
|---|--|
| 1. Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C) | Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____ |
| 2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C) | Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____ |
| 3. Is the Entity an active NFE (Refer 2c of Part C) | Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <div style="border: 1px solid black; width: 40px; height: 20px;"></div> (Mention code – refer 2c of Part C) |
| 4. Is the Entity a passive NFE (Refer 3(ii) of Part C) | Yes <input type="checkbox"/> Nature of Business _____ |

| | | | |
|---|--|--|--|
| UBO Declaration(Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company) | | | |
| Category (Please tick applicable category): <div><div><input type="checkbox"/> Unlisted Company</div><div><input type="checkbox"/> Partnership Firm</div><div><input type="checkbox"/> Limited Liability Partnership Company</div><div><input type="checkbox"/> Unincorporated association / body of individuals</div><div><input type="checkbox"/> Public Charitable Trust</div><div><input type="checkbox"/> Religious Trust</div><div><input type="checkbox"/> Private Trust</div><div><input type="checkbox"/> Others (please specify_____)</div></div> | | | |
| 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) | | | |
| Name of UBO | | | |
| UBO Code (Refer 3(iv) (A) of Part C) | | | |
| Country of Tax residency* | | | |
| PAN | | | |
| Address | Zip _____ State: _____ Country: _____ | Zip _____ State: _____ Country: _____ | Zip _____ State: _____ Country: _____ |
| Address Type | <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office | <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office | <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office |
| Tax ID* | | | |
| Tax ID Type | | | |
| City of Birth | | | |
| Country of birth | | | |
| Occupation Type | <input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____ | <input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____ | <input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____ |
| Nationality | | | |
| Father's Name | | | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others |
| Date of Birth | DD/MM/YYYY | DD/MM/YYYY | DD/MM/YYYY |
| Percentage of Holding (%) [§] | | | |
| * 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 §Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary | | | |
| FATCA - CRS Terms & Conditions | | | |
| Details under FATCA & CRS: 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/Depository Participant/ Custodian to seek additional personal, tax and beneficial owner information and certain certification 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. It is important that you respond to our request, even if you believe you have already supplied any previously requested information. Please note that you may receive more than one request for information if you have multiple relationships with us or our group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information. If you have any question about your tax residency, please contact your tax advisor . If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number. 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 and attach this to the form. | | | |
| Certification | | | |
| I/We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. I/We 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. | | | |
| Name | | Designation | |
| F13 ➡ Signature | S9 ➡ Signature | T9 ➡ Signature | |

FORMAT OF BOARD RESOLUTION IN CASE OF CORPORATES

(This is required to be submitted on the Company's Letterhead.)

FOR DEMAT & TRADING ACCOUNT OPENING

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED AT THE MEETING OF THE BOARD OF DIRECTORS OF M/s. XYZ LTD..... HELD ON. May, 2018 AT THE REGISTERED OFFICE OF THE COMPANY AT:

“Resolved that a Corporate Beneficiary Demat Account & Trading Account be opened with **South Asian Stocks Limited** (DP)/ Member of NSE & BSE having REGISTERED OFFICE OF THE COMPANY AT: **PLOT NO. 5, THIRD FLOOR, LOCAL SHOPPING COMPLEX, RISHABH VIHAR, DELHI- 110092.** ”

“Resolved further that **Mr. /Mrs.** and **Mr. /Mrs.** be and are hereby authorized to sign severally, execute instructions , submit all the necessary papers, letters, forms and other documents in connection with **Opening and operating the Demat Account & Trading Account** with **South Asian Stocks Limited** (NSDL DP, Member of National Stock exchanges & Bombay Stock exchanges) to carry out trading/dealing and investment activities in Securities.”

“Resolved further that, a copy of the above resolution duly certified as true by designated director / authorised signatory of the company be furnished **to South Asian Stocks Limited** (NSDL DP/ Member of NSE & BSE) and such other parties as may be required from time to time in connection with the above matter. “

The acts done and documents shall be binding on the company, until the same is withdrawn by giving written notice thereof.

Certified true copy

For XYZ LTD.

For XYZ LTD.

(DIRECTOR)

(DIRECTOR)

Specimen Signature of

Mr._____

Mr._____

**Attested by
Director**