

**Ver : 01/2023**

**CLIENT ID :**

**BRANCH :**



FP\_F

**DEMAT ACCOUNT  
OPENING KIT  
DP-NSDL**

**Client Name :** .....

**Address :** .....

.....

**UPI** .....

**Pin :** .....



**Pravin Ratilal Share And Stock Brokers Ltd**

“Sakar-I” 5<sup>th</sup> Floor, Opp.Gandhigram Railway Station,  
Navrangpura, Ahmedabad - 380009.

Phone: 079-26553700, 66302700 Fax: 079-26582331 Email: ig@prssb.com

**CIN : U67120GJ1994PLC022117**

NSE Cash - Derivatives - Currency - BSE Cash-INZ000206732  
DP of NSDL : IN-DP-607-2021

[www . p r s s b . c o m](http://www.prssb.com)

Pravin Ratilal Share And Stock Brokers Ltd-Account Opening Kit

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Note : **ALL DOCUMENT SELF ATTESTED**

**Sign on : 3, 4, 7, 8, 17, 20, 21, 23, 24, 25**

CHECKLIST OF PROCEDURE

DEMAT OPENING

Branch \_\_\_\_\_

Client ID : \_\_\_\_\_

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

Sr. No.	Section	Activity / Procedure	Activity done by (Person Name)	Date of Activity	Sign
1	Account Opening	Application form received		...../...../20....	
2		In-person Verification		...../...../20....	
3	Demat	Demat Account data entry		...../...../20....	
4		Demat Account release		...../...../20....	
5		First DIS Print		...../...../20....	
6		Client Master Print		...../...../20....	
7	CKYC	CKYC scanning		...../...../20....	
8		CKYC data entry		...../...../20....	
9		CKYC data release		...../...../20....	
10	Scanning	Application form scanning		...../...../20....	
11	Audit	Audited		...../...../20....	



**CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity / Other than Individuals**

A) Fields marked with '\*' are mandatory fields.  
B) Tick '✓' wherever applicable.  
C) Please fill the date in DD-MM-YYYY format.  
D) Please fill the form in English and in BLOCK letters.  
E) KYC number of applicant is mandatory for update application.

F) List of State / U.T. code as per Indian Motor Vehicle Act, 1988 is available at the end.  
G) List of two character ISO 3166 country codes is available at the end.  
H) Please read section wise detailed guidelines/instructions at the end.  
I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



**For office use only**

(To be filled by financial institution)

Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update	
KYC Number			

(Mandatory for KYC update request)

[illegible]

Entity Constitution Type\* ☐ Others (Specify) (Please refer instruction B at the end)

Date of Incorporation / Formation\* DD-MM-YYYY Date of Commencement of Business DD-MM-YYYY

Place of Incorporation / Formation\* Country of Incorporation / Formation\* TIN or Equivalent Issuing Country

PAN\* Form 60 furnished

GST Registration Number

<input type="checkbox"/> Officially valid document(s) in respect of person authorised to transact		
<input type="checkbox"/> Certificate of Incorporation / Formation	<input type="text"/>	<input type="checkbox"/> Registration Certificate <input type="text" value="Regn Certificate No."/>
<input type="checkbox"/> Memorandum and Articles of Association	<input type="checkbox"/> Partnership Deed	<input type="checkbox"/> Trust Deed
<input type="checkbox"/> Resolution of Board / Managing Committee	<input type="checkbox"/> Power of attorney granted to its manager, officers or employees to transact on its behalf	
<input type="checkbox"/> Activity Proof - 1 (For Sole Proprietorship Only)	<input type="checkbox"/> Activity Proof - 2 (For Sole Proprietorship Only)	

3.1 Registered Office Address / Place of Business*																			
Proof of Address*					<input type="checkbox"/> Certificate of Incorporation / Formation					<input type="checkbox"/> Registration Certificate					<input type="checkbox"/> Other Document				
Line 1*																			
Line 2																			
Line 3																			
District*					Pin/Post Code*					State/U.T. Code*					City / Town / Village*				

[illegible]

Tel. (Off)	<input type="text"/>	-	<input type="text"/>	FAX	<input type="text"/>	-	<input type="text"/>							
Mobile	<input type="text"/>	-	<input type="text"/>	Email ID	<input type="text"/>									
Mobile	<input type="text"/>	-	<input type="text"/>	Email ID	<input type="text"/>									

6. REMARKS (if any)

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I 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 aware that may be held liable for it.

I/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : DD - MM - YYYY Place : \_\_\_\_\_ Signature / Thumb Impression of Applicant

Documents Received ☐ Certified Copies ☐ Equivalent e-document ☐

KYC VERIFICATION CARRIED OUT BY															
Date	D	D	-	M	M	-	Y	Y	Y	Y					
Emp./A P Name															
Emp./AP Code															
Emp. Designation															
Emp. Branch															
[Employee Signature]															

INSTITUTION DETAILS																					
Name	<b>Pravin Ratilal Share And Stock Brokers Ltd.</b>																				
Code	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				



# Pravin Ratilal Share And Stock Brokers Ltd-Account Opening Kit

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

Name of Applicant \_\_\_\_\_ PAN of the Applicant | | | | | | | | | |

Sr. No.	PAN	Name	DIN (For Directors) / UID (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed	Photograph
						<div><input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO</div>	<div>PHOTOGRAPH  Please affix the recent passport size photograph and sign across it <div>X Sign across</div></div>
						<div><input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO</div>	<div>PHOTOGRAPH  Please affix the recent passport size photograph and sign across it <div>X Sign across</div></div>
						<div><input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO</div>	<div>PHOTOGRAPH  Please affix the recent passport size photograph and sign across it <div>X Sign across</div></div>
						<div><input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO</div>	<div>PHOTOGRAPH  Please affix the recent passport size photograph and sign across it <div>X Sign across</div></div>
						<div><input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO</div>	<div>PHOTOGRAPH  Please affix the recent passport size photograph and sign across it <div>X Sign across</div></div>

Name & Signature of the Authorised Signatory(ies) Date|\_|\_| / |\_|\_| / |\_|\_|\_|\_|  
D D M M Y Y Y Y

PEP: Politically Exposed Person RPEP:Related to Politically Exposed Person





**CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual**




- A) Fields marked with '\*' are mandatory fields.
- B) Tick '✓' wherever applicable.
- C) Please fill the form in English and in BLOCK letters.
- D) Please fill the date in DD-MM-YYYY format.
- E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.
- F) Please read section wise detailed guidelines / instructions at the end.
- G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- H) List of two character ISO 3166 country codes is available at the end.
- I) KYC number of applicant is mandatory for update application.
- J) The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode.

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PAN*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

l. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

☐ PHOTO\*



## Address

Line 1*																																													
Line 2																																													
Line 3																									City / Town / Village*																				
District*																Pin/Post Code*										State/UT Code*										ISO 3166 Country Code*									

☐ Same as above mentioned address (In such cases address details as below need not be provided)

l. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/> A- Passport Number	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
<input type="checkbox"/> B-Voter ID Card	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>
<input type="checkbox"/> C-Driving Licence	<div style="border: 1px solid black; width: 250px; height: 20px;"></div>
<input type="checkbox"/> D-NREGA Job Card	<div style="border: 1px solid black; width: 300px; height: 20px;"></div>
<input type="checkbox"/> E-National Population Register Letter	<div style="border: 1px solid black; width: 350px; height: 20px;"></div>
<input type="checkbox"/> F-Proof of Possession of Aadhaar	<div style="border: 1px solid black; width: 200px; height: 20px; background-color: #f0f0f0;"></div>
<input type="checkbox"/> G-E-KYC Authentication	<div style="border: 1px solid black; width: 200px; height: 20px; background-color: #f0f0f0;"></div>
<input type="checkbox"/> H-Offline verification of Aadhaar	<div style="border: 1px solid black; width: 200px; height: 20px; background-color: #f0f0f0;"></div>
<input type="checkbox"/> I-Deemed Proof of Address - Document Type code	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>
<input type="checkbox"/> J-Self Declaration	



Pravin Ratilal Share And Stock Brokers Ltd-Account Opening Kit

Address

Line 1\*

Line 2

Line 3

District\*

Pin/Post Code\*

City / Town / Village\*

State/UT Code\*

ISO 3166 Country Code\*

☐ 4. CONTACT DETAILS (All communications will be sent to Mobile number/ Email-ID provided) (Please refer instruction C at the end)

Tel. (Off)

Tel. (Res)

Mobile

Email ID

☐ 5. REMARKS (If any)

6. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately, Incase any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SME/Email on the above registered number/email address.

Date :

Place:

[Signature/ Thumb Impression]

Signature / Thumb Impression of Applicant

7. ATTESTATION / FOR OFFICE USE ONLY

Documents Received

☐ Certified Copies

☐ E-KYC data received from UIDAI

☐ Date received from Offline verification

☐ Digital KYC Process

☐ Equivalent e-document

☐ Video Based KYC

KYC VERIFICATION CARRIED OUT BY

Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name

Code

[Institution Stamp]



CKYC\_B

Pravin Ratilal Share And Stock Brokers Ltd-Account Opening Kit



DEMAT ACCOUNT RELATED DETAILS

Annexure-J

PART - II : ACCOUNT OPENING FORM (For Individuals)

(please fill all the details in CAPITAL LETTERS Only)

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

CLIENT ID									
-----------	--	--	--	--	--	--	--	--	--

DATE									
	D	D	M	M	Y	Y	Y	Y	

A) DETAILS OF ACCOUNT HOLDER (S) :

Sole / First Holder's	Name												
	Occupation	<div><input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business</div> <div><input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> House-wife</div> <div><input type="checkbox"/> Student <input type="checkbox"/> Others (Pl. specify) _____</div>											
	UID					PAN							

Second Holder's	Name												
	Occupation	<div><input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business</div> <div><input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> House-wife</div> <div><input type="checkbox"/> Student <input type="checkbox"/> Others (Pl. specify) _____</div>											
	UID					PAN							

Third Holder's	Name												
	Occupation	<div><input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business</div> <div><input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> House-wife</div> <div><input type="checkbox"/> Student <input type="checkbox"/> Others (Pl. specify) _____</div>											
	UID					PAN							

B) For Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc, although the account is opened in the name of the natural persons, the name & PAN of the Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc, should be mentioned below :

i) Name \_\_\_\_\_ ii) PAN 

--	--	--	--	--	--	--	--	--	--

C) TYPE OF ACCOUNT : ☐ Ordinary Resident ☐ NRI-Repatriable ☐ NRI-Non Repatriable

☐ QFI ☐ Foreign National ☐ Promoter

☐ Margin ☐ Others \_\_\_\_\_

(please specify)

D) Gross Annual Income Details

Income Range per annum (Please tick any one)

☐ Below Rs. 1 lac ☐ Rs. 1 - 5 lac ☐ Rs. 5 - 10 lac ☐ Rs. 10 - 25 lac

☐ More than Rs. 25 lac OR Networth \_\_\_\_\_ As on \_\_\_\_\_

E) In case of NRIs / Foreign Nationals

RBI Approval No. : \_\_\_\_\_ Approval Date : 

	D	D	M	M	Y	Y	Y	Y	

DEMAT ACCOUNT FORM FOR INDIVIDUAL ONLY



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Pravin Ratilal Share And Stock Brokers Ltd-Account Opening Kit

F) Bank Details :

Bank Account Type : ☐ Savings ☐ Current ☐ Others (Please specify) \_\_\_\_\_

Bank Name : \_\_\_\_\_ Bank Account No. : \_\_\_\_\_

Branch Address : \_\_\_\_\_

City/Town/Village \_\_\_\_\_ Pincode 

--	--	--	--	--	--

State \_\_\_\_\_ Country \_\_\_\_\_

MICR Code 

--	--	--	--	--	--	--	--	--	--

 IFSC 

--	--	--	--	--	--	--	--	--	--	--	--

G) Please tick, if applicable ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

H) Standing Instructions

1) I / We authorise you to receive credits automatically into my/our account. ☐ Yes ☐ No

2) Account to be operated through Power of Attorney (PoA) ☐ Yes ☐ No

3) SI for auto pledge confirmation ☐ Yes ☐ No

4) SMS Alert facility : [Mandatory if you are giving Power of Attorney (PoA).  
Ensure that the mobile number is provided in the KYC Application From].

Sr. No.	Holder	
1.	Sole/First Holder	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Second Holder	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Third Holder	<input type="checkbox"/> Yes <input type="checkbox"/> No

5) Mode of receiving Statement of Account [Tick any one] ☐ Physical Form ☐ Electronic Form

6) Mode of Communication for (RDD, Right & Obligations - trading & demat & Do's & Don't & other documents) ☐ Physical Form ☐ Electronic Form

7) Sharing of Email with RTA (Receiving Annual Reports) ☐ Yes ☐ No   
\*(Read note 4)

I) GUARDIAN DETAILS (Where the sole holder is a minor) :

[For account of a minor, two KYC Application Form must be filled i.e. one for the guardian and another for the minor (to be signed by guardian)]

Guardian's Name \_\_\_\_\_ Relationship of \_\_\_\_\_

PAN 

--	--	--	--	--	--	--	--	--	--

 Guardian with minor

J) NOMINATION OPTION (FOR DEMAT & TRADING ACCOUNT)

☐ I/We wish to make a nomination (As per details given below)

Nomination Details

I/We with to make a nomination and do hereby nominate the following person (s) who shall receive all securities held by me / us in the said beneficiary owner account in the event of my / our death.

K) MODE OF OPERATIONS FOR JOINT ACCOUNTS

☐ Jointly ☐ Anyone of the holder or survivor(s)

For Joint accounts communication to be sent to (See Note 5.5) ☐ First Holder ☐ All joint account holders

If Mode of Operation for Joint Account is chosen as anyone of the holder or survivor(s), only specified operations such as transfer of securities including Inter-Depository Transfer, pledge / hypothecation / margin pledge / margin re-pledge (creation, closure and invocation and confirmation thereof as applicable) of securities and freeze / unfreeze of account and / or securities and / or specific number of securities will be permitted.

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DEMAT ACCOUNT FORM FOR INDIVIDUAL ONLY

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

Signature of witness for Nomination

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

Sole / First Holder Signature	Second Holder Signature	Third Holder Signature
X	X	X



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Pravin Ratilal Share And Stock Brokers Ltd-Account Opening Kit

Declaration Form for opting out of nomination  
SIGN ONLY FOR NO NOMINATION

I / We hereby confirm that I / we do not wish to appoint any nominee(s) in my / our trading / demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.

Name and Signature of Holder(s)\*

1.\_\_\_\_\_ 2.\_\_\_\_\_ 3.\_\_\_\_\_

\* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

Declaration

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

Name of Holder(s)		Signature of Holder (s)
Sole/First Holder OR a Guardian (in case sole holder is a minor)		✕
Second Holder		✕
Third Holder		✕



# Pravin Ratilal Share And Stock Brokers Ltd-Account Opening Kit

DEMAT ACCOUNT FORM FOR INDIVIDUAL ONLY

**Notes :**

1. All communication shall be sent at the address of the Sole/First holder only.
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. Instruction related to nomination, are as below :
  1. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly, Non-individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly, all joint holders will sign the nomination form.
  2. A minor can be nominated. In that event, the name and address of the Guaradian of the Minor nominee shall be provided by the beneficial owner.
  3. The Nominee(s) shall not be a trust, society, body corporate, partnership firm, karta Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
  4. Nomination in respect fo the beneficiary owner account stands rescinded upon closure of the beneficiary owner account, Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
  5. Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.
  6. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non-individuals including society, trust, body corporate and partnership firm, karta of Hindu Undevided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
  7. On cancelltion of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee(s).
  8. Nomination can be made upto three nominees in a demat account. In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total upto hundred percent. In the event of the beneficiary owner not indicating any percentage of allocation/share for each of the nominee, the default option shall be to settle the claims equally amongst all the nominees.
  9. On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned in the FORM 10 at the time of substitution will be considered. Therefore, pleas mention the complete details of all the nominees.
  10. Copy of any proof of identity must be accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure D.
  11. Savings bank account details shall only be considered if the account is maintained with the same participant.
  12. DP ID and client ID shall be provided where demat details is required to be provide.
4. For receiving statement of Account in electronic form :
  - I Client must ensure the confidentiality of the password of the email account.
  - II Client must immediately inform the Participant if the email address has changed.
  - III Client may opt to termination this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
- 5 In case of joint account, on death of any of the joint account holders, the surviving account holder(s) has to inform Participant about the death of account holders) with required documents within one year of the date of demise.
- 5.5 In case if 'first holder' is selected, the communication will be sent as per the preference mentioned at Sr.No. 4 in case 'All joint account holders' is opted, communication to first holder will be sent as per the preference mentioned at Sr. No. 4 and communication to other holders will be in electronic mode. The default option will be communication to 'first holder', if no option selected.
6. Strike off whichever is not applicable.



DP\_INDNTS\_F



Pravin Ratilal Share And Stock Brokers Ltd-Account Opening Kit



DP ID-IN300982

Annexure-K  
PART - II : ACCOUNT OPENING FORM (For Non-Individuals)

(Please fill all the detail in CAPITAL LETTERS Only)

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

CLIENT ID									
DATE									

A) DETAILS OF ACCOUNT HOLDERS(S) :

	Name of the Holder (s)	PAN
Sole / First Holder		
Second Holder		
Third Holder		

- B) TYPE OF ACCOUNT : ☐ Body Corporate ☐ FI ☐ FII ☐ Bank  
☐ Trust ☐ Mutual Fund ☐ Qualified Foreign Investor ☐ CM  
☐ HUF ☐ Others (please specify) \_\_\_\_\_

- C) For Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc, although the account is opened in the name of the partner(s), Trustee(es) etc., the name & PAN of the Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc, should be mentioned below :

i) Name \_\_\_\_\_ ii) PAN \_\_\_\_\_

D) INCOME DETAILS (Please Specify)

Income Range per annum (Please tick any one)

- ☐ Below Rs. 20 lac ☐ Rs. 20 - 50 lac ☐ Rs. 50 lac - 1 crore  
☐ Above Rs. 1 crore

And Networth Amount is Rs. \_\_\_\_\_ As on date \_\_\_\_\_  
(Networth should not be older than 1 year)

E) In case of FIs/Others (as may be applicable)

RBI Approval No. : \_\_\_\_\_ SEBI Registration No. (for FIs) \_\_\_\_\_

RBI Approval Date : \_\_\_\_\_  
D D M M Y Y Y Y

F) BANK DETAILS :

Bank Account Type : ☐ Savings ☐ Current ☐ Others (Please specify) \_\_\_\_\_

Bank Name : \_\_\_\_\_ Bank Account No. : \_\_\_\_\_

Branch Address : \_\_\_\_\_

City/Town/Village \_\_\_\_\_ Pincode \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

MICR Code \_\_\_\_\_ IFSC \_\_\_\_\_



DP\_NONIND\_B



Pravin Ratilal Share And Stock Brokers Ltd-Account Opening Kit

DEMAT ACCOUNT FORM FOR NON-INDIVIDUAL ONLY

- G) Please tick, if applicable for any of your authorised Signatories / Promoters / Partners / Karta / Trustee / Whole-time Directors
- ☐ Politically Exposed Person (PEP)
- ☐ 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. SEBI Registration No.
4. Clearing Member ID
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.

☐ Yes

☐ No
- 2) Account to be operated through Power of Attorney (PoA)

☐ Yes

☐ No
- 3) SI for auto pledge confirmation

☐ Yes

☐ No
- 4) SMS Alert facility :

Ensure that the mobile number is provided in the KYC Application From].

Sr. No.	Holder		
1.	Sole/First Holder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Second Holder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Third Holder	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- 5) Mode of receiving Statement of Account [Tick any one]

☐ Physical Form

☐ Electronic Form
- 6) Mode of Communication for Right and Obligations [Tick any one]

☐ Physical Form

☐ Electronic Form
- 7) Sharing of Email with RTA

☐ Yes

☐ No
- (Read note 3 and ensure that email ID is provided in KYC Application form)

J) List of family members (Seperate 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)



DP\_NONIND\_F

Pravin Ratilal Share And Stock Brokers Ltd-Account Opening Kit

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 of Holder(s)
First Sigantory / Karta of HUF		X
Second Signatory		X
Third Signatory		X
Other Holders		
Other Holder		X
Other Holder		X

Mode of Operation for Sole/First Holder (in case of joint holding, all the holders must sign) In case of HUF this is not Applicable

☐ Any one Singly

☐ Jointly by \_\_\_\_\_

☐ As per resolution

☐ Other (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 from :

I Client must ensure the confidentiality of the password of the email account.

II Client must immediately 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.



Pravin Ratilal Share And Stock Brokers Ltd-Account Opening Kit

FATCA / CRS Declaration (Non – Individuals)

Sr. No.	Particulars	Details														
PART A: GENERAL DETAILS OF NON-INDIVIDUAL ENTITY																
1.	NAME OF ENTITY															
2.	PAN															
3.	COUNTRY OF INCORPORATION	<input type="checkbox"/> India <input type="checkbox"/> US      Others_____														
4.	NETWORTH IN INR															
5.	NET WORTH AS ON (DD/MM/YYYY)															
6.	NATURE OF BUSINESS (Eg. Manufacturing, Financial Services, Consultancy, Retail etc.)															
7.	SERVICES PROVIDED (Tick if applicable)	<input type="checkbox"/> Foreign Exchange/ Money changer services	<input type="checkbox"/> Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates]	<input type="checkbox"/> Money Laundering / Pawning												
		Any Other: _____														
8.	DECLARATION FOR TAX RESIDENCY Is “Entity” a tax resident of any country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No  (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)														
	<table><tr><th>Country</th><th>Tax Identification Number</th><th>Identification Type (TIN or others, specify)</th></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>				Country	Tax Identification Number	Identification Type (TIN or others, specify)									
Country	Tax Identification Number	Identification Type (TIN or others, specify)														
9.	WHETHER “SPECIFIED US PERSON”	<input type="checkbox"/> Yes <input type="checkbox"/> No														

Demat & Trading Account Form - Non Individuals



FATCANI\_F1

Pravin Ratilal Share And Stock Brokers Ltd-Account Opening Kit

Sr. No.	Particulars	Details
PART B: (TO BE FILLED BY FINANCIAL INSTITUTIONS OR DIRECT REPORTING NFFEs)		
1.	We are a,  <input type="checkbox"/> Financial institution Or <input type="checkbox"/> Direct reporting NFFE  (Tick appropriate box)	GIIN: _____  <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>  Name of Sponsoring Entity: _____ _____
	GIIN not available:  <input type="checkbox"/> Applied for <input type="checkbox"/> Not required to apply for (Please specify sub-category) <input type="checkbox"/> Not obtained (Non-participating FI)	
PART C: (PLEASE FILL ANY AS APPROPRIATE)		
1.	IS THE ENTITY A PUBLICLY TRADED COMPANY <i>(that is, a company whose shares are regularly traded on an established securities market)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No  Name of Stock Exchange: _____
2.	IS THE ENTITY A RELATED ENTITY OF A PUBLICLY TRADED COMPANY	<input type="checkbox"/> Yes <input type="checkbox"/> No  Name of Entity : _____  Name of Stock Exchange : _____  Nature of Relation: _____
3.	IS THE ENTITY AN ACTIVE NFE	<input type="checkbox"/> Yes <input type="checkbox"/> No  Nature of Business : _____  Please specify the sub-category of Active NFE: _____
4.	IS THE ENTITY AN PASSIVE NFE (If yes, fill part D)	<input type="checkbox"/> Yes <input type="checkbox"/> No  Nature of Business : _____

GIIN: Global Intermediary Identification Number | NFFE: Non-Financial Foreign Entities



FATCANI\_B1

Pravin Ratilal Share And Stock Brokers Ltd-Account Opening Kit

PART D : CONTROLLING PERSON DETAILS				
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):				
Owner-documented FFFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E				
	Controlling Person 1	Controlling Person 2	Controlling Person 3	
Name				
Country of Tax Residency				
Address & contact details (include City State, Country & Pin code)				
Telephone/ Mobile number with ISD code				
Tax identification number (or functional equivalent) for each country identified in relation to each person				
Identification Type (TIN or Other, please specify)				
Percentage of beneficial interest				
Additional details to be filled below 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 & Country of Birth				
Occupation Type				
Nationality				
Ultimate Beneficiary Details (Attach additional sheet in case of more entries) Provide details of all corporate(Non-individual) Shareholders of the entity				
Sr. No.	Name of Corporate Shareholder	Is The Shareholder a Publicly Traded Company (Y or N)	% of shares owned by the Corporate shareholder	Name of Majority owners (more than 25%) of the corporate shareholder

Demat & Trading Account Form - Non Individuals



FATCANI\_F2

Pravin Ratilal Share And Stock Brokers Ltd-Account Opening Kit

Disclosure of majority shareholders (Individuals) of the Entity  
Provide details of any person holding more than 25% share capital in the entity\*

Sr. No.	Name of Shareholder	PAN number of the shareholder	% of shares owned by the shareholder

\*Also fill-out the individual CKYC form for all such shareholders, unless the entity is a listed entity

DECLARATION

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.

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or green card holder, please include UnitedStates in the foreign country information field along with your US Tax Identification Number.

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.

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

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

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


\_\_\_\_\_


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

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



Pravin Ratilal Share And Stock Brokers Ltd-Account Opening Kit



  
**DEPOSITORY SERVICE CHARGES**  
(Valid upto 31-03-2024)

Particulars		Charges
Account Opening		-- Nil --
Account Closing		-- Nil --
Purchase Transaction		-- Nil --
Sale Transaction / Market		0.02% (Min. Rs.20/- per transaction / Per ISIN)
Sale Transaction / Off-market / Inter-depository Transfer		0.02% (Min. Rs.30/- up to 1.0 lac / above 1.0 lac 0.02% + Stamp duty as applicable
Sale Transaction through 'Speed-e'		0.02% (Min. Rs. 12/- per transaction / per ISIN)
Off Market Transaction - Purchase		-- Nil --
Account Maintenance Charge (up to March 31, 2022)	Corporates	Rs. 1,500/-
	Non Registered Trust	Rs. 1000/-
	Partnership Firm	Rs. 1000/-
	NRI	Rs. 1000/-
	Non Corporates opting physical documents	Rs. 450/-
	Non Corporates opting electronic documents	Rs. 350/-
Client Details Modification : Change of Bank Details / Nomination		Rs. 25/- per request
Dematerialisation Charges		Rs. 5/- per certificate (Min. Rs. 100/- per request)
Rematerialisation Charges		Rs. 50/- per request for 100 shares Rs. 20/- for every additional 100 shares
Pledge : Creation / Closure / Invocation		Rs. 50/- per transaction
Freeze - De - Freeze		Rs. 50/- per application
Change of Address		Rs. 50/-
Margin Pledge		Rs. 50/-
POA		Rs. 300/-

■ All charges will be collected upfront. ■ Adhoc / Additional statement of account or client master list issued @ Rs. 5/- per page. Minimum Rs. 25/- ■ Urgent Pay-in / Delivery Rs. 30/- per ISIN to be paid additional ■ No extra charge for failed transaction. ■ Delivery instruction slip stop request (if more than 5 slips unused) Rs. 25/- per request. ■ No courier charges for Dematerialisation request and outstation communication. ■ ♦ Same day execution of Delivery Instructions for markets transaction received up to 4.00 p.m. from Monday to Friday. (On Saturdays upto 12.00 p.m.) ♦ Delivery instructions for market transaction received after SEBI directed deadline (i.e. after 4.00 p.m. of previous working day of pay - in) will be treated "AT CLIENT RISK". ♦ Off-market / Inter-depository transactions for same day execution will be treated 'AT CLIENT RISK'.

X

Signature of Sole/First Holder

X

Signature of Second Holder

X

Signature of Third Holder

# After the above date the rate may be revised and informed accordingly.

DEMAT ACCOUNT FORM



SCHEME\_F



Pravin Ratilal Share And Stock Brokers Ltd-Account Opening Kit

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

**General Clause**

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

**Beneficial Owner information**

- 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.



DPRO\_1\_B



# Pravin Ratilal Share And Stock Brokers Ltd-Account Opening Kit

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 from 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 service 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.



DPRO\_2\_F

Pravin Ratilal Share And Stock Brokers Ltd-Account Opening Kit

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, and 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 documents.

X \_\_\_\_\_  
Sole / First Holder

X \_\_\_\_\_  
Second Holder

X \_\_\_\_\_  
Third Holder



# Pravin Ratilal Share And Stock Brokers Ltd-Account Opening Kit

## Mobile & Email Declaration

*[Please tick (✓) wherever applicable]*

DP ID	<b>IN300982</b>	Client ID		Date	
		Client Code		Date	

Name of 1 <sup>st</sup> holder			
	Details	Relationship with the person whose Mobile number/ E-mail Id is provided (Tick ✓ wherever applicable)	
Mobile Number		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent parents	
E-mail Id		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent parents	
Name of Person (M)		Name of Person (E)	

Name of 2 <sup>nd</sup> holder			
	Details	Relationship with the person whose Mobile number/ E-mail Id is provided (Tick ✓ wherever applicable)	
Mobile Number		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent parents	
E-mail Id		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent parents	
Name of Person (M)		Name of Person (E)	

Name of 3 <sup>rd</sup> holder			
	Details	Relationship with the person whose Mobile number/ E-mail Id is provided (Tick ✓ wherever applicable)	
Mobile Number		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent parents	
E-mail Id		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent parents	
Name of Person (M)		Name of Person (E)	

Signature of 1 <sup>st</sup> holder	<b>X</b>
Signature of 2 <sup>nd</sup> holder	<b>X</b>
Signature of 3 <sup>rd</sup> holder	<b>X</b>

# DEMAT & TRADING ACCOUNT FORM



UEM\_MOB\_F

FATCA / CRS DECLARATION / SELF CERTIFICATION FOR INDIVIDUALS

Trading Code									DP ID IN300982	Demat ID							
--------------	--	--	--	--	--	--	--	--	----------------	----------	--	--	--	--	--	--	--

1

	First/Sole Holder	Second Holder (if any)	Third Holder (if any)
Are you U.S. Person? (Includes person born in USA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residence for Tax purposes in jurisdictions(s) outside India	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Citizenship of any country other than India	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note : If your answer to any of the above questions is 'YES', please fill the below section 2 of the form, else go to declaration & acknowledgment

2

Sr. No.	Details	1st Holder	2nd Holder	3rd Holder
1.	Address in the jurisdiction details where applicant is resident outside India for tax	Address		
		City / Town / Village		
		State, Pin Code and Country		
2.	Country of Birth	US		
		Other		
3.	Place of Birth	City / Town		
4.	Source of Wealth	Salary		
		Business		
		Gift		
		Ancestral Property		
		Rental Income		
		Prize Money		
		Others		

Please specify the details of all countries where you hold tax residency and its Tax identification Number & Type :

Sr. No.	Details	1st Holder	2nd Holder	3rd Holder
1.	Country of Residence for Tax Purpose (Other than India)#			
2.	Tax Identification No. (US TIN) or Equivalent (Other)			
3.	Identification Type			

# To include all countries other than India, where investor is Citizen/Resident/Green Card Holder/ Tax Resident in those respective countries especially of USA.

Declaration & Acknowledgement

1. I have understood the information requirement of this form (read with the FATCA-CRS Instructions below) and hereby confirm that the information provided above is true, correct and complete 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. In case of any change in the above given status on a future date, I undertake to inform PRAVIN RATILAL SHARE AND STOCK BROKERS LTD the same within 30 Days.
2. I/We understand that the Stock Broker is relying on this information for the purpose of determining the status of the applicants named above in compliance with FATCA/CRS. The Stock Broker is not able to offer any tax advice on FATCA or CRS or its impact on the applicants and I/We shall seek advice from professional tax



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advisor for any tax questions. I /We agree, as may be required by Regulatory authorities, Stock Broker shall be required to comply to report, reportable details to regulators / tax authorities / or close or suspend my/our account(s).

- 3. I agree that if I/am a U.S. person or tax resident of a reportable foreign jurisdiction (other than U.S.) requiring reporting under FATCA/CRS or any other Law, my account details, as required under inter governmental agreement (IGA)/Multilateral competent authority agreement (MCAA) Signed by Indian government, Would be reported by PRAVIN RATILAL SHARE AND STOCK BROKERS LTD to the relevant Tax Authority.
- 4. If My Country of Birth is US, I/am providing a certificate of relinquishment of Citizenship (loss of Nationality) or a self certification for stating reason for not having such a certificate despite relinquishing US citizenship OR not obtaining US citizenship at birth.

I hereby authorize you to disclose, share, 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 Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('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 to facilitate single submission / updation & 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.

Signature	 Sole/First Holder	 Second Holder	 Third Holder
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FATCA/ Common Reporting Standards (CRS)

- 1. Who is US person?  
In case of individuals, U.S. person means a citizen or Resident of the United States. Persons who would qualify as US person could be born in the United States, Born outside the United States of a US parent, Naturalized Citizens, Green Card Holders, Tax residents.
- 2. Who is a reportable person (non US) under common reporting standards (CRS)?  
Under common reporting standards (CRS), Reportable person means tax resident of a reportable foreign jurisdiction other than US and India
- 3. Document to be collected if Customer's Country of birth is US but Declares that he/she is not a US person
  - Certificate of relinquishment of citizenship (loss of nationality certificate); or
  - Self certification for stating reason for not having such a certificate despite relinquishing US citizenship; Or
  - Self certification for stating reasons for not obtaining US citizenship at birth.
- 4. MF transactions will be permitted to clients/ joint holders in new folios after reviewing this declaration and existing KYC data and only if permitted by AMCs.
- 5. Towards compliance with tax information sharing laws, such as FATCA, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Towards compliance with such laws, 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. As may be required by domestic or overseas regulators/tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

Also note that you may receive more than one request to provide this 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 that you have already provided this information earlier.

Please note that above information is provided only for quick reference to customers. You are requested to refer Rule 114F, 114G and 114H of Income-tax Rules, 1962 consult a legal/tax advisor for any clarification.



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From : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To,  
**Pravin Ratilal Share And Stock Brokers Ltd.**  
"Sakar-I" 5th Floor,  
Opp. Gandhigram Railway Station,  
Navrangpura, Ahmedabad-380 009.

**Sub : Request for cancelling BSDA facility.**

Dear Sir,

With reference to my/our application for opening new Demat account with your DP, it is hereby informed to you that I/we do not wish to avail BSDA (Basic Service Demat Account) facility and wish to enjoy all the benefits of a regular Demat account.

Hence you are requested to treat the said Demat account under regular category.

Thanking you,

**X** \_\_\_\_\_  
(Sole/First Holder)

**X** \_\_\_\_\_  
(Second Holder)

**X** \_\_\_\_\_  
(Third Holder)





Branch : \_\_\_\_\_



Pravin Ratilal Share And Stock Brokers Ltd

“Sakar-I”, 5th Floor, Opp. Gandhigram Rly. Station, Navrangpura, Ahmedabad-380 009.

DP ID -IN300982

Ph. : 91-79-26553700, 66302700 DEMAT BALANCE : 26553800, 66302800 Fax : 079-2658 2331 E-mail : ig@prssb.com

Date :        -        -20

Requisition Slip for Delivery Out Instruction Book (DOI)

Client ID  Client Name \_\_\_\_\_

Kindly issue me / us / Our Representative a Delivery Out Instruction Book (Annexure - L) 

5	10	20
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Name of Representative (If any) : \_\_\_\_\_

Signature of Receiver :

**X** \_\_\_\_\_

(for office Use Only)

New DIS No. : \_\_\_\_\_ to \_\_\_\_\_

New DOI Issued by : \_\_\_\_\_ Date        /        / 20

Signature of all holders/Authorised Signatories

1. **X** \_\_\_\_\_

2. **X** \_\_\_\_\_

3. **X** \_\_\_\_\_

- Note :** 1. Signature of all account holders is required for issue of fresh Delivery Out Instruction Book.  
2. Specimen Signature and Photo Identity of Representative is required whenever issued to person other than the account holder(s).  
3. Collect your Delivery Out Instruction Book (Annexure-L) **One Hour** after the submission of Requisition Slip.



Acknowledgement

Pravin Ratilal Share And Stock Brokers Ltd

“Sakar-I” 5th Floor, Opp.Gandhigram Railway Station, Navrangpura, Ahmedabad – 380009.

Phone: 079-26553700, 66302700 Fax: 079-26582331

Email: dmat@prssb.com Investor Greviance : ig@prssb.com Web : www.prssb.com

DP ID-IN300982

Received the application from Mr./Ms./M/s. \_\_\_\_\_ as the sole / first holder

alongwith Mr./Ms. \_\_\_\_\_ and Mr./Ms. \_\_\_\_\_

\_\_\_\_\_ 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



DPREQ\_F