

M.S.N. SECURITIES PRIVATE LIMITED

Regd. Off.: 108, Veena Chambers, Dalal Street, Fort, Mumbai 400 001
Tel. : 022-66356300 ,22703502 . Fax : 022- 22703503

MEMBER

BOMBAY STOCK EXCHANGE LIMITED
(CAPITAL MARKET SEGMENT)

NATIONAL STOCK EXCHANGE OF INDIA LIMITED
(CAPITAL MARKET SEGMENT, DERIVATIVE SEGMENT, CURRENCY DERIVATIVE SEGMENT)

SEBI REGN. NO. : INZ000230036

CDSL REGISTRATION NO. : IN-DP-592-2021 DATE : 14/06/2021

Compliance officer Name : Mrs. Mukta N. Patil Phone no. : 9867198522
Email id : mukta@msnsecurities.com

CEO Name : Mehrab S. Nargolwala Phone no. : 9821111748
Email id : mehrab@msnsecurities.com

*For any grievance/dispute please contact stock broker M.S.N SECURITIES PVT. LTD.
at the above address or email id - compliance@msnsecurities.com
and Phone No. 91-022-66356300*

Correspondence Off.: 108, Veena Chambers, Dalal Street, Fort, Mumbai 400 001
Tel.: 022-66356300 Fax : 022- 22703503

Instructions to the Applicants (BOs) for account opening:

1. Signatures can be English or Hindi or any of the other languages contained in the 8th schedule of the Constitution of India. Thumb impressions and signatures other than the above mentioned languages must be attested by a magistrate or a notary public or a Notary public or a special Executive magistrate/ special Executive official under his/her official seal.
2. Please fill all the details in CAPTIAL LETTERS should be preferably in black ink
3. Details of the name, address, telephone Number(s) etc., of the magistrate/ Notary public / special Executive magistrate / special Executive Official are to be provided in case of attestation done by them.
4. In case of additional signature (for account other than individuals), separate annexure should be attached to the account opening form.
5. 5 In case of application containing a power of attorney, the PAN card copy compulsory (For all types of accounts)
6. All correspondence / queries shall be addressed to the first / sole applicant.
7. Strike off whichever option, in the account opening form, is not applicable.

CHECK LIST FOR FILLING KYC FORM (List of documents to be Submitted) - For Individual

	Acceptable Documents (Self attested copies required)	Please Tick
PAN card	of Account Holder	
Photograph	One Colored Front Face Photograph on photographic Paper (Passport Size)	
Proof of Identity (Any One)	1. Valid Passport (Name, Address & Photo page)	
	2. Voter ID (front and back)	
	3. PAN Card	
	4. Valid Driving License (Name, Address & Photo page)	
	5. Unique identification number (UID) (Aadhaar) [Aadhar consent is mandatory, please refer our website for consent format]	
	6. Other ¹ (Pls. Specify)_____	
Proof of Address (Any One)	1. Unique identification number (UID) (Aadhaar) [Aadhar consent is mandatory, please refer our website for consent format]	
	2. Valid Passport (Name, Address & Photo page)	
	3. Valid Driving License (Name, Address & Photo page)	
	4. Voter ID (front and back)	
	5. Electricity Bill (not more than 2 months old)	
	6. Resident Landline Tel. Bill (not more than 2 months old)	
	7. Registered Lease/Leave & License Agreement	
	8. Other* (Pls. Specify)_____	
Proof of Income (Any One)	1. Copy of ITR Acknowledgement	
	2. Copy of Annual Accounts	
	3. In case of salary income - Salary Slip, Copy of Form 16	
	4. Net-worth certificate	
	5. Copy of Demat Account Holding Statement for last 6 months	
	6. Bank Account Statement for last 6 months reflecting income	

Important Instructions

General

- 1 Trading Account will be in the name of First/Sole holder of Demat and/or Bank A/c only
- 2 Thumb impression and signatures other than English, 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 Witness should be a person other than co-holder / joint holder
- 4 The applicant should authenticate any corrections/ alteration in the account opening form
- 5 All the fields in the Form must be filled up otherwise the Form may be rejected
- 6 The Applicant has to sign wherever sign mark F,S,T is mentioned {F-First Holder, S-Second Holder, T-Third Holder}
- 7 In case of Second or Third Holder applying for demat account, download the Know Your Client (KYC) form from our website and submit along with AOF, with proofs.
- 8 Signature should be preferably in black ink. In case of any correction/cancellation, please provide counter signature on the left side of the page.

Demat Account:

- 1 For Demat Account, Joint Holder and Nominee cannot be the same person
- 2 Photographs to be signed across and pasted (Not Stapled) for all the holders in Demat as well as the nominee and his/her guardian
- 3 In case of joint applicants for Demat Account, copy of PAN, Proof of Address and Proof of Identity for all Applicants is mandatory
- 4 Demat Account cannot be linked with Trading Account where minor is the joint holder in Demat account

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



Important Instructions:

- A) Fields marked with ** are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) 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* New Update

KYC Number (Mandatory for KYC update request)

Account Type* Normal Simplified (for low risk customers) Small

1. PERSONAL DETAILS (Please refer instruction A at the end)

Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>		
Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender		
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others		
Citizenship*	<input type="checkbox"/> IN- Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> <input type="text"/>)		
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector) <input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B-Business <input type="checkbox"/> X- Not Categorized		

PHOTO

2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (if issued by jurisdiction)*

Place / City of Birth* ISO 3166 Country Code of Birth*

3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number <input type="text"/>	Passport Expiry Date <input type="text"/>
<input type="checkbox"/> B- Voter ID Card <input type="text"/>	
<input type="checkbox"/> C- PAN Card <input type="text"/>	
<input type="checkbox"/> D- Driving Licence <input type="text"/>	Driving Licence Expiry Date <input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar) <input type="text"/>	
<input type="checkbox"/> F- NREGA Job Card <input type="text"/>	
<input type="checkbox"/> Z- Others (any document notified by the central government) <input type="text"/>	Identification Number <input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code <input type="text"/>	Identification Number <input type="text"/>

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type* Residential / Business Residential Business Registered Office Unspecified

Proof of Address* Passport Driving Licence UID (Aadhaar)
 Voter Identity Card NREGA Job Card Others

Simplified Measures Account - Document Type code

Address

Line 1*

Line 2

Line 3

District* Pin / Post Code* City / Town / Village* State / U.T Code* ISO 3166 Country Code*

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

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

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

Same as Current / Permanent / Overseas Address details Same as Correspondence / Local Address details

Line 1*
Line 2
Line 3 City / Town / Village*
State* ZIP / Post Code* ISO 3166 Country Code*

5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Tel. (Off) - Tel. (Res) - Mobile -
FAX - Email ID

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* Guardian of Minor Assignee Authorized Representative
Prefix First Name Middle Name Last Name
Name*

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)

A- Passport Number Passport Expiry Date - -
 B- Voter ID Card
 C- PAN Card
 D- Driving Licence Driving Licence Expiry Date - -
 E- UID (Aadhaar)
 F- NREGA Job Card
 Z- Others (any document notified by the central government) Identification Number
 S- Simplified Measures Account - Document Type code Identification Number

7. REMARKS (If any)

8. 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. In case 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 SMS/Email on the above registered number/email address.

Date : - - Place :

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Date <input type="text"/>	Name <input type="text"/>
Emp. Name <input type="text"/>	Code <input type="text"/>
Emp. Code <input type="text"/>	<input type="text"/>
Emp. Designation <input type="text"/>	
Emp. Branch <input type="text"/>	
<input type="text"/>	
<input type="text"/>	<input type="text"/>

ADDITIONAL KYC FORM FOR OPENING A CDSL DEMAT ACCOUNT (FOR INDIVIDUAL)**M. S. N. SECURITIES PVT.LTD.**

Depository Participant : DP-CDSL, DP - ID- 12093300
SEBI Regn No. : IN-DP-592-2021

108, Veena Chambers, Dalal Street, Fort, Mumbai - 400 001
 Tel. : 6635 6300 / 2270 3502 Telefax : 2270 3503 E-mail : compliance@msnsecurities.com
 Compliance Officer Name: Mrs. Mukta Patil Mobile: 9867198522 E-mail: mukta@msnsecurities.com

(To be filled by the Depository Participant)

Application No.		Date	D	D	M	M	Y	Y	Y	Y									
DP Internal Reference No.																			
DP ID	1	2	0	9	3	3	0	0	Client ID										

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

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

Holders Details

Sole/First Holder Name		PAN																		
		UID																		
Second Holder Name		PAN																		
		UID																		
Third Holder Name		PAN																		
		UID																		

Name *

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

Type of Account (Please tick whichever is applicable)

Status	Sub - Status		
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident	<input type="checkbox"/> Individual - Director	<input type="checkbox"/> Individual Director's Relative
	<input type="checkbox"/> Individual HUF / AOP	<input type="checkbox"/> Individual Promoters	<input type="checkbox"/> Minor
	<input type="checkbox"/> Individual Margin Trading A/c (MANTRA)		<input type="checkbox"/> Others (specify) _____
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable	<input type="checkbox"/> NRI Non-Repatriable	<input type="checkbox"/> NRI Repatriable Promoter
	<input type="checkbox"/> NRI Non-Repatriable Promoter	<input type="checkbox"/> NRI-Depository Receipts	<input type="checkbox"/> Others (specify) _____
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National Depository Receipts	
	<input type="checkbox"/> Others (specify) _____		

Details of Guardian (in case the account holder is minor)

Guardian's Name																		
PAN											Relationship with the applicant							

I/We instruct the DP to receive each and every credit in my/our account (If not marked, the default option would be 'Yes')	[Automatic Credit]	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
I/We would like to instruct the DP to accept all the pledge instructions in my/our account without any other further instruction from my/our end (If not marked, the default option would be 'No')		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly
I/We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
I/We would like to share the email ID with the RTA		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
I/We would like to receive the Annual Report (Tick the applicable box. If not marked the default option would be in Physical)	<input type="checkbox"/> Physical /	<input type="checkbox"/> Electronic /	<input type="checkbox"/> Both Physical and Electronic		

I/We wish to receive dividend / interest directly in to my bank account as given below through ECS Yes
(If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time] No

Bank Details [Dividend Bank Details]

(* 9 digit MICR Code)

(* 11 Character)

MICR Code*		IFSC Code*	
Bank A/c No.		Bank A/c Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others_____
Bank Name		Branch Name	
Bank Branch Address	City/town/village	PIN Code	
	State	Country	

(i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)

(ii) Photocopy of the Bank Statement having name and address of the BO

(iii) Photocopy of the Passbook having name and address of the BO, (or)

(iv) Letter from the Bank.

➤ In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

Other Details : First Holder

Gross Annual Income Details	Income Range per annum	<input type="checkbox"/> Up to Rs. 1,00,000	<input type="checkbox"/> Rs. 1,00,001 to Rs. 5,00,000	<input type="checkbox"/> Rs. 5,00,001 to Rs. 10,00,000
		<input type="checkbox"/> Rs. 10,00,001 to Rs. 25,00,000	<input type="checkbox"/> More than Rs. 25,00,001	
	Net worth as on (Date) _____ / _____ /20____ Rs. _____	[Net worth should not be older than 1 year]		
Occupation	<input type="checkbox"/> Private / Public Sector	<input type="checkbox"/> Govt. Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional
	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Others (Specify) _____
Please tick, it Applicable		<input type="checkbox"/> Politically Exposed Person (PEP)	<input type="checkbox"/> Related to Politically Exposed Person (RPEP)	


Other Details : Second Holder

Gross Annual Income Details	Income Range per annum	<input type="checkbox"/> Up to Rs. 1,00,000	<input type="checkbox"/> Rs. 1,00,001 to Rs. 5,00,000	<input type="checkbox"/> Rs. 5,00,001 to Rs. 10,00,000
		<input type="checkbox"/> Rs. 10,00,001 to Rs. 25,00,000	<input type="checkbox"/> More than Rs. 25,00,001	
	Net worth as on (Date) _____ / _____ /20____ Rs. _____	[Net worth should not be older than 1 year]		
Occupation	<input type="checkbox"/> Private / Public Sector	<input type="checkbox"/> Govt. Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional
	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Others (Specify) _____
Please tick, it Applicable		<input type="checkbox"/> Politically Exposed Person (PEP)	<input type="checkbox"/> Related to Politically Exposed Person (RPEP)	

Other Details : Third Holder

Gross Annual Income Details	Income Range per annum	<input type="checkbox"/> Up to Rs. 1,00,000	<input type="checkbox"/> Rs. 1,00,001 to Rs. 5,00,000	<input type="checkbox"/> Rs. 5,00,001 to Rs. 10,00,000
		<input type="checkbox"/> Rs. 10,00,001 to Rs. 25,00,000	<input type="checkbox"/> More than Rs. 25,00,001	
	Net worth as on (Date) _____ / _____ /20____ Rs. _____	[Net worth should not be older than 1 year]		
Occupation	<input type="checkbox"/> Private / Public Sector	<input type="checkbox"/> Govt. Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional
	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Others (Specify) _____
Please tick, it Applicable		<input type="checkbox"/> Politically Exposed Person (PEP)	<input type="checkbox"/> Related to Politically Exposed Person (RPEP)	

Any other information

SMS Alerts Facility	Mobile No.	+	9	1								
Refer to Terms & Conditions given as Annexure 2.4	[(Mandatory, if you are giving Power of Attorney (POA)] (If POA is not granted & you do not wish to avail of this facility, cancel this option).											
Transactions Using Secured Texting Facility (TRUST) Refer to Terms and Conditions Annexure - 2.6	I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for the same. <input type="checkbox"/> Yes <input type="checkbox"/> No											
	I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST											
	Stock Exchange Name / ID	Clearing Member Name				Clearing Member ID (Optional)						
												
To register for easi, please visit our website : www.cdslindia.com Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.												

Declaration

I/We have received and read the Rights and Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I/We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

I hereby declare that the Mobile No. Email ID given KYC Form / Demat Account Opening Form belongs to

me or my family member (spouse, dependent children and dependent parents.)

	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signature			

(Signatures should be preferably in black ink)

Declaration - Authority Letter for Activation of same E-mail ID or same mobile number for Multiple Clients

Please refer to the Trading/DP accounts opened with you, for the purpose of dealing in NSE / BSE/ MCX /CDSL. We all belong to

me or my family member (spouse, dependent children and dependent parents.) or having common director

COMMON EMAIL ID _____

MOBILE NUMBER _____

Code/ Client ID	Name	Relationship

Signatures _____

First Holder

Second Holder

Third holder

AADHAAR AUTHENTICATION CONSENT

“ I/ we hereby state that I/we have no objection in authenticating my self /our selves with Aadhaar based authentication system through CDSL Ventures Limited and give my/our consent to provide my Aadhaar Number, OTP, Demographic details or Biometric for Aadhaar based authentication. I/we also authorize CDSL Ventures Limited to share the authentication details with **M. S. N. SECURITIES PVT.LTD.** for the purpose of carrying Aadhaar authentication as required by PMLA guidelines, which shall not be further shared.

Also I hereby consent to use m Aadhar as my proof of identity and address proof for opening demat account with M.S.N. Securities Pvt. Ltd. Who's registered depository participant with CDSL.

Signatures _____

First Holder

Second Holder

Third holder

FATCA / CRS DECLARATION / SELF CERTIFICATION FOR INDIVIDUAL

Client Code & Name				
		First Holder	Second Holder	Third Holder
1	Are you Indian Resident Person? (Refer Risk Disclosure document At www.mnclgroup.com)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Specify country of residence for tax purpose (if above clause is no)			
3	Specify Tax Identification No./ Others			

Note: if you are a U.S. person and / or if your tax residency / nationality / citizenship is other than India, then please provide declaration / self-certification under FATCA / CRS.

Declaration / Self-certification

- I understand that M/s M.S.N. Securities Pvt. Ltd. is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. M/s M.S.N. Securities Pvt. Ltd. is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I shall seek advice from professional tax advisor for any tax questions.
- I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- I agree that as may be required by domestic regulators/tax authorities the M/s M.S.N. Securities Pvt. Ltd. may also be required to report, reportable details to CBDT or close or suspend my account.
- I certify that I provide the information on this form and to the best of my knowledge and belief the certification is true, correct and complete.

	First Holder	Second Holder	Third Holder
Name			
Signature			

FATCA & CRS TERMS AND CONDITIONS - FOR INDIVIDUAL

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income tax Rules, 1962, which require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our unit 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 folio(s) or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Please note that you may receive more than one request for information if you have multiple relationships with 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. 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.

In case investor has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, investor to provide relevant Curing Documents as mentioned below:

FATCA/ CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS indicia
U.S. place of birth	<ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND 3. Any one of the following documents: <ol style="list-style-type: none"> a. Certified Copy of "Certificate of Loss of Nationality or b. Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
Residence/ mailing address in a country other than India	<ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below)
Telephone number in a country other than India	<p>If no Indian telephone number is provided</p> <ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below) <p>If Indian telephone number is provided along with a foreign country telephone number</p> <ol style="list-style-type: none"> 1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; OR 2. Documentary evidence (refer list below)
Standing instructions to transfer funds to an account maintained in a country other than India (other than depository accounts)	<ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below)

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

1. Certificate of residence issued by an authorized government body*
2. Valid identification issued by an authorized government body* (e.g. Passport, National Identity card, etc.)

* Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.

Nomination Form Annexure A

To,
M.S.N SECURITIES PVT LTD
108 VEENA CHAMBERS, DALAL STREET, FORT, MUMBAI 400001

Dear Sir/ Madam,

I/We the Sole holder / Joint holder / Guardian (in case of minor) hereby declare that:

TM / DP Name and Address		FORM FOR NOMINATION <i>(To be filled in by individual applying singly or jointly)</i>																				
Date	D	D	M	M	Y	Y	Y	Y	UCC/ DP ID	I	N					Client ID						
I/We wish to make a nomination. [As per details given below]																						
Nomination Details																						
I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.																						
Nomination can be made upto three nominees in the account.					Details of 1st Nominee					Details of 2nd Nominee					Details of 3rd Nominee							
1	Name of the nominee(s) (Mr./Ms.)																					
2	Share of each Nominee	Equally <small>[If not equally, please specify percentage]</small>			%					%					%							
<i>Any odd lot after division shall be transferred to the first nominee mentioned in the form.</i>																						
3	Relationship With the Applicant (If Any)																					
4	Address of Nominee(s)																					
				City / Place:																		
				State & Country:																		
				PIN Code																		
5	Mobile / Telephone No. of nominee(s)																					
6	Email ID of nominee(s)																					
7	Nominee Identification details – [Please tick any one of following and provide details of same] Photograph & Signature PAN <input type="checkbox"/> Aadhaar Saving Bank account no. Demat Account ID																					
Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:																						
8	Date of Birth {in case of minor nominee(s)}																					

9	Name of Guardian (Mr./Ms.) {in case of minor nominee(s) }				
10	Address of Guardian(s)				
	City / Place: State & Country:				
		PIN Code			
11	Mobile / Telephone no. of Guardian				
12	Email ID of Guardian				
13	Relationship of Guardian with nominee				
14	Guardian Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN account no. Proof of Identity <input type="checkbox"/> Demat Account ID				
Name(s) of holder(s)					Signature(s) of holder*
Sole / First Holder (Mr./Ms.)					
Second Holder (Mr./Ms.)					
Third Holder (Mr./Ms.)					

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

Details of the Witness	
	First Witness
Names of Witness	
Address of Witness	
Signature of Witness	

(To be filled by DP)

Nomination Form accepted and registered wide Registration No. _____ dated _____.

For Depository Participant
(Authorised Signatory)

Annexure B

Declaration Form for opting out of nomination

To	Date	D	D	M	M	Y	Y	Y	Y
Trading Member/Participant's Name Trading									
Member/Participant's Address									
UCC/DP ID	I	N							
Client ID (only for Demat account)									
Sole/First Holder Name									
Second Holder Name									
Third Holder Name									
<p>I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / demataccount 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.</p>									
Name and Signature of Holder(s)*									
<p>1. _____ 2. _____ 3. _____</p>									

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

PART II - ACCOUNT OPENING FORM**M. S. N. SECURITIES PVT. LTD.**

Depository Participant : DP-CDSL, DP-D-12093300

SEBI Regn No. : IN-DP-92-2021

108, Veena Chambers, Dalal Street, Fort, Mumbai 400 001

Tel. : 6635 6300 / 2270 3502 Telefax : 2270 3503 E-mail : compliance@msnsecurities.com

TARIFF FOR CDSL ACCOUNT

SI. No.	PARTICULARS	INDIVIDUAL / HUF / CORPORATE	
		<input type="checkbox"/> TRADER	<input type="checkbox"/> INVESTOR
1	Account opening	NIL	NIL
	POA Franking Charges	Rs. 510/-	Rs. 510/-
2	Annual Maintenance	Rs. 400/-	Rs. 800/-
Transaction Charges			
1	Transaction (On Market - Off Market / Inter depository)	Rs. 15/-	Rs. 25/-
2	Dematerialisation	Rs. 50/- Plus 5/- per Certificate (Postage Charges 100/- Extra)	Rs. 50/- Plus 5/- per Certificate (Postage Charges 100/- Extra)
3	Rematerialisation	Rs. 50/- Plus 5/- per Certificate (Postage Charges 100/- Extra)	Rs. 50/- Plus 5/- per Certificate (Postage Charges 100/- Extra)
4	Instruction Booklet	Rs. 25/- for 10 Leaves (Postage Charges 50/- Extra)	Rs. 25/- for 10 Leaves (Postage Charges 50/- Extra)
4	Pledge Creation / Closure / Invocation	Rs. 35/- Per Transaction	Rs. 35/- Per Transaction
I/we wish to avail BSDA facility for the new account		<input type="checkbox"/> YES	<input type="checkbox"/> NO

N. B. :

- Gst and any other government levies extra as applicable from time to time.
- Any other services not specified above shall be charged extra.
- Charges / Services standards are subject to revision at Depository participants discretion after giving 30 days notice.
- Amount charged by CDSL for CAS will be charge extra.

OPTION FORM FOR ISSUE OF DIS BOOKLET **OPTION 1:**

I/We **REQUIRE YOU TO ISSUE** Delivery Instruction Slip (DIS) booklet to me / us immediately on opening my / our CDSL account though / I / we have issued a Power of Attorney (POA) in favour of M.S.N. Securities Pvt. Ltd. for executing delivery instruction for setting stock exchange trades [settlement related transactions] effected through you.

 OPTION 2:

I/We **DO NOT REQUIRE** the Delivery Instruction Slip (DIS) for the time being, since I / We have issued a POA in favour of M.S.N. Securities Pvt. Ltd. for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through you. However, the Delivery Instruction Slip (DIS) booklet should be issued to me / us immediately on my / our request at any late date.

First Holder_____
Second Holder_____
Third Holder

Terms And Conditions-cum-Registration / Modification Form for receiving SMS Alerts from CDSL

Definitions:

In these Terms and Conditions the terms shall have following meaning unless indicated otherwise:

1. "Depository" means Central Depository Services (India) Limited a company incorporated in India under the Companies Act 1956 and having its registered office at 17th Floor, P.J. Towers, Dalal Street, Fort, Mumbai 400001 and all its branch offices and includes its successors and assigns.
2. 'DP' means Depository Participant of CDSL. The term covers all types of DPs who are allowed to open demat accounts for investors.
3. 'BO' means an entity that has opened a demat account with the depository. The term covers all types of demat accounts, which can be opened with a depository as specified by the depository from time to time.
4. SMS means "Short Messaging Service"
5. "Alerts" means a customized SMS sent to the BO over the said mobile phone number.
6. "Service Provider" means a cellular service provider(s) with whom the depository has entered / will be entering into an arrangement for providing the SMS alerts to the BO.
7. "Service" means the service of providing SMS alerts to the BO on best effort basis as per these terms and conditions.

Availability:

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

Receiving Alerts:

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

Fees:

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

Disclaimer:

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

Liability and Indemnity:

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

Amendments:

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

Governing Law and Jurisdiction:

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

I/We wish to avail the SMS Alerts facility provided by the depository on my/our mobile number provided in the registration form subject to the terms and conditions mentioned below. **I/ We consent to CDSL providing to the service provider such information pertaining to account/transactions in my/our account as is necessary for the purposes of generating SMS Alerts by service provider, to be sent to the said mobile number.**

I/We have read and understood the terms and conditions mentioned above and agree to abide by them and any amendments thereto made by the depository from time to time. I/ we further undertake to pay fee/ charges as may be levied by the depository from time to time.

I / We further understand that the SMS alerts would be sent for a maximum four ISINs at a time. If more than four debits take place, the BOs would be required to take up the matter with their DP.

I/We am/ are aware that mere acceptance of the registration form does not imply in any way that the request has been accepted by the depository for providing the service.

I/We provide the following information for the purpose of REGISTRATION / MODIFICATION (Please cancel out what is not applicable).

BOID

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

(Please write your 8 digit DPID) (Please write your 8 digit Client ID)

Sole / First Holder's Name : _____

Second Holder's Name : _____

Third Holder's Name : _____

Mobile Number on which messages are to be sent

+91																			
-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Please write only the mobile number without prefixing country code or zero)

The mobile number is registered in the name of: _____

Email ID: _____
(Please write only ONE valid email ID on which communication; if any, is to be sent)

Signatures

_____	_____	_____
Sole / First Holder	Second holder	Third Holder
Place: _____		Date: _____

GUIDANCE NOTE - DO'S AND DON'TS FOR DEPOSITORY FOR INVESTORS

Do's:

- Register for CDSL's internet-based facility 'easi' to monitor your demat account yourself. Contact your DP for details.
- Register for CDSL's SMS Alert facility - SMART and obtain alerts for any debits or credits due to a corporate action, in your demat account
- Accept the DIS book from your DP only if each slip has been pre-printed with a serial number along with your demat account number and keep it in safe custody.
- Always mention the details like ISIN, number of securities accurately. In case of any queries, please contact your DP or broker.
- Ensure that all demat account holder(s) sign on the DIS.
- Please strike out the any blank space on the slip.
- Cancellations or corrections on the DIS should be initialled or signed by all the account holder(s).
- Submit the DIS ahead of the delivery date for all type of market transactions. DIS can be issued with a future execution date.
- Intimate any change of address or change in bank account details to your DP immediately.
- Check the investor service record of the issuer company with your DP before deciding to send certificates for demat. The list of companies whose demat request are pending is published at www.cdslindia.com.
- Before sending securities for demat, record the distinctive numbers of the securities sent.
- Before granting Power of Attorney (PoA) to anyone, to operate your demat account, carefully examine the scope & implications of powers being granted.
- PoA is not mandatory for opening a demat account.
- The demat account has a nomination facility and it is advisable to appoint a nominee, in case of sole account holders.
- Ensure that, both, your holding and transaction statements are received periodically as instructed to your DP. You are entitled to receive a transaction statement every month if you have any transactions and once a quarter if there have been no transactions in your account.
- Check your demat account statement on receipt. In case you notice any unauthorized debits or credits, contact your DP for clarification. If not resolved, you may contact CDSL's Investor Relations Officer, Ms. Tara Ajit, Central Depository Services (India) Ltd., 17th Floor, P.J.Towers, Dalal Street, Mumbai - 400 001, Tel. 2272 8629 , emailcomplaints@cdslindia.com

Don'ts:

- Do not leave your instruction slip book with anyone else.
- Do not sign blank DIS as it is equivalent to a bearer cheque.
- Avoid over-writing, cancellations, misspellings, changing of the name and quantity of securities.
- We request you to meticulously follow the above instructions, to avoid any problem in operation of your demat account.

Signature of Client : _____

Place : _____

Date : _____

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.
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.

Signatures

First Holder

Second Holder

Third Holder

NAME MISMATCH DECLARATION

Date: _____

To,
M.S.N. Securities Pvt. Ltd.
108 Veena Chambers,
Dalal Street, Fort,
Mumbai 400 001.

Subject: Declaration of name which appears different at PAN, Bank A/c and Address proof

Dear Sir/Madam,

This is to Certify that the name on the PAN card is _____
on my PAN No: _____

And in the Bank A/c my Name is _____

And as per address proof my name is _____

Further I declare that the names mentioned in above details document pertains to me, therefore, I request you to open my account and make all payouts in the same name as mentioned in my Bank proof / PAN Proof _____.

Thanking you,

Yours truly,

Name of The Account Holder: _____

Client DP ID: _____

Signature: _____

Place: _____

ACKNOWLEDGEMENT

Date :

To,

M.S.N. Securities Pvt. Ltd.
108 Veena Chambers,
Dalal Street, Fort, Mumbai 400001

I/We hereby acknowledge that the KYC form and following documents/ process were made available/ explained to me:

1. Rights and Obligations of Beneficial owner and Depository Participant (DP)
2. Guidance Note - Do's and Don'ts for for depository for Investors
3. Policies and Procedures of Reliance Securities Ltd. pursuant to the SEBI circular dated December 03, 2009
4. Terms and Conditions for Basic Services Demat Account (BSDA), if applicable

I/We understand that the Voluntary documents executed by me are out of my/our free will.

I/We hereby confirm that I have clearly understood and agree to abide by the Policies and Procedures, Rights and obligations, Terms and Conditions (containing para 1 to 105) and Tariff Structure and be bound by same and by the bye laws as are in force from time to time as described by .I also understand and agree that these Policies and Procedures, Terms and Conditions and Tariff Structure can be changed by M.S.N. Securities Pvt. Ltd. from time to time with prior notice of 30 days through email.

I/We aware that the welcome kit, login Id and password of my trading account will be sent on my email ID and alerts on Mobile no. furnished in KYC form and any changes thereof.

I/We hereby declare that any change in the information submitted by me/us in regard to FATCA/CRS shall be intimated to M.S.N. Securities Pvt. Ltd immediately.

I/We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application and I/We undertake that it would be my/our responsibility to check, scrutinize the said forms and documents within 15 days of account opening and intimate discrepancies if any. We further agree that any false/misleading information given by me/us or suppression of any material information will render my/our account liable for termination and suitable action

First Holder

Second Holder

Third Holder