



Central Depository Services (India) Limited

Convenient ° Dependable ° Secure

ANNEXURES

Amendments effected
in *track changes* mode

JUNE 2010

CDSL : *your depository*



Central Depository Services (India) Limited

Convenient ° Dependable ° Secure

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CDSL : your depository

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Application Form for Opening a Demat Account
 Individual NRI Foreign National

Depository Participant Name/Address
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(To be filled by the Depository Participant)

Application No.		Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.										
DP ID		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: -

Sole / First Holders Details

First Name										
Middle Name										
Last Name										
Father / Husband Name										
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other							Suffix		
Correspondence Address										
City					State					
Country					PIN					
Telephone No.		Fax No.		Mobile No.						
PAN										
E-mail ID										
Permanent Address (if different from Correspondence Address)										
City					State					
Country					PIN					
Telephone No.		Fax No.								
E-mail ID										

Joint Holders – Second Holder's Details

First Name										
Middle Name										
Last Name										
Father / Husband Name										
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other							Suffix		
Permanent Address										
City					State					
Country					PIN					
Telephone No.		Fax No.		Mobile No.						
PAN										
E-mail ID										

Joint Holders – Third Holder's Details

First Name										
Middle Name										
Last Name										
Father / Husband Name										
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other							Suffix		
Permanent Address										
City					State					

Country		PIN							
Telephone No.		Fax No.		Mobile No.					
PAN									
E-mail ID									

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's Relative <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Individual Margin Trading A/C (MANTRA)	<input type="checkbox"/> Individual-Director <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Others (specify)
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Repatriable Promoter <input type="checkbox"/> NRI – Depository Receipts	<input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> NRI Non-Repatriable Promoter <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)
I / We instruct the DP to receive each and every credit in my / our account		[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Requirement	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	

Do you wish to receive dividend / interest directly in to your bank account given below through ECS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR code)									
Bank Name									
Branch									
Bank Address									
City		State		Country		PIN			
Account number									
Account type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify)								

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

I/We have read the terms & conditions DP-BO agreement 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.

	First/Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures			
Passport size Photograph	(Please sign across the photograph)	(Please sign across the photograph)	(Please sign across the photograph)

(Signatures should be preferably in black ink).

[In case of minor holder, photograph of guardian has to be affixed along with minor's photograph.]

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.	

Additional Details

SMS Alert Facility	<input type="checkbox"/> Yes MOBILE NO. +91 _____ Refer to Terms & Conditions given as Annexure - 2.4	<input type="checkbox"/> No
easi	<input type="checkbox"/> Yes. If yes, please contact your DP for details [Facility through CDSL's website: www.cdslindia.com wherein a BO can view his ISIN balances, transactions and value of the portfolio online.]	<input type="checkbox"/> No

Details For First Holder	
Date of Birth	D D M M Y Y Y Y
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify)
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation	Service { <input type="checkbox"/> Central Govt. <input type="checkbox"/> State Govt. <input type="checkbox"/> Public / Private Sector <input type="checkbox"/> NGO <input type="checkbox"/> Statutory Body} <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Others (Specify) -----
Nature of business: (Products / services provided)	
Financial Details:	Income Range per annum: <input type="checkbox"/> Up to Rs.1,00,000 <input type="checkbox"/> Rs.1,00,001 to Rs.2,00,000 <input type="checkbox"/> Rs.2,00,001 to Rs.5,00,000 <input type="checkbox"/> More than Rs.5,00,000

Details For Joint Second Holder	
Date of Birth	D D M M Y Y Y Y
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify)
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Corporate
Occupation	Service { <input type="checkbox"/> Central Govt. <input type="checkbox"/> State Govt. <input type="checkbox"/> Public / Private Sector <input type="checkbox"/> NGO <input type="checkbox"/> Statutory Body} <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Others (Specify) -----
Nature of business: (Products / services provided)	

Details For Joint Third Holder	
Date of Birth	D D M M Y Y Y Y
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify)
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Corporate
Occupation	Service { <input type="checkbox"/> Central Govt. <input type="checkbox"/> State Govt. <input type="checkbox"/> Public / Private Sector <input type="checkbox"/> NGO <input type="checkbox"/> Statutory Body} <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Others (Specify) -----
Nature of business: (Products / services provided)	

Details of Guardian

First Name							
Middle Name							
Last / Search Name							
Relationship with the applicant							
Correspondence Address							
City		State					
Country		PIN					
Telephone No.		Fax No.		Mobile No.			
PAN							
E-mail ID							

For NRIs

Foreign Address							
City		State					
Country		PIN					

=====

(Perforated Card)

DP ID								Client ID							
-------	--	--	--	--	--	--	--	-----------	--	--	--	--	--	--	--

	First/Sole Holder	Second Holder	Third Holder
Name			
Specimen Signatures			

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

(To be filled by the Depository Participant)

Acknowledgement Receipt

Application No.:

Date:

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

Name of the Sole / First Holder	
Name of Second joint Holder	
Name of Third joint Holder	

Depository Participant Seal and Signature

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

**Application Form for Opening a Demat Account
(For entities other than Individuals)**

Depository Participant Name / Address / DP ID

(To be filled by the Depository Participant)

Application No.		Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.										
DP ID		Client ID								

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

We request you to open a Demat Account in our name as per the following details: -

Name										
Search Name										
Correspondence Address										
City		State								
Country		PIN								
Telephone No.		Fax No.								
PAN										
E-mail ID										
Registered Office address (if different from Correspondence Address)										
City		State								
Country		PIN								
Telephone No.		Fax No.								
E-mail ID										

Other Holders – Second Holder Details

First Name										
Middle Name										
Last Name										
Father / Husband Name										
Title	q Mr. q Mrs. q Ms. q Other							Suffix		
Permanent Address										
City		State								
Country		PIN								
PAN										
Date Of Birth	D	D	M	M	Y	Y	Y	Y		
E-mail ID										
Telephone no.		Fax No.			Mobile No.					

Other Holders – Third Holder Details

First Name										
Middle Name										
Last Name										
Father / Husband Name										
Title	qMr. qMrs. qMs. qOther							Suffix		
Permanent Address										
City		State								
Country		PIN								
PAN										

Date Of Birth	D	D	M	M	Y	Y	Y	Y	
E-mail ID									
Telephone no.	Fax no.			Mobile no.					

Type of Account (Please tick whichever is applicable)															
Status							Sub – Status								
<input type="checkbox"/> Body Corporate <input type="checkbox"/> Banks <input type="checkbox"/> Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> OCB <input type="checkbox"/> FII <input type="checkbox"/> CM <input type="checkbox"/> FI <input type="checkbox"/> Clearing House <input type="checkbox"/> Other (Specify)							To be filled by the DP								
Date of Incorporation	D	D	M	M	Y	Y	Y	Y							
SEBI Registration No. (If Applicable)							SEBI Registration date	D	D	M	M	Y	Y	Y	Y
ROC Registration No. (If Applicable)							ROC Registration date	D	D	M	M	Y	Y	Y	Y
RBI Registration No. (If Applicable)							RBI Approval date	D	D	M	M	Y	Y	Y	Y
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify)														
I / We authorize you to receive credits in my / our account without any instruction from me / us.							[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No								
Account Statement Requirement	<input type="checkbox"/> Daily			<input type="checkbox"/> Weekly			<input type="checkbox"/> Fortnightly			<input type="checkbox"/> Monthly					

Do you wish to receive dividend / interest directly in to your bank account given below through ECS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR code)									
Bank Name									
Branch									
Bank Address									
City	State			Country			PIN		
Account number									
Account type	<input type="checkbox"/> Saving			<input type="checkbox"/> Current			<input type="checkbox"/> Others (specify)		

- (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 and not more than 4 months old, (or)
(iii) Photocopy of the Passbook having name and address of the BO, (or)
(iv) Letter from the Bank.
Ø In case of option (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document and it should be self-certified by the BO.

For OCBs

Foreign Address															
City							State								
Country							PIN								
Telephone No.							Fax No.								
E-mail ID															
Indian Address															
City							State								
Country							PIN								
Telephone No.							Fax No.								
E-mail ID															
Currency															
RBI Reference No.							RBI Approval Date	D	D	M	M	Y	Y	Y	Y

Clearing Members Details (To be filled by CMs only)

Name of the Stock Exchange	
Name of the CC / CH	
Trading Id	
Clearing Member ID	

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.	

Additional Details:

SMS Alert Facility	<input type="checkbox"/> Yes MOBILE NO. +91 _____ Refer to Terms & Conditions given as Annexure - 2.4	<input type="checkbox"/> No
easi	<input type="checkbox"/> Yes. If yes, please contact your DP for details [Facility through CDSL's website: www.cdslindia.com wherein a BO can view his ISIN balances, transactions and value of the portfolio online.]	<input type="checkbox"/> No

Details For Joint - Second Holder	
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify)
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation	Service { <input type="checkbox"/> Central Govt. <input type="checkbox"/> State Govt. <input type="checkbox"/> Public / Private Sector <input type="checkbox"/> NGO <input type="checkbox"/> Statutory Body} <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Others (Specify) -----
Nature of business: (Products / services provided)	

Details For Joint – Third Holder	
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify)
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation	Service { <input type="checkbox"/> Central Govt. <input type="checkbox"/> State Govt. <input type="checkbox"/> Public / Private Sector <input type="checkbox"/> NGO <input type="checkbox"/> Statutory Body} <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Others (Specify) -----
Nature of business: (Products / services provided)	

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

	First / Sole Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Designation			
Signature			
Passport size Photograph	(Please sign across the photograph)	(Please sign across the photograph)	(Please sign across the photograph)

===== Please Tear Here =====
(Perforated Card)

DP ID								Client ID						
	First Authorised Signatory				Second Authorised Signatory				Third Authorised Signatory					
Name														
Specimen Signature														

===== Please Tear Here =====
(To be filled by the Depository Participant)

Acknowledgement Receipt

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

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

Depository Participant Seal and Signature

Instructions to the Applicants (BOs) for account opening:

1. Signatures can be in 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 Special Executive Magistrate / Special Executive Officer under his/her official seal.
2. Signatures should be preferably in black ink.
3. Details of the Names, Address, Telephone Number(s), etc., of the Magistrate / Notary Public / Special Executive Magistrate / Special Executive Officer are to be provided in case of attestation done by them.
4. In case of additional signatures (for accounts other than individuals), separate annexures should be attached to the account opening form.
5. In case of applications containing a Power of Attorney, the relevant Power of Attorney or the self-certified copy thereof, must be lodged along with the application.
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.

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Terms And Conditions-cum-Registration / Modification Form for receiving SMS Alerts from CDSL**[SMS Alerts will be sent by CDSL to BOs for all debits and for all credits as well.]****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: _____

Account Details Addition / Modification / Deletion Request Form

Depository Participant Name / Address
--

Application No.		Date	D	D	M	M	Y	Y	Y	Y
-----------------	--	------	---	---	---	---	---	---	---	---

Please fill all the details in Block Letters in English

DP ID		Client ID								
-------	--	-----------	--	--	--	--	--	--	--	--

Account Holder's Details	
Name of First / Sole Holder	
Name of Second Holder	
Name of Third Holder	

I/We request you to make the following additions / modifications / deletions to my/our account in your records.

DETAILS (Please specify change of address, bank details, telephone number etc.)	Addition / Modification / Deletion (Please specify)	Existing Details	New Details

Attach an Annexure (with signature(s)) if the space above is found insufficient.

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

===== (Please Tear Here) =====
Acknowledgement Receipt

Received Account Details Addition / Modification / Deletions request as per details given below :

Application No.		Date	D	D	M	M	Y	Y	Y	Y
DP ID		Client ID								
Name of the Sole / First Holder										
Name of Second joint Holder										
Name of Third joint Holder										
Modification requested for: [Specify reason]										

Depository Participant Seal and Signature

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Nomination Form

**To,
The Depository Participant Name
Address**

Dear Sir/ Madam,

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

I/We do not wish to nominate any one for this demat account.
[Strike out what is not applicable.] [Signatures of all account holders should be obtained on this form].

I/We **nominate** the following person who is entitled to receive security balances lying in my/our account, particulars whereof are given below, in the event of the death of the Sole holder or the death of all the Joint Holders.

BO Account Details														
DP ID													Client ID	
Name of the Sole / First Holder														
Name of Second Holder														
Name of Third Holder														

Nominee details			
First Name			
Middle Name			
Last Name			
Address			
City		State	
Country		PIN	
Telephone No.		Fax No.	
E-mail ID			
Relationship with BO (If any)			
Date of birth (If nominee is a minor)			

As the nominee is a minor as on date, I/We appoint following person to act as **Guardian**:

First name			
Middle name			
Last name			
Address			
City		State	
Country		PIN	
Age			

to receive the securities in this account on behalf of the nominee in the event of the death of the Sole holder / all Joint holders.

This nomination is in accordance with the **section 109 A of the Companies Act, 1956**, and shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

Place: _____ Date: _____

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

Note: Two witnesses shall attest signature(s) / Thumb impression(s).

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

(To be filled by DP)

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

For Depository Participant
(Authorised Signatory)

===== (Please Tear here) =====
Acknowledgement Receipt

Received nomination form from :

DP ID									Client ID								
Name																	
Address																	
Nomination in favor of																	
<u>No Nomination</u>	<input checked="" type="radio"/> Does not wish to nominate																
Registration No.									Registered on	D	D	M	M	Y	Y	Y	Y

Depository Participant Seal and Signature

Dematerialisation Request Form

Normal Dematerialization Transmission-cum- Dematerialization
 Transposition-cum-Dematerialization

Depository Participant Name / Address

(To be filled up by the Depository Participant)

DRN		Date	D	D	M	M	Y	Y	Y	Y
DRF No.		Date	D	D	M	M	Y	Y	Y	Y

(To be filled by the BO. Please fill all the details in **BLOCK LETTERS** in English. Fill up a separate DRF for Free securities and Locked – in securities. In case of locked - in securities fill up a separate DRF for different lock-in reason / lock-in expiry dates.)

I / We request you to dematerialise the enclosed security certificate(s) registered in my / our name into my / our demat account.

DP ID											Client ID									
Name of First Holder																				
Name of Second Holder																				
Name of Third Holder																				
Name of the Company																				
ISIN		I	N																	
Quantity to be Dematerialized		(In Figures)																		
		(In Words)																		
Number Of Certificates (in words)																				
Nature of Securities		<input type="checkbox"/> Free Securities <input type="checkbox"/> Lock-in Securities																		
Lock-in reason																				
Lock in Expiry Date		D	D	M	M	Y	Y	Y	Y											

Details of Securities:

Type of Security	<input type="checkbox"/> Equity <input type="checkbox"/> Debentures <input type="checkbox"/> Bonds <input type="checkbox"/> Units <input type="checkbox"/> Other (Specify)										
Face Value of Securities											
	From	To	From	To	From	To					
Folio No.											
Certificate Numbers											
Distinctive Numbers											
Quantity											

Attach an annexure (duly signed by account holder(s)) in the above format if the space is not sufficient.

The original certificates / documents are hereby surrendered by me / us for dematerialisation and the same are free from any lien or charge or encumbrance and represent the bonafide securities of the Issuer Company to the best of my / our knowledge and belief.

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature with DP			
Signature with RTA			

Participant Authorization (From DP to RTA)

We have received the above-mentioned securities bearing ISIN_____ for Dematerialisation. The Application form is verified with the Certificates / Documents surrendered for dematerialisation and we certify that the application form is in accordance with the details mentioned in the enclosed certificates / documents. It is also certified that the Holder(s) of securities have a beneficiary account with us in the same name(s) and order of name(s).

Depository Participant Seal and Signature

======(Please tear here)=====

Acknowledgement Receipt

DRF No.											Date	D	D	M	M	Y	Y	Y	Y
DP ID											Client ID								
First / Sole Holder Name																			
Second Joint Holder Name																			
Third Joint Holder Name																			
Name of the Company																			
Type of Security	<input type="checkbox"/> Equity <input type="checkbox"/> Debentures <input type="checkbox"/> Bonds <input type="checkbox"/> Units <input type="checkbox"/> Other (Specify)																		
ISIN																			
No. of Securities (in figures)																			
No. of Securities (in words)																			
No. of Certificates (in figures)																			
No. of Certificates (in words)																			

We hereby acknowledge the receipt of certificates / documents, in respect of the above securities for dematerialization subject to verification.

Depository Participant Seal and Signature

Instructions:

1. In case of transmission-cum-demat, a notarized copy of death certificate of the deceased holder, copy of the Order of the Court, etc. to be attached with DRF.
2. In case of transposition-cum-demat, a duly executed Transposition Request Form to be attached with the DRF.

**APPLICATION FORM FOR TRANSPOSITION [TPRF]
[TO BE ATTACHED WITH DRF]**

Depository Participant Name / Address											
--	--	--	--	--	--	--	--	--	--	--	--

TPRF No.		Date	D	D	M	M	Y	Y	Y	Y
----------	--	------	---	---	---	---	---	---	---	---

Please transpose the names of the holders of securities as identified in the accompanying demat request form and thereafter credit the same in the demat account as detailed below:

DRF No.		Date	D	D	M	M	Y	Y	Y	Y
Name of the Company										
ISIN	I	N								

DP ID		Client ID								
Name of the holders (As it appears in the Demat Account)										
First / Sole Holder Name										
Second Holder Name										
Third Holder Name										

Name of the Holders (As it appears on the Certificates):

Folio Nos.-

Sr. No.	Name(s) of the Holder(s)
1.	
2.	
3.	

Folio Nos.-

Sr. No.	Name(s) of the Holder(s)
1.	
2.	
3.	

Folio Nos.-

Sr. No.	Name(s) of the Holder(s)
1.	
2.	
3.	

	First / Sole Holder	Second Holder	Third Holder
Name (as per demat a/c)			
Signature with DP			
Signature with RTA			

We state that the above details are true to the best of our knowledge

Depository Participant Seal and Signature

- Note:
1. Separate Transposition form should be filled by the joint holders for securities having distinct ISIN.
 2. Please write each combination of names in separate boxes.
 3. Use separate transposition form if there are more than three combinations of names.

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[Duly Stamped]

DEED OF INDEMNITY (For loss of shares in transit)

The DEED OF INDEMNITY is made at _____ this ____ day of _____ between _____, registered as a Depository Participant with the Central Depository Services (India) Limited [CDSL] (hereinafter referred to as "the Depository Participant") and its successors of the **ONE PART** and _____ (name of the institution) hereinafter referred to as "**the Issuer/RTA**" (*which expression shall unless repugnant to the context or meaning thereof be deemed to mean and include its successors*) of the **OTHER PART**.

WHEREAS,

1. The BO _____ (holding account no. _____) has lodged _____ securities of the Issuer vide Folio no. _____ bearing distinctive no. _____ to _____ vide certificate no. for dematerialisation on _____.
2. The DP has generated DRN _____ in respect of the above mentioned securities submitted by the BO.
3. **The Depository Participant** has forwarded the same to **the Issuer/RTA** along with the duly cancelled certificates on _____ vide courier/Registered Post/Speed Post bearing courier consignment no./Registered A D no./ Speed Post Receipt no. _____ .
4. **The Issuer/RTA** has stated that he is **not** in receipt of the said Certificates/documents in lieu of certificates/documents conveying ownership of securities till date.
5. **The Issuer/RTA** has/have rejected the demat request on _____ as the said certificates has/have not been received till date and it is construed that the documents has/have been lost in transit.
6. The DP hereby declares that the said certificates received from the BO was/were duly cancelled and forwarded to you for dematerialisation and undertake that in case the DP comes across the original certificates they shall surrender the same to the Issuer/RTA.

7. The DP has/have now raised a fresh demat request for the said certificates, which were lost in transit, vide DRN _____ dated _____ which were forwarded to the Issuer/RTA vide courier/Registered Post/Speed Post bearing courier consignment no./Registered Post/ Speed Post Receipt no. _____ as per the guidelines provided by Securities and Exchange Board of India mentioned against serial no.4 vide its Circular no. SMRDP/Policy/Cir-28/99 dated 23.08.1999.

NOW THIS DEED WITNESSETH in consideration of the Issuer/RTA having agreed to dematerialize the said securities on the strength of the representation hereinabove made by the Depository Participant, the Depository Participant agrees to indemnify and keep indemnified the Issuer/RTA against claims and demands that may be made of or against the Issuer/RTA for all losses or damages and all action, suit, litigations or proceedings (including all costs, charges, expenses relating thereto) that the Issuer/RTA may incur or suffer on account of any person in whose hands the said securities may have fallen (including any subsequent transferee or transferees from such person whether for valuable consideration or not) acquiring any right and/or any interest and/or any benefit and/or equivalent number of securities whether on transfer or dematerialisation or rematerialisation or otherwise howsoever.

IN WITNESS WHERE the Depository Participant has put his hands and seal the day, month and year first hereinabove mentioned.

SIGNED AND DELIVERED by
The within named Depository Participant }
}

In the presence of:
_____ }
}

[Not required. Same form is available as Annexure 7.1]

TRANSMISSION REQUEST FORM
(in case of death of the sole holder)

[Not required. Same form is available as Annexure 7.1]

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TRANSMISSION-CUM-DEMATERIALIZATION FORM
(In case of death of one / more of the joint holders)

Application No.		Date	D	D	M	M	Y	Y	Y	Y
-----------------	--	------	---	---	---	---	---	---	---	---

(Please fill all the details in **Block Letters** in **English**)

To,
Depository Participant Name
Address

Dear Sir / Madam,

I/We, the surviving joint holder(s) request you to dematerialize the enclosed securities in our account as per details given below. The securities were held by me/us jointly with Mr./Mrs./Ms. _____, who has expired.

The **Original Death Certificate** / a **copy of the death certificate, duly notarized or attested under seal by a Gazetted Officer** (strike out what is not applicable), is attached herewith, along with a duly-filled and signed DRF and physical share certificates listed below.

I/We request you to advise the Issuer/RTA to process the demat request and credit the securities to the demat account mentioned below:

DEMAT ACCOUNT NUMBER of surviving BOs:

DP ID										Client ID							
DRF No.										Date	D	D	M	M	Y	Y	Y

Sr. No.	Name of the Security	ISIN	Quantity to be transmitted

If there are more ISINs to be dematerialized, attach an Annexure, duly signed by the account holders

	1	2
Name(s) of the surviving holder(s)		
Signature(s) of the surviving holder(s)		

===== (Please tear here) =====

Acknowledgement Receipt

Application No.

Date: -

We hereby acknowledge receipt of the following instructions for transmission-cum-dematerialization, as per the details given in the Transmission Form and DRF, from:

Demat Account number of the surviving BO(s):-

DP ID									Client ID							
DRF Number								Date	D	D	M	M	Y	Y	Y	Y

Surviving Holder(s) Name(s) – (strike out what is not applicable):		
First/Sole Holder	Second Holder	Third Holder
Documents Submitted		

Documents subject to verification.

Depository Participants Seal & Signature

Instruction Form for Purchase Waiver

Date	D	D	M	M	Y	Y	Y	Y
------	---	---	---	---	---	---	---	---

DP ID										Client ID							
First Holder Name																	

To,
Depository Participant Name
Address

Dear Sir / Madam,

I/We hereby authorize you to accept all credits in my / our Beneficial Owner/s account number given above. The instruction will be irrevocable until and unless otherwise informed to you.

Thanking you,

Yours faithfully,

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

======(Please Tear here)=====

Acknowledgement Receipt

Received Waiver for Purchase Transactions instruction from:

DP ID										Client ID							
Name of the Sole / First Holder																	
Name of Second joint Holder																	
Name of Third joint Holder																	

Depository Participant Seal and Signature

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I / We request you to debit / credit my / our account as under: - Date: -

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

DPID \$		Client ID \$		First / Sole Holder's Name																			
Sr. No.	ISIN										Security Name										QUANTITY		Instruction Reference No. [to be filled by DP]
																					In figures	In words	
1																							
2																							
3																							
4																							
5																							

Total Instructions Issued (In words only) → _____

If transfers from BO (Investor) account to another BO (Investor) account and NOT RELATED to Stock Exchange Transactions: -
 Please mention consideration amount in Rs. _____ **OR**
 Please specify reason (as given below):-
 Gift Transfer between two accounts of same holder Transfer between family members Others (explain):-

CMID (Applicable for Early Pay-in and Normal Pay-in)	Execution Date (Not Applicable for Early Pay-in and Normal Pay-in)								
<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;">D</td><td style="width: 15px; height: 15px;">D</td><td style="width: 15px; height: 15px;">M</td><td style="width: 15px; height: 15px;">M</td><td style="width: 15px; height: 15px;">Y</td><td style="width: 15px; height: 15px;">Y</td><td style="width: 15px; height: 15px;">Y</td><td style="width: 15px; height: 15px;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y		

↓ **:- Fill the relevant columns :-** ↓

Instruction Type →	Account Transfer - With in CDSL (Transaction) ↓	Account Transfer - Outside CDSL (Inter Depository) ↓	Market Trades (Settlements) ↓			
Settlement Details →	BO-BO ↓	BO-CM, CM-BO, CM-CM ↓	BO-BO ↓	BO-CM, CM-BO, CM-CM ↓	Early Pay-in ↓	Normal Pay-in ↓
Exchange Name →	OPTIONAL		OPTIONAL			
Settlement / Market Type →	OPTIONAL		OPTIONAL			
Settlement Number →	#	#	#	#	#	#
Counter DP ID / CM BP ID →						NOT APPLICABLE
Counter Client ID →						NOT APPLICABLE
Counter BO / CM Name →						
Counter Settlement Details →	CM-CM ↓	CM-CM ↓	CM-CM ↓	CM-CM ↓	CM-CM ↓	CM-CM ↓
Exchange Name →	NOT APPLICABLE		NOT APPLICABLE		NOT APPLICABLE	NOT APPLICABLE
Settlement / Market Type →	NOT APPLICABLE		NOT APPLICABLE		NOT APPLICABLE	NOT APPLICABLE
Settlement Number →	NOT APPLICABLE	#	NOT APPLICABLE	#	NOT APPLICABLE	NOT APPLICABLE

:- Blank & Signed Delivery Instruction Slips should not be left with your DP/Broker :-

Signature of First / Sole Holder	Signature of Second Holder	Signature of Third Holder
↓ :- For DPs office use only :- ↓		
Internal Ref. No.	Signature Verified By	Transaction Entered By

- Pre-printed, \$ - Pre-printed / Pre-stamped



**CDSL Your
Depository**

DP Name Address
DP ID and DP SEBI Reg. No.
Instruction Slip for Delivery / Receipt
(To be filled in duplicate)
 Delivery Receipt

Annexure 6.2a

[DP Logo]

Serial no: # _____



Delivery Receipt

I / We request you to debit / credit my / our account as under: - Date: -

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

DPID \$	Client ID \$	First / Sole Holder's Name													
Sr. No.	ISIN										Security Name		QUANTITY		Instruction Reference No. [to be filled by DP]
													In figures	In words	
1	I	N													
2	I	N													
3	I	N													
4	I	N													
5	I	N													
Total Instructions Issued (In words only) _____															

If transfers from BO (Investor) account to another BO (Investor) account and NOT RELATED to Stock Exchange Transactions: -
Please mention consideration amount in Rs. _____ **OR**
Please specify reason (as given below):-
 Gift Transfer between two accounts of same holder Transfer between family members Others (explain):-

Execution Date							
D	D	M	M	Y	Y	Y	Y

-: Fill the relevant columns :-

Instruction Type	Account Transfer - With in CDSL (Transaction)				Account Transfer - Outside CDSL (Inter Depository)			
	BO-BO		BO-CM, CM-BO, CM-CM		BO-BO		BO-CM, CM-BO, CM-CM	
Settlement Details	OPTIONAL				OPTIONAL			
Exchange Name	OPTIONAL				OPTIONAL			
Settlement / Market Type	OPTIONAL				OPTIONAL			
Settlement Number								
Counter DP ID / CM BP ID								
Counter Client ID								
Counter BO / CM Name								
Counter Settlement Details	CM-CM				CM-CM			
Exchange Name	NOT APPLICABLE				NOT APPLICABLE			
Settlement / Market Type	NOT APPLICABLE				NOT APPLICABLE			
Settlement Number								

-: Blank & Signed Delivery Instruction Slips should not be left with your DP/Broker :-

Signature of First / Sole Holder	Signature of Second Holder	Signature of Third Holder
-: For DP's office use only :-		
Internal Ref. No.	Signature Verified By	Transaction Entered By

- Pre-printed, \$ - Pre-printed / Pre-stamped



**CDSL Your
Depository**

DP Name Address
DP ID and DP SEBI Reg. No.
Instruction Slip for Delivery / Receipt
(To be filled in duplicate)
 Delivery Receipt

Annexure 6.3a
[DP Logo]
Serial no: # _____



I / We request you to debit my / our account as under :-															Date :-	D	D	M	M	Y	Y	Y	Y	
DPID \$						Client ID \$							First / Sole Holder's Name											
Sr. No.	ISIN										Security Name					QUANTITY				Instruction Reference No. [to be filled by DP]				
													In figures		In words									
1	I	N																						
2	I	N																						
3	I	N																						
4	I	N																						
5	I	N																						
Total Instructions Issued (In words only) →																								

-: Fill the relevant columns :-

Instruction Type	↓ Early Pay-in ↓	↓ Normal Pay-in ↓
Exchange Name →		
Settlement / Market Type →		
Settlement Number →	#	#
CMID →		
Counter DPID →		NOT APPLICABLE
Counter Client ID →		NOT APPLICABLE

-: Blank & Signed Delivery Instruction Slips should not be left with your DP/Broker :-

Signature of First / Sole Holder	Signature of Second Holder	Signature of Third Holder

-: For DPs office use only :-

Internal Ref. No.		Signature Verified By		Transaction Entered By	
-------------------	--	-----------------------	--	------------------------	--

- Pre-printed, \$ - Pre-printed / Pre-stamped



**CDSL Your
Depository**

DP Name Address
DP ID and DP SEBI Reg. No.
Instruction Slip for Delivery
(To be filled in duplicate)

Annexure 6.4a

[DP Logo]

Serial no:- # _____

Letter to modify / delete instruction slip

To,

The Depository Participant Name

Address

Date	D	D	M	M	Y	Y	Y	Y
------	---	---	---	---	---	---	---	---

DP ID											Client ID						
First Holder Name																	

I/We request you to modify / delete the on-market (BO confirmation) / auto pay-in instruction.
The details are as given below –

Settlement ID	CM ID	ISIN	Security Name	Qty (in figures)

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

===== (Please Tear here) =====
Acknowledgement Receipt

Received Instruction to modify / delete the on-market (BO confirmation) / auto pay-in instruction:

DP ID											Client ID						
Name of the Sole / First Holder																	
Name of Second joint Holder																	
Name of Third joint Holder																	

Depository Participant Seal and Signature

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To be printed on the inside back cover of the Delivery Instruction Slip

There will be occasions when you have grievances against a listed company/ intermediary registered with SE BI. **In the event of such grievance you should first approach the concerned company/ intermediary against whom you have a grievance.** However, you may not be satisfied with their response.

Therefore, you should know whom you should turn to get your grievance redressed. SEBI takes up grievances related to issue and transfer of securities and non-payment of dividend with listed Companies. In addition, SEBI also takes up grievances against the various intermediaries registered with it and related issues. Given below are types of grievances for which you could approach SEBI.

Nature of grievance – Regarding	
Type-I: Refund order/ Allotment Advice	Type-II: Non-receipt of dividend.
Type-III: Non-receipt of share certificates after transfer	Type-IV: Debentures
Type-V: Non-receipt of letter of offer for rights	Type VI: Collective Investment Schemes
Type VII: Mutual Funds/ Venture Capital Funds/ Foreign Venture Capital Investors/ Foreign Institutional Investors/ Portfolio Managers, Custodians	Type VIII: Brokers/Debenture Trustees /Depository Participants/ Merchant Bankers /Registrars and Transfer Agents / Bankers to Issue/ Underwriters/ Credit Rating Agencies/ Securities lending Intermediaries
Type IX: Exchanges/ Clearing and Settlement Organizations/ Depositories	Type X: Derivative Trading
Type XI: Buyback /Delisting /Substantial Acquisition /Takeovers /Corporate Governance /Corporate Restructuring /Compliance with Listing Conditions	
<i>For faster action send Type I to Type XI complaints, to the OIAE Division of SEBI at Mumbai or Regional Offices at the following addresses:</i>	
Address of SEBI Offices	
SEBI, Head Office , Plot No. C4-A, "G" Block, Bandra-Kurla Complex, Bandra (East), Mumbai – 400 051 . 022-26449000, 40459000 (sebi@sebi.gov.in)	
SEBI, OIAE , (Office of Investor Assistance and Education) . 022-26449188 / 26449199 / 40459188 / 40459199 (oiae-assistance@sebi.gov.in)	
SEBI, Northern Regional Office , The Regional Manager, 5 th Floor, Bank of Baroda Building, 16, Sansad Marg, New Delhi – 110 001. 011-23724001-05 Fax: 011-23724006 (sebinro@sebi.gov.in)	
SEBI, Eastern Regional Office , The Regional Manager, L&T Chambers, 3rd Floor , 16, Camac Street, Kolkata - 700 017. 033- 23023000 Fax: 033-22874307 (sebiro@sebi.gov.in)	

SEBI, Southern Regional Office, The Regional Manager, 3rd Floor, D'Monte Bldg, No. 32, D'Monte Colony, TTK Road, Alwarpet, Chennai 600 018. 044-24995676/5525/7385/7480/7540 Fax: 044-24998083 (sebisro@sebi.gov.in)

The following types of grievances should be taken up with:

With the Stock Exchange: At the Investor Information Centre of all the recognised Stock Exchanges

- | | |
|--|---|
| <ul style="list-style-type: none"> • Related to securities traded/listed with the exchanges | <input type="checkbox"/> Trades effected on the exchange w.r.t the companies listed on it or by the members of exchange |
|--|---|

With the Department Of Company Affairs (DCA/ concerned Registrar of Companies (ROC)

- | | |
|--|--|
| <ul style="list-style-type: none"> • Against unlisted companies • For non-receipt of annual report, AGM Notice | <input type="checkbox"/> Fixed deposit in manufacturing companies
<input type="checkbox"/> Forfeiture of shares |
|--|--|

With the Reserve Bank of India

- | | |
|---|--|
| <ul style="list-style-type: none"> • Fixed deposits in Banks | <input type="checkbox"/> Fixed deposits in Non Banking Finance Companies |
|---|--|

For more information visit our website – <http://investor.sebi.gov.in>

**Undertaking-cum-Indemnity
in respect of facsimile instruction for operation of Depository Account**

To
The Depository Participant

Sr no.	BO IDs	Names of holder(s)	
1		First Holder	
		Second Holder	
		Third Holder	
2		First Holder	
		Second Holder	
		Third Holder	
3		First Holder	
		Second Holder	
		Third Holder	

I/We

- 1) _____ residing at _____

- 2) _____ residing at _____
_____ and,
- 3) _____ residing at _____

execute this UNDERTAKING-CUM-INDEMNITY in favour of _____
_____ (a company incorporated and registered under the
Companies Act, 1956) and having its Registered Office at _____
_____ Mumbai - _____
hereinafter called "**the DP**" (which expression shall unless it be repugnant to the context or
meaning thereof mean and include its successors in title) as follows:

WHEREAS I/We maintain a Beneficial Owner Account(s) ("the said Account") mentioned above,
with the DP at its _____ Main / Branch office, located at _____
_____, Mumbai. As per the instructions for operation of
the said Accounts, the same is allowed to be operated by us or the persons authorized, in that
behalf (hereinafter referred to as "**Authorized Person/s**").

AND WHEREAS in the day-to-day business, I am / we are required to give urgent instructions to the DP for operation of the said Account:

WHEREAS the DP has agreed to accept, the original instruction slip, a fax submission thereof signed by the authorised persons to operate the said account under their signatures, subject to the indemnity herein offered by me/us to the DP on the terms and conditions herein mentioned.

NOW IN CONSIDERATION OF THE ABOVE, I/We hereby irrevocably agree, confirm and undertake to the DP as follows:

1. I/We shall transmit the Fax instructions only to the fax number informed/provided to us by the DP.
2. The Fax Submission shall be signed by the Authorised Person/s mentioned in the List of Authorised signatories submitted by me/us in the account opening form on behalf of me/us and their signatures shall be in the same manner and way as has been informed to the DP by me/us and the DP is hereby requested and authorised, (but is not obliged to) rely upon and act, in accordance with such Fax Submission which is signed or bonafide believed by the DP to have been signed, by the Authorised Person/s.
3. The DP is requested by me/us and shall be entitled to treat any Fax Submission as fully and duly authorised by and binding upon me/us and further be entitled (but not bound) to take any steps relying upon the same, believing the Fax Submission, in good faith as appropriate, regardless, of the amount of money involved and notwithstanding any error in transmission or reception of such Fax Submission or any misunderstanding or ambiguity or lack of clarity in the terms of such Fax Submission.
4. I/We shall upon making any Telefax Submission hereunder, deliver to the DP without any delay within two working days, the original hard copy of the Fax Submission (the Hardcopy) signed by the Authorised Person/s as aforesaid. Each Hardcopy shall bear the following words on the top of the instruction slip -
"This is a Hardcopy of Fax Submission to you, transmitted on _____ (day) of _____ (month), _____ (year).

5. The DP may, but shall not be obliged to, await receipt of the Hard copy prior to taking any action in connection with the Fax Submission and shall not be obliged to follow-up with me/us for the originals. Further the storage of a photocopy of the fax transmission sent by me/us shall be the conclusive evidence of instruction to the DP for having acted on such instructions and I/We hereby agree and acknowledge the same”.
6. I / We hereby agree that in case the DP does not receive the hard copy of the instruction within 2 working days, the DP may discontinue the said facility. In such cases the DP will do so with immediate effect after informing me orally / in writing / by fax. I / We undertake that I / we shall not hold the DP liable for any loss to me / us in case the DP does not act on fax instruction received by the DP in such a case.
7. The DP shall not be required to confirm (whether orally, in writing or otherwise) any fax submission or (verify the identity of the Authorised Person/s or his/her/their signature/s making or giving the fax submission or purporting to do so.
8. The DP shall be under no duty to set and/or adopt any procedure for the purpose of such confirmation or verification and if at all there is any, the DP shall not be obliged to strictly adopt or comply with the same in any or every instance.
9. The DP shall not be liable for any losses or damages which I/we may suffer as a consequence of the DP acting in accordance with or in reliance upon, any Fax Submission or otherwise pursuant to the authority conferred herein, upon the DP.
10. I/We shall indemnify the DP and CDSL and keep them indemnified and save harmless, at all times against any and all claims, losses, damages, costs liabilities and expenses incurred, suffered or paid or incurred by the DP or required to be incurred, suffered or paid by the DP and also against all demands, actions, suit proceedings made, filed / instituted against the DP, in connection with or arising out of or in relation to or as a consequence of:
 - i. The DP acting pursuant to, in accordance with or relying upon, any Fax Submission or otherwise pursuant to the request and authority conferred herein; and/or;
 - ii. The DP acting pursuant to in accordance with or relying upon any Fax Submission received by the DP which it believes in good faith to be such a Fax Submission; and / or;

- iii. Any unauthorized or fraudulent Fax Submission to the DP. PROVIDED that this indemnity shall not be available to the DP, if the liabilities for which the DP seeks indemnification hereunder, arises directly and completely from its own negligence or willful default.
 - iv. The DP not having acted on the fax submission due to non-receipt of the transmission or receipt of incomplete or partly / fully unreadable transmission.
 - v. The DP not having acted on any fax submission sent by me / us on a number other than the number mentioned by the DP for the purpose of fax transmission.
11. The DP shall not be under any obligation at any time to maintain any facility for the receipt of any Fax Submission or to ensure the continued operations or availability of any such facsimile facilities or equipment, and I/we shall not hold the DP liable for any loss consequent to non-availability of the said fax facility.
12. I/We acknowledge and confirm that I am/we are aware that by the very nature of telecommunications services, the Fax transmissions may not be received properly and may be clearly legible. I / We agree to assume and bear all the risks involved in respect of such errors and misunderstanding and the DP shall not be responsible in any manner for the same or breach of confidentiality thereto and shall also not be liable for any claims, loss, damage, cost or expense and liability arising therefrom.
13. This indemnity is without prejudice to the DP's other rights, privileges, powers and remedies in law and the DP may delay enforcing its rights without at any time losing them and any waiver of a right by the DP hereunder or available to it by law, shall not be deemed to be a waiver of any other rights or of the same right at another time.
14. The DP may stop/terminate this facility given to me / us by giving seven day prior written notice to me/us. However, any such termination shall not affect anything done or any rights or liabilities accrued or incurred prior to the termination and all the above indemnities given by me/us to the DP hereunder shall survive any such termination. However, in case of termination as mentioned in point 6 above, no such notice need to be given by the DP.

The Provisions relating to arbitration contained in the agreement executed by us in favour of the DP shall be applicable to any dispute or difference that may arise in respect of such fax transmission including all disputes with regard to the receipt of the fax Transmission by the DP.

I/We specifically agree and confirm that regardless of the place from which the fax transmission in question may have been transmitted to the DP any matter or issue arising hereunder shall be governed by and construed exclusively in accordance with the Indian laws and shall be subject to the exclusive jurisdiction of the Courts of Mumbai (India) alone.

Dated at _____ this _____ day of _____ , _____

Given by:

1. Signature
Name
Witnessed

2. Signature
Name
Witnessed

3. Signature
Name
Witnessed

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TRANSMISSION REQUEST FORM
(In case of death of the sole holder)

Application No.		Date	D	D	M	M	Y	Y	Y	Y
-----------------	--	------	---	---	---	---	---	---	---	---

(Please fill all the details in **Block Letters** in English)

To,
Depository Participant Name
Address

Dear Sir / Madam,

PART – I : (where nomination is recorded)

I, Nominee / Successor/ Guardian of the successor or nominee (in case of Minor) request you to **transmit** the following securities due to the death of the sole account holder. Original Death Certificate / copy of Death Certificate (duly notarized / attested under seal by a Gazetted Officer) is attached herewith.

Name of the deceased BO:

Account Number of the deceased BO:

DP ID											Client ID									
-------	--	--	--	--	--	--	--	--	--	--	-----------	--	--	--	--	--	--	--	--	--

Kindly transmit all securities in the deceased BO's account mentioned above to the BO account mentioned below.

Successor BO Account Number

DP ID											Client ID									
Name																				

Details of Transmission			
Sr. No	Name of the Security	ISIN	Quantity of securities to be transmitted

Attach an annexure duly signed by the Nominee / Successor / Guardian of the successor or nominee (in case of Minor), if the space above is insufficient.

(Nominees / Successor / Guardian of successor or nominee (in case of Minor))

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature			

PART – II : (where nomination is not recorded)

No Objection Statement from other heirs/successors who are non-applicants

1. I/We, the undersigned, residing at _____, am/are legal heir(s) of the said deceased.
2. I/We do not desire to make any claim of title of the said securities and have no objection whatsoever in transmitting the said securities in the name(s) of Mr. / Mrs. _____ who has/have opened a beneficial owner account(s) under Client ID _____ and DP ID _____.
3. In consideration of registration of the aforesaid securities in the client account of Mrs. / Mrs. _____ under DP ID _____ Client ID _____ at my request, I/We hereby renounce all my/our rights existing as well as those that may accrue to me/us in future in respect of the aforesaid securities.

Signed in the presence of

_____ **Bank Manager** _____ **Signature of the legal heir**

Full Name and Address of Bank Manager:

Name _____ :
 Address _____ :

Note for all legal heirs/successors who are applicants / non-applicants:

Only one Transmission Request Form is to be submitted by claimants/non-claimants to the DP of the deceased BO for the transmission of securities wherein the intentions of the legal heirs/successors are collectively stipulated.

===== (Please tear here) =====

Acknowledgement Receipt

Application No.

Date: -

We hereby acknowledge receipt of the instructions for transmission of securities from the deceased BO's account to the account of the Nominee / Successor / Guardian of the successor or nominee (in case of Minor), as per details given on the transmission form.

Account number of the deceased BO

DP ID										Client ID							
-------	--	--	--	--	--	--	--	--	--	-----------	--	--	--	--	--	--	--

Successor BO Name(s)		
First/Sole Holder	Second Holder	Third Holder
Documents Submitted		

Subject to verification.

Depository Participants Seal & Signature

TRANSMISSION REQUEST FORM
(In case of death of one / more of the joint holders)

Application No.		Date	D	D	M	M	Y	Y	Y	Y
-----------------	--	------	---	---	---	---	---	---	---	---

(Please fill all the details in **Block Letters** in English)

To,
Depository Participant Name
Address

Dear Sir / Madam,

I / We, the joint holder(s) / Successors request you to **transmit** the securities balance from:

DP ID									Client ID								
-------	--	--	--	--	--	--	--	--	-----------	--	--	--	--	--	--	--	--

To

DP ID									Client ID								
-------	--	--	--	--	--	--	--	--	-----------	--	--	--	--	--	--	--	--

Due to the death of -----
----- (Name of the deceased account holder(s)).
Original Death Certificate / copy of Death Certificate (duly notarized / attested under seal by a Gazetted Officer) is attached herewith.

	First / Sole Holder	Second Holder
Name(s) of the surviving holder(s)		
Signature(s) of the surviving holder(s)		

===== (Please tear here) =====

Acknowledgement Receipt

Application No. _____ **Date: -** _____

We hereby acknowledge the receipt of the following instructions for transmission from:

DP ID									Client ID								
-------	--	--	--	--	--	--	--	--	-----------	--	--	--	--	--	--	--	--

To

DP ID									Client ID								
-------	--	--	--	--	--	--	--	--	-----------	--	--	--	--	--	--	--	--

Surviving Holder(s) Name(s)	
First/Sole Holder	Second Holder
Documents Submitted	

Subject to verification.

Depository Participants Seal & Signature

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Letter of Indemnity

To,
Depository Participant Name
Address

Dear Sirs,

**Sub: Transmission of securities standing in the name of
Late Mr./Mrs. _____**

I/We hereby inform you that Mr./Mrs. _____ the deceased,
was holding a Client account no. _____ with _____ a
Depository Participant having DP ID _____. The said deceased BO was holding the
following securities:

ISIN	Name of Company	Number of securities

The said deceased died intestate without leaving a Will on the ____ day of _____.

We further inform you that he/she left behind him/her only surviving heirs and next of kin, the following persons according to the Law of Intestate Succession application to him/her by which he/she was governed at the time of his/her death.

- (a) _____
- (b) _____
- (c) _____

We have, therefore, approached you with a request to transfer the aforesaid securities in the name of the undersigned Mr. / Mrs. / Ms. _____ on my/our behalf without insisting on the production of a Succession Certificate or an Order of the Court of competent jurisdiction and you have kindly agreed to do so on my/our executing an indemnity as is herein contained and on relying on the information herein given by us believing the same to be true.

In consideration, therefore, of your having at our request agreed to transfer securities to the name of the undersigned _____, I / we hereby jointly and severally agree and undertake to indemnify and keep indemnified, saved, defended, harmless you and your successors and assigns for all time hereafter against all losses, costs, claims, actions, demands, risks, charges, expenses, damages, etc., whatsoever which you may suffer and/or incur by reason of your, at my/our request, transferring the said securities as herein above mentioned, to the undersigned _____ without insisting on production of a Succession Certificate or an Order of the Court of competent jurisdiction.

IN WITNESS WHEREOF THE said _____ have here unto set their
[Name(s) of applicant(s)]
respective hands and seals this _____ day of _____ of _____.

Signed and delivered by the said applicant(s)

Signature(s) of applicant(s)

¹SURETY

~~I, the undersigned, certify that the above facts are true to the best of my knowledge and bind myself as surety to make good all claims, charges, costs, damages, demands, expenses and losses which the Participant/CDSL, its successors and assigns may sustain, incur or be liable for in consequence of complying with the request contained above of the applicant(s) herein and the Participant / CDSL and its successors, assigns will be entitled to claim and realize all claims, charges, costs, damages, demands, expenses and losses from me or from my properties, as the case may be.~~

Signature of Surety : _____
Name : _____
Address : _____

Date: _____
Place: _____ (Signature of Magistrate/Notary)

Full Name and Address of Magistrate /Notary:

Name : _____

Address : _____

PIN _____

Registration No : _____

Use space below to affix:

<p>Notarial / Court Fee Stamp</p>	<p><u>Official Seal of Magistrate / Notary</u></p>
--	---

Note: This indemnity is to be executed in the presence of a first class or stipendiary Magistrate / Public notary / Judicial.

¹ Reference: Communiqué no. **CDSL/OPS/DP/1919** dated March 17, 2010

[ref: Communiqué no. **CDSL/OPS/DP/1685** dated August 18, 2009]

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Affidavit

I, _____ son/daughter/spouse of _____ residing at _____ do hereby solemnly affirm an oath and state as under: -

1. That Mr. / Mrs. _____ the deceased was holding a Client Account No. _____ with _____ a Depository Participant having DP ID _____. The said deceased was holding the following securities:

ISIN	Name of Company	No. of securities

2. That the deceased had died intestate on _____ at _____.
 3. That the following are the only legal heir(s) of late Mr. / Mrs. _____.

	Name	Address	Age	Relationship with the deceased
1				
2				
3				
4				

4. That out of aforesaid legal heirs Master / Kumari _____ aged _____ years is a minor and he / she is being represented by his / her father/mother and natural guardian Mr. / Mrs. _____.
5. That all the legal heirs of my deceased _____ have applied to _____ (DP name) to register the aforesaid securities in my/our individual/joint beneficial owner account and have executed a Letter of Indemnity in favour of the Participant/CDSL holding the Participant / CDSL indemnified against any loss, cost, expenses or damages which may be caused to them in consequence of any claim which may be made by or on behalf of any person claiming any interest in the said shares.

DEPONENT

VERIFICATION

I hereby solemnly affirm and say that what is stated herein above is true to my knowledge and nothing has been concealed therein and that I am competent to contract and entitled to rights and benefits of the above securities.

Solemnly affirmed at _____ on the _____ day of _____ of _____.

Full Name and Address of Magistrate / Notary

Signed in the presence of
Name : _____
Address : _____
City _____ Pin _____
Registration No : _____

(Signature of Magistrate / Notary)

Use space below to affix:

Notarial / Court Fee Stamps	Official Seal of Magistrate/Notary

- Notes:**
1. This affidavit is to be executed in the presence of a first class or stipendiary Magistrate / Public notary / Judicial.
 2. Each deponent should sign this affidavit separately.

[ref: Communiqué no. **CDSL/OPS/DP/1879** dated February 02, 2010]

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[ref: Communiqué no. **CDSL/OPS/DP/1685** dated August 18, 2009]

[ref: Communiqué no. **CDSL/OPS/DP/1685** dated August 18, 2009]

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PLEDGE REQUEST FORM (PRF)

Depository Participant Name /Address

Please fill all the details in **Block Letters** in English

PRF No.		Date	D	D	M	M	Y	Y	Y	Y
---------	--	------	---	---	---	---	---	---	---	---

I/We request you to **Pledge** the following securities held in my/ our name in our demat account with you. I/We have read and understood the Depositories Act, SEBI Regulations, Bye Laws and the Pledge Agreement in relation to pledge of securities and I/We agree to abide by and be bound by the Act, Regulations, Bye Laws and the Pledge Agreement as are in force from time to time for such pledges.

Pledgor's Details											
DP ID											Client ID
Pledgor's Name	1. 2. 3.										

Pledgee's Details											
DP ID											Client ID
Pledgee's Name	1. 2. 3.										

Details of Securities:	<input type="checkbox"/> Free Securities	<input type="checkbox"/> Locked-in Securities
------------------------	--	---

Details of Securities offered for Pledge.				
Sr. no	ISIN	Company Name	Quantity	PSN (System Generated)

Attach an annexure duly signed by the account holder(s), if the space above is insufficient.

Pledge Expiry Date	D	D	M	M	Y	Y	Y	Y
Pledge Value (Rs.)								
Agreement No.								
Date of Pledging	D	D	M	M	Y	Y	Y	Y

I / we declare that the particulars given by me/ us above are true to the best of my/ our knowledge.

Signature of the Pledgor		
First/ Sole Applicant	Second Applicant	Third Applicant

I/ we confirm that the details of the Beneficial Owners stated above are true and correct. Also, the balance of ISINs offered for pledge is unencumbered and is a free balance.

Depository Participant Seal and Signature

I/ We agree to accept the above securities for pledge and a pledge be created in my / our favor. This pledge is subject to the Act, Regulation, Bye Laws as are in force from time to time and also to the pledge agreement entered into with the pledgor(s) mentioned above.

Pledge Sequence Number	Accepted	Rejected

Tick whichever is applicable.

I/We are aware that the pledge recorded in the system only prohibits the Pledgor from dealing with securities until redemption/maturity/expiry date of the securities pledged and that the records of pledged securities may be removed from the system as a result of redemption/maturity/expiry of the securities.

Signature of Pledgee(s) *

First Holder	Second Holder	Third Holder

* If the Pledgee is a bank DP, the signature of the pledgee need not be taken on the Pledge request form.

Unpledge Request Form (URF)
 Unpledge by Pledgor Unpledge by pledgee

Depository Participant Name /Address/ DP ID

Please fill all the details in **Block Letters** in English

URF No.		Date	D	D	M	M	Y	Y	Y	Y
---------	--	------	---	---	---	---	---	---	---	---

I/We request you to set up an **Unpledge** request on my / our behalf. I / We have read and understood the Depositories Act, SEBI Regulations, Bye Laws and the Pledge Agreement in relation to unpledge of securities and I / We agree to abide by and be bound by the Act, Regulations, Bye Laws and the Pledge Agreement as are in force from time to time for such unpledge requests.

Pledgor's Details											
DP ID										Client ID	
Pledgor's Name	1.										
	2.										
	3.										

Pledgee's Details											
DP ID										Client ID	
Pledgee's Name	1.										
	2.										
	3.										

Date of Unpledging	D	D	M	M	Y	Y	Y	Y
--------------------	---	---	---	---	---	---	---	---

Sr. No	PSN	ISIN	Name of the Security	Total Quantity pledged	Quantity to be unpledged

Attach an annexure duly signed by the account holder(s), if the space above is insufficient.

The unpledge request is being set up for the reasons mentioned hereunder: -

I / We declare that the above particulars given by me/ us above are true to the best of my/ our knowledge.

Signature of the Pledgor		
First / Sole Applicant	Second Applicant	Third Applicant

Signature of the Pledgee *		
First/ Sole Applicant	Second Applicant	Third Applicant

*** Note :**

1. Signature(s) of Pledgee is **mandatory**, if Unpledge Request is set up by the Pledgor.
2. Signature(s) of Pledgor is not required, if unpledge request is setup by pledgee.

Depository Participant seal and signature

Invocation Request Form (IRF)**Depository Participant Name/Address**Please fill all the details in **Block Letters** in English. To be filled by the pledgee.

IRF No.		Date	D	D	M	M	Y	Y	Y	Y
---------	--	------	---	---	---	---	---	---	---	---

I/We request you to set up an Invocation request on my / our behalf. I / We have read and understood the Depositories Act, SEBI Regulations, Bye Laws and the Pledge Agreement in relation to invocation of securities and I / We agree to abide by and be bound by the Act, Regulations, Bye Laws and the Pledge Agreement as are in force from time to time for such invocation.

Pledgor's Details	
DP ID	Client ID
Pledgor's Name	1.
	2.
	3.

Pledgee's Details	
DP ID	Client ID
Pledgee's Name	1.
	2.
	3.

Date of Invocation	D	D	M	M	Y	Y	Y	Y
--------------------	---	---	---	---	---	---	---	---

Details of Securities to be invoked					
Sr. No	PSN	ISIN	Name of the Security	Total Qty Pledged	Qty to be invoked

Attach an annexure duly signed by the Pledgee(s), if the space above is insufficient.

The invocation request is being set up for the reasons mentioned hereunder:-

I / We declare that the above particulars given by me / us above are true to the best of my / our knowledge.

Signature of the Pledgee.		
First/ Sole Applicant	Second Applicant	Third Applicant

Depository Participant Seal and Signature

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Rematerialization Request Form [RRF]

Depository Participant Name / Address
--

(To be filled up by the Depository Participant)

RRN		Date	D	D	M	M	Y	Y	Y	Y
-----	--	------	---	---	---	---	---	---	---	---

Please fill all the details in **Block Letters** in English. (In case of Lock-in Securities, fill up separate RRF for Lock-in securities having different Lock-in expiry dates).

RRF No.		Date	D	D	M	M	Y	Y	Y	Y
---------	--	------	---	---	---	---	---	---	---	---

I/We request you to arrange to rematerialize the securities mentioned hereunder held in our demat account.

DP ID						Client ID									
Name of the Company															
ISIN		I	N												
Type of Security		<input type="checkbox"/> Equity		<input type="checkbox"/> Debentures		<input type="checkbox"/> Bonds									
		<input type="checkbox"/> Units		<input type="checkbox"/> Other (Specify)											
Number of Securities to Be Rematerialized		In figures													
		In Words													
Type of Lot Requested		<input type="checkbox"/> Market Lot.		<input type="checkbox"/> Jumbo Lot.		(Specify Denomination)									
Type of Securities		<input type="checkbox"/> Free <input type="checkbox"/> Lock-in													
Lock-in Reason															
Lock-in Expiry Date		D	D	M	M	Y	Y	Y	Y						
Documents enclosed															

Account Holder's Details

Name of the First Holder	
Father / Husband Name of First Holder	
Name of the Second Holder	
Name of the Third Holder	
Occupation of the First Holder	
Details of Existing Folio (if any)	

*** In case of remat for repurchase, Form provided by the respective company should be attached along with the RRF**

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature as per RTA Records			
Signature as per DP Records			

Participant Authorization – DP to RTA

Received the above mentioned securities for Rematerialization, from:

DP ID										Client ID								
Name of the Sole / First Holder																		
ISIN	I	N								Date	D	D	M	M	Y	Y	Y	Y

The Rematerialization Request form has been verified with the details of the Beneficial Owner's account and it is certified that the form is in order. The account has sufficient balances to allow the Rematerialization as requested. It is also certified that the details of beneficial owners have been verified and found in order.

Depository Participant Seal and Signature

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

Acknowledgement Receipt

Received Rematerialization request form as per details given below :

RRF No.										Date	D	D	M	M	Y	Y	Y	Y
DP ID										Client ID								
Name of the Sole / First Holder																		
Name of Second joint Holder																		
Name of Third joint Holder																		
ISIN	I	N								Quantity								
Name of the Company / Security																		
Type of Security																		

Depository Participant Seal and Signature

REPURCHASE / REDEMPTION REQUEST FORM

Participant Name														
Depository Participant ID														
RFN												DATE		

I/We offer the below mentioned securities for repurchase/ redemption and declare that my/our account be debited the number of securities to the extent of my/ our repurchase/ redemption request and proceeds be paid to me/us cheque/ bank draft. I/We hereby declare that the below mentioned person(s) are the beneficial owners of the security mentioned.

Account Number													
Account Holder Name													
No. of Securities to be Repurchased/Redeemed(in figures)													
in words													
(integers)													
and													
(Fractions)													
Name of the security													
Name of the issuing Company													
Face Value													
ISIN													

Specimen Signature(s)	<u>Name</u>	<u>Signature</u>
First/ Sole Holder	_____	_____
Second Holder	_____	_____
Third Holder	_____	_____

Participant Authorization

Received the above mentioned securities for repurchase/ redemption from

Account No.														
ISIN														
Date	D	D	M	M	Y	Y	Y	Y						
Name of the first Holder														

The application form is verified with the details of the beneficial owner's account and certified that the application form is in order. The account has sufficient balance to accept the repurchase/ redemption request. It is also certified that the beneficial owner's signatures are verified and found in order.

The other details of the beneficial owners as extracted from the records are enclosed.

Forwarded by – Name

Signature

Seal

=====

Acknowledgement

Participants Name Address and ID

We hereby acknowledge the receipt of repurchase/ redemption request for _____ no. of securities of _____ (security details) from _____ (Name) holding a/c no. _____

Depository Participant's Signature

Seal

Date

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Account Closure Request Form

Application No.		Date	D	D	M	M	Y	Y	Y	Y
Closure Initiated by	<input type="checkbox"/> BO	<input type="checkbox"/> DP	<input type="checkbox"/> CDSL							

(To be filled by the BO (in case of BO-initiated closure). Please fill all the details in **Block Letters** in English)

To,
Depository Participant Name
Address

Dear Sir / Madam,

I / We the Sole Holder / Joint Holders / Guardian (in case of Minor) / Clearing Member request you to close my / our account with you from the date of this application. The details of my/our account are given below:

Account Holder's Details																										
DP ID											Client ID															
Name of the First / Sole Holder																										
Name of the Second Holder																										
Name of the Third Holder																										
Address for Correspondence																										
City											State					PIN										

Details of remaining security balances in the account (if any)																				
Reasons for Closing the Account																				
Balance remaining in the account (if any) to be :																				
<input type="checkbox"/> partly rematerialised and partly transferred.											<input type="checkbox"/> Rematerialised									
<input type="checkbox"/> Transferred to another account (Number given below)											<input type="checkbox"/> Not applicable									
DP ID											Client ID									
Balance present in account for (To be filled by DP, if applicable)											<input type="checkbox"/> Ear - marked					<input type="checkbox"/> Pledged				
											<input type="checkbox"/> Pending for Dematerialisation					<input type="checkbox"/> Frozen				
											<input type="checkbox"/> Pending for Rematerialisation					<input type="checkbox"/> Lock-in				

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature *			

*If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.

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

Acknowledgement Receipt

Application No.

Date :-

We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification: -

DP ID											Client ID									
Name of the First / Sole Holder																				
Name of the Second Holder																				
Name of the Third Holder																				
Reason for Closure																				

Depository Participant Seal and Signature

Instructions to Account Holder(s)

- Submit a duly-filled RRF if the balances are to be rematerialized.
- Submit a duly-filled Delivery Instruction Slip [DIS] (off market instruction slip) if the balances are to be transferred to another Account. [This requirement is not applicable in the case of "SHIFTING OF ACCOUNT".](#)

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Date :

To,
Company Name and Address

Dear Sir / Madam,

Sub : Rejection of pending demat request and account closure

I / We have submitted the certificates of your company _____ having ISIN _____ for dematerialisation through Depository Participant _____(name) having DP ID _____. Details of my/ our demat request(s) are given below –

Demat Request Form no. (DRF no.)	Demat Request no. (DRN)	Date of setup of DRN	Certificate no(s).		Distinctive no(s).		Quantity
			From	To	From	To	

The aforesaid demat request(s) is / are pending for disposal for a long time. As I / we wish to close my / our BO account no. _____ and hold the above mentioned securities in physical form, I / We request you to reject the pending demat request and send physical certificates directly to me / us with intimation to my / our DP.

Yours faithfully,

Name and Signature of 1st holder : _____

Name and Signature of 2nd holder : _____

Name and Signature of 3rd holder : _____

Encl : Letter giving details of the demat request, duly signed and stamped by DP.

cc : **1. DP name and address**
2. Electronic connectivity RTA name and address

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To,

Date: _____

DP Name
Address

Dear Sir / Madam,

Sub: Rejection of pending demat request and account closure

I/We had submitted share certificates / securities for dematerialisation through you, details of which are as follows:-

Issuer (Company) Name : _____

ISIN : _____

Demat Request Form no. (DRF no.)	Demat Request no. (DRN)	Date of setup of DRN	Certificate no(s).		Distinctive no(s).		Quantity
			From	To	From	To	

The aforesaid demat request(s) is/are pending for disposal for a long time. As I/we wish to close my/our BO account no. _____, I/We request you to **reject** the pending demat request(s) which have been set up in the system.

I/We wish to inform you that: (*tick the relevant box*):-

- the share certificates (securities) pertaining to these demat requests are in my/our possession.
- the share certificates (securities) pertaining to these demat requests are **not** in my/our possession. However, I/we undertake to take up the matter directly with the concerned Issuer and/or its RTA.

Yours faithfully,

	First Holder	Second Holder	Third Holder
Name			
Signature			

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[on the DP's letterhead]

Date: __ / __ / ____

To:

Central Depository Services (India) Limited16th Floor, P J Towers, Dalal Street

Fort, Mumbai – 400 001

Dear Sir / Madam,

Sub: Rejection of pending demat request and account closure

In line with CDSL's DP Operating Instructions regarding account closure, we have received a request from BO(s), having BOID _____ requesting the cancellation of long-pending demat request(s) and the subsequent closure of the said demat account. The said request letter is attached herewith.

We request you to arrange to **cancel** the following demat requests [DRNs] in the CDSL system as they are pending for more than **60 days**. The details of the BO(s) i.e. account number, name(s) and signature(s), as mentioned in the attached letter, have been duly verified by us and found to be in order.

Sr. No.	Demat Request No.	Issuer Name	ISIN	Quantity
1				
2				

The BO(s) has/have confirmed that the securities / share certificates are in their possession and if not, they have undertaken to take up the matter directly with the concerned Issuer/RTA.

Thanking you,

Yours faithfully,
for [DP Name]_____
[Authorized Signatory]

Name: _____

Designation: _____

Encl: Letter from BO(s)

[on the DP's letterhead]

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PENALTY STRUCTURE FOR DPs		
Sr. No.	Nature of Non-compliance	Penal Action *
1	Operational deviations	
1	Accounts operated with an unsigned agreement/Account opened without obtaining adequate proof of identity or any other document prescribed by SEBI/Account opened without obtaining adequate proof of address or adequate proof of address not collected for change of address. Record of in-person verification not maintained	Rs. 2500/- per account. If such deviation is observed in two consecutive inspections, penalty would be Rs.5000 per account. If such deviation is observed in three consecutive inspections, matter would be referred to DAC. Depository to refer the matter to DAC if total penalty imposed in one inspection under this head exceeds Rs.50000.
2	Supplementary agreement executed or undertaking/letter obtained or any modification made in any document which has clauses contradictory to depository prescribed agreement or Power of attorney executed in favour of DP in contradiction to depository prescribed guidelines	Rs.1000 per occasion
3	Accounts opened in the name of Partnership firms / proprietary concern / such other entities not entitled to hold securities in its name.	Rs.1000 per account
4	Nomination not done as per prescribed procedure/HUF, corporate, trust accounts opened with nominee.	Rs.250 per account
5	HUF accounts opened with joint holdings.	Rs.250 per account
6	Any type of transaction not executed as per the procedure prescribed by Depository such as change in bank details, change in signature, transmission, account closure, freeze/unfreeze, pledge, remat etc.	Rs.500 per account
7	Data entry errors / omission which may cause inconvenience and/or loss to the BO/ system / Depository	Rs.50 per account
8	Correct PAN details are not obtained from the BOs and the account is not frozen for debit	Rs. 500 per account
9	Incorrect entry of PAN details in CDAS	Rs.50 per account

PENALTY STRUCTURE FOR DPs		
Sr. No.	Nature of Non-compliance	Penal Action *
10	Alterations in the contents of agreements as prescribed by CDSL	Rs.100 per occasion
11	Minor account opened with joint holders	Rs. 500 per account
12	Invalid/ factually incorrect/ meaningless data entered in demographic details	Rs. 500 per account
13	Delay in dispatch of demat requests beyond 7 working days after receipt of Demat Request Form and certificates from the BO	Rs.250 per occasion
14	Sending securities for dematerialization to Registrar & Transfer Agents / Issuers without defacing and mutilating certificates.	Rs.100 per occasion
15	No/inadequate control over issuance and/or acceptance of instruction slips.	Rs. 2500/- per occasion. If such deviation is observed in two consecutive inspections, penalty would be Rs.5000. If such deviation is observed in three consecutive inspections, matter would be referred to DAC.
16	BO account debited without receiving proper authorization.	Rs. 2500/- per account. If such deviation is observed in two consecutive inspections, penalty would be Rs.5000 per account. If such deviation is observed in three consecutive inspections, matter would be referred to DAC. Depository to refer the matter to DAC if total penalty imposed in one inspection under this head exceeds Rs.50000. The penalty levied above will be in addition to restoration of securities in case of BOs' dispute.
17	Instruction of the BO not executed or erroneously entered by DP	Rs.250 per account
18	Fax indemnity not executed with the BOs for the instructions accepted on fax and/or original instruction not collected within the prescribed time limit as mentioned in operating instructions.	Rs.500 per account

PENALTY STRUCTURE FOR DPs		
Sr. No.	Nature of Non-compliance	Penal Action *
19	Transaction statement not being sent to BOs as per requirements or discrepancy observed in the transaction statement sent to BOs.	Rs.2000 per occasion
20	Change in office address and / or investor relations officers/compliance officers not intimated to Depository.	Rs.250 per occasion
21	Forms used are not in conformity with the prescribed format	Rs.100 per occasion
22	Termination / closing of franchisee / branch services contrary to depository instructions.	Rs.500 per occasion
23	Qualified personnel [BCCD / CDSL-certified for depository operations] not appointed in at least 90% of the total service centres (other than drop boxes) of the Participants.	Rs.1,000/- per month per service centre (other than drop box). Further, Rs.5,000/- per month per service centre upon recurrence of the deviation in the same service centre wherein non-compliance was observed earlier. In case of new service centre or in case of resignation or transfer of qualified personnel from the existing service centre, time period of three months will be allowed within which qualified personnel should be appointed.
24	Registration of BOs for easi/ easiest without obtaining registration forms/Registration of Trusted accounts at easiest without obtaining letter in the given format from trusted account holders	Rs. 500/- per account
25	Internal Audit Report &/ or Concurrent Audit Report not submitted in the prescribed format within stipulated time period.	Rs.1000 per occasion plus additional Rs.500 for any delay per fortnight
26	Internal audit report/ concurrent audit report submitted without inclusion of management comments for deviations noted by auditors or not providing compliance duly certified by auditors on the observations made by the Depository	Rs.1000 per occasion plus additional Rs.500 for any delay per fortnight.

PENALTY STRUCTURE FOR DPs		
Sr. No.	Nature of Non-compliance	Penal Action *
27	Non-submission of net worth certificate based on the audited annual accounts by the DPs (as specified in the Bye-Laws) in the prescribed format for 31 st March within prescribed time limit	Rs.2500 per occasion plus additional Rs.1000 for any delay per fortnight.
28	Non-submission of annual financial statement within the prescribed time limit.	Rs.1000 per occasion plus additional Rs.500 for any delay per fortnight
29	Non filing of information sought by depository either periodically or specifically through communiqués / letters etc.	Rs.250 per occasion
30	BO Grievances (except disputes /court cases) not redressed within 30 days	Rs. 250 per grievance plus additional Rs.100 for any further delay per month. Delay beyond six months will be reported to the DAC
31	Non-submission of monthly report of BOs' Complaints as required under Bye Law 5.3.5.4 (latest by 10th of the following month).	Rs.500 per month
32	Compliance not reported by DP within 60 days from the date of communication by depository with respect to deviations observed during the inspections.	Matter to be referred to DAC
33	(a) Carrying out certain functions which are prohibited by Depository through franchisees (like in-person verification of clients at the time of opening of accounts and verification of delivery instruction slips). (b) Dispatch of periodic transaction statements by Participants through its service centre (branch as well as franchisees) other than one which is directly connected to the Depository or through its centralized processing unit under the supervision of its head office.	Matter to be referred to Disciplinary Action Committee.
34	Depository services are offered through service centres without the approval of the Depository.	Rs.2,500/- per occasion
II	System related deviations	

PENALTY STRUCTURE FOR DPs		
Sr. No.	Nature of Non-compliance	Penal Action *
35	Using the CDAS for any other purpose or loading any other software or alteration of parameters / configuration or software other than prescribed system software found loaded in the system.	Rs.5000 per occasion
36	Not upgrading the software and/or hardware within the prescribed time limit / not complying with pre-requisite or post-requisite of upgradation.	Rs.5000/- per occasion plus actual cost of travel of depository official/s and/or other person/s on behalf of the depository, if any, for this purpose.
37	Configuration of CDAS not as per CDSL requirements.	Rs.5000 per occasion
38	CDAS is connected to WAN without permission of relevant authorities.	Rs.5000 per occasion
39	Anti Virus Software not loaded/enabled/upgraded on server and/or client machine(s).	Rs.500 per occasion
40	Not taking back up daily and/or deviation in procedure of taking backup.	Rs 100 per occasion
41	'Variable access rights' scheme suggested by Depository not implemented / not implemented properly.	Rs.250 per occasion
42	Back up register not maintained or not updated	Rs.100 per occasion
43	Not connecting with Depository continuously for two working days without intimating to Depository.	Rs.5000/- per occasion plus Rs.500/- per day thereafter.
44	Erroneously uploading data files into CDSL system for processing of any type of transaction.	Rs.500 per account
45	Erroneous declaration of EOD by DP	Rs.500 per occasion

If the total monetary penalty levied on a particular DP in last three years exceed Rs.1,00,000/-, the matter would be referred to DAC.

PENALTY STRUCTURE FOR DPs		
Sr. No.	Nature of Non-compliance	Penal Action *
Note : DAC will have the power and authority to impose penalties higher than mentioned herein above depending upon the nature of irregularities observed.		

Freeze / Unfreeze Request Form**Depository Participant Name /Address**Please fill all the details in **Block Letters** in English

Ref No.		Date	D	D	M	M	Y	Y	Y	Y
---------	--	------	---	---	---	---	---	---	---	---

<input type="checkbox"/> Freeze	<input type="checkbox"/> BO Account	<input type="checkbox"/> BO ISIN (given ISIN)	Freeze ID (system generated, to entered DP If BO account is frozen)	
<input type="checkbox"/> Unfreeze				

Account Details

DP ID										Client ID							
Name of the Sole / First Holder																	
Name of Second joint Holder																	
Name of Third joint Holder																	

Details of Securities. (To be entered for BO-ISIN freeze)

Sr. no.	ISIN	Name of the security	Quantity For Partial Freeze	Freeze ID (To be entered by DP)

Attach an annexure duly signed by the account holder(s), if the space above is insufficient.

Frozen For	<input type="checkbox"/> Debit	<input type="checkbox"/> Credit	<input type="checkbox"/> Both					
Activation Type	<input type="checkbox"/> Current	<input type="checkbox"/> Future						
Freeze Activation Date *	D	D	M	M	Y	Y	Y	Y
Freeze Expiry Date	D	D	M	M	Y	Y	Y	Y
Reason For Freeze								
Freeze Remarks								

* To be entered for future dated freeze.

I / we declare that the particulars given by me/ us above are true to the best of my/ our knowledge.

Name & Signature of the Account Holder(s)

	First/ Sole Holder	Second Holder	Third Holder
NAME			
SIGNATURE			

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

Acknowledgement Receipt

Received Freeze / Unfreeze request from:

DP ID										Client ID							
Name of the Sole / First Holder																	
Name of Second joint Holder																	
Name of Third joint Holder																	

Depository Participant Seal and Signature

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**PANEL OF ARBITRATORS OF CDSL - MUMBAI
WITH ADDRESS AND CONTACT DETAILS**

**Arbitration Secretary
Central Depository Services (India) Limited
17th Floor, P.J. Towers
Dalal Street, Fort
Mumbai – 400 001
Tel. (022) 2272-8645 / 32409325
Board: (022) 2272-3333 extn. 8645**

Sr. No.	NAME	QUALIFICATIONS	CONTACT DETAILS
1.	Justice (Smt.) Katy Keki Baam (Retd.)	Ex-Justice, High Court	C/o. Mrs. Kushru Shahi Unique House, 3 rd Floor 12B, S. A. Belvi Marg, Fort, Mumbai - 400 001 Mobile : 9821332594 Phone : (022) 26425359/ 26425467 (R)
2.	Mr. Sudhir K. Talsania	Advocate	5 th Floor, Nanabhai Mansion Sir P. M. Road Fort Mumbai - 400 001 Mobile : 9820155345 Phone : (022) 22660460 (O)
3.	Shri Suresh Thakur Desai	Company Secretary	B/308, Chamunda Heritage Behind Jeevan Vikas Kendra Sai Mandir Marg Koldongri Andheri (East) Mumbai - 400 069 Phone: (022) 56333901 / 902 (O) 56280976 (R) email : sureshthakurdesai@yahoo.com
4.	Shri Surendra K. Mehta	Chartered Accountant	C/o Patni Computers Systems Limited "Akruti", 7 th Floor MIDC Cross Road No. 21 Andheri (East) Mumbai - 400 093 Mobile : 9820188100 Phone : (022) 56930500 Extn. 2213 email : surendra.mehta@patni.com

Sr. No.	NAME	QUALIFICATIONS	CONTACT DETAILS
5.	Shri Pradip Kedia	Chartered Accountant	208, Blue Moon Chambers N.M. Road, Near Welcome Restaurant 25, Nagindas Master Road, Fort Mumbai - 400 023 Mobile : 9820056704 Phone : (022) 22701102 / 22652590 email : pkedia@vsnl.net
6.	Shri A. K. Dhere	Chartered Accountant	3, Laxmi Nivas Society Subhash `B' Road, Vile Parle (E) Mumbai - 400 057 Mobile : 9821111863 Phone : (022) 26842781/26825780 (O) 26114333(R) email : akd65@hotmail.com ashokdehere@hotmail.com
7.	Shri Kamlesh Gagavani	Chartered Accountant	1/5, Malad Co-op. Housing Society 2 nd Floor, Poddar Park Malad (East) Mumbai - 400 097 Phone : (022) 28835480 (R) 288323381 (O)
8.	Shri Subhash Chhajed	Chartered Accountant	12, Parnkuti Building 2 nd Floor, Near Pinky Theatre New Nagardas Road Andheri (East) Mumbai - 400 069 Mobile : 9820107179 Phone : (022) 28356578 28349047 (O) email : smchhajed@yahoo.co.in
9.	Shri Sampat Kumar Kabra	Chartered Accountant	12 Rajhans 88 Netaji Subhash Road Marine Drive Mumbai - 400 002 Mobile : 9820031557 Phone : (022) 22812837/ 22817865 (O) 22813963 (R)
10.	Shri Ajit Roongta	Practicing Chartered Accountant	24-B, Rajabhadur Compound 3 rd Floor, Hamam Street Fort, Mumbai - 400 001 Mobile : 9820127472 Phone : (022) 22653101, 22651087 (O) email : ajitroongta@yahoo.com

**PANEL OF ARBITRATORS OF CDSL – CHENNAI
WITH ADDRESS AND CONTACT DETAILS**

**Arbitration Secretary
CDSL Southern Region
BSE Investor Services Centre
4th Floor, Exchange Building
No.11, Second Line Beach
Chennai - 600 001
Tel. (044) 22477126**

Sr. No.	NAME	QUALIFICATIONS	CONTACT DETAILS
1	Mr. T.N.C. Kaushik	Advocate	No.789 (Old No.417-A), 1st Floor Anna Salai, Nandanam Chennai - 600 035 Mobile: 9381055720 Phone: (044) 24853007 E-mail: kaushik@justice.com
2	Mr. G. Prabhakar,	Chartered Accountant	10, New No.19 Aziz Nagar, 3rd Street Kodambakkam Chennai - 600 024 Mobile: 9444059514 Phone: (044) 24723331 E-mail: gpn03@gmail.com
3	Mr. N. Sekar,	Chartered Accountant	Managing Partner M/s P.B. Jayaram Iyer & Co., No.1, Sundaram Street T. Nagar Chennai - 600 017 Phone: (044) 24341743, 24354626
4	Mr. G. Sivaprakash	Chartered Accountant	New No.5, Fifth Cross Street West Shenoy Nagar Chennai - 600 030 Phone: (044) 26212338 E-mail: gsp_ca@hotmail.com

Sr. No.	NAME	QUALIFICATIONS	CONTACT DETAILS
5	Mr. S. Mohan,	Chartered Accountant	Patel Mohan Ramesh & Co. Chartered Accountants Flat-D, Ground Floor Block II, Kences Enclave 1, Ramakrishna Street T. Nagar Chennai - 600 017 Mobile: 9380639097 Phone: (044) 28142391, 28140525 E-mail: smohanca@gmail.com
6	Mr. A. Muraleedharun	Advocate	13/6 Judge Jamunlingam Street, Mylapore Chennai - 600 004 Mobile: 9444018002 Phone: (044) 28476566 E-mail: muralee19@gmail.com
7	Mr. M. Subaschandran	Chartered Accountant	M/s. K. M. Mohandass & Co. Chartered Accountants No. 36, Sait Colony 1 st Street, Egmore Chennai - 600 008 Mobile: 9840786456 Phone: (044) 28191418, 28193418 E-mail: 1957kms@gmail.com
8	Mr. Tejraj Achha	Chartered Accountant	Achha Associates Chartered Accountants New No.3 (Old No.49), IInd Floor Elephant Gate Street (Near Elephant Gate Police Station) Chennai - 600 079 Mobile: 9841053233 Phone: (044) 25299308, 25296782 E-mail: trachha@gmail.com
9	Mr. R. Lakshmi Ratan	Chartered Accountant	48, Taylors Road Kilpauk Chennai - 600 010 Phone: (044) 26450852 E-mail: rlr@vsnl.com
10	Mr. V. Vasudevan	Advocate	8/3 (Old No. 19) Rukmani Street West Mambalam Chennai - 600 033 Phone: (044) 24853120 E-mail: vvasudevan@eth.net

Sr. No.	NAME	QUALIFICATIONS	CONTACT DETAILS
11	Ms. Bhamidipati Venkatalakshmi	Company Secretary	Flat No.3, Elegant Apartments No.11 Balakrishna Street Valmiki Nagar Thiruvanmyur Chennai - 600 041 Mobile: 9841423947 Phone: (044) 24453629 E-mail: bhave23@rediffmail.com

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**PANEL OF ARBITRATORS OF CDSL – KOLKATA
WITH ADDRESS AND CONTACT DETAILS**

**Arbitration Secretary
CDSL Eastern Region
BSE Investor Services Centre
1st Floor, Kishor Bhavan
17, R. N. Mukherjee Road
Kolkata - 700 001
Tel. (033) 32974880/ 22130530**

Sr. No.	NAME	QUALIFICATIONS	CONTACT DETAILS
1	Mr. S.M. Gupta	Company Secretary	79, Bangur Avenue Block – C Kolkata - 700 055 Mobile: 9830057568 Phone: (033) 22361385 E-mail: smgupta@indiainfo.com
2	Mr. Vikas Jain	Chartered Accountant	B. Jain & Company 26, Strand Road Kolkata - 700 001 Mobile: 9831149996 Phone: (033) 22434933 E-mail: info@merfinconsultants.com
3	Mr.Madhav Sureka	Chartered Accountant	32, Ezra Street 6 th Floor, Room No. 653 Kolkata - 700 001 Mobile: 9830049468 Phone: (033) 22352116 E-mail: surekam@vsnl.com
4	Mr. Subodh Kumar Agarwal	Chartered Accountant	301, Victory House, 3 rd Floor 1, Ganesh Chandra Avenue Kolkata - 700 013 Mobile: 9830022848 Phone: (033) 22259430 E-mail: subodhka@yahoo.com

Sr. No.	NAME	QUALIFICATIONS	CONTACT DETAILS
5	Ms. Priti Todi	Company Secretary	225D, A.J.C. Bose Road Kolkata - 700 020 Mobile: 9830915967 Phone: (033) 22809045 E-mail: priti@scdtodi.com
6	Mr. Rajesh Lihala	Chartered Accountant	P-208, Block A Lake Town Kolkata - 700 089 Mobile: 9830160201 Phone: (033) 22435095
7	Mr. Subhash Chandra Saraf	Chartered Accountant	501, Ashoka House 3A, Hare Street 5 th Floor Kolkata - 700 001 Mobile: 9831087579 Phone: (033) 22317108 / 09
8	Mr. Rajesh Kumar Kankaria	Chartered Accountant	33, Brabourne Road 3 rd Floor Kolkata - 700 001 Mobile: 9830997421 Phone: (033) 22425812 E-mail: r_kankaria@sancharnet.in
9	Ms. Anjali Agarwal	Solicitor & Advocate	7-C Kiran Shankar Roy Road 2 nd Floor, Suite no.11 Kolkata - 700 001 Mobile: 9831012111 Phone: (033) 22430225 / 0226 E-mail: nisha_law@gmail.com
10	Mr. Atul Kumar Labh	Company Secretary	40, Weston Street 3 rd Floor Kolkata - 700 013 Mobile: 9830055689 Phone: (033) 22219381 E-mail: aklabhcs@gmail.com
11	Mr. Sushil Khemka	Company Secretary	P-12, New Howrah Bridge Approach Road 6 th Floor Kolkata - 700 001 Mobile: 9831001176 Phone: (033) 22354657 E-mail: sushilkhemka@gmail.com

**PANEL OF ARBITRATORS OF CDSL – NEW DELHI
WITH ADDRESS AND CONTACT DETAILS**

**Arbitration Secretary
CDSL Northern Region
514, New Delhi House, 5th Floor
27, Barakhamba Road
New Delhi - 110 001
Tel. (011) 41511917**

Sr. No.	NAME	QUALIFICATIONS	CONTACT DETAILS
1	Mr. Pramod K. Gupta	Chartered Accountant	5/60, WEA Karol Bagh New Delhi - 110 005 Mobile: 9811010675 Phone: (011) 25724442 E-mail: pkg@pramodkgupta.com
2	Mr. Pankaj Agarwal	Chartered Accountant	B-3/55, Safdarjung Enclave New Delhi - 110 029 Mobile: 9810401127 Phone: (011) 26523317 E-mail: nac.pankaj@gmail.com
3	Mr. R. Balasubramanian	Chartered Accountant	708, Suryakiran Building 19, KG Marg New Delhi - 110 001 Mobile: 9811079732 Phone: (011) 23352721 E-mail: ragabala@vsnl.com
4	Mr. Jagvinder Bir Singh	Chartered Accountant	27/168 (3rd Floor) Vikram Vihar Lajpat Nagar – IV New Delhi - 110 024 Mobile: 9811045788 Phone: (011) 26259701
5	Mr. Anil Agrawal	Chartered Accountant	B-139, Kalkaji New Delhi - 110 019 Mobile: 9811710203 Phone: (011) 26464115 E-mail: aac.anil@gmail.com

Sr. No.	NAME	QUALIFICATIONS	CONTACT DETAILS
6	Mr. Arun Malhotra	Chartered Accountant	G-29, Nizamuddin West New Delhi - 110 013 Phone: (011) 24356486 / 24355502 E-mail: ama@amadelhi.com
7	Mr. Kamal Kishor Singh	Company Secretary	M-6, Usha Chamber Central Market Ashok Vihar New Delhi - 110 052 Mobile: 9810220769 Phone: (011) 30725338 E-mail: kamalkishor_fcs@yahoo.com
8	Dr. B. B. L. Madhukar	Advocate	A-203, Som Vihar R.K.Puram New Delhi - 110 022 Mobile: 9810149511 Phone: (011) 26167118 E-mail: bblmadhukar@yahoo.com
9	Mr. V. Ramasamy	Company Secretary	F-185/F-3, Dilshad Colony New Delhi - 110 095 Mobile: 9891537918 Phone: (011) 22354948 E-mail: ramasamy001@yahoo.com
10	Mr. Dharam Vir Gupta	Advocate	106, Rajdhani Enclave Pitampura New Delhi - 110 034 Mobile: 9868177556 Phone: (011) 47087959 E-mail: maildvg@rediffmail.com
11	Mr. Tejinder Singh Saini	Chartered Accountant	54, Flyover Market Defence Colony New Delhi - 110 024 Mobile: 9811072168 Phone: (011) 26258251 / 24638421
12	Mr. Jitesh Kumar Gupta	Company Secretary	D-17, 1 st Floor, Vijay Nagar Kingsway Camp New Delhi - 110 009 Mobile: 9810043622 Phone: (011) 23654449 E-mail: jiteshgupta@vsnl.com

Form No. 1

Arbitration Application Form

In the matter of Arbitration under the Bye Laws, Agreement and Operating Instructions of
Central Depository Services (India) Limited

BETWEEN _____ (Name of Claimant/s)

AND _____ (Name of Respondent/s)

From,

To,
The Secretary
Arbitration Committee
Central Depository Services (India) Limited

Sir,

As claims, differences and disputes (whether admitted or not), within the meaning of the Bye-laws read with the Agreement entered with the Depository Participant and Operating Instructions of the Central Depository Services (India) Limited have arisen and are now between me / us and _____ the Respondent/s above-named, I/We hereby apply for adjudication of the same by Arbitration as provided in the said Bye-laws read with the Agreement and Operating Instructions.

I/We enclose:

- i) duly completed Notice (Form No. 2) in triplicate proposing the names of three arbitrators and calling upon the Respondent(s) above mentioned to consent to appointment of any one of them;
- ii) Statement of the case together with Statement(s) of accounts in triplicate, and
- iii) A sum of Rs. _____ being the Application fee, Rs. _____, towards Administration fees, Rs. _____ towards Arbitration fee, Rs. _____ for the first hearing and deposit of Rs. _____ towards the Arbitrators fees and the cost of stamp paper for the Award.

I/We enclose copies of all the supporting documents and papers relating to the reference in my / our possession as per the list annexed and/or undertake to produce such documents which are not in my possession in due course.

I /We undertake to produce original documents when called upon to produce the same.

Note: In case of a non-production of any of the above documents, reasons for the same shall be mentioned.

Dated this _____ day of _____, 2_____.

Yours faithfully,

(Signature of Claimant(s))

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FORM NO. 2A

Consent of the Arbitrator

In the matter of
Arbitration under the Bye-laws, Agreement and Operating Instructions of
Central Depository Services (India) Limited

BETWEEN _____ (Name of Claimant/s)

AND _____ (Name of Respondent/s)

To,
The Secretary
Arbitration Committee
Central Depository Services (India) Limited

WHEREAS it is provided in the Bye Laws, Agreement and Operating Instructions of CDSL that all claims, differences and disputes (whether admitted or not) arising out of or in relation to dealings arising out of or in relation to dealings, transactions and contracts made subject to the said Bye Laws, Agreement and Operating Instructions or with reference to anything incidental thereto or in pursuance thereof or relating to their construction, fulfillment or validity shall be referred to Arbitration as provided in the said Bye Laws, Agreement and Operating Instructions.

We hereby accord our consent and declare that we are not in any way interested or concerned either in business dealings or otherwise with the Claimant/s or the Respondent/s. We also declare that we are eligible to be appointed as Arbitrator in these presents. We further declare that we possess the qualifications prescribed to act as an Arbitrator under the Bye Laws, Agreement and Operating Instructions of the Central Depository Services (India) Limited.

Dated the _____ day of _____, 2_____.

(Signature of Arbitrator)

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FORM NO. 3

Format of Covering Letter
Central Depository Services (India) Limited

Date: __ / __ / 2____

In the matter of
Arbitration under the Bye-laws, Agreement and Operating Instructions of
Central Depository Services (India) Limited

BETWEEN _____ (Name of Claimant/s)

AND _____ (Name of Respondent/s)

To,
The Respondent/s

Dear Sir(s),

We enclose a Notice (Form No. 2) dated __ / ____ / 2____ from _____,
the Claimant/s above named together with copies of his/their Statement of the case and
Statement/s of Account.

For your ready reference, we also enclose Reply to Arbitration Application (Form No. 4) and Form
of Nomination and Appointment (Form No. 5).

Yours faithfully,

(Arbitration Secretary)

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FORM NO. 4

Reply to Arbitration Application

In the matter of Arbitration under the Bye-laws, Agreement and Operating Instructions of
Central Depository Services (India) Limited

BETWEEN _____ (Name of Claimant/s)

AND _____ (Name of Respondent/s)

From,

To,

The Secretary
Arbitration Committee
Central Depository Services (India) Limited

Sir,

In connection with the application for Arbitration dated ___/___/_____ submitted by
_____, the Claimant(s) above-named, I / We return herewith:

- (i) Form of nomination of an Arbitrator (Form no. 5) duly completed;
- (ii) Statement of the case in reply in triplicate;
- (iii) Statement of the set-off or counterclaim together with statement(s) of account in triplicate; and
- (iv) A sum of Rs. _____ /- being the Arbitration fees.

I / We enclose copies of all the supporting documents and papers relating to the reference in my / our possession as per the list annexed and/or undertake to produce such documents which are not in my possession in the due course. I /We undertake to produce original documents when called upon to produce.

Dated this _____ day of _____, 2_____

Yours faithfully,

(Signature of Respondent/s)

Note: In case of non-production of any of the above documents, reasons for the same shall be mentioned.

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FORM NO. 5

Form of Nomination and Appointment

In the matter of Arbitration under the Bye laws, Agreements and Operating Instructions of
Central Depository Services (India) Limited

BETWEEN _____ (Name of Claimant/s)

AND _____ (Name of Respondent/s)

WHEREAS it is provided in the Bye Laws, Agreement and Operating Instructions of CDSL that all claims, differences and disputes (whether admitted or not) arising out of or in relation to dealings, transactions and contracts made subject to the said Bye Laws, Agreement and Operating Instructions or with reference to anything incidental thereto or in pursuance thereof or relating to their construction, fulfillment or validity, shall be referred to Arbitration as provided in the said Bye Laws, Agreement and Operating Instructions.

AND WHEREAS in pursuance of the said Bye Laws, Agreement and Operating Instructions, _____ the Claimant/s above-named has/have proposed the names of three Arbitrators and have called upon me/us to convey our consent for appointment of anyone of them as the Sole Arbitrator.

*I/ We consent to the appointment of Shri _____ as the Sole Arbitrator /

*I/We do not consent to the appointment of any of them as the Sole Arbitrator.

Dated this _____ day of _____, 2_____.

Signature of Respondent/s

* Strike whichever is not applicable.

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FORM NO. 6

Form of Appointment of Arbitrator

In the matter of
Arbitration under the Bye-Laws, Agreement and Operating Instructions of
Central Depository Services (India) Limited

BETWEEN _____ (Name of Claimant/s)
AND _____ (Name of Respondent/s)

WHEREAS by an instrument in writing dated the _____ day of _____, 2____ the Claimant/s above-named has/have duly proposed the names of three persons from the approved panel of Arbitrators to determine the claim, differences and disputes in the above matter as provided in the Bye-laws, Agreement and Operating Instructions of CDSL

AND

✓ WHEREAS _____, the Respondent/s above-named has/have failed/refused to consent to the appointment of any of the three Arbitrators proposed by the Claimant/s as provided in the said Bye-laws, Agreement and Operating Instructions.

✓ WHEREAS the Respondent/s has/have consented to the appointment of Shri _____ as an Arbitrator to determine the claim, differences and disputes in the above matter as provided in the Bye-laws, Agreement and Operating Instructions of CDSL.

NOW, THEREFORE, in pursuance of the said of CDSL, I, Shri _____, authorized representative of CDSL, with the consent of the parties hereto, appoint Shri _____ as an Arbitrator/ third Arbitrator in the above matter.

Dated this _____ day of _____, 2_____

CDSL

✓ Strike out what is not applicable. The recitals may vary according to the circumstances of the case.

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FORM NO. 7

Appointment of the Presiding Arbitrator

In the matter of
Arbitration under the Bye Laws, Agreement and Operating Instructions of
Central Depository Services (India) Limited

BETWEEN _____ (Name of Claimant/s)

AND _____ (Name of Respondent/s)

We, the undersigned, _____ and
_____ the Arbitrators duly appointed in the above matter
hereby in conformity with the submissions made under the Bye Laws, Agreement and Operating
Instructions of CDSL, under which we are acting, appoint _____
to be the Presiding Arbitrator in the said matter.

Dated this _____ day of _____, 2 _ _ _

(Signature of Arbitrators)

To
The Chairman,
Central Depository Services (India) Limited

I, the undersigned _____ accept the appointment and
agree to act as Presiding Arbitrator in the above matter.

Dated this _____ day of _____, 2 _ _ _

(Signature of Presiding Arbitrator)

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FORM NO. 8

Notice of Hearing

In the matter of Arbitration under the Bye-laws, Agreement and Operating Instructions, of
Central Depository Services (India) Limited

BETWEEN _____ (Name of Claimant/s)

AND _____ (Name of Respondent/s)

WHEREAS _____ day of _____ 2____ at _____ (time) at
_____ (place) has been fixed by the Arbitrators herein
for proceeding in the above reference.

NOW THEREFORE take notice that each party is required to remain present either in person or
through a duly authorized representative for the said proceedings with the necessary books,
documents, papers, etc., that may be required to be placed before the Arbitrators during the
course of such proceedings.

AND take further notice that in case any party absents himself, the Arbitrator/ Umpire shall at
their/ his discretion proceed with the reference ex-parte.

Dated the _____ day of _____, 2 _ _ _

(Signature/s of Arbitrator(s) /Arbitration Secretary)

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Date :

To,

(Name of Depository Participant)

Dear Sir / Madam,

Sub: q Subscription to CDSL's internet-based service "*easi*" (electronic access to securities information)
 q Demat account no: _____

I am / We are registered for CDSL's internet based services "*easi*". As "*easi*" provides a facility to view, print / download account statement and transaction details, I / we opt not to receive the transaction statement, henceforth, in physical form.

I am / We are aware that you shall send us a 'physical statement' of account atleast once a quarter.

However, if an account statement / transaction statement is required by me / us in physical form at such additional intervals as specified by me, I / we agree to make payment of the necessary fees / charges, if any, as may be specified by you from time to time.

Thanking you,

First Holder

Second Holder

Third Holder

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DP Name
 DP of Central Depository Services (India) Limited
 DP Address
 Contact details: Phone, Fax, Email, Website



TRANSACTION STATEMENT

DP ID:

Client ID:

CM ID:

To,
BO Name
 Address

STATEMENT OF ACCOUNT AS ON : DD-MM-YYYY
FOR THE PERIOD FROM : DD-MM-YYYY TO: DD-MM-YYYY

ISIN: (ISIN CODE) (ISIN NAME)

Date	Transaction Particulars	Settlement ID	Counter Settlement ID	Credit	Debit	Current Balance

ISIN: (ISIN CODE) (ISIN NAME)

Date	Transaction Particulars	Settlement ID	Counter Settlement ID	Credit	Debit	Current Balance

ISIN: (ISIN CODE) (ISIN NAME)

Date	Transaction Particulars	Settlement ID	Counter Settlement ID	Credit	Debit	Current Balance

STATEMENT OF HOLDINGS

DPID: _____ Client ID: _____

To,
BO NAME
ADDRESS

STATEMENT OF HOLDINGS AS ON : DD-MM-YYYY FOR THE PERIOD FROM: DD-MM-YYYY TO: DD-MM-YYYY				
ISIN Frozen Flags Settlement ID	SECURITY	Current Bal. Free Bal. Lent Bal.	Safekeep Bal. Locked In Bal. Avl Bal.	Pledged Bal. Earmarked Bal. Borrowed Bal.

~~ End of Statement ~~

For (DP NAME)

Authorised Signatory

Date And Time Of Report Generation : DAY MMM DD HH:MN:SS YYYY

(for receiving e-statement of account)

Date: _____

To,
[Name of the Depository Participant]
[Address]

Re: Beneficial Owner (BO) Account No. _____

I/We _____
[name(s) of the BO(s)] had entered into agreement dated _____ with you at the time of opening of the aforesaid BO account.

Pursuant to the amendment in Clause 3 of the agreement (Annexure C to the Bye Laws of CDSL), I/We confirm having opted to receive the statement of accounts pertaining to the above mentioned BO account in electronic mode in lieu of physical copy of the statement of account.

I/We confirm that the dispatch of statement of account to me/us at the following email address shall constitute full and absolute discharge of your obligation under the above agreement to provide me/us with statement of my/our BO account. But, I/we reserve my/our right to receive the physical copy of statement of accounts despite receiving the same in electronic mode, if such a demand is made in writing on you.

[Email address: _____]

I/We confirm that any change in the aforesaid email address or any other instructions with regard to dispatch/ service of my/our statement of account on me /us shall not be binding on you unless you are intimated in writing by me/us by acknowledged delivery.

Yours faithfully,

Name/s of the Beneficial owner/s
(all joint holders)

Signature/s

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Certificate from Statutory Auditors

This is to certify that the net worth of (DP Name) _____
as on (Date/Month/Year) as per the statement of computation of even date annexed to this report
is Rupees _____ only.

It is further certified that the computation of net worth based on my / our scrutiny of the audited
books of accounts, records and documents is true and correct to the best of my/our knowledge
and as per information provided to my/our satisfaction.

Place: _____

Date: _____

for (Name of Statutory Auditor's Firm)

Name of Partner
Chartered Accountant
Membership Number

Note: This certificate shall be given on the letterhead of the Statutory Auditors' Firm.

COMPUTATION OF NET WORTH

Sr. No		Particulars	Current Year (Rs.)	Previous Year (Rs.)
1.		Paid-up Capital + Free Reserves – Share Application Money (Total Reserves less Revaluation Reserves and Specified Reserves)		
		Less:		
	A	Accumulated Losses		
	B	Receivable (more than 6 months old)		
	C	Receivable from Group Companies		
	D	Intangible Assets		
	E	Preliminary and Pre-operative expenses not written off		
	F	Value of Stock Exchange Card		
	G	Loan in excess of value of Pledged Securities		
	H	Loan in excess of value of Pledged Assets		
	I	Investment in Group Companies		
	J	Net worth required for other depositories		
	K	Loans and advances to group Companies		
	L	Statutory Contingent Liabilities		
2.		Sub-Total (A+B+C+D+E+F+G+H+I+J+K+L)		
		Available Net Worth (1-2)		

Notes:

1. Details of item mentioned under Sr.No. C, F, G, H, I, K and L s hall be provided as annexure to the certificate.
2. In case of statutory contingent liabilities, only 50% of the liabilities shall be deducted.
3. Security-wise details of all investments (quoted as well as unquoted securities) shall be provided as annexure to the certificate.

Ref. No.: _____

Date : ___ / ___ / _____

Central Depository Services (India) Limited
 16th Floor, P J Towers
 Dalal Street, Fort
 Mumbai – 400 001

Kind Attn: Vice President - Operations

Dear Sir / Madam,

Sub: Name, Signature and Email IDs of Compliance Officer and Authorized Signatories

Please note that [Û Tick the relevant boxes]:

- 1. Given below are the names, signatures & email IDs of our **new** Compliance Officer and **new** Authorized Signatories.
- 2. The information submitted to you earlier about the name, signature and email IDs of Compliance Officer and Authorized Signatories hereby stands cancelled.
- 3. We, hereby, confirm that the “**login ID**” of the resigning/old Compliance Officer and other employees who have left the organization have been **deleted** from the system.
- 4. Kindly include the following email IDs of DP staff to which communiqués may be sent.

Main DP ID/Branch DP ID (as applicable)			
DP Name			
Name of Compliance Officer			
PAN Number of the DP			
PAN Number of the Compliance Officer			
Office Address of Compliance Officer			
Tel no. (Office)		Mobile no.	
Fax no. (Office)		E-mail ID (1)	(Compliance Officer)
		Email ID (2)	
		Email ID (3)	
		Email ID (4)	
		Email ID (5)	

(If additional email IDs need to be added, please continue on a separate sheet, in the same format)

The authorized signatories mentioned hereunder are authorized to sign the documents including requests for contingency terminal, uploads/ downloads, modifications of rights for main DP/ branch DP, etc. (any written communication sent by DP to CDSL) jointly / severally with the Compliance Officer:

Name(s) of Authorized Signatory(ies)	Designation	Signature(s)
	Compliance Officer	

_____ **DP seal**

_____ **Signature of Director**

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**INTERNAL AUDIT REPORT
DETAILS OF BACK OFFICE CONNECTED BRANCHES**

Annexure - 17.3

DP ID -			DP NAME -																
SR. NO.	DATE OF SET UP	DATE OF WITHDRAWAL	SERVICE CENTER CODE	DP ID	NAME OF THE CENTER PROVIDING SERVICE	ADD1	ADD2	ADD3	CITY	DISTRICT	STATE	COUNTRY	PIN/ ZIP	TEL 1	TEL 2	FAX	E-MAIL ID	NAME OF THE CONTACT PERSON	

To,
Audit Department
Central Depository Services (India) Limited
16th Floor, Phiroze Jeejeeboy Towers
Dalal Street, Fort
Mumbai - 400 001

DATE: _____

BO GRIEVANCE REPORT

DP NAME : _____

DP ID : _____

BO GRIEVANCE REPORT FOR THE MONTH OF _____						
Sr. No.	Nature of complaint	PENDING at the beginning of the month (No. of cases)	No. of cases RECEIVED during the month	No. of cases RESOLVED during the month	No. of cases PENDING at the end of the month	No. of cases PENDING for more than 30 days
1	Demat					
2	Remat					
3	Wrong transfer					
4	Non-receipt of Transaction Statement					
5	Non-execution of instruction					
6	Account Opening / modification					
7	Account closure					
8	Auction					
9	Pledge					
10	Others					
	TOTAL					

Details of complaints pending for more than 30 days

Sr. No	Nature of complaint	BO ID	Date of receipt of complaint	Steps taken for redressal	Reason for pendency
1					
2					

Compliance Officer
(Name and signature)

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DP ID:
Name of the DP:

Sr. No.	Address of the Service centre						Details of contact person						
	Address 1	Address 2	Address 3	City	PIN Code	State	Name of contact person	Designation of contact person	Tel no.	Fax No.	Mobile No.	e-mail address	PAN of contact person
1													
2													
3													
4													
5													

Undertaking:

We hereby agree and undertake that we will immediately notify CDSL in case of any change in the information provided herein above.

For <Name of the DP>

Authorised Signatory

Designation

Date:

Place:

** Services offered: e.g. Acceptance of Account opening forms, KYC verification, Maker entry of account opening, Checker entry of account opening, Issue of DIS, Acceptance of instructions, Maker entry of instructions, Checker entry of instructions, Verifier entry of instructions etc.*

(Please note that comments in italics are for the purpose of guidance of the DP. The same should not be printed while submitting the information)

DP ID:

Name of the DP:

Sr. No.	Training details		Services offered by the Service Centre*	Additional Information, if the Service Centre is managed by a Franchisee				
	Name of the trained person	Training (CDSL/ BCCD)		Name of the Franchisee	Registration numbers of the Franchisee (i.e. registered with SEBI/ RBI or any other regulatory authority)	Regulatory authority	Name of the Directors of the Franchisee	PAN of the Directors
1								
2								
3								
4								
5								

Undertaking:

We hereby agree and undertake that we will immediately notify CDSL in case of any change in the information provided herein above.

For <Name of the DP>

Authorised Signatory

Designation

Date:

Place:

* Services offered: e.g. Acceptance of Account opening forms, KYC verification, Maker entry of account opening, Checker entry of account opening, Issue of DIS, Acceptance of instructions, Maker entry of instructions, Checker entry of instructions, Verifier entry of instructions etc.

(Please note that comments in italics are for the purpose of guidance of the DP. The same should not be printed while submitting the information)

Ref. No. _____

Date: _____

Central Depository Services (India) Limited

Admission Cell
16th Floor, P J Towers
Dalal Street, Fort
Mumbai – 400 001

Dear Sir / Madam,

We seek CDSL's approval for opening a new DP Service Centre. We enclose, herewith, requisite information of the Service Centre [refer to Annexure-17.5].

We hereby undertake that:

- a. The service centre has and will maintain adequate infrastructure commensurate with the type of depository services being offered at the service centre.
- b. The service centre has and will have at least one person who is depository trained and certified or BCCD certified.
- c. The Participant has and will maintain on record identification documents (including photo identification) of all the persons engaged in DP operations at the service centre.
- d. The service centre will have the name of the Main DP prominently displayed in the premises of the service centre.
- e. *If such a service centre is managed by a franchisee, following additional confirmation to be submitted by the DP :*
 - The service centre located at _____ will be managed by the franchisee _____ *(please mention name of the franchisee entity)* The franchisee is duly registered (with a valid registration certificate) with a regulatory authority namely *(the name of the regulatory authority like recognized stock / commodity exchange, SEBI, RBI or IRDA etc. to be mentioned).*
 - The DP will ensure that validity of the registration continues, otherwise the DP will terminate the franchisee arrangement for DP operations with such entity. *(It may be noted that if a franchisee has submitted renewal application within the prescribed time limit and the regulatory authority has not given any decision on the same till expiry of registration, the arrangement can continue till such decision is obtained from such authority.)*
 - The DP has entered into an agreement with the franchisee covering services that can be offered by the franchisee.

We request you to accord your prior approval for the same.

For <***Name of the DP***>

**Authorised signatory
Designation**

Date :

Place:

Encl: as above

(Please note that comments in italics are for the purpose of guidance of the DP. The same should not be printed while submitting the undertaking).

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CENTRAL DEPOSITORY SERVICES (INDIA) LIMITED

MANAGING YOUR DEMAT ACCOUNT WITH CDSL

SIMPLE DOs and DON'Ts

1. Verify your transaction statement carefully for all debits and credits in your account. In case of any unauthorized debit or credit, inform your DP or CDSL.
2. Intimate any change of address or change in bank account details to your DP immediately.
3. While accepting the Delivery Instruction Slip (DIS) book from your DP, ensure that your BO ID is pre-stamped on all the pages along with the serial numbers.
4. Keep your DIS book safely and do not sign or issue blank or incomplete DIS slips.
5. Strike out the empty space, if any, in the DIS, before submitting to DP.
6. For market transactions, submit the DIS ahead of the deadline time. DIS can be issued with a future execution date.
7. The demat account has a nomination facility and it is advisable to appoint a nominee to facilitate your heirs in obtaining the securities in your demat account, on completion of the necessary procedures.
8. To open and operate your demat account, copy of PAN card of all account holders is to be submitted to the DP along with original PAN card, for verification.
9. Register for CDSL's SMART (**S**MS **A**lerts **R**elated to **T**ransactions) facility. If any unauthorized debit is noticed, the BO should immediately inform CDSL and the Main DP, in writing. An email may be sent to CDSL at complaints@cdslindia.com.
10. Register for CDSL's Internet based facility "*eas*" to monitor your demat account yourself. Contact your DP or visit CDSL's website: www.cdslindia.com for details.
11. In order to receive all the credits coming to your demat account automatically, you can give a one-time, standing instruction to your DP.
12. Before granting Power of Attorney to anyone, to operate your demat account, carefully examine the scope and implications of powers being granted.

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