

<b>G) Standing Instructions</b>			
1	I/We authorise you to receive credits automatically into my/our account.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Account to be operated through Power of Attorney (POA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	<b>SMS Alert facility:</b> [Mandatory if you are giving Power of Attorney (POA). Ensure that the mobile number is provided in the KYC Application Form]		
	<b>Sr. No.</b>	<b>Holder</b>	<b>Yes</b> <b>No</b>
	1	Sole/First Holder	<input type="checkbox"/> <input type="checkbox"/>
	2	Second Holder	<input type="checkbox"/> <input type="checkbox"/>
	3	Third Holder	<input type="checkbox"/> <input type="checkbox"/>
4	Mode of receiving Statement of Account [ <i>Tick any one</i> ]	<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form [Read Note 4 and ensure that email ID is provided in KYC Application Form].	

<b>H) Guardian Details</b> ( <i>where sole holder is a minor</i> ): [For account of a minor, two KYC Application Forms must be filed i.e. one for the guardian and another for the minor (to be signed by guardian)]									
Guardian Name									
PAN									
Relationship of guardian with minor									

<b>I) Nomination Option</b> <input type="checkbox"/> Trading account <input type="checkbox"/> DP account									
<input type="checkbox"/> I/We wish to make a nomination. <i>[As per details given below]</i>					<input type="checkbox"/> I/We do not wish to make a nomination. <i>[Strike off the nomination details below]</i>				
<b>Nomination Details</b>									
I/We wish to make a nomination and do hereby nominate the following person in whom all rights and / or amount payable in respect of securities held in the Depository/Trading Account by me / us in the said beneficiary owner account shall vest in the event of my / our death.									
1	Name of the Nominee (Mr./Ms.)								
2	Relationship with the Applicant (if any)								
3	Address of Nominee								
	City/Town/village			PIN Code					
	State			Country					
4	Contact Details of nominee			Tel. (Off.)		Tel. (Res.)			
				Fax No.		Mobile No.			
				Email ID					

5. Nominee Identification details (please tick any one from (a) to (f) and provide details of the same)							
(a)	<input type="checkbox"/>	(i)	Photograph			(ii)	Signature
			<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">                     Photograph of nominee                       (Signature of nominee across photograph)                 </div>				<i>Signature of nominee</i>
(b)	<input type="checkbox"/>	PAN of nominee					
(c)	<input type="checkbox"/>	Aadhaar number of nominee					
(d)	<input type="checkbox"/>	Savings bank account number of nominee, if maintained with the same Participant				Bank Account Number	
(e)	<input type="checkbox"/>	Copy of any proof of identity document (accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure JB)					
(f)	<input type="checkbox"/>	Demat account details of nominee				DP ID	
						Client ID	

**Sr. Nos. 6-11 should be filled only if nominee is a minor :**

6	Date of Birth (in case of minor nominee)	D	D	M	M	Y	Y	Y	Y
7	Name of Guardian (Mr./Ms.) (in case of minor nominee)								
8	Address of Guardian	_____							
		_____							
		City/Town/village		PIN Code					
		State		Country					
9	Contact Details of Guardian	Tel. (Off.)		Tel. (Res.)					
		Fax No.		Mobile No.					
		Email ID							
10	Relationship of Guardian with nominee								

As the Nominee is a minor as on date . I/We Appoint following person to act as Guardian


11. Guardian Identification details (please tick any one from (a) to (f) and provide details of the same)							
(a)	<input type="checkbox"/>	(i)	Photograph			(ii)	Signature
			<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">                     Photograph of guardian                       (Signature of guardian across photograph)                 </div>				x <i>Signature of guardian</i>

(b)	<input type="checkbox"/>	PAN of guardian																		
(c)	<input type="checkbox"/>	Aadhaar number of guardian																		
(d)	<input type="checkbox"/>	Savings bank account number of guardian, if maintained with the same Participant	Bank Account Number																	
(e)	<input type="checkbox"/>	Copy of any proof of identity document (accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure JB)																		
(f)	<input type="checkbox"/>	Demat account details of guardian	DP ID																	
			Client ID																	

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 shall supersede any prior nomination made by me/us and also any testamentary document executed by me/us. Registration No.....Registered on.....

### Declaration

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

Name(s) of holder(s)		Signature(s) of holder
Sole/ First Holder/ Guardian (in case sole holder is minor) (Mr./Ms.)		
Second Holder		X
Third Holder		X

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

Details of Witness		
	First Witness	Second Witness
Name of Witness		
Address of Witness		
Signatures of Witness		