



Asset Alliance Securities Pvt. Ltd.

DEPOSITORY PARTICIPANT OF CENTRAL DEPOSITORY SERVICES (I) LTD.

Regd. Office : 6th Floor, Viraj Building, Plot No. 124, Opp. Bank of Maharashtra, S. V. Road, Khar (West), Mumbai - 400 052. Tel: 6693 6001 • Fax: 2649 7997 • E-mail: dphelp@aspl.in

ACCOUNT OPENING FORM FOR INDIVIDUAL

Account No. : 12039500 - 00

Name (1) : _____

Name (2) : _____

Name (3) : _____

DP Internal Ref. No. : _____

Asset Alliance Securities Pvt. Ltd.

CDSL DP ID: 39500

IN PERSON VERIFICATION DONE

NAME : _____

SIGN : _____

INSTRUCTIONS FOR THE APPLICANTS FOR ACCOUNT OPENING

- All correspondence / queries shall be addressed to the first / sole applicant.
- 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 under his/her official seal.
- Signatures should be preferably in **black** ink.
- Details of the Names, Address, and Tel No. etc. of the Magistrate / Notary Public / Special Executive Magistrate are to be provided in case of any attestation done by them.
- In case of applications under a Power of Attorney, the relevant Power of Attorney or the certified and duly notarized copy thereof must be lodged along with the application.
- All holders of the account will be required to sign all the depository instructions / correspondence.
- Any change in the details given here in required a letter along with supporting documents duly signed.
- Strike off whichever is not applicable.
- **Kindly update the DP about any changes in address and bank details to ensure proper receipt of Corporate Benefits, correspondence etc.**
- **Nomination is compulsory for Single Holder.**
- All Correspondence / queries shall be addressed to the first / sole applicant.
- Where the holder is a minor, person lawfully entitled to act on behalf of the minor should sign the nomination.
- **Please sign at the places marked with 'X'.**

CHECK-LIST

PAN Card (Compulsory for all the Account holders w.e.f. 1/4/06)	BR	HO	AU	(C) Correspondence Address (anyone of the following)	BR	HO	AU
(A) Identity Proof (any one of the following)				(If Permanent Address differs from Correspondence address then provide)			
I. MAPIN Card							
II. Passport					I. Electricity Bill & Residence Telephone Bill		
III. Driving License					(not more than two months old)		
IV. Voters Card					II. Consumer Gas Card		
(Copy of Front & Back side compulsory)					III. Leave & License Agreement notarised		
V. Identity card/document with applicant's Photo, issued by:					IV. Purchase Agreement notarised		
a. Central/State Government and its Departments					V. Office Address - Certificate from the employer		
b. Public Sector Undertakings					(D) Bank details proof		
c. Public Financial Institutions					I. Copy of cheque & any bank documentary		
d. Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their members					proof having Name & A/c No. on it.		
e. Statutory / Regulatory Authorities					(E) Minor Details (All Mandatory)		
f. Scheduled Commercial Banks					I. Birth certificate		
g. Colleges affiliated to Universities					II. Proof of address and identity documents of the Guardian as per list A and B above.		
h. Credit cards / Debit cards issued by Banks					III. One passport size photograph of minor, guardian and each of the applicant with their signatures across the photograph.(Guardian will sign across the photograph of Minor)		
(B) Address Proof (any one of the following)				(F) HUF (All Mandatory) (Stamp must be as per HUF, PAN Card)			
(Compulsory for all the A/c holders) (For Permanent & Correspondence Address)				I. All the documents as mentioned above for account opening of individual investors will be applicable.			
I. Ration card				II. Declaration giving details of the family members of the HUF with their names, date of birth and relationship with the Karta. If any POA given then, all co-persners signature require on POA page.			
II. Bank Passbook				III. HUF PAN Card			
III. Voters Card				Note: [HUF accounts cannot be opened with joint holder(s) and nominee cannot be appointed.] [In the account opening form, the Karta should sign under the HUF stamp.] [in the event of death of karta, is death certificate and succession certificate must be taken]			
IV. Passport				(G) NRI (All Mandatory)			
V. Driving License				I. PAN Card			
(Copy of Front & Back side compulsory)				II. Proof of foreign address and Indian address (if any)			
VI. Residence Telephone Bill (not more than two months old)				In case of an NRI A/c. without repatriation, proof of Indian add. has to be given.)			
VII. Electricity Bills (not more than two months old)				III. Proof of identity			
VIII. Leave & License agreement only for correspondence Address / Agreement for sale notarised				IV. Bank a/c details (Indian)			
IX. Identity card / document with applicant's Photo, issued by:				V. Power of Attorney, If any			
a. Central/State Government and its Departments				VI. Copy of Passport (Full set)			
b. Public Sector Undertakings				VII. A declaration duly signed by the NRI that he/she has complied with, and will continue to comply with, FEMA regulating and other applicable laws.			
c. Public Financial Institutions							
d. Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their members; Self-declaration by High court & Supreme Court judges, giving the new address in respect of their own accounts.							
e. Scheduled Commercial Banks							



Asset Alliance Securities Pvt. Ltd.

DEPOSITORY PARTICIPANT OF CENTRAL DEPOSITORY SERVICES (I) LTD.

SEBI REGN. NO. IN-DP-CDSL-302-2005

Regd. Office : 6th Floor, Viraj Building, Plot No. 124, Opp. Bank of Maharashtra, S. V. Road, Khar (West), Mumbai - 400 052. Tel: 6693 6001 • Fax: 2649 7997 • E-mail: dphelp@aaapl.in

ACCOUNT OPENING FORM FOR INDIVIDUAL

Type of Account		(Please tick whichever is applicable)													
Status		Sub - Status													
<input type="checkbox"/> Individual		<input type="checkbox"/> Individual Resident		<input type="checkbox"/> Individual-Director			<input type="checkbox"/> Individual - Director's Relative								
		<input type="checkbox"/> Individual HUF / AOP		<input type="checkbox"/> Individual Promoter			<input type="checkbox"/> Individual Margin Trading A/C (MANTRA)								
		<input type="checkbox"/> Others (specify)													
<input type="checkbox"/> NRI		<input type="checkbox"/> NRI Repatriable		<input type="checkbox"/> NRI Non-Repatriable			<input type="checkbox"/> NRI Repatriable Promoter								
		<input type="checkbox"/> NRI Non- Repatriable Promoter		<input type="checkbox"/> NRI - Depository Receipts			<input type="checkbox"/> Others (specify)								
<input type="checkbox"/> Foreign National		<input type="checkbox"/> Foreign - National		<input type="checkbox"/> Foreign National - Depository Receipts			<input type="checkbox"/> Others (specify)								
Application No.										Date					
DP Internal Reference No.															
DP ID	1	2	0	3	9	5	0	0	Client ID	0	0				
(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										Permanent Address (if different from Correspondence Address)					
City				State				City				State			
Country				PIN				Country				PIN			
Tel. No.				Fax No.				Tel. No.				Fax No.			
Mobile No.															
PAN No. (Compulsory)*															
E-mail ID															
Date of Birth															
Nationality		<input type="checkbox"/> India		<input type="checkbox"/> Others (specify)											
Sex		<input type="checkbox"/> Male		<input type="checkbox"/> Female											
Occupation		Service		{ <input type="checkbox"/> Central Govt. <input type="checkbox"/> Statutory Body}		<input type="checkbox"/> State Govt.		<input type="checkbox"/> Public/Private Sector		<input type="checkbox"/> NGO					
		<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 2,00,000 <input type="checkbox"/> Rs. 2,00,001 to 5,00,000 <input type="checkbox"/> More than Rs. 5,00,000													
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 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"/> Cash Credit <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.
- In case of options (ii), (iii), (iv) above, MICR code of the branch should be present/mentioned on the document and it should be self-certified by the BO.

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 No. (Compulsory)*											
E-mail ID											
Date of Birth											
Nationality	<input type="checkbox"/> India <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 (Specity) _____										

Nature of business: (Products/services provided)

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 No. (Compulsory)*											
E-mail ID											
Date of Birth											
Nationality	<input type="checkbox"/> India <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 (Specity) _____										

Nature of business: (Products/services provided)

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 -A	<input type="checkbox"/> No
easi	<input type="checkbox"/> Yes. If yes, please contract 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 of Guardian

(If First Holder or Second Holder or Third Holder is a minor)

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

For NRIs

Foreign Address											
City						State					
Country						PIN					

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 / 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	(X) ₁	(X)	(X)
Latest Passport size colour photograph →	(Please sign across the photograph) (Excluding face)	(Please sign across the photograph) (Excluding face)	(Please sign across the photograph) (Excluding face)

(Signatures should be preferably in black ink)

(In case of minor holder, photograph of guardian has to be affixed along with minor's photograph)

(Please confirm & check that all the A/c holder has to do the signature in same order in all the places wherever required)

----- (Please Tear here) -----

(Please preserve this Acknowledgment Receipt)

Acknowledgment Receipt

Application No.:

Date :

DP ID	1	2	0	3	9	5	0	0	Client ID	0	0				
-------	---	---	---	---	---	---	---	---	-----------	---	---	--	--	--	--

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

(To be filled up by Asset Alliance Securities Pvt. Ltd.)

	First/Sole Holder	Second Holder	Third Holder
Name			
Specimen Signature	(X) ₂	(X)	(X)

For Asset Alliance Securities Pvt. Ltd.

(Authorised Signatory)



Asset Alliance Securities Pvt. Ltd.



CDSL
Your Depository

DEPOSITORY PARTICIPANT OF CENTRAL DEPOSITORY SERVICES (I) LTD.
Regd. Office : 6th Floor, Viraj Building, Plot No. 124, Opp. Bank of Maharashtra, S. V. Road,
Khar (West), Mumbai - 400 052. Tel: 6693 6001 • Fax: 2649 7997 • E-mail: dphelp@aaapl.in

NOMINATION FORM

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

Date :

DP ID	1	2	0	3	9	5	0	0	Client ID	0	0						
Name of the Sole / First Holder																	
Name of Second Holder																	
Name of Third Holder																	

Nominee Details

Name	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)																		

(Please sign across the photograph)
(Excluding face)

Paste Latest Colour Photograph of Nominee

As the nominee is a minor as on date, I/We appoint Following person to act as guardian: (only father/mother or appointed by court)

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

(Please sign across the photograph)
(Excluding face)

Paste Latest Colour Photograph of Guardian

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.

Nominee/ Guardian's Signature

Place: _____

Date: _____

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature	(X) ₃	(X)	(X)

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		

For Asset Alliance Securities Pvt. Ltd.

(To be filled by DP)

Nomination Form accepted and registered vide Registration No. _____ dated _____ (Authorised Signatory)

----- (Please Tear here) -----

(Please preserve this Acknowledgment Receipt)

Acknowledgement Receipt

Received nomination form from :

DP ID	1	2	0	3	9	5	0	0	Client ID	0	0							
Name																		
Address																		
Nomination in favour of																		
No Nomination		<input type="checkbox"/> Does not wish to nominate																
Registration No.					Registered on													

For Asset Alliance Securities Pvt. Ltd.

(Authorised Signatory)

AGREEMENT BETWEEN A PARTICIPANT AND A PERSON SEEKING TO OPEN A BENEFICIAL OWNER’S ACCOUNT

This Agreement made and entered into at Mumbai this _____ day of _____ between **ASSET ALLIANCE SECURITIES PVT. LTD.** a body corporate registered under the Companies Act, 1956 having its Registered Office at 6th Floor, Viraj Building, Plot No. 124, Opp. Bank of Maharashtra, S. V. Road, Khar (West), Mumbai - 400 052. here in after called "**the Participant**" of the one Part; AND,

_____, _____ & _____ (description of the legal entity) having his/her/its office/registered office/ address at: _____ hereinafter called "**the Beneficial Owner**" of the other Part.

WHEREAS the Beneficial Owner is desirous of opening a beneficial owner’s account with the Participant and the Participant has agreed to open an account in the name of the Beneficial Owner and render services to the Beneficial Owner as a participant, on the terms and conditions recorded hereinbelow:

NOW THIS AGREEMENT WITNESSETH AND IT IS HEREBY AGREED BY AND BETWEEN THE PARTIES HERETO AS FOLLOWS :

General Clause

1. The parties hereto agree to abide by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Bye Laws and Operating Instructions issued by CDSL from time to time in the same manner and to the same extent as if the same were set out herein and formed part of this Agreement.

Fees, Charges and deposits

2. The Participant shall be entitled to change or revise the fees, charges or deposits from time to time provided however that no increase therein shall be effected by the Participant unless the Participant shall have given at least one month’s notice in writing to the Beneficial Owner in that behalf. In case the Beneficial Owner committing a default in the payment of any such amount payable to the Participant on their respective due dates or within fifteen days of the same being demanded (where no such due date is specified), the Participant shall be entitled to charge interest on the amount remaining outstanding or unpaid not exceeding 18% per annum or part thereof. On such continued default, the Participant after giving two days notice to the Beneficial Owner shall have a right to stop processing of instructions of Beneficial Owners till such time he makes the payment along with interest if any.

Statement of Account

- 3.1 The Participant shall furnish to the Beneficial Owner a statement of his/its account at the end of every month if there has been even a single entry or transaction during that month, and in any event once at the end of each quarter. The statement of accounts to be provided to the Beneficial Owner under this Agreement shall be in the form specified in Operating Instructions or as communicated by CDSL from time to time. The Participant shall furnish such statements at such shorter periods as may be required by the Beneficial Owner on payment of such charges by the Beneficial Owner as may be specified by the Participant.
- 3.2 It is agreed that if a Participant is providing the services of issuing the statement of accounts in an electronic mode and if the Beneficial Owner is desirous of availing such services from the Participant, then the Participant will furnish to the Beneficial Owner the statement of accounts under its digital signature, as governed under the Information Technology Act, 2000. Provided however that in the event of the Beneficial Owner requiring a physical copy of the statement of accounts, despite receiving the same in the electronic mode, then irrespective of having forwarded the same via electronic mode, the Participant shall be obliged to provide a physical copy thereof to the BO.
- 3.3 It is agreed and understood between the parties that if the Participant does not have the facility of providing the statement of account in the electronic mode, then the Participant shall be obliged to forward the statement of account only in physical form.

Beneficial Owner shall intimate change of particulars

4. The Participant shall not be liable or responsible for any loss that may be caused to the Beneficial Owner by reason of his/its failure to intimate change in the particulars furnished to the Participant from time to time, unless notified by the Beneficial Owner.

Depository not liable for claims against Beneficial Owner

5. CDSL shall not be liable to the Beneficial Owner in any manner towards losses, liabilities and/or expenses arising from the claims of third parties or for any fees, charges, taxes, duties, levies or penalties levied, imposed or demanded by any Central, State, statutory or revenue authority in respect of securities credited to the Beneficial Owner’s account.

Authorised Representative

6. Where the Beneficial Owner is a body corporate or a legal entity, it shall, simultaneously with the execution of the Agreement furnish to the Participant, a list of officials authorized by it, who shall represent and interact on its behalf with the Participant. Any change in such list including additions, deletions or alterations thereto shall be forthwith communicated to the Participant.

For **Asset Alliance Securities Pvt. Ltd.**

(X)4 _____
First/Sole Holder

(X) _____
Second Joint Holder

(X) _____
Third Joint Holder

Director/Authorised Signatory

For **Asset Alliance Securities Pvt. Ltd.**

Director/Authorised Signatory

(X) _____
Third Joint Holder

(X) _____
Second Joint Holder

(X)5 _____
First/Sole Holder

Closure of Account

7. The Beneficial Owner, may, at any time terminate this Agreement by calling upon the Participant to close his/its account with the Participant in the manner and on the terms and conditions set out in the Bye Laws and the procedure laid down in the Operating Instructions. In the event of termination of this Agreement the Beneficial Owner shall either get the securities transferred to some other account or get the same rematerialised.

Stamp Duty

8. Any stamp duty (including interest or penalty levied thereon) payable on the Agreement and/or on any deed, document or writing executed in pursuance hereof between the parties hereto shall be borne and paid by the Beneficial Owner.

Force Majeure

9. Notwithstanding anything contained herein or in the Bye Laws, neither party hereto shall be liable to indemnify or compensate the other for any breach, non-performance or delay in performance of any obligations under the Agreement or for any harm, loss, damage or injury caused to the other due to causes reasonably beyond its control including but not limited to tide, storm, cyclone, flood, lightning, earthquake, fire, blast, explosion or any other act of God, war, rebellion, revolution, insurrection, embargo or sanction, blockade, riot, civil commotion, labour action or unrest including strike, lock-out or boycott, interruption or failure of any utility service, enemy action, criminal conspiracy, act of terrorism or vandalism, sabotage, or intrusion, or any other irresistible force or compulsion.

Service of Notice

10. Any notice or communication required to be given under the Agreement shall not be binding unless the same is in writing and shall have been served by delivering the same at the address set out herein above against a written acknowledgement of receipt thereof or by sending the same by pre-paid registered post at the aforesaid address or transmitting the same by facsimile transmission, electronic mail or electronic data transfer at number or address that shall have been previously specified by the party to be notified. Notice given by personal delivery shall be deemed to be given at the time of delivery. Notice given by post in accordance with this clause shall be deemed to be given at the commencement of business of the recipient of the notice on the third working day next following its posting. Notice sent by facsimile transmission, electronic mail or electronic data transfer shall be deemed to be given at the time of its actual transmission.

Arbitration

11. The parties hereto shall, in respect of all disputes and differences that may arise between them, abide by the provisions relating to arbitration and conciliation specified under the Bye Laws.

Jurisdiction

12. The parties hereto agree to submit to the exclusive jurisdiction of the courts in Mumbai.

Governing Law

13. The Agreement shall be governed by and construed in accordance with the laws in force in India.

IN WITNESS WHEREOF the parties hereto have hereunto set and subscribed their respective hands/seals to this Agreement in duplicate on the day, month, year and place first herein above mentioned.

SIGNED AND DELIVERED by the within named the Participant

For **ASSET ALLIANCE SECURITIES PVT. LTD.**

ASSET ALLIANCE SECURITIES PVT. LTD.

Director/Authorised Signatory

by the hand of its authorised _____)

representative Shri _____)

In the presence of witness for **DP**

Name : _____)X

Signature : _____)X

SIGNED AND DELIVERED } Name : _____) (X)6 _____

by the within named the } Name : _____) (X) _____

Beneficial Owner } Name : _____) (X) _____

in the presence of witness for **BO** _____)

Name : _____)

Signature : _____)

HUF DECLARATION

Date : _____

To,
Asset Alliance Securities Pvt. Ltd.
6th Floor, Viraj Building, Plot No. 124,
Opp. Bank of Maharashtra, S. V. Road,
Khar (West), Mumbai - 400 052.

Dear Sir,

I hereby request you to open our Demat account with you, for our HUF.

Being Karta of my family, I hereby declare that following is the list of family members in our HUF, as on date of Application, i.e.

SR NO.	NAME OF FAMILY MEMBERS	RELATIONS	DATE OF BIRTH

I hereby also declare that the particulars given by me as stated above are true to the best of my knowledge as on date for making this Application to open Account.

I agree that any false/misleading information given by me or suppression of any material information will render my said account liable for termination and further action. Further, I agree that I will immediately intimate any death/s or birth/s in the family as it changes the constitution of the HUF.

Thanking you,
Yours truly,

Karta
(Affix stamp of HUF)

Asset Alliance Securities Pvt. Ltd.

DEPOSITORY PARTICIPANT OF CENTRAL DEPOSITORY SERVICES (I) LTD

Regd. Office : 6th Floor, Viraj Building, Plot No. 124, Opp. Bank of Maharashtra, S. V. Road, Khar (West),
Mumbai - 400 052. Tel: 6693 6001 • Fax: 2649 7997 • E-mail: dphelp@aspl.in

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

Definitions:

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

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

Availability:

1. The service will be provided to the BO at his / her request and at the discretion of the depository. The service will be available to those account holders 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.

To,
Asset Alliance Securities Pvt. Ltd.
6th Floor, Viraj Building, Plot No. 124,
Opp. Bank of Maharashtra,
S. V. Road, Khar (West),
Mumbai - 400 052.

Dear Sir/Madam,

Re: Opening of Demat Account (NRI/FN)

With reference to my/pur application for opening of a Demat account with you. I/we hereby confirm that I am a/we are Non-Resident Indian/s/Foreign National/s. I /We also confirm that I/We have complied with FEMA (erstwhile FERA) regulations and I/we would continue to comply with FEMA (FERA) regulations.

Thanking you,
Yours faithfully,

Sole / First Holder

* Second holder

* Third Holder

Place :

Date :

(* To be signed only if second and / or thrid holder/s is/are NRI/s or FN/s. Not to be signed if second and/or third holder/s is/are resident Indian/s)

Date: _____

From,

First Holder Name : _____

Address : _____

Second Holder Name : _____

Third Holder Name: _____

To,
Asset Alliance Securities Pvt. Ltd.
6th Floor, Viraj Building, Plot No. 124,
Opp. Bank of Maharashtra, S. V. Road,
Khar (West), Mumbai - 400 052.

Sub : My/our Demat Account 12039500 _____ with your Depository

Dear Sirs,

As your are aware, I/We have the aforesaid Demat Account with you. As you are also aware, I/We have been trading and dealing in shares and securities through the Trading Member Latin Manharlal Securities Pvt. Ltd. (SEBI REGN NO. INB 011072056.)

My Client Code with Latin Manharlal Securities Pvt. Ltd. is _____

I/We hereby request and authorise you to transfer all my monetary debits/credits at the foot of my aforesaid Account to Latin Manharlal Securities Pvt. Ltd. in my client code _____

I/We have also requested Latin Manharlal Securities Pvt. Ltd. to give me corresponding debits / credits in my client code and honor the commitments accordingly for and on my behalf to your Company.

I/We hereby discharge you of all your obligations in the aforesaid Demat Account till date.

Thanking you,
Yours faithfully,

Sole / First Holder

Second Holder

Third Holder

⊗₁₀

Date: _____

From,

Client Name : _____

Address : _____

To,
Latin Manharlal Securities Pvt. Ltd.
5th Floor, Viraj Building, Plot No. 124,
Opp. Bank of Maharashtra, S. V. Road,
Khar (West), Mumbai - 400 052.

Sub : My Account in Client Code No. _____ with you

Dear Sirs,

I have been trading and dealing in shares and securities through your Company under the Client Code No. _____

I have DP Account No. 12039500 _____ with Asset Alliance Securities Pvt. Ltd.

I have requested Asset Alliance Securities Pvt. Ltd. to transfer all my monetary debits/Credits of my Demat Account with them to you in my aforesaid Client Code and request you to honor all my commitments of debits to Asset Alliance Securities Pvt. Ltd. (DP).

I hereby agree and undertake to pay my entire debits at the foot of my Client Code with you to you including any payments made to Asset Alliance Securities Pvt. Ltd.

Thanking you,

Yours Faithfully,

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Asset Alliance Securities Pvt. Ltd.

6th Floor, Viraj Building, Plot No. 124, Opp. Bank of Maharashtra, S. V. Road, Khar (West),
Mumbai - 400 052. Tel: 6693 6001 • Fax: 2649 7997 • E-mail: dphelp@aspl.in

DP SECTION

SCHEDULE OF DEMAT SERVICE CHARGES:

DPID	12039500	Normal	Lifetime AMC Free	Lifetime AMC Free
Tariffs	Statutory Charges at the time of Account Opening	Rs. 200/-	200/-	Nil
	Advance / Deposit	Nil		
	Account Maintenance	Rs. 250/-	816	979
	Demat	Rs. 5/-	5/-	5/-
	Remat	Rs. 15/-	15/-	15/-
	Transaction (Debit)	Rs. 10/-	10/-	10/-
	Pledge Creation	Rs. 25/-	25/-	25/-
	Pledge Creation Confirmation	Rs. 25/-	25/-	25/-
	Pledge Closure	Rs. 25/-	25/-	25/-
	Pledge Closure Confirmation	Rs. 25/-	25/-	25/-
	Pledge Invocation	Rs. 25/-	25/-	25/-
	Failed Instruction Charges	Nil	Nil	Nil
	Other Charges	Rs. 25/- for demat courier charges		
Remarks				

NOTE :

1. Charges schedule based on existing CDSL charges, if CDSL revises its charges Asset Alliance Securities Pvt. Ltd. Reserves the rights for changing its services charges.
2. Any service not quoted above shall be charges separately.
3. Any extra statements shall be charged Rs. 2/- per page.
4. Service tax as applicable shall be levied.
5. Postal charges (DRF Charges) will be charged separately for each request as given by the Beneficiary Account Holder.
6. Same day execution / late instructions will be accepted on "A best efforts bases at the sole risk and responsibility of the depository account holder(s). The DP will not be held responsible for non- execution of same day instructions. The DP also reserves the rights to change any additional fee for processing same day execution instructions.
7. Please note that in case we are unable to recover charges, depository services for your account will be "frozen" Any request to resume the services will be charged Rs. 250/-
8. Transaction charges will be payable monthly.

AC No.	1	2	0	3	9	5	0	0							
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	First / Sole Holder	Second Holder	Third Holder
Name			
Signatures	(X) ₁₂	(X)	(X)

