

Multigain Securities Services Pvt. Ltd. (DP: CDSL, SEBI REGN. NO. IN-DP-CDSL-608-2011; DP ID - 12070400 Regd. Office: H-50, Lajpat Nagar, Moradabad-244001 (U.P.)
Tel: 0591-2490400/500, 6456733/744, Fax: 2490400 | Email: dp@multigain.in

Application No.

Please fill in ENGLISH and in BLOCK LETTERS with black i	Application Form (For Individuals Only	
A. Identity Details (please see guidelines	overleaf)	
I. Name of Applicant (As appearing in supporting	ng identification document).	
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2. Father's/Spouse Name		PHOTOGRAPH
3. A. Gender Male Female B. Marita	al status Single Married C. Date of Birth	// m m / y y y y
4. A. Nationality Indian Others	The state of the s	Please affix
B. Status (Please tick (✓) ☐ Resident Ind		ndatory for NRIs & Foreign Nationals) the recent passport
5. A. PAN	Please enclose a duly attested copy of your PAN Card	size photograph and sign across it
B. Aadhaar Number, if any:	individual cards	Vole proprietor must must relative section to be
6. Specify the proof of Identity submitte		EMPROPY
☐ UID (Aadhaar) ☐ Passport ☐ Voter ID	☐ Driving Licence ☐ Others —	(Please see guideline 'D' or
B. Address Details (please see guidelines	overleaf)	
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* Latest Telephone Bill (only Land Line)	* Latest Electricity Bill * Latest Gas Bill Others	(Please Specify)
* Not more than 3 Months old. Validity/Exp	iry date of proof of address submitted d d / m	m / y y y y
	DECLARATION	SIGNATURE OF APPLICANT
I hereby declare that the details furnished above are true and corre	ect to the best of my/our knowledge and belief and I undertake to inform you of any chan r misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.	ges therein, immediately.
in case any of the above information is found to be false of third de of		the state of the s
Place:	Date:	L D(1)
FO	R OFFICE USE ONLY	IPV Done on ddd/mm//yyy
MC/Intermediary name or code	DOCUMENTS VERIFICATION	IN-PERSON VERIFICATION
Multigain Securities Services Pvt. Ltd.	Staff Name	Staff Name
(Original Verified) Self Certified Document	Designation	Designation
copies received	Name of the Organization	Name of the Organization
(Attested) True copies of documents	Signature	Signature
received Main Intermediary	Date	Date

Know Your Client (KYC)

SECOND HOLDER / GUARDIAN



 Multigain Securities Services Pvt. Ltd. (DP : CDSL, SEBI REGN. NO. IN-DP-CDSL-608-2011, DP ID - 12070400

 Regd. Office: H-50, Lajpat Nagar, Moradabad-244001 (U.P.)

 Tel: 0591-2490400/500, 6456733/744, Fax: 2490400 | Email : dp@multigain.in
 Application No.

1. Name of Applicant (As appearing in supporting identification document). Name 2. Father's/Spouse Name 3. A. Gender Male Female B. Marital status Single Married C. Date of Birth d d m m / y y y y 4. A. Nationality Indian Others (Please Special) B. Status (Please tick (*/) Resident Individual Non Resident Foreign National (Passport Copy Nandatory for NBIs & Foreign Nationals) 5. A. PAN Flease endose a duly attested copy of your PAN Card B. Aadhaan Number, if any: 6. Specify the proof of Identify submitted UID (Aadhaar) Passport Noter ID Driving Licence Others Gry/Fown/Village 5. A. Gender Male Female Registered Lease/Sale Agreement of Residence Driving Licence Others Flease endose a duly attested copy of your PAN Card (Please see guideline B. Address Details (please see guidelines overlear) 1. Residence Address : Gry/Fown/Village 5. Country ** Latest Elephone Bill (only Land Line) ** Latest Electricity Bill Alasti Gas Bill Others (Please Special) ** ** Latest Elephone Bill (only Land Line) ** Latest Electricity Bill Alasti Gas Bill Others (Please Special) ** ** Not more than 3 Months old, Validity/Expiry date of proof of address submitted Alasti Gas Bill Others Gry/Fown/Village 5. Proof of address to be provided by Applicant: If different from above B I OR Overseas Address (Mandatory) for Non-Resident Applicant ** Fin Gode ** Latest Elephone Bill (only Land Line) ** Latest Electricity Bill Alasti Gas Bill Others ** Passport Ration Card Registered Lease/Sale Agreement of Residence Driving License Voter Identity Card ** Latest Bank A/c Statement/Passbook ** Passport Ration Card Registered Lease/Sale Agreement of Residence Driving License Voter Identity Card ** Latest Bank A/c Statement/Passbook ** Latest Telephone Bill (only Land Line) ** Latest Beciricity Bill ** Latest Beciricity Bill ** Latest Beciricity Bill ** Latest Beciricity Bill	Name of Applicant (As appearing in supporting identification document).	A. Identity Details (please see guidelines	s overleaf)							-		200
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I/We instruct the DP to receive each and every credit in my/our account [Automatic Credit] No (If not marked, the default option would be 'Yes') I/We would like to instruct the DP to accept all the pledge instructions in my/our account without any other further instruction from my/our end ☐ No Yes (If not marked, the default option would be 'No') Fortnightly Monthly ☐ Weekly ☐ As per SEBI Regulation ☐ Daily Account Statement Requirement I/We request you to send Electronic Transaction-cum-Holding Statement at the email ID □ No Yes I/We would like to share the email ID with the RTA Yes No ☐ Physical / ☐ Electronic / I/We would like to receive the Annual Report (Tick the applicable box. If not marked the default option would be in Physical) ■ Both Physical and Electronic I/We wish to receive dividend / interest directly in to my bank account as given below through ECS Yes (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time] No

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

Full name of G	uardian of Nominee		SUL NO DWELL	Smire L Current L	Uliers LLC
Address				spository Paricipant)	ins filled by the De
	City/town/village			PIN Code	
	State			Country	PERSON GINERO
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Relationship of	Guardian with Nom	inee	of the BUP - I want	THE PART OF THE STREET	No. 2011 April 1921

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us. Note: Two witnesses shall attest signature(s) / thumb impression(s)

DETAILS OF THE WITNESS			
	First Witness	Second Witness	
Name of witness	A CONTRACTOR OF THE PROPERTY O		
Address of witness	E Rs. 1,60,001 to 1	5.500,000 C. R. 5,00.00 S	ancies i i di co
	[14] D. 10 FC. 25 LO UUU L. 165. 26,00,001 10	To 1,00,00,000 - 13 Nove than Finance	7111
Signature of	(A) (Dala) / /20 Rs	Matweet street in certifi	A STATE OF
witness	Lauren a Salar i Denerstare I Carlesce / Karl		

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

	First/Sole Guardian (in o	Holder or case of Minor)		Second Holder		Third	Holder
Name	MEDICAL INCOME			nite Make to 17	a Lord Law V		HINNY TUNKER
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Signature	(2)	SEH Righ Day				ח	ovi nedministrativi nid notice di cont

POWER OF ATTORNEY

For Pay-in Of Securities For The Purpose Of Settlement

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To, Multigain Securities Services Pvt. Ltd.		
Regd. Office: H-50, Laipat Nagar, Moradabad-244001 (U.	P.)	
Corporate Office: 126, Pocket-1, Jasola Vihar, Near Living	Style Mall, New Delhi-110025	
Re: Beneficial Owner (BO) Account No. 1 2 0 7	0 4 0 0	
Dear Sir,	Astronomy in the surface of the contribution o	to provide medius transaction statement including
As per clause 13, 14, 15 & 16 of Rights and Obligations of statement of account.	Beneficial Owner and Depository Participant you are required	to provide meyas transaction statement including
1 I/we understand that I/we have the option to re-	ceive transaction statement by email or on website. in pursu	ance of the same, I/We hereby opt for receipt of
transaction statement (including but not limited to	statement of account holding statement or any other communi	cation) through email or on website.
E-mail ID for above said purpose is as per the details	given under the client details or is	
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В		To be the part of
2. I/we is/are aware that I/we will not receive the tran		A second
3. I/we will take all the necessary means to ensure con	ifidentiality and secrecy of the login name and password of the i	nternet/email account.
 I/we, is/are aware that the transaction statement compromised, in which case. I/we shall not hold you 	nt may be accessed by other entities in case the confidention of the confidention of the confidential of t	ality/secrecy of the login name and password is
5. I/we shall immediately inform the DP about change	in email address if any, in case transaction statement are send b	yemail.
6. I/we/you shall have the right to terminate this servi		
Thanking you,		
Yours faithfully		
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(4)		
First Holder Signature	Second Holder Signature	Third Holder Signature
	IN OF DEBITING TRADING A/C IN CASE OF DEBI	T IN DP A/C
AUTHORISATIO	N OF DEBITING TRADING A/C IN CASE OF DEBI	THE DI AYE
To,		THE RESERVE AND ASSESSED TO SERVE AND ASSESSED.
Multigain Securities Services Pvt. Ltd. Regd. Office: H-50, Lajpat Nagar, Moradabad-244001 (U	.P.)	
Corporate Office: 126, Pocket-1, Jasola Vihar, Near Living	Style Mall, New Delhi-110025	
Dear Sir,		
Sub: Authorisation of debiting Trading a/c in case of debi	tin DP a/c.	
As a result the clients are required to note that the broke	r reserves the right to debit the trading account if there is any de	bit balance in the DP a/c.
Thanking you		
Yours Faith fully,		
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First Holder Signature	Second Holder Signature	Third Holder Signature
First Holder Signature		

First Holder Signature

NAME DIFFERENCE DECLARATION - CHANGE

To, \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
Multigain Securities Services Pv Regd. Office: H-50, Lajpat Nagar,			
Corporate Office : 126, Pocket-1,		Mall, New Delhi-110025	
		7.240A (her her)	
Dear Sir,			
and the name on bank proof or o	cheque	and the name in PAN Cai and the name on my address proof open account and provide all my payouts (if any) in the	all are same an
I request you therefore to open furnished by me in support there	the Demat account with you of. I agree to abide by all the te	r company on my aforesaid representation as per the erms & conditions of the company as are applicable for	form duly filled in by me and accept the document the opening and operation of the said account.
to the company, which may be	the company's rights, other rights of the company's rights, other rights of the company is a suffered by the	ghts in law or under the terms & conditions or otherwi e company upon the company opening the said ac	se, I shall be liable to pay damages and compensation count as requested by me relying on my aforesaid
representation.			
Thanking you			Partition Densit Pental Revenue
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Yours Faith fully,			
(6)	AUCT.		
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Name	Acres Acres 6	Name	Name
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To,	(Forms inica	in by stribe on tor forms signed in vernacular langu	☐ Form filled by B.O.
Multigain Securities Services Pvt Regd. Office: H-50, Lajpat Nagar, Corporate Office: 126, Pocket-1,	Moradabad-244001 (U.P.)	Mall, New Delhi-110025	☐ Form filled by other persor
I/We Mr./Ms/Mrs./M/s			R/c
		sMonths do hereby declare that Mr. /N	
Demat account with M/s Multigai I/We have explained all the terms	n Securities Services Pvt. Ltd. and conditions contained in p	DPID: with CDSL. participant and BO agreement. I/We have also explaine instructions pertaining to smooth operation of Dema	d the Power of Attorney (POA).
			Ann and
Signature of Scribe	Name of Scr	ibe Bulling 12 maline brosses	Address of Scribe
Signed and delivered by Client **		Witness	
First Holder Signature	D(7) ~	Signature :	
Pour Steams		Name :	
Second Holder Signature :	***************************************	Address :	
Third Holder Signature :			

^{*} Please stamp & Sign in case of Non-Individuals Account. ** In case of Joint holding, all joint holders must sign.

CDSL DEPOSITORY CHARGES OF Multigain Securities Services Pvt. Ltd.

PARTICULAS	ALL STATE	SCHEDULE "A"	SCHEDULE "C" (For Non-Individual/ NRI/Foreign National/ Others)
Account Opening Cha	rges	NIL -	NIL (1994) Michael Landow Michael Line (1994)
Annual Membership F		₹240/-(Per Year)	₹999/-(Per Year)
Lifetime Membership		₹999/- (Non-Refundable)	₹4999/- (Non refundable)
		₹1999/-(Refundable)	to the first of the special parts and ball of the first of
Transaction Charges	(Receipt) Buy	NIL	NIL
	(Delivery) Sale	₹15/-	₹15/-
Dematerialisation Fee		₹3/- per certificate	₹3/- per certificate
Rematerialisation Fee	THE RESERVE OF THE PERSON NAMED IN	₹20/- per Certificate	₹20/- per certificate
Postage per Demat / F	Remat Request	₹50/-	₹50/-
Pledge (Initiate)		₹50/- per ISIN	₹50/- per ISIN
Pledge (Closure)		₹25/- perISIN	₹25/-perISIN
Easiest		₹50/- per quarter	₹50/- per quarter
Advice Book Charge (10 leaves)	₹10/-	₹10/-
Additional Statement		₹10/- per page	₹10/- per page
		₹25/- postage charges	₹25/- postage charges
Documentation Char	ges	As per Actuals	As per Actuals
A/c Detail Modification		₹50/- per request	₹50/- per request
KRA Charges		₹50/-	₹50/-

Terms & conditions

- 1) Clients will be required to pay ₹ 1000/- upfront for each demat account which will be adjusted towards depository service charges. Client will be required to replenish the balance immediately when it falls below $\stackrel{>}{\sim} 500/$ -.
- DP Charges of Broking Clients will be debited to their Trading accounts.
- Any other service, which is not mentioned above, will be charged separately as per the rates applicable from time to time. Out of pocket expenses including overseas consignment will be charged extra on actual basis.
- All charges are subject to revision at the discretion of Multigain after giving a notice of 30 days.
- All charges are payable on monthly basis and delayed payment will be liable for interest @ 2% PM. 5)
- Multigain may suspend/freeze the depository services of the account holder on non-payment of outstanding bills.
- Service Tax extra as applicable.
- * Annual Charges will be charged in case of account closure within one year from the date of opening.

First Holder Signature	Second Holder Signature	Third Holder Signature

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Multigain Securities Services Pvt. Ltd.

Regd. Office: H-50, Lajpat Nagar, Moradabad - 244001 (U.P.) Ph.: +91-591-2490500 / 6456733 / 44 Fax: +91-591-2490400

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