

GENERAL INSTRUCTIONS AND CHECK-LIST OF DOCUMENTS FOR FULFILLING REQUIREMENTS IN THE DEPOSITORY ACCOUNT OPENING




All Axiom Share Broking Pvt. Ltd. (ASBPL) staff and prospective Beneficiary Owners are requested to go through the following very carefully to ensure completion of required documentation at one go. The following are in line with the mandatory requirements stipulated by SEBI and the Depository. Constituents are to sign at all places marked "X" in the kit.

DP Form & Attachments : **INDIVIDUALS**




All Mandatory : (please tick the boxes / circles as applicable)

- ☐ KYC form & recent photograph affixed, duly signed across the face.
- ☐ E-mail ID / address of the BO (in view of Holdings, Transactions, bills)
- ☐ Date of stamp paper franked should not be prior to 6 months of the date of signing by the constituent or member.
- ☐ PAN Card with photograph

Any one of the following additional identity Proof : (in case of name mismatch with PAN Card)

- | | |
|---|--|
| <input type="checkbox"/> Passport |  Passport Validity (date of expiry) more than 6 months from the date of our acceptance. |
| <input type="checkbox"/> Driving License |  DL validity (date of expiry) more than 6 months from the date of our acceptance. |
| <input type="checkbox"/> UID (Aadhar) Card |  (Learner's license not acceptable as proof) |
| <input type="checkbox"/> Voters Card | |
| <input type="checkbox"/> Identity card/document with applicant's Photo issued by: | |
| <input type="checkbox"/> Central/State Government and its Departments | <input type="checkbox"/> Statutory / Regulatory Authorities |
| <input type="checkbox"/> Public Sector Undertakings | <input type="checkbox"/> Scheduled Commercial Banks |
| <input type="checkbox"/> Public Financial Institutions | <input type="checkbox"/> Colleges affiliated to Universities |
| <input type="checkbox"/> Professional Bodies such as ICAI, ICWAI, | <input type="checkbox"/> Credit cards / Debit cards issued by Banks |
| <input type="checkbox"/> ICSI, Bar Council etc., to their members | |

Any one of the following as Address Proof :

- | | |
|---|--|
| <input type="checkbox"/> Ration Card | |
| <input type="checkbox"/> Passport |  Passport Validity (date of expiry) more than 6 months from the date of our acceptance. |
| <input type="checkbox"/> Driving License |  DL validity (date of expiry) more than 6 months from the date of our acceptance. |
| |  (Learner's license not acceptable as proof) |
| <input type="checkbox"/> UID (Aadhar) Card | |
| <input type="checkbox"/> Voters Card | |
| <input type="checkbox"/> Residence Telephone Bill (not more than three months old) | <input type="checkbox"/> Electricity Bills (not more than three months old) |
| <input type="checkbox"/> Bank Passbook | <input type="checkbox"/> Leave & License agreement/ Agreement for sale |
| <input type="checkbox"/> Identity card/document with applicant's Photo issued by: | |
| <input type="checkbox"/> Central/State Government and its Departments | <input type="checkbox"/> Statutory / Regulatory Authorities |
| <input type="checkbox"/> Public Sector Undertakings | <input type="checkbox"/> Scheduled Commercial Banks |
| <input type="checkbox"/> Public Financial Institutions | <input type="checkbox"/> Colleges affiliated to Universities |
| <input type="checkbox"/> Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their members; and Self declaration by High Court & Supreme Court judges, giving the new address in respect of their own accounts. | |
| <input type="checkbox"/> If the correspondence address is different from the permanent address. For this purpose, in addition to the documents prescribed as proof of permanent address above, and any one of the following documents may be accepted as proof of correspondence address: | |
| <input type="checkbox"/> Electricity Bills (not more than three months old) | |
| <input type="checkbox"/> Residence Telephone Bill (not more than three months old) | |
| <input type="checkbox"/> Consumer Gas Card | |
| <input type="checkbox"/> Leave & License agreement | |
| <input type="checkbox"/> Purchase agreement | |
| <input type="checkbox"/> Office address - certificate from the employer | |

Individual Investor (Minor) – All Mandatory

- ☐ PAN card of Minor & Guardian
- ☐ Birth certificate
- ☐ Proof of address and identity documents of the Guardian as per list above
- ☐ 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.]

Note :

- All photocopies of proof submitted must be checked with originals and to be signed by constituent and counter signed by AXIOM staff with stamp "Verified with Originals"
- In case where Nominee is minor his Guardian details are mandatory.
- Nominee cannot be among one of the Account Holders. Only individuals can appoint Nominee and be appointed as Nominee. Non Individuals including Society, Trust, Body Corporate, Partnership firm, or Hindu Undivided Family and holder of the POA neither can nominate nor be appointed as a Nominee.

NON - INDIVIDUALS

HUF – Mandatory points a, b, c

- ☐ a) All the documents as mentioned above for account opening of Individual investors will be applicable.
- ☐ b) Declaration giving details of the family members of the HUF with their names, date of birth and relationship with the Karta.
HUF PAN CARD
- ☐ c) [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, his death certificate and succession certificate must be taken]

Corporates – Mandatory Points a, b, c, d, e

- ☐ a) Corporate PAN Card
- ☐ b) Certified true copy of Board Resolution for person authorised by the Board to act as Authorised Signatory(ies). [The resolution ☐ b) may specify the manner of operation of the account and authority given to the authorized signatories to open and operate the ☐ b) account.]
- ☐ c) Names of the Authorised Signatories, Designation, and their Specimen Signatures duly verified by MD / Company Secretary.
- ☐ d) Memorandum and Articles of Association of the Corporate Investor. [Original copy or Certified True copy by Company Secretary or Director]
- ☐ e) One Passport size photograph of each authorized signatory with their signatures across the photograph.
- ☐ f) Power of Attorney, if any
Note – Point a) & b) original copy on letterhead of the Company

NRI –Mandatory points a, b, c, d

- ☐ a) PAN Card
- ☐ b) Proof of foreign address and Indian address (if any)
- ☐ c) Proof of identity
- ☐ d) Bank a/c details
- ☐ e) Power of Attorney, if any
- ☐ f) Preferably a copy of passport
Note – Point a) Identity & address as per list provided in individual

Societies – Mandatory points a, b, c, d, e, f, g

- ☐ a) PAN Card
- ☐ b) Copy of Certificate of Registration under the Societies Registration Act, 1860.
- ☐ c) List of Managing Committee members.
- ☐ d) Certified true copy of Committee Resolution for persons authorised by the Committee to act as Authorised Signatory (ies).
- ☐ e) Names of the Authorised signatories, Designation, and their Specimen Signatures.
- ☐ f) Copy of Committee Rules and Bye Laws
- ☐ g) One Passport size photograph of each of the authorized signatory with their signatures across the face of the photograph.
Note – All the copies provided must be certified true copy with society seal.

Trust – Mandatory points a, c, d, e, f, g

- ☐ a) PAN Card
- ☐ b) Trust Deed and Rules, if any.
- ☐ c) Members on the Board of Trustees.
- ☐ d) Certificate of Registration of Trust under the Societies Registration Act / Public Trust Act.
- ☐ e) Certificate true copy of Board Resolution for persons authorized by the Board to act as Authorised Signatory (ies).
- ☐ f) Names of the Authorised Signatories, Designation, and their Specimen Signatures.
- ☐ g) One Passport size photograph of each of the authorised signatory with their signatures across the face of the photograph.
- ☐ h) Power of Attorney, if any
[In case the trust is unregistered, the account should be opened in the names of the trustees under "Individual" category.
The proof of address and identity documents of the trustees should be obtained for account opening. The board of trustees shall specify the names of the trustee/s who shall hold the demat account with CDSL]

**NOTE: All photocopies of proof submitted to be signed by constituent and counter signed by-AXIOM staff with remarks
"Verified NOTE: with Originals"**

AXIOM SHARE BROKING PVT. LTD.**CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual****Important Instructions:**

- A) Fields marked with "*" are mandatory fields.
 B) Please fill the form in English and in BLOCK letters.
 C) Please fill the date in DD-MM-YYYY format.
 D) Please read section wise detailed guidelines / instructions at the end.

- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
 F) List of two character ISO 3166 country codes is available at the end.
 G) KYC number of applicant is mandatory for update application.
 H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

**For office use only**

(To be filled by financial institution)

Application Type* ☐ New ☐ UpdateKYC Number (Mandatory for KYC update request)Account Type* ☐ Normal ☐ Simplified (for low risk customers) ☐ Small**1. PERSONAL DETAILS** (Please refer instruction A at the end)

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

PHOTO

Signature / Thumb Impression

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

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

ISO 3166 Country Code of Jurisdiction of Residence*

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

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

3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

☐ A- Passport Number Passport Expiry Date DD - MM - YYYY

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence Driving Licence Expiry Date DD - MM - YYYY

☐ E- UID (Aadhaar)

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government) Identification Number

☐ S- Simplified Measures Account - Document Type code Identification Number

4. PROOF OF ADDRESS (PoA)***4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS** (Please see instruction D at the end)(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type* ☐ Resident / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Proof of Address* ☐ Passport ☐ Driving Licence ☐ UID (Aadhaar)

☐ Voter Identity Card ☐ NREGA Job Card ☐ Others

☐ Simplified Measures Account-Document Type code

Address

Line 1*

Line 2

Line 3 City / Town / Village*

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

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

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

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

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

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

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

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

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

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

<input type="checkbox"/> Addition of Related Person	<input type="checkbox"/> Deletion of Related Person	KYC Number of Related Person (if available*)																		
Related Person Type*		<input type="checkbox"/> Guardian of Minor	<input type="checkbox"/> Assignee	<input type="checkbox"/> Authorized Representative																
Prefix		First Name				Middle Name				Last Name										
Name*																				

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

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

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

☐ 7. REMARKS (if any)

8. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number /email address.

Date DD - MM - YYYY Place:

(Signature / Thumb Impression)

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies

KYC VERIFICATION CARRIED OUT BY	
Date	DD - MM - YYYY
Emp. Name	
Emp. Code	
Emp. Designation	
Emp. Branch	
(Employee Signature)	

INSTITUTION DETAILS	
Name	AXIOM SHARE BROKING PVT . LTD.
Code	
(Institution Stamp)	

AXIOM SHARE BROKING PVT. LTD.**CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual | Correspondence / Local Address****Important Instructions:**

- A) Fields marked with "*" are mandatory fields.
 B) Please fill the form in English and in BLOCK letters.
 C) Please fill the date in DD-MM-YYYY format.
 D) Please read section wise detailed guidelines / instructions at the end.

- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
 F) List of two character ISO 3166 country codes is available at the end.
 G) KYC number of applicant is mandatory for update application.
 H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

**For office use only**

(To be filled by financial institution)

Application Type* ☐ New ☐ UpdateKYC Number (Mandatory for KYC update request)☐ **1 CORRESPONDENCE / LOCAL ADDRESS DETAILS*** (Please see instruction E at the end)☐ Same as Current / Permanent / Overseas Address detailsLine 1* Line 2 Line 3 City / Town / Village* District* Pin / Post Code* State/U.T Code* ISO 3166 Country Code* ☐ **2. CONTACT DETAILS** (All communications will be sent on provided Mobile no. / Email ID) (Please refer instruction F at the end)Tel. (Off) Tel. (Res) Mobile FAX Email ID **3. APPLICANT DECLARATION**

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Date - - Place:

(Signature / Thumb Impression)

Signature / Thumb Impression of Applicant

General Instructions:

- Fields marked with '*' are mandatory fields.
- Tick '✓' wherever applicable.
- Self-Certification of documents is mandatory.
- Please fill the form in English and in BLOCK Letters.
- Please fill all dates in DD-MM-YYYY format.
- Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- KYC number of applicant is mandatory for updation of KYC details.
- For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
- In case of 'Small Account type' only personal details at section number 1 and 2, photograph, signature and self-certification required.

A Clarification / Guidelines on filling 'Personal Details' section

- Name:** Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- Either **father's name** or **spouse's** name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

- Tax identification Number (TIN):** TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

C Clarification / Guidelines on filling 'Proof of Identity [Pol]' section

- If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.
- In case of Simplified Measures Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and under noted relevant code may be mentioned in point 3 (S).

Document Code	Description
01	Identity card with applicant's photograph issued by Central/ State Government Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions.
02	Letter issued by a gazetted officer, with a duly attested photograph of the person.

D Clarification / Guidelines on filling 'Proof of Address [PoA] - Current / Permanent / Overseas Address details' section

- PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
- State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 4.1.

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal Tax receipt.
03	Bank account or Post Office savings bank account statement.
04	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
05	Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation.
06	Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.

E Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

- To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- In case of multiple correspondence / local addresses, Please fill 'Annexure A1'

F Clarification / Guidelines on filling 'Contact details' section

- Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- Do not add '0' in the beginning of Mobile number.

G Clarification / Guidelines on filling 'Related Person details' section

- Provide KYC number of related person if available.

H Clarification / Guidelines on filling 'Related Person details – Proof of Identity [Pol] of Related Person' section

- Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

List of two – digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code	State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

List of ISO 3166 two- digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SJ
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion	RE	Virgin Islands, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French part)	MF		

ACCOUNT OPENING FORM INDIVIDUALS**AXIOM SHARE BROKING PVT. LTD.****SEBI REGN. NO.: IN-DP-CDSL-565-2010 DP ID: 66100**

819/820, 8th Floor, P. J. Towers, Stock Exchange Bldg.,

M. S. Marg, Fort, Mumbai - 400 001.

ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT

(To be filled by the Depository Participant)

Application No.											Date								
DP Internal Reference No.																			
DP ID	1	2	0	6	6	1	0	0	Client ID	0	0	0	0						

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

I/We request you to open a Depository Account in my/our names as per the following details:

HOLDER'S DETAILS :

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

Name*

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

TYPE OF ACCOUNT (please tick whichever is applicable)

<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual HUF/AOP <input type="checkbox"/> Individual Margin Trading a/c. (Mantra)	<input type="checkbox"/> Individual Director <input type="checkbox"/> Individual Promoter	<input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Minor <input type="checkbox"/> Other (Specify)_____
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Non-Repatriable Promoter	<input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> NRI - Depository Receipts	<input type="checkbox"/> NRI Repatriable Promoter <input type="checkbox"/> Other (Specify)_____
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National-Depository Receipts	<input type="checkbox"/> Other (Specify)_____	

DETAILS OF GUARDIAN (in case the account holder is minor)

Guardian's Name											PAN								
Relationship with the applicants																			

I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes')	[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end (If not marked, the default option would be 'No')	<input type="checkbox"/> Yes <input type="checkbox"/> No

Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
I/ We would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in Physical)	
I/We wish to receive dividend/interest directly in to my bank account given below through ECS? (If not marked, the default option would be 'Yes')	<input type="checkbox"/> Yes <input type="checkbox"/> No
[ECS is mandatory for locations notified by SEBI from time to time]	

BANK DETAILS (Dividend Bank Details)

Bank Code (9 digit MICR Code)									
IFS Code (11 character)									
Account Number									
Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (Specify)_____								
Bank Name									
Branch Name									
Bank Branch Address									
City		State		Country		PIN Code			

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
 (ii) Photocopy of the Bank Statement having name and address of the BO
 (iii) Photocopy of the Passbook having name and address of the BO, (or)
 (iv) Letter from the Bank.

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

OTHER DETAILS**1. Gross Annual Income details (Please Specify): Income range per annum**

- ☐ Up to Rs. 1,00,000/- ☐ Rs. 1,00,000/- to Rs. 5,00,000/- ☐ Rs. 5,00,000/- to Rs. 10,00,000/- ☐ Rs. 10,00,000/- to Rs. 25,00,000/-
☐ More than Rs. 25,00,000/-

OR

Net worth as on Date:_____ Rs._____ (Net worth should not be older than 1 year)

2. Occupation (please tick any one and give brief details)

- ☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Business ☐ Student
☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Others (Specify)_____

3. Please tick, if applicable

- ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (RPEP)

4. Any other information
SMS Alert Facility
 Refer to Terms & Conditions
 given as **Annexure 2.4**

Mobile No.: +91-.....
 [Mandatory, if you are giving Power of Attorney (POA)]
 (if POA is not granted & you do not wish to avail of this facility, cancel this option).

 Transactions Using Secured
 Texting Facility (**TRUST**). Refer
 to Terms and Conditions
Annexure – 2.6

I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility.
 I have read and understood the Terms and Conditions prescribed by CDSL for the same.

- ☐ Yes
☐ No

I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST

Stock Exchange Name / ID	Clearing Member Name	Clearing Member ID (Optional)

Easi

To register for easi, please visit our website www.cdslindia.com.
 Easi allows a BO to view his ISIN balance, transactions and value of the portfolio online.

NOMINATION DETAILS

Nomination Registration No.		Date							
-----------------------------	--	------	--	--	--	--	--	--	--

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**.
☐ I/We **nominate** the following persons who is/are entitled to receive security balances lying in my/our account, particulars where of are given below, in the event of the death.

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name			
* First Name			
Middle Name			
* Last Name			

*Address			
*City			
*State			
*Pin			
*Country			
Telephone / Mobile No.			
Fax No.			
PAN No.			
UID			
Email ID			
*Relationship with BO			
Date of Birth			
Name of the Guardian of Nominee (if the nominee is minor)			
* First Name			
Middle Name			
* Last Name			
*Address of the Guardian of nominee			
*City			
*State			
*Pin			
*Country			
Age			
Telephone / Mobile No.			
Fax No.			
Email ID			
*Relationship of the Guardian with the Nominee:			
*Percentage of allocation of securities:	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Residential Securities [please tick any one nominee] If tick not marked default will be first nominee]:			
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note : Residual securities: incase of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be marked as nominee entitled for residual shares, if any.

*** Marked is Mandatory field**

This nomination shall supersede any prior nomination made by me/us and also any testamentary document executed by me/us.

Note: One witness shall attest signature(s) thumb impression(s)

DETAILS OF THE WITNESS

	First Witness	Second Witness
Name of Witness		
Address of Witness		
Signature of Witness		

I/We have received and read 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 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 or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signature			

Signature should be preferably in black ink)

ACCOUNT OPENING FORM NON-INDIVIDUALS**AXIOM SHARE BROKING PVT. LTD**

SEBI REGN. NO.: IN-DP-CDSL-565-2010 DP ID: 66100

819/820, 8th Floor, P. J. Towers, Stock Exchange Bldg.,

M. S. Marg, Fort, Mumbai - 400 001.

ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT**(For entities other than Individuals)**

(To be filled by the Depository Participant)

Application No.											Date										
DP Internal Reference No.																					
DP ID	1	2	0	6	6	1	0	0	Client ID	0	0	0	0								

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

I/We request you to open a Depository Account in my/our names as per the following details:

HOLDER'S DETAILS :

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

Name*

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

TYPE OF ACCOUNT (please tick whichever is applicable)

Status		Sub-Status (To be filled by the DP)	
<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) _____			
SEBI Registration No. (if applicable)		SEBI Registration Date	
RBI Registration No. (if applicable)		RBI Registration Date	
ROC Registration No. (if applicable)		ROC Registration Date	
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Other (Specify) _____		

I / We instruct the DP to receive each and every credit in my / our account
(If not marked, the default option would be 'Yes')

[Automatic Credit]

☐ Yes ☐ No

I / We would like to instruct the DP to accept all the pledge instructions in my / our account without any other further instruction from my/our end (If not marked, the default option would be 'No')

☐ Yes ☐ No

Account Statement Requirement

☐ As per SEBI Regulation ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly

I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____

☐ Yes ☐ No

I/ We would like to share the email ID with the RTA

☐ Yes ☐ No

I / We would like to receive the Annual Report ☐ Physical / ☐ Electronic / ☐ Both Physical and Electronic
(Tick the applicable box. If not marked the default option would be in Physical)

CLEARING MEMBER DETAILS (To be filled by CMs only)

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

I/We wish to receive dividend/interest directly in to **my** bank account given below through ECS? (If not marked, the default option would be 'Yes')

☐ Yes ☐ No

[ECS is mandatory for locations notified by SEBI from time to time]

BANK DETAILS (Dividend Bank Details)

Bank Code (9 digit MICR Code)									
IFS Code (11 character)									
Account Number									
Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (Specify)_____								
Bank Name									
Branch Name									
Bank Branch Address									
City		State		Country		PIN Code			

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

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

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

(iv) Letter from the Bank.

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

OTHER DETAILS**1. Gross Annual Income details (Please Specify): Income range per annum**

☐ Up to Rs. 1,00,000/-
 ☐ Rs. 1,00,000/- to Rs. 5,00,000/-
 ☐ Rs. 5,00,000/- to Rs. 10,00,000/-
 ☐ Rs. 10,00,000/- to Rs. 25,00,000/-
 ☐ Rs. 25,00,000/- to Rs. 1,00,00,000/-
 ☐ More than Rs. 1,00,00,000/-

OR

Net worth as on Date:_____ Rs._____ (Net worth should not be older than 1 year)

Please tick If any of the authorised signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors is either Politically Exposed Person (PEP) or Related to Politically Exposed Person (RPEP) ☐ Please provide details as per Annexure 2.2 A.

4. Any other information

SMS Alert Facility Refer to Terms & Conditions given as Annexure 2.4	Mobile No.: +91-..... [Mandatory, if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).										
Transactions Using Secured Texting Facility (TRUST). Refer to Terms and Conditions Annexure – 2.6	I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for the same. <input type="checkbox"/> Yes <input type="checkbox"/> No I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST <table border="1" style="width: 100%;"> <thead> <tr> <th>Stock Exchange Name / ID</th> <th>Clearing Member Name</th> <th>Clearing Member ID (Optional)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Stock Exchange Name / ID	Clearing Member Name	Clearing Member ID (Optional)						
Stock Exchange Name / ID	Clearing Member Name	Clearing Member ID (Optional)									
Easi	To register for easi, please visit our website www.cdslindia.com . Easi allows a BO to view his ISIN balance, transactions and value of the portfolio online.										

I/We have **received and** read the **document of ‘ Rights and Obligation of BO-DP’** (DP-CM agreement for BSE Clearing MemberAccounts) 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 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.

	Sole / First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Designation			
Signature			

(In case of more authorised signatories, please add annexure)

Signature should be preferably in black ink)

AXIOM SHARE BROKING PVT. LTD ..

Regd. Off : 819/820, 8th Floor, P. J. Towers, Stock Exchange Bldg.,

M. S. Marg, Fort, Mumbai - 400 001.

Tel. No.: +91 - 22- 3029 5022 / 24 ● Fax: +91 - 22 - 3029 5012

Email : axiom_12212@rediffmail.com / complain_axiomshares@rediffmail.com /
axiom12212@gmail.com

SCHEDULE (A SCHEDULE OF CHARGES FOR CLIENTS)

Sr. No.		Z1 (SMALL INVESTOR)	B1 (INVESTOR)	A1 / B1 / E1 (TRADER)
1	Annual Maintenance	Rs. 250	Rs. 400	Rs. 1000
2	Mkt. / Off Mkt. Purchase	NIL	NIL	NIL
3	Mkt. / Off Mkt. Sales	Rs. 30 (Fix)	Rs. 20 (Fix)	Rs. 15 (Fix)
4	Pledge (Invocation.Creation/Closure)	Rs. 60	Rs. 50	Rs. 40
5	Demat	Rs. 3 Per Certi.	Rs. 3 Per Certi.	Rs. 2 Per Certi.
7	Remat	Rs. 25 Per Certi.	Rs. 20 Per Certi.	Rs. 15 Per Certi.
8	Custody Charges	Rs. 1 / ISIN / Month	Rs. 0.75 / ISIN / Month	Rs. 0.50 / ISIN / Month

Notes :

- 1) Application Form of Rs. 200/- to be paid up-front.
- 2) Annual Maintenance Charges to be paid up-front.
- 3) Postal Charges will be charged Rs. 25/- per demat request (Payable alongwith D.R.F)
- 4) All the Charges are payable alongwith instruction.
- 5) Charges will be calculated as per formula prescribed by CDSL.
- 6) Additional Statement will be charged at Rs.15/- per statement.
- 7) Transaction Statement will be sent every fortnight provided there is any transaction.
- 8) The above rates are subject to revision by ASBPL. with 30 days notice to client.
- 9) Interest on outstanding amount will be charged at 18% per annum.
- 10) The scheme once selected will be valid for one year and will be automatically renewed at the end of the year unless a written communication in the prescribed format is received.
- 11) Service Tax is levied @ 10.2%.
- 12) In case there are no balance in the account, a custody charge for a single ISIN will be applicable.

I Like to join the scheme _____(Z1/B1/A1/D1/E1)

I have read and understood the schedule of charges prescribed above and agree to abide by they same.

A/C. No.	1	2	0	6	6	1	0	0								
----------	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

Name : _____

Sign. :   

(First Holder) (Second Holder) (Third Holder)

DECLARATION BY HUF

Name: _____

Address: _____

Date: _____

To,

AXIOM SHARE BROKING PVT. LTD ..

819/820, 8th Floor, P. J. Towers,
Stock Exchange Bldg., M. S. Marg,
Fort, Mumbai - 400 001.

Dear Sir,

We, _____ the _____ undersigned _____ members
of _____ (HUF)

are desirous of opening a Demat Account in the above-mentioned name with you. The said account will be operated by
_____ (Karta) on behalf

of _____ (HUF). We hereby
undertake that all the transaction undertaken by the said HUF shall be binding not only the present members of the said joint
family (both adults and minor) but also on all future members thereof (both adults and minor) and all persons entitled to a share
therein and ourselves personally.

Also that whenever any change occurs in the management or in the constitution of the said joint family of the whatsoever nature,
we undertake to give notice thereof to you.

Thanking you,

Yours faithfully,

Members of _____

Sr. No.	Name of Member	Relationship	Date of Birth	Signature	Sex
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

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

Definitions:

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

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

Availability:

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

Receiving Alerts:

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

9. If the BO finds that the information such as mobile number etc., has been changed without 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 warrant 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).

BO ID	1	2	0	6	6	1	0	0								
-------	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

(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: _____
First Holder Second Holder Third Holder

Place : _____ Date : _____

Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories

General Clause:

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Rules and Regulations of Securities and Exchange Board of India (SEBI), Circulars/Notifications/Guidelines issued there under, Bye Laws and Business Rules/Operating Instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.
2. The DP shall open/activate demat account of a beneficial owner in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time.

Beneficial Owner information:

3. The DP shall maintain all the details of the beneficial owner(s) as mentioned in the account opening form, supporting documents submitted by them and/or any other information pertaining to the beneficial owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.
4. The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of opening the demat account or furnished to the DP from time to time.

Fees/Charges/Tariff:

5. The Beneficial Owner shall pay such charges to the DP for the purpose of holding and transfer of securities in dematerialized form and for availing depository services as may be agreed to from time to time between the DP and the Beneficial Owner as set out in the Tariff Sheet provided by the DP. It may be informed to the Beneficial Owner that "no charges are payable for opening of demat accounts"
6. In case of Basic Services Demat Accounts, the DP shall adhere to the charge structure as laid down under the relevant SEBI and/or Depository circulars/directions/notifications issued from time to time.
7. The DP shall not increase any charges/tariff agreed upon unless it has given a notice in writing of not less than thirty days to the Beneficial Owner regarding the same.

Dematerialization:

8. The Beneficial Owner shall have the right to get the securities, which have been admitted on the Depositories, dematerialized in the form and manner laid down under the Bye Laws, Business Rules and Operating Instructions of the depositories.

Separate Accounts:

9. The DP shall open separate accounts in the name of each of the beneficial owners and securities of each beneficial owner shall be segregated and shall not be mixed up with the securities of other beneficial owners and/or DP's own securities held in dematerialized form.
10. The DP shall not facilitate the Beneficial Owner to create or permit any pledge and /or hypothecation or any other interest encumbrance over all or any of such securities submitted for dematerialization and/or held in demat account except in the form and manner prescribed in the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996 and Bye-Laws/Operating Instructions/Business Rules of the Depositories.

Transfer of Securities:

11. The DP shall effect transfer to and from the demat accounts of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the Beneficial Owner and the DP shall maintain the original documents and the audit trail of such authorizations.
12. The Beneficial Owner reserves the right to give standing instructions with regard to the crediting of securities in his demat account and the DP shall act according to such instructions.

Statement of account:

13. The DP shall provide statements of accounts to the beneficial owner in such form and manner and at such time as agreed with the Beneficial Owner and as specified by SEBI/depository in this regard.
14. However, if there is no transaction in the demat account, or if the balance has become Nil during the year, the DP shall send one physical statement of holding annually to such BOs and shall resume sending the transaction statement as and when there is a transaction in the account.
15. The DP may provide the services of issuing the statement of demat accounts in an electronic mode if the Beneficial Owner so desires. The DP will furnish to the Beneficial Owner the statement of demat accounts under its digital signature, as governed under the Information Technology Act, 2000. However if the DP does not have the facility of providing the statement of demat account in the electronic mode, then the Participant shall be obliged to forward the statement of demat accounts in physical form.
16. In case of Basic Services Demat Accounts, the DP shall send the transaction statements as mandated by SEBI and/or Depository from time to time.

Manner of Closure of Demat account:

17. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository. Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided no charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their demat account should be transferred to another demat account of the Beneficial Owner held with another DP or to rematerialize the security balances held.
18. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of thirty days as per procedure specified from time to time by the depository. Provided further, closure

of demat account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

Default in payment of charges:

19. In event of Beneficial Owner committing a default in the payment of any amount provided in Clause 5 & 6 within a period of thirty days from the date of demand, without prejudice to the right of the DP to close the demat account of the Beneficial Owner, the DP may charge interest at a rate as specified by the Depository from time to time for the period of such default.
20. In case the Beneficial Owner has failed to make the payment of any of the amounts as provided in Clause 5&6 specified above, the DP after giving two days notice to the Beneficial Owner shall have the right to stop processing of instructions of the Beneficial Owner till such time he makes the payment along with interest, if any.

Liability of the Depository:

21. As per Section 16 of Depositories Act, 1996,
 1. Without prejudice to the provisions of any other law for the time being in force, any loss caused to the beneficial owner due to the negligence of the depository or the participant, the depository shall indemnify such beneficial owner.
 2. Where the loss due to the negligence of the participant under Clause (1) above, is indemnified by the depository, the depository shall have the right to recover the same from such participant.

Freezing / Defreezing of accounts:

22. The Beneficial Owner may exercise the right to freeze/defreeze his/her demat account maintained with the DP in accordance with the procedure and subject to the restrictions laid down under the Bye Laws and Business Rules/Operating Instructions.
23. The DP or the Depository shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any regulator or court or any statutory authority.

Redressal of Investor grievance:




24. The DP shall redress all grievances of the Beneficial Owner against the DP within a period of thirty days from the date of receipt of the complaint.

Authorized representative:

25. If the Beneficial Owner is a body corporate or a legal entity, it shall, along with the account opening form, furnish to the DP, a list of officials authorized by it, who shall represent and interact on its behalf with the Participant. Any change in such list including additions, deletions or alterations thereto shall be forthwith communicated to the Participant.

Law and Jurisdiction:

26. In addition to the specific rights set out in this document, the DP and the Beneficial owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Rules, Bye Laws and Regulations of the respective Depository in which the demat account is opened and circulars/notices issued there under or Rules and Regulations of SEBI.
27. The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars/ notices issued by SEBI and Rules, Regulations and Bye-laws of the relevant Depository, where the Beneficial Owner maintains his/ her account, that may be in force from time to time.
28. The Beneficial Owner and the DP shall abide by the arbitration and conciliation procedure prescribed under the Bye-laws of the depository and that such procedure shall be applicable to any disputes between the DP and the Beneficial Owner.
29. Words and expressions which are used in this document but which are not defined herein shall unless the context otherwise requires, have the same meanings as assigned thereto in the Rules, Bye-laws and Regulations and circulars/notices issued there under by the depository and / or SEBI.
30. Any changes in the rights and obligations which are specified by SEBI/Depositories shall also be brought to the notice of the clients at once.
31. If the rights and obligations of the parties hereto are altered by virtue of change in Rules and regulations of SEBI or Bye-laws, Rules and Regulations of the relevant Depository, where the Beneficial Owner maintains his/her account, such changes shall be deemed to have been incorporated herein in modification of the rights and obligations of the parties mentioned in this document.

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature			

From :

AXIOM SHARE BROKING PVT. LTD.

To,

Beneficial Owners

Sub: - Revocation of authorizations in the Power of Attorney dated [.] entered between [.] and [.]

Ref: - Circular issued by the Securities Exchange Board of India bearing reference no. CIR/MRD/DMS/13/2010 dated 23rd April, 2010

Dear Beneficial Owners,

- 1) We refer to the captioned circular issued by the Securities Exchange Board of India ("SEBI") with respect to the power of attorney executed by the Beneficial Owners ("BO") in favour of Stock Brokers and Depository Participants, *inter alia*, authorizing the Stock Brokers and Depository Participants to operate and manage the BOs' demat accounts to facilitate delivery of shares.
- 2) SEBI, with a view to standardize the norms followed by the Stock Brokers and Depository Participants whilst obtaining the power of attorney from the BO, has issued guidelines for execution of Power of Attorney by BO favouring the Stock Brokers and Depository Participants under the captioned circular.
- 3) SEBI has directed the Stock Brokers and Depository Participants that in order to standardize the norms, the Stock Brokers and Depository Participants should take necessary steps to implement the captioned circular by revoking the authorizations given under the existing power of attorney by the BO to the Stock Brokers and Depository Participants that are inconsistent with the captioned circular, latest by 1st September, 2010.
- 4) Accordingly, in compliance with the captioned circular, please be informed that all the authorizations given to us that are inconsistent with the captioned circular shall stand revoked and cancelled with effect from [.....]
- 5) In the event that you are desirous of granting any new powers as set out in the captioned circular attached hereto, we by this communication call upon you to execute an addendum to the captioned Power of Attorney in favour of the Stock Broker and Depository Participant, setting out the powers which you are desirous of granting to the Stock Broker and Depository Participants in lines with the captioned circular.
- 6) The guidelines mentioned under the captioned circular require the BO to provide the Stock Brokers and Depository Participants with particulars of the BO account(s) and the bank account(s) of the BO(s) authorized to operate and a list of BO's and Stock Brokers and Depository Participant's demat accounts where securities can be transferred to, provided such demat accounts are the accounts of related parties only.
- 7) Accordingly, in compliance with the guidelines under the captioned circular and pursuant to the captioned Power of Attorney dated [.....], the beneficial owners account owner that we will be operating is as under:

Name of the BO	BO Account No.*
	1 2 0 6 6 1 0 0

Moreover, the beneficial owner's and Stock Brokers and Depository Participant's demat account and the bank accounts where the funds and the securities can be transferred to are as under.

DEPOSITORY PARTICIPANTS	ACCOUNT TYPE	ACCOUNT NO.	CM BP ID
AXIOM SHARE BROKING PVT. LTD.	BSE POOL	12066100-00000214	IN633054
AXIOM SHARE BROKING PVT. LTD.	NSE POOL	12066100-00000457	IN512719
AXIOM SHARE BROKING PVT. LTD.	BSE BEN	12066100-00000039	
AXIOM SHARE BROKING PVT. LTD.	NSE BEN	12066100-00002984	
AXIOM SHARE BROKING PVT. LTD.	DERIVATIVES MARGIN	12066100-00000058	
AXIOM SHARE BROKING PVT. LTD.	BSE EARLY PAYIN	11000010-00022441	
AXIOM SHARE BROKING PVT. LTD.	NSE EARLY PAYIN	11000011-00018674	

*As per the information available with us, these beneficial owners' accounts and belong to your related parties.

- 8) The captioned circular has also casted certain obligations upon the Stock Broker and Depository Participant vis-à-vis the client. Accordingly,
 - a) We agree and confirm to return to you, the securities that may have been received by us erroneously or those securities that we were not entitled to receive from you.
 - b) We confirm and agree to send the consolidated summary of your scrip-wise buy and sell positions taken with the average rate to you by way of SMS/email on a daily basis, notwithstanding any other documents to be disseminated as specified by SEBI from time to time.
- 9) As per the circular, the power of attorney granted by a client in favour of the broker can be revoked at any time without notice. In this behalf please note that any communication for forthwith revocation of the power of attorney shall be forwarded by you to us at the following address, failing which such revocation shall not be binding on us.
Address for the purpose of serving the notice for revocation of the power of attorney.
- 10) You shall have deemed to have received, understood, accepted and agreed with each and every clauses set out above from the date of receipt of this communication by you, dispatched at your latest address communicated by you to us as per our records.

Yours truly,

Stock Broker and Depository Participant

POWER OF ATTORNEY

TO ALL WHOME THEESE PRESENT SHALL COME, I/WE _____
residing at _____

I

First Holder

_____ whereas being desirous of appointing some fit and proper person as my/our true and lawful attorney to operate my Beneficial Owner (BO) Account No. 12066100 _____ with Axiom Share Broking Pvt. Ltd., a DP of Central Depository Services (India) Limited.

And whereas **Surmi P. Fozdar** residing at Ashok Tower 'D' Wing, 19th Floor, Apt. No. 1907 / 1908, 63/74 Dr. S. S. Rao Marg, Parel (East), Mumbai - 400 012. has agreed to act as my/our consitituted attorney for the purposes aforesaid, in the manner and to the extent hereinbelow specified.

NOW KNOW YOU ALLAND THESE PRESENTS WITNESS the I/We the said _____ do thereby appoint and constitute the Said **Surmi P. Fozdar** as my/our true and lawful attorney to have and exercise the powers and/or authority, and to do and/or execute the acts deeds matters and things herein below specified

I

Second Holder

1. To operate and maintain my BO Account No. 12066100 _____ with Axiom Share Broking Pvt. Ltd., bearing DP-ID 12066100 in Central Depository Services (India) Limited (CDSL).
2. To issue instructions to the said Depository Participant for transfer dematerialization, rematerialisation, or other transaction including pledge, hypothecation, freezing, lending, borrowing and/or any other service/ facility that may be extended CDSL from time to time in respect of the securities held in said account and/ or Securities to which I am or may be entitled and for that purpose, to sign and execute instruction slips for off markets & inter depository transfers and other forms and writing as may be prescribed by CDSL.
3. To accept and give effect to any Corporate benefits accrued on my securities into my BO account held either in the physical or dematerialized from.

I

Third Holder

AND I/We, do hereby agree to ractify all lawful acts and things done by the said attorney pursuant to the powers herein above contained the appointment & constitution of **Surmi P. Fozdar** as my/our true & Lawful attorney shall continue until I/We have give to the DP a 30 days in advance notice in writing to the contrary.

IN WITNESS WHEREOF I/We, the above named _____

I

Have here unto set my / our hands this _____ day of _____

Two thousand _____.

SIGNED, SEALED AND DELIVERED

By the within named Beneficial Owner

Name _____ Signature _____

1st Sole Holder

Name _____ Signature _____

2nd Sole Holder

Name _____ Signature _____

3rd Sole Holder

IN THE PRESENCE OF

Name _____ Signature _____

I Accept

(Name Address and Signature of the attorney)

Duly stamped

POWER OF ATTORNEY

To all to whom these presents shall come I/ we _____, residing at/ having its registered office at _____

Whereas I/ we hold beneficial owner account number **12066100** _____ with Central Depository Services (India) Limited (CDSL), through AXIOM SHARE BROKING PVT. LTD., registered with Securities and Exchange Board of India (SEBI) and bank account number _____ with _____ bank, _____ branch.

And Whereas I/ we am/ are desirous to buy and sell securities through AXIOM SHARE BROKING PVT. LTD., who is a stock broker registered with SEBI and member of recognized stock exchanges. **And Whereas** I/ we am/ are desirous of appointing AXIOM SHARE BROKING PVT. LTD., as my/our constituted attorney to operate my/ our beneficial owner account and bank account on my/ our behalf for a limited purpose in the manner hereinafter appearing and subject to conditions as provided herein.

Now know you all and these presents witness that I/ we do hereby nominate, constitute and appoint AXIOM SHARE BROKING PVT. LTD, (hereinafter referred to as "the stock broker") as my true and lawful attorney and authorise it to perform the following functions on my behalf:

- i. To transfer securities held in my/our aforementioned beneficial owner account(s) or any other account informed by me in writing to the stock broker from time to time to the demat account nos. _____ of the stock broker maintained for the purpose of settlement of trades and margin obligations arising out of trades executed by me/us on any recognized stock exchange through the stock broker. However, the said power will be restricted to only transfer of securities to the Clearing Member ID allotted to the stock broker by any existing or future exchange that the stock broker has joined/ will join as a member or to any demat accounts linked to the said Clearing Member ID; provided that I/we have executed a Client Member Agreement with the stock broker for such exchanges.
- ii. To transfer funds from my/our aforementioned bank account to _____ of the stock broker with _____ bank, _____ branch only in the following circumstances:
 - a. For meeting my/our settlement obligations/ margin requirements in connection with the trades executed by me/us the clients on the stock exchange through the stock broker;
 - b. For recovering any outstanding amount due from me/us arising out of my/ our trading activities on the stock exchanges through the stock broker and/or depository activities through the depository participant;
 - c. For meeting obligations arising out of my subscribing to such other products/facilities/services through the stock broker like Mutual Funds, Public Issues (shares as well as debentures), rights, offer of shares in etc.
 - d. Towards monies/fees/charges, etc. due to the stock broker payable by virtue of my using/subscribing to any of the facilities/ services availed by me at his/her instance.
- iii. To pledge the securities in favor of the stock broker for the limited purpose of meeting my/our margin requirements in connection with the trades executed by me/us on any recognized stock exchange through the stock broker.
- iv. To return to me/us, the securities or funds that may have been received by the stock broker erroneously or those securities/funds that the stock broker was not entitled to receive from me/us;
- v. To send consolidated summary of my/our scrip-wise buy and sell positions taken with average rates to me/us by way of SMS/ email on a daily basis, notwithstanding any other document to be disseminated as specified by SEBI from time to time.
- vi. To apply for various products like Mutual Funds, Public Issues (shares as well as debentures), rights, offer of shares, tendering shares in open offers etc pursuant to oral/written/electronic instructions given by me/us to the stock broker.

I/We ratify the instructions given by the aforesaid stock broker to the depository participant named hereinabove in the manner specified herein.

I/We further agree and confirm that the powers and authorities conferred by this Power of Attorney shall continue until it is revoked (without notice) in writing by me and that the said revocation shall be effective from the date on which the revocation notice is received by the stock broker in his office at 819/820, P. J. Tower Stock Exchange Bldg., Mumbai Samachar Marg, Fort, Mumbai - 400001.

Address : _____

Address : _____

Address : _____

Address : _____

Signed and delivered _____)

By the within named Beneficial Owner/s _____)

_____)

_____)

_____)

In the presence of _____)

_____)

_____)

I Accept

(Name, Address and Signature of the Stock Broker)

First Holder

Second Holder

Third Holder

(To be filled by the Depository Participant)

DP ID	1	2	0	6	6	1	0	0	Client ID							
--------------	---	---	---	---	---	---	---	---	------------------	--	--	--	--	--	--	--

	First / Sole Holder / Authorised Signatory	Second Holder / Authorised Signatory	Third Holder / Authorised Signatory
Name			
Specimen Signatures			

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 _____

Nomination in favor of _____ Registration No. _____ Registered on _____

along with (a) Cheque No. _____ dated _____ for _____ drawn on _____ towards _____

along with (a) Cheque No. _____ dated _____ for _____ drawn on _____ towards _____

Depository Participant Seal and Signature

To,
Axiom Share Broking Pvt. Ltd.
819/820, P. J. Tower,
M. S. Marg, Fort,
Mumbai - 400 001.

Member - BSE/NSE

Kindly note the following details my/our

UCC CODE : _____ BO ID : _____
maintained with you.

FATCA/CRS DETAILS

Place and country of Birth	
Are you assessable to tax in any country other than India (yes/no)	
If no, we declare that	I/We are Indian citizens, my/oue residence for tax purpose is India and I/We am/are not a "US person" as defined in Rule 114F of the Income Tax Rules, 1962.
If yes, then kindly provide the Tax Payer Identification Number (TIN) or functional equivalent as issued in the specific country (in case of multiple countries, kindly give for all the countries)	

I/We understand that you are relying on this information inter alia for the purpose of of determining my/our status in compliance with FATCA/CRS. You are not able to offer any tax advice on CRS or FATCA or its impact on me/us. I/We shall seek advice from professional tax advisor for any tax questions.I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect/ I/We agree that as may be required to report, reportable details to CBDT or close or suspend my account.

I/We certify that I provide the information on this form and to the best of my knowledge and belief the certification is true, correct and complete. Kindly update the above data on the CDSL systems, the KRA systems and other places as desired by you.

Signature of Client : _____

Client Name :-

Date: DD / MM / YYYY

Place: _____



AXIOM SHARE BROKING PVT. LTD.

DP : CDSL

Regd. Off : 819/820, 8th Floor, P. J. Towers, Stock Exchange Bldg.,
M. S. Marg, Fort, Mumbai - 400 001.

Tel. No.: +91 - 22- 3029 5022 / 24 ● Fax: +91 - 22 - 3029 5012

Email : axiom_12212@rediffmail.com / axiomcompliance@gmail.com
axiom12212@gmail.com

CIN No.: U67120MH2004PTC147145

DEPOSITORY PARTICIPANT A/c OPENING FORM

Name _____

A/c. No.

1	2	0	6	6	1	0	0								
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

Ref. No. _____

Branch _____