



CDSL  
Your Depository

SR. NO. 3126



## CROSSEAS CAPITAL SERVICES PVT. LTD.

DEPOSITORY PARTICIPANT OF CENTRAL DEPOSITORY SERVICES (I) LTD.

DP ID - 47400 • SEBI REGN. NO.: IN-DP-CDSL-377-2006

**Corporate Office:** 1303, 13th Floor, Lodha Supremus, Dr. E. Moses Road, Worli Naka, Mumbai - 400 018.

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Investor Grievance: complaints@crosseascapital.com

### ACCOUNT OPENING FORM FOR INDIVIDUAL/NON-INDIVIDUAL

Account No. : 12047400 - 000

Name (1) : \_\_\_\_\_

Name (2) : \_\_\_\_\_

Name (3) : \_\_\_\_\_

DP Internal Ref. No. : \_\_\_\_\_

**Regd. Office :** 5th Floor, Suite 37, Martin Burn House, 1 R.N. Mukherjee Road, Kolkata - 700 001.  
Tel. : (033) 2243 6371, 2210 1839 • Fax : (033) 2243 6371

## MANAGING YOUR DEMAT ACCOUNT WITH CDSL

### SIMPLE DOs and DON'Ts

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

### INSTRUCTIONS TO THE APPLICANTS (BOS) FOR ACCOUNT OPENING

1. Signatures can be in English or Hindi or any of the other languages contained in the 8th Schedule of the Constitution of India. Thumb impressions and signatures other than the above mentioned languages must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate / Special Executive Officer under his/her official seal.
2. Signatures should be preferably in black ink.
3. Details of the Names, Address, Telephone Number(s), etc., of the Magistrate / Notary Public / Special Executive Magistrate / Special Executive Officer are to be provided in case of attestation done by them.
4. In case of additional signatures (for accounts other than individuals), separate annexures should be attached to the account opening form.
5. In case of applications containing a Power of Attorney, the relevant Power of Attorney or the self-certified copy thereof, must be lodged along with the application.
6. All correspondence / queries shall be addressed to the first / sole applicant.
7. Strike off whichever option, in the account opening form, is not applicable.

\*Note that we will not accept any old delivery instruction slip on or after January 07, 2016 As per CDSL Circular no CDSL/OPS/DP/POLCY/4664 dated August 27, 2014.

\*As per SEBI circular now onward mobile no and email ID of (Self/ spouse/ dependent children /dependent Parents) only consider, if you have single email id and contact detail to multiple account, kindly update Separate details (refer Annexure II

List of supporting document for individual	List of supporting document for Corporate
<ul style="list-style-type: none"><li>• Copy of ITR Acknowledgement</li><li>• Copy of Annual Accounts</li><li>• In case of salary income - Salary Slip, Copy of Form 16</li><li>• Net-worth certificate</li><li>• Bank account statement for last 6 months</li><li>• Copy of Holding statement of de-mat account</li><li>• Any other relevant documents substantiating ownership of assets</li><li>• Self declaration along with relevant supporting</li></ul>	<ul style="list-style-type: none"><li>• Net-worth certificate</li><li>• Annual financial statement (P&amp;L, Balance sheet)</li></ul>



## INSTRUCTIONS FOR THE APPLICANTS FOR ACCOUNT OPENING

Applicant shall fill up the KYC Application form as specified by the KYC Registration Agency for individuals or for Non-Individuals as the case may be and additional KYC Form for opening a Demat Account for Individuals (Annexure 2.1) or for Non-Individuals (Annexure 2.2) and submit the same to the DP. The applicant should submit any one of the documents as valid Proof of Identity and Proof of address as specified by SEBI from time to time. If the investor is already KRA compliant, the investor should disclose such details of KRA with whom he / she is registered. Such investor need not submit KYC documents and KYC application form again. A Power of Attorney holder cannot open a demat account on behalf of the BO. DP must collect separate KYC application forms from sole / first holder, second holder and third holder in case of Joint Accounts. In case, if sole holder is a minor, KYC application form should be collected from the guardian also. Separate KYC application form to be collected from the HUF entity, Karta, Trust and Trustees in case of unregistered Trust and Partnership Firms. In order to open an account, the investor needs to fill up KYC Application form (if not KRA compliant) and Additional KYC form for opening a demat account. As per the format provided by CDSL (Annexures 2.1 or 2.2). The investor shall complete the standard form in all respects and submit the same to the DP along with the relevant documents as prescribed by SEBI vide circular no. MIRSD/SE/CIR-21/2011 dated October 5, 2011 & circular no. MIRSD/CIR-26/2011 dated December 23, 2011. However, the DPs can obtain a single form from the CM for opening the multiple accounts of same exchange, e.g. CM Principal and CM USA accounts for BSE and CM Clearing Member for exchanges other than BSE. Instructions to the applicants / BOs for account opening as given in Annexure 2.3 may also be printed on the account opening forms or given to the BOs as a separate sheet along with the accounting form. Those section of the application form, which are not relevant to any particular type of BO, shall be marked "Not Applicable".

BO must provide photocopies of documents submitted on regular paper and not on thermal facsimile paper.  
**Obtaining PAN Card details of all holders is compulsory for all categories of demat account holder (s) & updation of the same in CDSL system. In some cases, the PAN is not required to be entered. Such cases are to be handled by entering appropriate exemption code. The exemption codes provided are as follows:**

Exemption Code	D	G	P	S	U	H
Exemption Description for the account holder	Custodian	Governor	President of India	Sikkim Resident	UN entities / Multilateral Agencies	Holder Deceased

### CHECK-LIST → (All the documents must be self attested by applicant)

#### (A) Correspondence Address

- This is applicable to all types of investors. • If correspondence address of the BO is not the same as permanent address, then the DP shall obtain proof of correspondence address and enter the same in the system, in case the BO is not registered with KRA.
- If the BO is registered with KRA and wants to use the same correspondence address mentioned in the KRA system, the BO will inform the DP accordingly. • If the BO is registered with KRA and does not want to use the correspondence address mentioned in the KRA system, the BO will inform the DP and submit SEBI specified proof of address document for the address to be entered on CDSL system.
- As per SEBI Circular No. CIR/MD/DP/37/2010 dated December 14, 2010, address of a third party as a correspondence address, may be captured in a BO account provided that the Depository Participant (DP) ensures that all prescribed 'Know Your Client' norms are fulfilled for the third party also. The DP shall obtain proof of identity and proof of address for the third party. The DP shall also ensure that customer due diligence norms as specified in Rule 9 of Prevention of Money Laundering Rules, 2005 are complied with in respect of the third party.
- Where third party address is accepted as correspondence address, the DP shall ensure that proof of permanent address for the BO has been obtained and the same has been entered in the system. DPs should ensure that the statement of transactions and holdings are sent to the BO's permanent address atleast once in a year. • In case of PMS accounts, portfolio manager's address cannot be captured as correspondence address.

#### (B) Minor Details

The minor shall be the first and sole holder in the account i.e. there shall not be any joint accounts where a minor is a First / Second / Third joint holder. PAN card details of minor have to be entered in CDSL system.

In case of death of Guardian of existing Minor account holder:

In the case of death of the guardian of an existing minor account holder, the following procedure shall be followed:

- Original Death Certificate of the deceased Guardian or a copy of the same, duly notarized or attested by a Gazetted Officer.
  - The minor's account shall be frozen under the appropriate reason code till the new guardian has completed all formalities.
  - Original or copy of the Court Order (duly notarized or attested by a Gazetted Officer), if the new guardian has been appointed by the Court.
  - The new guardian shall submit a new account opening form duly complete in all respects along with KYC application form or details of KRA registered with.
  - DP shall provide a copy of Rights and Obligations document to the new guardian and keep an acknowledgement of the same on record.
  - The new guardian shall submit a fresh Nomination Form for the minor's account.
  - After verification of the AOF and documentation, details of the Guardian of the Minor account holder shall be suitably modified in the CDSL system.
  - The signature of the deceased guardian shall be deleted and the signature of the new guardian shall be recorded in the CDSL system.
  - POA documents/details, if any, recorded with the signature of the deceased guardian shall be deleted.
- After the minor has attained majority, DP must collect new KYC application form after the minor has attained majority. The following procedure is to be adopted: • The account holder shall submit KYC application form or details of KRA registered with. • The account holder shall submit a new account opening form duly complete in all respects. The DP shall provide a copy of the Rights and Obligations document to the account holder and shall keep an acknowledgment of the same on record. • The guardian's details shall be deleted and guardian's signature shall be replaced by account holder's signature.

The above procedure can be followed only if the word 'minor' is not present in the "Account Holder's name" when the account was opened. If "minor" word is present, then the existing account has to be closed and a new account shall be opened.

#### (C) HUF

The documents to be obtained are:

- The PAN details of the HUF entity would have to be entered in the CDSL system.
  - Declaration by Karta giving details of the family members of the HUF with their names, sex (male/ female), date of birth and relationship with the Karta.
  - DPs shall note the following while opening a HUF account:
    - HUF accounts cannot be opened with joint holder(s). • HUF accounts cannot appoint a nominee. • In the account opening form, the Karta shall sign under the HUF stamp. • Account can be opened in the name of - Existing Karta / HUF entity • The name shall be as it appears in the PAN card, e.g. A H Doshi & Sons, Bal Govind Zangle (HUF). • In case POA is to be given by the karta to some other entity to operate the HUF Account, the POA shall be signed by all the members of the HUF account in addition to the karta.
- Procedure to be adopted in the event of death of Karta is as follows:
- HUF, being a Hindu Undivided Family, the property of the family is managed by the Karta. • HUF does not come to an end in the event of death of the Karta. In such a case, the members of the HUF will appoint the new Karta. • The new karta shall submit the new list of members and a no objection from the surviving members of the HUF for him to act as Karta of the HUF. • The new Karta will submit to the DP the account modification form and record change in signature of the new Karta to operate the account. • The previous account need not be closed and the same account can continue.

Procedure to be followed in case of partition of HUF:

In case of partial partition of the HUF, if one or two members of the HUF have left, the others can still continue the HUF in the existing name. In case of full partition, the entire HUF is dissolved. In both the above cases, the Karta can transfer shares to the members who seek partition. If the issue of transfer cannot be amicably settled, the family members can go to court and transfer of shares can then be based on the Court directions.

Procedure to be followed in case of POA being given for the HUF

The Power of Attorney (POA) document shall be signed by the Karta of the HUF and all the co-parceners.

#### (D) NRI

- In case of foreign address, if address with P.O. Box No. has been submitted as Permanent and/or Correspondence address. Additionally the DPs shall obtain the complete residential address of the NRI BO, under declaration at the time of opening of the account. Such BO shall give an undertaking that whenever there is a change in the residential address, the BO shall inform the DP.
- A declaration duly signed by the NRI that he/she has complied with and will continue to comply with, FEMA regulations and other applicable laws. Change of status from NRI to Resident and vice versa: It is the responsibility of the individual to inform the change of status to the DP with whom he/she has opened the demat account. Subsequently, a new demat account in the new status will have to be opened, securities shall be transferred from the old demat account to the new demat account and then the old demat account shall be closed.

#### (E) Foreign Nationals

- Documents – same as NRI. • b) If the foreign address with P.O. Box No. is given as Permanent and/or Correspondence address, additionally, the DPs should obtain the complete residential address of the Foreign National BO, under declaration at the time of opening of the account. Such BO shall give an undertaking that whenever there is a change in the residential address, the BO shall inform the DP.



(F) **Association of Persons (AOP)**

a) Object of the association. b) Powers of the Managing Committee. c) Copy of the Bye Laws.

(G) **Proprietary / Partnership Firms**

BO accounts in the name of the Proprietorship Concern or Partnership Firm cannot be opened in CDSL system. KYC application form / KRA details are to be obtained for proprietor / partners and partnership firm. For Partnership firm, Partnership deed is also to be obtained. The pan card details of the partnership firm / proprietor is to be updated in the CDSL system. BO's Account can have a maximum of three names associated with it: the Sole/ First Account holder, the First Joint holder and the Second Joint holder. One passport-size photograph of each applicant shall be pasted on the form along with their signatures across the photograph and Account Opening Form.

(H) **Foreign Corporate**

A duly signed declaration that the corporate has complied with, and will continue to comply with, FEMA Regulations and other applicable laws.

(I) **Clearing Member (CM)**

a) If CM is a corporate body: True copy of certificate of registration with SEBI, certified by Managing Director/Company Secretary / notarized.  
b) If CM is a not a corporate body: • The CM account (CM Pool / CM Principal / 1 / Early Pay-in) may be opened in the CDSL system:  
i)- either in the name of the partnership firm/entity as mentioned on the Certificate of Registration with SEBI, or ii)- in the name of the proprietor or partners (up to three partners). • Photocopy of Certificate of Registration with SEBI, duly notarized.  
c) Asset Management Company (AMC) Pool Account: • This account is linked with a stock exchange.  
Following document is to be submitted by the AMC for opening the pool account with any DP of CDSL for the purpose of settlement of mutual fund units:  
• Letter / circular / instructions issued by the concerned Stock Exchange indicating the CM ID.

(J) **OCBs**

a) Certified true copy of Board Resolution, certified by Managing Director/Company Secretary for persons authorized by the Board to act as authorized signatory (ies).  
b) Names of the authorized signatory (ies), designation, photographs and their specimen signatures, certified by Managing Director/Company Secretary.  
c) Memorandum and Articles of Association of the Company.  
d) RBI Registration Certificate.  
e) Declaration from the OCB that it meets with the guidelines issued by RBI / Ministry of Finance.  
f) Certificate from overseas auditors in Form OAC or OAC - 1, as may be applicable.  
g) Statement of account from the Bank.

(K) **Society**

Registered Society: The account shall be opened in the name of the society.  
Unregistered Society: a) The account shall be opened in the names of the members under "Individual" category (maximum three accountholders).  
b) All the documents, as applicable for account opening under individual category, shall be obtained.

(L) **Trust**

Public Trust/ Charitable Trust and Trust capable of holding property in its name (Registered Trust /Public Trust):

a) Account shall be opened in the name of the Trust.  
b) Certificate of Registration of Trust under the Societies Registration Act/Public Trust Act, 1860 / Bombay Public Trust Act, 1950 / Public Trust Act, of relevant State.  
c) Certified true copy of Board Resolution to open the demat account and specifying the persons authorized by the Board to act as Authorized signatory(ies) to operate the demat account.  
d) Names of the authorized signatories, designation, and their specimen signatures duly verified by the Managing Trustee.

Private Trust:

a) The Board of Trustees shall specify the names of the trustee/s who shall hold/ operate the demat account.  
b) The account shall be opened in the names of the trustees under "Individual" category of the first named trustee (maximum three account holders).  
Recognized Funds / Trusts/ Other similar entities.

The Funds/ Trusts/ Entities presently included under this category are as follows:

a) Employees Provident Fund, which have been recognized by the Provident Fund Commissioner under Employee's Provident Funds & Miscellaneous Provisions Act, 1952.  
b) Employees Gratuity Fund, which are formed under Payment of Gratuity Act, 1972.  
c) Superannuation Fund which are formed under the guidelines issued by Income Tax Department.  
d) Venture Capital Funds which are registered by SEBI.  
(e) ESOP Trust formed pursuant to the guidelines issued by SEBI).

Accounts of the above Funds/ Trusts/ Entities shall be opened in the name of above Funds/ Trusts/ Entities as they are recognized either under the Income Tax Act or Securities & Exchange Board of India Act, etc.

Documents to be furnished by the above Funds/ Trusts/ Entities and other Funds/ Trusts/ Entities, which are similarly placed, are:

• Certificate of Registration, if any, issued by the authority recognizing the Fund / Trust / Entity as such; • Trust Deed and Rules and/or any document or charter defining their constitution and providing for management thereof; • List of Members on the Board of Trustees/Governing Body; • Certified true copy of the Resolution passed by the Board of Trustees/Governing Body to open the demat account and specifying the persons authorized by the Board to act as Authorized signatory(ies) to operate the demat account; • Names of the authorized signatories, designation, and their specimen signatures duly verified by the Managing Trustee;

(M) **Banks**

a) Certified true copy of Board Resolution, or b) Letter on the letterhead of the bank, signed by the Chairman/MD authorizing opening of account and authority given to authorized signatories to open and operate the demat account.

(N) **Mutual Funds**

SEBI Registration Certificate clearly indicating the name of the Mutual Fund.

(O) **Escrow Account**

• KYC form / KRA details of entity that is opening the account (RTA / Clearing Member / Manager to the Issue). • The photographs of the authorized signatory (ies) who would be operating the account. • PAN card of both parties i.e. Corporate entity & Escrow Agent. The PAN details of the Corporate entity would have to be captured in the CDSL system.

Procedure for opening Escrow account.

• The escrow account shall be opened in the name and form of < Issuer name> - <Reason for opening the escrow account>-operated by-<Operator Name> for e.g. Infosys Technologies Ltd. - Buyback Account - Operated by - Karvy Consultants Ltd. • The photographs of authorized signatories who will be opening the account as well as who will be operating the account along with name, designation shall also be obtained. • The escrow account shall be active for the limited period of the activity for which it has been opened. Such period shall be as specified by SEBI / CDSL or any such regulating authority from time to time. After the specified period is over the account shall be closed by the DP irrespective of whether the closure instruction is received from the account holder or not.

(P) **Limited Liability Partnership Firm**

Demat Account for Limited Liability Partnership Firm [which is registered under the Limited Liability Partnership Act (2008)]

Such an account shall be opened as: <"Company Name" Limited Liability Partnership> or <"Company Name" LLP>. For example, if the company name is "ABC" then the demat account shall be opened in the name of <ABC Limited Liability Partnership> or <ABC LLP>.

The following documents shall be obtained :

(i) Registration Certificate granted by the Registrar to the LLP under the LLP Act 2008. (ii) Declaration, on the letterhead of the LLP signed by all the designated partner/s clearly stating that the within named persons, who are designated partners of the LLP, have been nominated as authorized signatories to open and operate the said demat account on behalf of the LLP. (iii) The declaration shall specify the manner in which the account will be operated, that is: jointly or severally and shall give details of the names, addresses and DPIN [Designated Partner Identification Number allotted by the Registrar for each designated partner]/DIN [Directors Identification Number] along with their signatures and photographs. (iv) PAN Card details of the LLP are to be entered in the CDSL system. (v) The bank details in the name of the LLP, as sole / first holder in the bank account. (vi) PAN card of the authorized signatories to be kept on record. (vii) In case of change in registered office address of the LLP, the DP should take on record the notice of change of address filed by the LLP with the Registrar

• Joint holders in the demat account may be allowed. • Nomination in such demat accounts shall not be allowed. • Such demat accounts shall be opened under "Corporate" status in the CDSL system with the sub-status "Limited Liability Partnership".



## CENTRAL KYC REGISTRY - KNOW YOUR CLIENT (KYC) APPLICATION FORM - INDIVIDUAL

MANDATORY

## Important Instructions:

- A) Fields marked with '\*' are mandatory fields.  
 B) Tick '✓' wherever applicable.  
 C) Please fill the form in English and in BLOCK letters.  
 D) Please fill the date in DD-MM-YYYY format.  
 E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.
- F) Please read section wise detailed guidelines / instructions at the end.  
 G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.  
 H) List of two character ISO 3166 country codes is available at the end.  
 I) KYC number of applicant is mandatory for update application.  
 J) The 'OPT based E-KYC' check box is to be checked for accounts opened using OTP based EKYC in non face to face mode.

Crosseas Capital Services Pvt. Ltd.



## For office use only

Application Type\* ☐ New ☐ Update(To be filled by financial institution) KYC No.  (Mandatory for KYC update required)Account Type\* ☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)☐ 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	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	
PAN*	<input type="text"/>	<input type="checkbox"/> Form 60 furnished		
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"/> NRI	<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)			

☐ 2. PROOF OF IDENTITY AND ADDRESS\* (Please refer instruction B at the end)

(Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (any one of the following OVDs))

<input type="checkbox"/> A- Passport Number	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>
<input type="checkbox"/> C- Driving Licence	<input type="text"/>
<input type="checkbox"/> D- NREGA Job Card	<input type="text"/>
<input type="checkbox"/> E- National Population Register Letter	<input type="text"/>
<input type="checkbox"/> F- Proof of Possession of Aadhaar	<input type="text"/>
<input type="checkbox"/> E- KYC Authentication	<input type="text"/>
<input type="checkbox"/> Offline verification of Aadhaar	<input type="text"/>

PHOTO

Signature/Thumb impression

Address

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
PIN/Post Code*	<input type="text"/>
State /U. T. Code*	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>

☐ 3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)☐ Same as above mentioned address (In such cases address details as below need not be provided)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/> A- Passport Number	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>
<input type="checkbox"/> C- Driving Licence	<input type="text"/>
<input type="checkbox"/> D- NREGA Job Card	<input type="text"/>
<input type="checkbox"/> E- National Population Register Letter	<input type="text"/>



☐ F- Proof of Possession of Aadhaar

II ☐ E- KYC Authentication

III ☐ Offline verification of Aadhaar

IV ☐ Deemed proof of Address - Document Type code

X	X	X	X	X	X	X	X				
X	X	X	X	X	X	X	X				
X	X	X	X	X	X	X	X				

Address

Line 1\*

Line 2

Line 3

District\*

PIN/Post Code\*

State /U. T. Code\*

ISO 3166 Country Code\*

☐ 4. CONTACT DETAILS (All communications will be sent to Mobile no. / Email-ID) (Please refer instruction C at the end)

Tel. (Off)

Tel. (Res)

Mobile

Email ID

☐ 5. REMARKS (If any)

☐ 6. 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 - DD - YYYY

Place:

Signature / Thumb Impression of Applicant

☐ 9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies

☐ E-KYC data received from UDAI

☐ Data received from Offline verification

☐ Equivalent e-document

Pos Code:

KYC VERIFICATION CARRIED OUT BY

Date:

Emp. Name:

Emp. Code:

Emp. Designation:

Emp. Branch:

[Employee Signature]

INSTITUTION DETAILS

Name

Crosseas Capital Services Pvt. Ltd.

Code

[Institution Stamp]



**A Clarification / Guidelines on filling 'Personal Details' section**

- 1 **Name:** The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 One the following is mandatory: **Mother's name, Spouse's name, Father's name.**

**B Clarification / Guidelines on filling 'Current address details' section**

- 1 In case of deemed POA such as utility bill, the document need not be uploaded on CKYCR
- 2 PoA to be submitted only if the submitted Pol does not have current address or address as per Pol is invalid or not in force.
- 3 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 4 In Section 2, one of I, II and III is to be selected. In case of online E-KYC authentication, II is to be selected.
- 5 In Section 3, one of I, II, III and IV is to be selected. In case of E-KYC authentication, II is to be selected.
- 6 List of documents for 'Deemed Proof of Address'.

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	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
04	Letter of allotment of accommodation from employer issued by State Government or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies and leave and license agreements with such employers allotting official accommodation.

- | 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            | Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.   |
| 04            | Letter of allotment of accommodation from employer issued by State Government or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies and leave and license agreements with such employers allotting official accommodation. |
- 7 Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.
  - 8 "Equivalent e-document" means an electronic equivalent of a document issued by the issuing authority of such document with its valid digital signature including issued to the digital locker account of the client as per rule 9 of the information Technology (Preservation and Retention of information by intermediaries Providing Digital Locker Facilities) Rules, 2016.
  - 9 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.

**C Clarification / Guidelines on filling 'Contact details' section**

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

**D Clarification / Guidelines on filling 'Related Person details' section**

- 1 Provide KYC number of related person, if available.

**E Clarification on Minor**

- 1 Guardian details are optional for minors above 10 years of age for opening of bank account only
- 2 However, in case guardian details are available for minor above 10 years of age, the same (or CKYCR number of guardian) is to be uploaded.



**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 & 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 & 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 & 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 & 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



Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
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 !Côte d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion !Réunion	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 !Curaçao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy !Saint Barthélemy	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		



**Important Instructions:**

- A) Fields marked with "\*" are mandatory fields.  
 B) Tick "✓" wherever applicable.  
 C) Please fill the date in DD-MM-YYYY format.  
 D) Please fill the form in English and in BLOCK letters.  
 E) KYC number of applicant is mandatory for update application.  
 F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.  
 G) List of two character ISO 3166 country codes is available at the end.  
 H) Please read section wise detailed guidelines / instructions at the end.  
 I) 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**

Application Type\*

☐ New ☐ Update

(To be filled by financial institution) KYC Number

(Mandatory for KYC update request)

☐ **1. ENTITY DETAILS\*** (Please refer instruction A at the end)

Name\*

Entity Constitution Type\*

☐ Others (Specify)

(Please refer instruction B at the end)

Date of Incorporation / Formation\*

Date of Commencement of Business

Place of Incorporation / Formation\*

Country of Incorporation / Formation\*

PAN \*

Form 60 furnished

TIN / GST Registration Number

☐ **2. PROOF OF IDENTITY (PoI)\*** (Please refer instruction B at the end)
☐ Officially valid document(s) in respect of person authorised to transact

☐ Certificate of Incorporation / Formation

☐ Registration Certificate

Regn Certificate No.

☐ Memorandum and Articles of Association

☐ Partnership Deed

☐ Trust Deed

☐ Resolution of Board / Managing Committee

☐ Power of attorney granted to its manager, officers or employees to transact on its behalf

☐ Activity Proof - 1 (For Sole Proprietorship Only)

☐ Activity Proof - 2 (For Sole Proprietorship Only)
☐ **3. ADDRESS\*** (Please see instruction C at the end)

## 3.1 Registered Office Address / Place of Business\*

Proof of Address\*

☐ Certificate of Incorporation / Formation

☐ Registration Certificate

☐ Other Document

Line 1\*

Line 2

Line 3

District\*

PIN / Post Code\*

State / U.T Code\*

ISO 3166 Country Code\*

## 3.2 Local Address in India (If different from Above)\*

Line 1\*

Line 2

Line 3

District\*

PIN / Post Code\*

State / U.T Code\*

ISO 3166 Country Code\*

☐ **4. CONTACT DETAILS** (All communications will be sent to Mobile number/ Email-ID provided" may be used) (Please refer instruction D at the end)

Tel. (Off)

FAX

Mobile

Email ID

Mobile

Email ID

☐ **5. NUMBER OF RELATED PERSONS**

(Please refer instruction E at the end)







## A Clarification / Guidelines for filling Entity Details section

## 1 Entity Constitution Type

A - Sole Proprietorship  
 B - Partnership Firm  
 C - HUF  
 D - Private Limited Company  
 E - Public Limited Company  
 F - Society  
 G - Association of Persons (AOP) / Body of Individuals (BOI)

H - Trust  
 I - Liquidator  
 J - Limited Liability Partnership  
 K - Artificial Liability Partnership  
 L - Public Sector Banks  
 M - Central/State Government Department or Agency  
 N - Section 8 Companies (Companies Act, 2013)

O - Artificial Jurisdictional Person  
 P - International Organisation or Agency /Foreign  
 Embassy or Consular Office etc.  
 Q - Not Categorized  
 R - Others  
 S - Foreign Portfolio Investors

2 In case of companies and partnerships, PAN of the entity is mandatory. In case of other entities, FORM 60 may be obtained if PAN is not available.

## B Clarification / Guidelines for filling 'Proof of Identity[Pol]' section

- 1 Activity Proof - 1 and Activity Proof - 2 are applicable for accounts in case of proprietorship firms. Please refer to relevant instructions issued by the Reserve Bank of India in this regard.
- 2 Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.
- 3 Certified copy of document or equivalent e-document or OVD obtained through Digital KYC process to be submitted.
- 4 'Equivalent e-document' means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
- 5 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
- 6 KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.

## C Clarification / Guidelines for filling 'Proof of Address [PoA]' section

- 1 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 2 Certified copy of document or equivalent e-document to be submitted.

## D Clarification / Guidelines for filling 'Contact Details' section

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

## E Clarification / Guidelines for filling 'Related Person Details' section

- 1 Personal Details
  - The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Proof of Address [PoA]
  - 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 deemed PoA such as utility bill, the document need not be uploaded on CKYCR
  - REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository.
- 3 If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related Person' are required.
- 4 Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.

## F Provision for capturing signature of multiple authorised persons is to be made by the RE.



## 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
Åland 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	GO	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Erzrea	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 Island	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Island	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Moyotte	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	SI
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	NZ	Taiwan province of China	TW
Botswana	BS	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	Hongkong	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		



## CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person

## Important Instructions:

- A) Fields marked with '\*' are mandatory fields.  
 B) Tick '✓' wherever applicable.  
 C) Please fill the date in DD-MM-YYYY format.  
 D) Please fill the form in English and in BLOCK letters.  
 E) KYC number of applicant is mandatory for update application.  
 F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.  
 G) List of two character ISO 3166 country codes is available at the end.  
 H) Please read section wise detailed guidelines / instructions at the end.  
 I) 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 Application Type\* ☐ New ☐ Update ☐ Delete  
 (To be filled by financial institution) KYC Number  (Mandatory for KYC update and delete request)

## 1. DETAILS OF RELATED PERSON\* (Please refer instruction E at the end)

☐ Addition of Related Person ☐ Deletion of Related Person ☐ Update Related Person Details

KYC Number of Related Person (if available\*)  If KYC number is available, only 'Related Person Type' & 'Name' is mandatory

Related Person Type\* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointment Official ☐ Proprietor  
☐ Beneficiary ☐ Authorised Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder ☐ Other (Please specify)

DIN (Director Identification Number)  (Mandatory if Related Person Type is Director)

## 1.1 PERSONAL DETAILS (Please refer instruction E at the end)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Nationality*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> )		
PAN*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			<input type="checkbox"/> Form 60 furnished	

## 1.2 PROOF OF IDENTITY AND ADDRESS\* (Please refer instruction E at the end)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A- Passport Number   
☐ B- Voter ID Card   
☐ C- Driving Licence   
☐ D- NREGA Job Card   
☐ E- National Population Register Letter   
☐ F - Proof of Possession of Aadhaar   
 II ☐ E-KYC Authentication   
 III ☐ Offline verification of Aadhaar

☐ PHOTO\*



Signature

## Address

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

☐ 1.3. CURRENT ADDRESS DETAILS (Please refer instruction E and the end)

☐ Same as above mentioned address (In such cases address details as below need not be provided)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A- Passport Number   
☐ B- Voter ID Card   
☐ C- Driving Licence   
☐ D- NREGA Job Card   
☐ E- National Population Register Letter   
☐ F - Proof of Possession of Aadhaar   
 II ☐ E-KYC Authentication   
 II ☐ Offline verification of Aadhaar   
 IV ☐ Deemed PoA  
 V ☐ Self Declaration



**Address**

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

**1. 4 CONTACT DETAILS** (All communication will be sent on provided mobile no. / Email-ID) (Please refer instruction D at the end)

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

**2. 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/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date :   -   -      Place:

Signature /Thumb Impression of Applicant

**3. ATTESTATION / FOR OFFICE USE ONLY**

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification  
☐ Digital KYC process ☐ Equivalent e-document

**KYC VERIFICATION CARRIED OUT BY**

Date   -   -      
Emp. Name          
Emp. Code          
Emp. Designation          
Emp. Branch

**INSTITUTION DETAILS**

Name          
Code

[Employee Signature]

[Institution Stamp]





Application No.:

1. **Name of Applicant** (Please write complete name as per Certificate of Incorporation / Registration; leaving one box blank between 2 words. Please do not abbreviate the Name).

## B. Address Details (please see guidelines overleaf)

### C. Other Details (please see guidelines overleaf)

## DECLARATION

**NAME & SIGNATURE(S)  
OF AUTHORISED  
PERSON(S)**



Place:

Date:

## AMC/Intermediary name OR code

**Crosseas Capital Services Pvt. Ltd.**

☐ (Originals Verified) Self Certified Document copies received

**For Crosseas Capital Services Pvt. Ltd.**

Staff Name
Designation



## INSTRUCTIONS/CHECK LIST FOR FILLING KYC FORM

### A. IMPORTANT POINTS:

1. Self attested copy of PAN card is mandatory for all clients.
2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCICard and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
10. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
11. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.

### B. Proof of Identity (POI): - List of documents admissible as Proof of Identity:

1. PAN card with photograph. This is a mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
2. Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving license.
3. Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

### C. Proof of Address (POA): - List of documents admissible as Proof of Address:

- (\*Documents having an expiry date should be valid on the date of submission.)
1. Passport/Voters Identity Card/Ration Card/Registered Lease or Sale Agreement of

### F. In case of Non-Individuals, additional documents to be obtained from non-individuals, over & above the POI & POA, as mentioned below:

Types of entity	Documentary requirements
Corporate	<ul style="list-style-type: none"> <li>• Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>• Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year).</li> <li>• Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations.</li> <li>• Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly.</li> <li>• Copies of the Memorandum and Articles of Association and certificate of incorporation.</li> <li>• Copy of the Board Resolution for investment in securities market.</li> <li>• Authorised signatories list with specimen signatures.</li> </ul>
Partnership firm	<ul style="list-style-type: none"> <li>• Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>• Certificate of registration (for registered partnership firms only).</li> <li>• Copy of partnership deed.</li> <li>• Authorised signatories list with specimen signatures.</li> <li>• Photograph, POI, POA, PAN of Partners.</li> </ul>
Trust	<ul style="list-style-type: none"> <li>• Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>• Certificate of registration (for registered trust only). Copy of Trust deed.</li> <li>• List of trustees certified by managing trustees/CA.</li> <li>• Photograph, POI, POA, PAN of Trustees.</li> </ul>
HUF	<ul style="list-style-type: none"> <li>• PAN of HUF.</li> <li>• Deed of declaration of HUF/ List of coparceners.</li> <li>• Bank pass-book/bank statement in the name of HUF.</li> <li>• Photograph, POI, POA, PAN of Karta.</li> </ul>
Unincorporated Association or a body of individuals	<ul style="list-style-type: none"> <li>• Proof of Existence/Constitution document.</li> <li>• Resolution of the managing body &amp; Power of Attorney granted to transact business on its behalf.</li> <li>• Authorised signatories list with specimen signatures.</li> </ul>
Banks/Institutional Investors	<ul style="list-style-type: none"> <li>• Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years.</li> <li>• Authorised signatories list with specimen signatures.</li> </ul>
Foreign Institutional Investors (FII)	<ul style="list-style-type: none"> <li>• Copy of SEBI registration certificate.</li> <li>• Authorised signatories list with specimen signatures.</li> </ul>
Army/ Government Bodies	<ul style="list-style-type: none"> <li>• Self-certification on letterhead.</li> <li>• Authorised signatories list with specimen signatures.</li> </ul>
Registered Society	<ul style="list-style-type: none"> <li>• Copy of Registration Certificate under Societies Registration Act. • List of Managing Committee members.</li> <li>• Committee resolution for persons authorised to act as authorised signatories with specimen signatures.</li> <li>• True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.</li> </ul>

2. Residence/Driving License/Flat Maintenance bill/Insurance Copy.
3. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
4. Bank Account Statement/Passbook - Not more than 3 months old.
5. Self-declaration by High Court and Supreme Court Judges, giving the new address in respect of their own accounts.
6. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
7. Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
8. For FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostilled or consularised) that gives the registered address should be taken.
9. The proof of address in the name of the spouse may be accepted.

### D. Exemptions/clarifications to PAN

(\*Sufficient documentary evidence in support of such claims to be collected.)

1. In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
2. Investors residing in the state of Sikkim.
3. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
4. SIP of Mutual Funds upto Rs 50, 000/- p.a.
5. In case of institutional clients, namely, FIIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

### E. List of people authorized to attest the documents:

1. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/ Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
2. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy /Consulate General in the country where the client resides are permitted to attest the documents.



# Annexure

## Details of Promoters / Partners / karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

Name of Applicant: \_\_\_\_\_ PAN of the Applicant: 

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Sr. No.	PAN	Name	DIN (For Directors) / Aadhaar Number (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph

Name & Signature of the Authorised Signatory(ies)

Date 

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**CROSSEAS CAPITAL SERVICES PVT. LTD.**  
 DEPOSITORY PARTICIPANT OF CENTRAL DEPOSITORY SERVICES (I) LTD.  
 DP ID - 47400 • SEBI REGN. NO. : IN-DP-CDSL-377-2006  
**Corporate Office:** 1303, 13th Floor, Lodha Supremus,  
 Dr. E. Moses Road, Worli Naka, Mumbai - 400 018.  
 Tel.: (022) 2482 5700 Extn: 120 • Fax: (022) 2490 1323  
 E-mail: mail@crosseascapital.com • Website: www.crosscap.co.in

#### Inperson Verification

Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Place: \_\_\_\_\_

#### Additional KYC Form for Opening a Demat Account (Individual)

(To be filled by the Depository Participant)

Application No.											Date								
DP Internal Reference No.																			
DP ID	1	2	0	4	7	4	0	0	Client ID	0	0	0							

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

I / We request you to open a demat account in my / our name as per the following details: -

#### Holders Details

Sole / First Holder's Name	PAN													
	UID													
Exchange Name & ID	UCC													
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 persons, 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			
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident	<input type="checkbox"/> Individual-Director	<input type="checkbox"/> Individual Director's Relative	
	<input type="checkbox"/> Individual HUF / AOP	<input type="checkbox"/> Individual Promoter	<input type="checkbox"/> Individual Margin Trading A/C (MANTRA)	
	<input type="checkbox"/> Minor	<input type="checkbox"/> Others (specify)		
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable	<input type="checkbox"/> NRI Non-Repatriable	<input type="checkbox"/> NRI-Repatriable Promoter	
	<input type="checkbox"/> NRI Non-Repatriable Promoter	<input type="checkbox"/> NRI - Depository Receipts	<input type="checkbox"/> Others (specify)	
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign - National	<input type="checkbox"/> Foreign National - Depository Receipts	<input type="checkbox"/> Others (specify)	

#### Details of Guardian

(in case the account holder is minor)

Guardian's Name	PAN									
Relationship with the applicant										
I / We instruct the DP to receive each and every credit in my / our account [Automatic Credit] (If not marked, the default option would be 'Yes')										<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 as given below through ECS (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--



**Bank Details (Dividend Bank Details)**

MICR code starting with 000 will not be eligible for ECS.

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			

(i) Photocopy of the cheque/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, (or)

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

(iv) Letter from the Bank.

• In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document and it shall be self-certified by the BO.

**OTHER DETAILS****1. Gross Annual Income Details (please specify):**Income Range per annum: ☐ Below Rs 1 Lac ☐ 1-5 Lac ☐ 5-10 Lac ☐ 10-25 Lac ☐ > 25 Lacs**Net-worth as on** (date) \_\_\_\_\_ (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 ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Others (Specify) \_\_\_\_\_**3. Please tick, if applicable:** ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (RPEP)**4. Any other information:** \_\_\_\_\_

<b>SMS Alert Facility</b> Refer to Terms & Conditions given as Annexure-2.4	<input type="checkbox"/> Yes 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).	<input type="checkbox"/> No
<b>easi</b>	<input type="checkbox"/> Yes. To register for easi, please visit our website <a href="http://www.cdslindia.com">www.cdslindia.com</a> . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.	<input type="checkbox"/> No

	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signature			

(Signatures should be preferably in black ink).

**For Crosseas Capital Services Pvt. Ltd.**

Director / Authorised Signatory



**BO ID-12047400 000.....**

**MODE OF OPERATION FOR EXECUTION OF TRANSACTIONS (Transfer, Pledge & Freeze)**

<input type="checkbox"/> Jointly	<input type="checkbox"/> Anyone of the Holder
----------------------------------	---

Consent for Communication to be received by first account holder/ all Account holder: (Tick the applicable box. If not marked the default option would be <b>first holder</b> .)		
<input type="checkbox"/> first Holder	<input type="checkbox"/> All Holder	Email id
	<input type="checkbox"/> Second Holder	
	<input type="checkbox"/> Third Holder	

First Holder

Second Holder

Third Holder

.....

.....

.....



## Nomination Form - Annexure A

CROSSEAS CAPITAL SERVICES PVT.LTD.														FORM FOR NOMINATION (To be filled in by individual applying singly or jointly)													
DATE										DP ID	1	2	0	4	7	4	0	0	0	0	0						
Nomination Registration No.																											
I/We wish to make a nomination.(As per details given below)																											
<b>Nomination Details</b>																											
I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in event of my / our death.																											
<b>Nomination can be made upto three nominees in the account.</b>										<b>Details of 1<sup>st</sup> Nominee</b>					<b>Details of 2<sup>nd</sup> Nominee</b>					<b>Details of 3<sup>rd</sup> Nominee</b>							
<b>1</b>		<b>Name of the nominee(s) (Mr. Ms)</b>																									
<b>2</b>		<b>Share of each Nominee</b>		Equally (If not equally please specify percentage)						%					%					%							
										Any odd lot after division shall be transferred to the first nominee mentioned in the form.																	
<b>3</b>		<b>Relationship With the Applicant (If Any)</b>																									
<b>4</b>		<b>Address of Nominee(s)</b>																									
		City / Place : State & Country:																									
				PIN CODE																							
<b>5</b>		Mobile/Telephone No.of nominee(s)																									
<b>6</b>		Email ID of nominee(s)																									
<b>7</b>		Nominee Identification details-(Please tick any one of following and provide details of same)  <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID																									
<b>Sr.Nos.8-14 should be filled only if nominee(s) is a minor:</b>																											
<b>8</b>		<b>Date of Birth {in case of minor nominee(s)}</b>																									



<b>9</b>	Name of Guardian (Mr./Ms.) {in case of minor nominee(s) }						
<b>10</b>	Address of Guardian(s)						
	City / Place: State & Country:						
		PIN Code					
<b>11</b>	Mobile /Telephone no. of Guardian						
<b>12</b>	Email ID of Guardian						
<b>13</b>	Relationship of Guardian with nominee						
<b>14</b>	<b>Guardian Identification details</b> – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID						
<b>Name(s) of holder(s)</b>					<b>Signature(s) of holder*</b>		
<b>Sole / First Holder (Mr./Ms.)</b>							
<b>Second Holder (Mr./Ms.)</b>							
<b>Third Holder (Mr./Ms.)</b>							

\* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature  
**Note:** This nomination shall supersede any prior nomination made by the account holder(s), if any. The Trading Member / Depository Participant shall provide acknowledgement of the nomination form to the account holder(s)



# CROSSEAS CAPITAL SERVICES PVT. LTD.

DEPOSITORY PARTICIPANT OF CENTRAL DEPOSITORY SERVICES (I) LTD.

DP ID - 47400 • SEBI REGN. NO.: IN-DP-CDSL-377-2006

Corp. Off.: 1303, 13th Floor, Lodha Supremus, Dr. E. Moses Road, Worli Naka, Mumbai - 18.

Tel.: (022) 2482 5700 Extn: 120 • Fax: (022) 2490 1323

## Inperson Verification

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

## 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	4	7	4	0	0	Client ID	0	0	0								

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

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

### Holders Details

Sole / First Holder's Name																			
Search Name		PAN																	
Exchange Name & ID		UCC																	
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 persons, 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
<input type="checkbox"/> Body Corporate <input type="checkbox"/> CM	<input type="checkbox"/> Banks <input type="checkbox"/> FI	<input type="checkbox"/> Trust <input type="checkbox"/> Clearing House
<input type="checkbox"/> Mutual Fund <input type="checkbox"/> Other (Specify)		<input type="checkbox"/> OCB <input type="checkbox"/> FII
To be filled by the DP		
Date of Incorporation		
SEBI Registration No. (If Applicable)		SEBI Registration Date
RBI Registration No. (If Applicable)		RBI Approval Date
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) _____	

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

### 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') [ECS is mandatory for locations notified by SEBI from time to time]	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--







## 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 of 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 or 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. 12A. The stock broker / stock broker and depository participant shall not directly / indirectly compel the clients to execute Power of Attorney (POA) or Demat Debit and Pledge Instruction (DDPI) or deny services to the client if the client refuses to execute PoA or DDPI

### 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.

First/Sole Holder

Second Joint Holder

Third Joint Holder



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 Joint Holder



Third Joint Holder





Phone No:

Sold To/Issued DEMAT DEBIT AND PLEDGE INSTRUCTIONS (DDPI)

CROSSEAS CAPITAL

For Whom/ID Proof:

TO ALL TO WHOM THESE PRESENTS SHALL COME I/WE MR./MRS./M/S.

भारत INDIA  
INDIA NON JUDICIALOp Bank Limited  
10, Mahatma Jyoti Ba  
Mumbai - 400001

महाराष्ट्र भारतीय गैर न्यायिक

JUN-09-2025 12:17:20

₹ 0000100/-

ZERO ZERO ZERO ZERO ONE ZERO ZERO

3815837 1748471 40977-00453779 COMMON  
3815837 IGR-ACS-V-043-2023

First Holder	
Second Holder	
Third Holder	

Having his/her/its residence/registered office/place of business at

Whereas I/ we hold Beneficial Owner Account Number 12047400 000 with Central Depository Services (India) Limited (CDSL), through M/s Crosseas Capital Services Pvt. Ltd. registered with Securities and Exchange Board of India (SEBI) having its Registered office address at 5<sup>th</sup> Floor, Suite 37, Martin burn House. 1 R.N. Mukherjee Road, Kolkata-700 001. (hereinafter referred as the "Stock Broker"). And Whereas I/ we am/ are desirous to buy and sell securities through the Stock Broker Crosseas Capital Services Pvt. Ltd., who is a stock broker registered with SEBI bearing Registration No INZ000201133 and member of National Stock Exchange of India Ltd Code: 12295, BSE Ltd Clg. No. 3037

I/We, the Account Holder/ Joint Account Holders do hereby give the following Instructions to Crosseas Capital Services Pvt. Ltd as follows:

S. No.	Purpose	Signature of Client *
1.	Transfer of securities held in the beneficial owner accounts towards Stock Exchange related deliveries / settlement obligations arising out of trades executed by me/us on the Stock Exchange through the same stock broker	First Holder  _____ Second Holder  _____ Third Holder  _____
2.	Pledging / re-pledging of securities in favour of trading member (TM) / clearing member (CM) for the purpose of meeting margin requirements of me/us in connection with the trades executed by me/us on the Stock Exchange.	First Holder  _____ Second Holder  _____ Third Holder  _____
3.	Mutual Fund transactions being executed on Stock Exchange order entry platforms	First Holder  _____ Second Holder  _____ Third Holder  _____
4.	Tendering shares open offers through Stock Exchange platforms	First Holder  _____ Second Holder  _____ Third Holder  _____

I/We further agree and confirm that the powers and authorities conferred by this DDPI shall continue until it is revoked in writing by me/us and that the said revocation shall be effective from the date on which the revocation notice is received by any person authorised in this regard by the Stock Broker in its office at 1303, 13<sup>th</sup> Floor, Lodha Supremus, Dr. E. Moses Road, Worli Naka . Worli , Mumbai-400 018. However, such revocation shall not be applicable for any outstanding settlement obligation of funds/ securities arising out of the trades carried prior to receiving request for revocation of this DDPI.

In case of HUF, all coparceners should sign	Signature of Co-parceners
1 _____	Signature _____
2 _____	Signature _____
3 _____	Signature _____
4 _____	Signature _____
5 _____	Signature _____








List of the Designated Demat Accounts of M/s Crosseas Capital Services Pvt. Ltd  
(An updated shall also be available on our website from time to time)

SR. NO.	NAME OF THE ACCOUNT HOLDER	DP ID/CLIENT ID	CM BP ID	CM ID	DP NAME	PURPOSE
1	CROSSEAS CAPITAL SERVICES PVT LTD.	IN300484/11811027	IN562734	M50668	AXIS BANK LTD.	NSE NSDL POOL A/C
2	CROSSEAS CAPITAL SERVICES PVT LTD.	1204740000000036		M50668	CROSSEAS CAPITAL SERVICES PVT LTD.	NSE CDSL POOL A/C
3	CROSSEAS CAPITAL SERVICES PVT LTD.	1100001100016643		M50668	NSE CLEARING	NSE CDSL EARLY PAY-IN A/C
4	CROSSEAS CAPITAL SERVICES PVT LTD.	IN300484/12246934	IN630377	3037	AXIS BANK LTD.	BSE NSDL POOL A/C
5	CROSSEAS CAPITAL SERVICES PVT LTD.	1100001000015696		3037	INDIAN CLEARING CORPORATION LIMITED-CM-11000010	BSE CDSL EARLY PAY-IN A/C
6	CROSSEAS CAPITAL SERVICES PVT LTD.	12047400000038575		M50668	CROSSEAS CAPITAL SERVICES PVT LTD.	CDSL CLIENT SECURITIES MARGIN PLEDGE A/C
7	CROSSEAS CAPITAL SERVICES PVT LTD.	IN300484/30311666		M50668	AXIS BANK LTD.	NSDL CM/TM CLIENT SECURITIES MARGIN PLEDGE A/C
8	CROSSEAS CAPITAL SERVICES PVT LTD.	12047400000041970		CUSPA	CROSSEAS CAPITAL SERVICES PVT LTD.	CLIENT UNPAID SECURITIES PLEDGEE A/C.
9	CROSSEAS CAPITAL SERVICES PVT LTD.	12047400000042235			CROSSEAS CAPITAL SERVICES PVT LTD.	CDSL TM/CM CLIENT NODAL MFOS

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

SIGNED AND DELIVERED BY the within named Beneficial Owner

	First Holder	Second Joint Holder	Third Joint Holder
Name			
Specimen Signature			

In the presence of	Witness 1	Witness 2
Name & Address		
Witness Signature		

We Accept  
For Crosseas Capital Services Pvt.Ltd.

Director / Authorised Signatory.



## 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 Marathon Futrex, A-Wing, 25th floor, NM Joshi Marg, Lower Parel, Mumbai 400013 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](mailto:complaints@cdslindia.com). The BO is advised not to inform the service provider about any such unauthorized debit to/ transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse communication between the service provider and the depository.**
7. The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.
8. The depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
9. If the BO finds that the information such as mobile number etc., has been changed with out proper authorization, the BO should immediately inform the DP in writing.

### Fees:

Depository reserves the right to charge such fees from time to time as it deems fit for providing this service to the BO.

### Disclaimer:

The depository shall make reasonable efforts to ensure that the BO's personal information is kept confidential. The depository does not 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

#### Common Registration Form for availing SMS Alert and /or TRUST facility

To,  
**Crosseas Capital Services Pvt. Ltd. (DP-ID-12047400)**  
Corp. Office: 1303, 13th Floor, Lodha Supremus, Dr. E. Moses Road, Worli Naka, Mumbai - 400 018.

Dear Sir/Madam,

I/We wish to avail the following facility/ies provided by the depository on my/our mobile number as provided below subject to the terms and conditions as specified by CDSL

a. SMART-SMS alert facility ☐

b. TRUST- TRAnsaction using Secured Texting facility ☐

(please note that SMS alert facility is mandatory if TRUST facility is opted for)

BOID

1	2	0	4	7	4	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)

(Existing users registered for SMS alerts:- Please note that if the mobile number for TRUST is different than the registered mobile number for SMS alert, the new mobile number will be updated for SMS alert also.)

The mobile number is registered in the name of: \_\_\_\_\_

Email ID: \_\_\_\_\_

(Please write only ONE valid email ID on which communication; if any, is to be sent)

Signatures

Sole / First Holder

Second holder

Third Holder

Place: \_\_\_\_\_

Date: \_\_\_\_\_



From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

To  
**CROSSEAS CAPITAL SERVICES PVT. LTD.**  
1303, 13th Floor, Lodha Supremus, Dr. E. Moses Road,  
Worli Naka, Mumbai - 400 018.  
Dear Sir,

**SUB: LETTER OF DEBIT AUTHORISATION:**

I am client of Crosseas Capital Services Pvt. Ltd. having client code \_\_\_\_\_

& I hereby willfully & unconditionally issue following debit authorisation:-

I am agreeable and authorise you to debit my client code \_\_\_\_\_ towards DP Charges.

Thanking you,  
Yours Faithfully,



Signature  
(please sign with stamp of the firm if applicable)

---

**DECLARATION BY KARTA**

Date

To,  
**CROSSEAS CAPITAL SERVICES PVT. LTD.**  
1303, 13th Floor, Lodha Supremus, Dr. E. Moses Road,  
Worli Naka, Mumbai - 400 018.

**Subject: Our HUF and all co - parceners details for DP account with your company**

Dear Sir,

Details of our HUF and all its co - parceners are stated as under;

Name	Date of birth	Relationship	Gender	Signature
1. _____		<b>Self</b>		
2. _____				
3. _____				
4. _____				
5. _____				

I hereby, state that details mentioned as above are true and any change in them would be intimated to you in writing.

Thanking you,  
Yours faithfully,



(Name & Signature of Karta with the appropriate Karta stamp)



**Family Declaration - Email/Mobile Updation in Family Codes****(Compulsory in case having common email & mobile in more than one account in Crosseas Capital Services Pvt. Ltd.)**

To,  
**CROSSEAS CAPITAL SERVICES PVT. LTD.**

Date: \_\_\_\_\_

1303, 13th Floor, Lodha Supremus, Dr. E. Moses Road, Worli Naka, Mumbai - 400 018.

Dear Sir/Madam,

Subject: Family Declaration for registering common Mobile/Email details

I request you to register the following mobile number and/or email id in my demat and/or trading account(s) to be opened with you.

Mobile No.: \_\_\_\_\_ Email ID: \_\_\_\_\_

I and my family members hereby request that mobile number and email id, as mentioned above shall be considered in your records for the purpose of receiving communication from Crosseas Capital Services Pvt. Ltd. or Stock Exchanges/Depositories with regard to trading/demat transactions executed by me/us through Crosseas Capital Services Pvt. Ltd.

This facility shall be provided to me/us as an additional, for my/our convenience of receiving transaction details at a single mobile number and e-mail id. I/We understand that this facility is availed only by the family members where "family" means self, spouse, dependent children and dependent parents. (As per the SEBI Guidelines).

Sr. No.	Client Name	Client ID/DP ID	Relationship	Signature
1.			Self	
2.			Dependent Parent - Mother	
3.			Dependent Parent - Father	
4.			Spouse	
5.			Dependent Daughter	
6.			Dependent Son	

Thanking You,

(Sole/First older)

(Second Holder)

(Third Holder)

(in case of demat account having joint holders, all holders need to sign)

**FEMA DECLARATION FORM**

Dear Sir/Madam,

With reference to my/our application for opening of Demat account with you, I/we hereby confirm that I am/we are non-resident Indian/s foreign national/s Individual /s. I/we also confirm that I/we have complied with FEMA (erstwhile FERA) Regulations and I/ we would continue to comply with FEMA (FERA) regulations.

	First/Sole Holder	* Second Holder	* Third Holder
Name			
Signature			

Date:

Place:

Form No.:

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



# OPTION FORM FOR ISSUE OF DIS BOOKLET

Date: \_\_\_\_\_

DP ID	1	2	0	4	7	4	0	0	Client ID								
-------	---	---	---	---	---	---	---	---	-----------	--	--	--	--	--	--	--	--

To,  
**Crosseas Capital Services Pvt. Ltd.**  
 1303, 13th Floor, Lodha Supremus,  
 Dr. E. Moses Road, Worli Naka, Mumbai - 400 018.  
 Tel.: (022) 2482 5700 Extn: 120 • Fax: (022) 2490 1323

Dear Sir / Madam,

I / We hereby state that:

[Select one of the options given below]




☐ **OPTION 1:**

I / We require you to issue Delivery Instruction Slip (DIS) booklet to me / us immediately on opening my / our CDSL account though I / we have issued a Power of Attorney (POA) / executed PMS agreement in favour of / with \_\_\_\_\_ (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through such Clearing Member / by PMS manager.

☐ **OPTION 2:**

I / We do not require the Delivery Instruction Slip (DIS) for the time being, since I / We have issued a POA / executed PMS agreement in favour of / with \_\_\_\_\_ (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through such Clearing Member / by PMS manager. However, the Delivery Instruction Slip (DIS) booklet should be issued to me / us immediately on my / our request at any later date.

Yours faithfully,

	First/Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signature			

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

## ACKNOWLEDGEMENT RECEIPT

Received **OPTION FORM FOR ISSUE / NON ISSUE OF DIS BOOKLET** from:

DP ID	1	2	0	4	7	4	0	0	Client ID								
Name of the Sole / First Holder																	
Name of Second joint Holder																	
Name of Third joint Holder																	

For CROSSEAS CAPITAL SERVICES PVT. LTD.

(Authorised Signatory)



To,  
**Crosseas Capital Services Pvt. Ltd.**  
 1303, 13th Floor, Lodha Supremus,  
 Dr. E. Moses Road, Worli Naka, Mumbai - 400 018.  
 Tel.: (022) 2482 5700 Extn: 120 • Fax: (022) 2490 1323

Date: \_\_\_\_\_

Dear Sir / Madam,

☐ I / We do not want to avail the BSDA (Basic Services Demat Account) facility in respect of my /our below mentioned demat account with you.

☐ I / We wish to avail the BSDA facility for the new account for which we have submitted my / our account opening form




☐ I / We wish to avail the BSDA facility for my / our below mentioned demat account number

DP ID	1	2	0	4	7	4	0	0	Client ID	0	0						
-------	---	---	---	---	---	---	---	---	-----------	---	---	--	--	--	--	--	--

	Name	PAN
Sole/First Holder		
Second Holder		
Third Holder		

I/We have read and understood the regulatory (SEBI) guidelines for opening a Basic Services Demat Account and undertake to comply with the aforesaid guidelines from time to time. I/we also undertake to comply with the guidelines issued by any such authority for BSDA facility from time to time. I/We also agree that in case our demat account opened under BSDA facility does not meet the eligibility for BSDA facility as per guideline issued by SEBI or any such authority at any point of time, my / our BSDA account will be converted to regular demat account without further reference to me/us and will be levied charges as applicable to regular accounts as informed by the DP.

I, the first / Sole holder also hereby declare that I do not have / propose to have any other demat account across depositories as a first / sole holder.

	Signature
Sole/First Holder	
Second Holder	
Third Holder	

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

#### ACKNOWLEDGEMENT RECEIPT

Received BSDA declaration form from:

DP ID	1	2	0	4	7	4	0	0	Client ID	0	0						
Name																	
Address																	

For Crosseas Capital Services Pvt. Ltd.

Date:

(Authorised Signatory)



To,  
**CROSSEAS CAPITAL SERVICES PVT. LTD.**  
 1303, 13th Floor, Lodha Supremus, Dr. E. Moses Road,  
 Worli Naka, Mumbai - 400 018.

**Re: - Beneficial Owner (BO) Account No. \_\_\_\_\_**

I/We confirm having opted to receive the statement of accounts pertaining to the above mentioned BO account in electronic mode in lieu of physical copy of the statement of account.




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

(Email address: \_\_\_\_\_ )

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

Yours Faithfully,

Name/s of the Beneficial Owner/s

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

#### TARIFF STRUCTURE

1. Account Opening Charges	NIL (Legal Charges at actual)
2. Transactions charges for Sales or Market Transactions, through Crosseas Capital Services Pvt. Ltd.	NIL
3. Off market transactions charges. Market Transactions or Off market transactions charges, if done through other Brokers.	Rs. 15/- per ISIN Rs. 15/- per ISIN
4. Demat Charges	Rs. 3/- per Certificate + Rs. 25/- per form
5. Remat Charges	Rs. 25/- per request
6. Account Maintenance Charges (per annum)	Rs. 250/- for individuals Rs. 1000/- for Others
7. Pledge/Unpledge/Invocation	Rs. 50/- per ISIN
8. Freeze Charges	Rs. 50/- per ISIN
9. Custody Fees	NIL
10. Margin Pledge/Margin Unpledge Charges	Rs. 10/- per request
11. Repledge	NIL

#### Note:

- A. Holding statement will be provided once in a month if any transaction done, statement will be sent on quaterly basis.  
 B. Bill for transaction charges will be raised for monthly.



First/Sole Holder



Second Joint Holder



Third Joint Holder



# FATCA/CRS DETAILS

Client Code \_\_\_\_\_ Date: \_\_\_\_\_

The below information is required for all applicant(s) / guardian / PoA holder.




Sr. No.	Details	1st Holder	2nd Holder	3rd Holder
1	Are You a Tax Resident of Country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Is your Country of Birth/Citizenship other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	If your Residence address/Mailing address/Telephone No. other than in India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Is the POA holder/person to whom signatory authority is given, covered under any of the categories 1, 2 or 3 above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered YES to any of above, please provide the below details

Sr. No.	Details	1st Holder	2nd Holder	3rd Holder
1	Country of Residence			
2	Nationality			
3	Tax Identification No. or Reason for not providing TIN			
4	Identification Type (TIN or Other, please specify)			
5	Residence address for tax purposes (include City, State, Country & Pin code)			
6	Address Type	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Regd. Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Regd. Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Regd. Office
7	City of birth			
8	Country of birth			

**Certification:** I/We have understood the information requirements of this Form (read along with the FATCA/CRS Instructions), and hereby certify that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA/CRS Terms and Conditions and hereby accept the same.

I/We agree to indemnify **Crosseas Capital Services Pvt. Ltd.** in respect of any false, misleading, inaccurate and incomplete information regarding my/our "U.S. person" status for U.S. federal income tax purposes. or in respect of any other information as may be required under applicable tax laws.

	First / Guardian Applicant	Second Holder	Third Holder
Name			
Signature			
PAN			

## FATCA-CRS Instruction

**Details under FATCA/CRS/Foreign Tax Laws:** The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income Tax Rules 1962, which Rules require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In certain circumstances (including if we do not receive a valid self -certification from you) we may be obliged to share information on your account with relevant tax authorities/appointed agencies. If you have any questions about your tax residency, please contact your tax advisor. Should there be any **change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.** Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).