

FORT SHARE BROKING PVT. LTD.

Depository Participant of Central Depository Services (I) Ltd.

Regd. & Corporate Office : 9, Rawdon Street, 2nd Floor, Room No. 7, Kolkata - 700 017
 Ph.: 033-4051 0157/58/59/60 • Fax: 033-22894498 • Email : dp@fortshare.net Website: www.fortshare.net
 DP ID No. 12059300, SEBI Regn No. : IN-DP-CDSL-492-2008
 CIN: U67120WB2005PTC106224



APPLICATION FORM FOR OPENING DEMAT ACCOUNT

(To be filled by the Depository Participant) Individual NRI Foreign National

Application No.		Date	D	D	M	M	Y	Y	Y	Y							
DP Internal Ref. No.																	
DP ID	1	2	0	5	9	3	0	0	Client ID								

(To be filled by the applicant in **BLOCK LETTERS** in English). Signature should be preferably in Black ink.

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

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 Promoter	<input type="checkbox"/> Individual Margin Trading A/C (MANTRA)	<input type="checkbox"/> Individual Director's Relative	<input type="checkbox"/> Individual HUF / AOP	<input type="checkbox"/> Individual Non-Repartiable Promoter	<input type="checkbox"/> Individual Minor	<input type="checkbox"/> Others (specify) _____	<input type="checkbox"/> Others (specify) _____		
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repartiable	<input type="checkbox"/> NRI Depository Receipts	<input type="checkbox"/> NRI Non-Repartiable Promoter	<input type="checkbox"/> NRI Non-Repartiable	<input type="checkbox"/> NRI Non-Repartiable	<input type="checkbox"/> Others (specify) _____	<input type="checkbox"/> NRI Repartiable Promoter	<input type="checkbox"/> Others (specify) _____	<input type="checkbox"/> Foreign	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National - Depository Receipts	<input type="checkbox"/> Others (specify) _____

SOLE / FIRST HOLDER'S DETAILS	UCC			EXCHANGE ID -NSE/BSE/FO											
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other					Suffix									
First Name						Nationality		<input type="checkbox"/> Indian							
Middle Name								<input type="checkbox"/> Others							
Last Name						Sex		<input type="checkbox"/> Male <input type="checkbox"/> Female							
Father's/Husband's Name						D O B		<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
Correspondence Address															
City						State									
Country						PIN									
Telephone No.	Fax No.					Mobile No.									
PAN				E-mail ID											
UID No.	X	X	X	X	X	X	X	X							
Permanent Address (if different from Correspondence Address)															
City															
Country						State									
Telephone No.						PIN									
E-mail ID						Mobile No.									

Other Details	Income Range per annum:																
Gross Annual Income Details	<input type="checkbox"/> Below 1 Lac					<input type="checkbox"/> 1-5 Lac			<input type="checkbox"/> 5-10 Lac			<input type="checkbox"/> 10-25 Lac			<input type="checkbox"/> >25 Lac		OR
	Networth as on (Date) <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y					Rs.											
[Networth should not be older than 1 year]																	
Occupation	<input type="checkbox"/> Private / Public Sector				<input type="checkbox"/> Govt. Service				<input type="checkbox"/> Business				<input type="checkbox"/> Professional		<input type="checkbox"/> Agriculture		
	<input type="checkbox"/> Retired				<input type="checkbox"/> Housewife				<input type="checkbox"/> Student				<input type="checkbox"/> Others (specify) _____				
Please tick, applicable :	<input type="checkbox"/> Politically Exposed Person (PEP)							<input type="checkbox"/> Related to Politically Exposed Person (RPEP)									
Any other Information																	

I/We instruct the DP to receive each and every credit in my / our account.					[Automatic Credit]			<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Account Statement Requirement					<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> As per SEBI Regulation		

JOINT HOLDERS / SECOND HOLDER'S DETAILS

fort

Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other				Suffix											
First Name					Nationality	<input type="checkbox"/> Indian										
Middle Name						<input type="checkbox"/> Others										
Last Name					Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female										
Father's/Husband's Name					DOB	D D M M Y Y Y Y										
Permanent Address																
City					State											
Country					PIN											
Telephone No.	Fax No.				Mobile No.											
PAN				E-mail ID												
Occupation	<input type="checkbox"/> Service { <input type="checkbox"/> Cent Govt. <input type="checkbox"/> State Govt. <input type="checkbox"/> Public / Private Sector <input type="checkbox"/> NGO <input type="checkbox"/> Statutory Body } <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Others (Specify)															
Nature of business : (Products / services provided)																

JOINT HOLDERS / THIRD HOLDER'S DETAILS

Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other				Suffix											
First Name					Nationality	<input type="checkbox"/> Indian										
Middle Name						<input type="checkbox"/> Others										
Last Name					Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female										
Father's/Husband's Name					DOB	D D M M Y Y Y Y										
Permanent Address																
City					State											
Country					PIN											
Telephone No.	Fax No.				Mobile No.											
PAN				E-mail ID												
Occupation	<input type="checkbox"/> Service { <input type="checkbox"/> Cent Govt. <input type="checkbox"/> State Govt. <input type="checkbox"/> Public / Private Sector <input type="checkbox"/> NGO <input type="checkbox"/> Statutory Body } <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Others (Specify)															
Nature of business : (Products / services provided)																

DETAILS OF GUARDIAN

First Name	Middle Name	Last Name			
Correspondence Address					
City	State				
Country	Pin Code				
Telephone No.	Fax No.	Mobile No.			
Relation with the applicant	PAN				E-Mail ID

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
I / We request you to send Electronic Transaction-cum-Holding Statement at the e-mail ID	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to share email id with 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

Additional KYC Form for Opening a Demat Account

For Individuals

Depository Participant Name/Address

(To be filled by the Depository Participant)

Application No.		Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.										
DP ID		Client ID								

(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 following details :-

Holders Details

Sole / First Holder's Name		PAN										
		UID										
		UCC										
		Exchange Name & ID										
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"/> Minor		
	<input type="checkbox"/> Individual Margin Trading A/C (MANTRA)	<input type="checkbox"/> Others (specify) _____		
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repartriable	<input type="checkbox"/> NRI Non-Repartriable		
	<input type="checkbox"/> NRI Repartriable Promoter	<input type="checkbox"/> NRI Non-Repartriable 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 (If not marked, the default option would be 'Yes')	[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No
I/We would like to instruct the DP to accept all the pledge instructions in my/our account without any other further instruction from my/our end (If not marked, the default option would be 'No')	<input type="checkbox"/> Yes <input type="checkbox"/> No
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]

Bank Code (9 digit MICR code)	
IFS Code (11 character)	
Account Number	

BANK DETAILS (DIVIDEND BANK DETAILS)



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

(1)Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or) (2) Photocopy of the Bank Statement having name and address of the BO and not more than 4 months old, (or) (3) Photocopy of the Passbook having name and address of the BO, (or) (4) 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 should be self-certified by the BO.

FOR NRIs / FOREIGN NATIONAL

Foreign Address	.....	Indian Address	.....
City	.....	City	.....
Country	.....	Country	.....
Pin Code	.....	Pin Code	.....
Tel. No.	.....	Tel. No.	.....
Fax No.	.....	Fax No.	.....
Currency	.....	Currency	.....
RBI Reference No.	.....	RBI Approval Date	D M M Y Y Y

ADDITIONAL DETAILS

SMS Alert Facility Refer to Terms & Conditions given as Annexure-2.4. Mobile No. +91 _____ [(Mandatory, if you are giving Power of Attorney (POA))]
(If POA is not granted & you do not wish to avail of this facility, cancel this option)

Fasi

To register for easi, please visit our website www.cdsindia.com

To register for Easi, please visit our website www.easimaindia.com. Easi allows a BO to view his ISIN balances, transactions and value of

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

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

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

Jointly Any one 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 **first holder**.)

<input checked="" type="checkbox"/> First Holder	<input type="checkbox"/> All Holder	Email Id
	<input type="checkbox"/> Second Holder	
	<input type="checkbox"/> Third Holder	

First / Sole Signatory

Second Signatory

Third Signatory

(Signatures should be preferably in black ink)
(In case of minor holder, photograph of guardian has to be affixed along with minor's photograph.)

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 Person (AOP), Partnership Firm, Unregistered Trust etc. should be mentioned above.

DETAILS OF INTRODUCTION BY AN EXISTING DEMAT ACCOUNT HOLDER :Introduction by an existing account holder of **Fort Share Broking Pvt. Ltd.**

I Confirm the identity, occupation and address of the applicant(s)

Introducer's Name														
BO ID	1	2	0	5	9	3	0	0						
(Signature of the Introducer)														
Signature of the DP Official														

DETAILS OF INTRODUCTION BY A BANK OFFICIAL

Name / Designation														
Bank Name / Branch														
Signature under Stamp of the Bank														
Employee Code														

DECLARATION

To,

FORT SHARE BROKING PVT. LTD.

9, Rawdon Street, 2nd Floor

Room NO. 7, Kolkata - 700 017

CIN: U67120WB2005PTC106224

SEBI Registration No. : IN-DP-CDSL-492-2008, DP ID : 12059300

I / We _____

having Bo Id

1	2	0	5	9	3	0	0								
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

And client code _____ at my/our Registered address _____

do hereby declare that purchase or sale of shares done or to be done by me/us through **Fort Share Broking Pvt. Ltd.**, if any dues lying with any of the exchange in my code or in my demat account. I/We do hereby authorise you to retain my/our shares till the clearance of the dues.

	First/Sole Holder	Second Joint Holder	Third Joint Holder
Signature			

Place : _____

Date : _____

GENERAL INSTRUCTIONS

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 under his/her official seal.
2. Signature should be preferably in black ink.
3. Details of the Names, Address, Telephone Nos. etc. of the Magistrate / Notary Public / Special Executive Magistrate are to be provided in case of any 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 alongwith 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.
8. All holders of the account will be required to sign all the depository instructions / correspondence given to us in future.
9. Please note that incomplete applications will not be accepted.
10. All columns must be filled in. Write N.A. Where not applicable.
11. Address mention on the form must tally with the address proof.
12. Bank Account No. with complete address and 9 digit MICR & 11 digit IFS Code numbers are filled correctly.
13. Any correction / modification / erasure anywhere in the application form require authentication of all the holders.
14. Signature must be uniform all over the form.
15. Necessarily provide your Mobile No. / Contact No. / E-mail ID to keep you updated regarding any important event.
16. Compulsory provide two witness each in case of nomination and power of attorney.
17. Please provide photograph of Nominee and Guardian in case nominee is a minor.

ANNEXURE -2.4

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

Definitions:

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

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

Availability:

1. The service will be provided to the BO at his / her request and at the discretion of the depository. The service will be available to those account holders who has 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 informing 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 acknowledge that the alerts will be received only if the mobile phone is on '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 acknowledge 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 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.

I/We provided the following information for the purpose of REGISTRATION MODIFICATION / MODIFICATION (Please cancel out what is not applicable)

BOID

1	2	0	5	9	3	0	0								
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

(Please write your 16-digit Client ID)

Sole / First Holder's Name:

Second Holder's Name:

Third Holder's Name:

Mobile Number on which message are to be sent (Please write only the mobile number without prefixing country code or zero)

+91											
-----	--	--	--	--	--	--	--	--	--	--	--

The mobile number is registered in the name of :

E-mail ID :

(Please write only ONE valid e-mail ID on which communication, if any, is to be sent)

	First/Sole Holder	Second Joint Holder	Third Joint Holder
Signature			

Date :

Place :

fort

Application No. :

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

ACKNOWLEDGEMENT

FORT SHARE BROKING PVT. LTD.

Depository Participant of Central Depository Services (I) Ltd.

Date DD MM YYYY

Name of the Sole / First Holder

Name of the Second Holder

Name of the Third Holder

For all queries, please e-mail to : dp@fortshare.net

Depository Participant Seal and Signature

OPTION FORM FOR ISSUE OF DIS BOOKLET

BO ACCOUNT DETAILS

□ □ □ □ □ □ □ □ □ □

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

To

Depository Participant Name

Address

Dear Sir / Madam,

1 / 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 of my / our CDSL account though I / We have issued a Power of Attorney (POA) / registered for eDIS / executed PMS agreement in favour of / with FORT SHARE BROKING PRIVATE LIMITED (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for settling stock exchange trades [settlement related transactions] effected through such **Power of Attorney holder** Clearing Member / by PMS manager / for executing delivery instructions through eDIS.

Yours faithfully

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

OPTION 2:

I/We do not require the Delivery Instruction Slip (DIS) booklet for the time being, since I/We have issued a POA/ registered for eDIS / executed PMS agreement in favour of / with FORT SHARE BROKING PRIVATE LIMITED (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for settling stock exchange trades [settlement related transactions] effected through such **Power of Attorney holder - Clearing Member / by PMS manager / for executing delivery instructions through eDIS**. 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			
Signatures			

(Please Tear Here)

Acknowledgment Receipt

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

DP ID								Client ID							
Name of the Sole / First Holder															
Name of Second Joint Holder															
Name of Third Joint Holder															

Depository Participant Seal and Signature

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, 2018, Rules and Regulations of Securities and Exchange Board of India (SEBI), Circulars/Notifications/Guidelines issued there under, Bye Laws and Business Rules/Operating Instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.
2. The DP shall open/activate demat account of a beneficial owner in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time.

Beneficial Owner information

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

Fees/Charges/Tariff

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

Dematerialization

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

Separate Accounts

9. The DP shall open separate accounts in the name of each of the beneficial owners and securities of each beneficial owner shall be segregated and shall not be mixed up with the securities of other beneficial owners and/or DP's own securities held in dematerialized form.
10. The DP shall not facilitate the Beneficial Owner to create or permit any pledge and /or hypothecation or any other interest 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, 2018 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.
13. 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

14. 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.
15. 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.
16. 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.
17. 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

18. 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.
19. 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

20. 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.
21. 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

22. 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

23. 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.
24. 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.
25. The Joint holders are aware that in case of any Statutory Order for freezing any one joint holder, the demat account will be frozen and the other joint holders will have to obtain a specific Order for unfreezing their percentage of joint ownership by submitting the relevant documentary proof to the Order issuing authority.

Redressal of Investor grievance

26. 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

27. 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

28. 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.
29. 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.
30. 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.
31. 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
32. 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.
33. 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.

Terms And Conditions for availing Transaction Using Secured Texting (TRUST) Service Offered by CDSL

1. Definitions :

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

- i. "Depository" means Central Depository Services (India) Limited (CDSL)
- ii. TRUST means "Transactions Using Secured Texting" service offered by the Depository.
- iii. "Service Provider" means a cellular service provider(s) with whom the Depository has entered / shall enter into an arrangement for providing the TRUST service to the BO.
- iv. "Service" means the service of providing facility to receive / give instructions through SMS on best effort basis as per the following terms and conditions. The types of transaction that would normally qualify for this type of service would be informed by CDSL from time to time.
- v. "Third Party" means the operators with whom the Service Provider is having / will have an arrangement for providing SMS to the BO.

2. The service will be provided to the BO at his / her request and at the discretion of the depository provided the BO has registered for this facility with their mobile numbers through their DP or by any other mode as informed by CDSL from time to time. Acceptance or application shall be subject to the verification of the information provided by the BO to the Depository.

3. The messages will be sent on best efforts basis by way of an SMS on the mobile no which has been provided by the BOs. However Depository shall not be responsible if messages are not received or sent for any reason whatsoever, including but not limited to the failure of the service provider or network.

4. The BO is responsible for promptly informing its DP in the prescribed manner any change in mobile number, or loss of handset on which the BO wants to send/receive message generated under TRUST. In case the new number is not registered for TRUST in the depository system, the messages generated under TRUST will continue to be sent to the last registered mobile number. The BO agrees to indemnify the depository for any loss or damage suffered by it on account of messages sent on such mobile number.

5. The BO agrees that SMS received by the Depository from the registered mobile number of the BO on the basis of which instructions are executed in the depository system shall be conclusive evidence of such instructions having been issued by the BO. The DP / CDSL will not be held liable for acting on SMS so received.

6. The BO shall be responsible for submitting response to the 'Responsive SMS' within the specified time period. Transactions for which no positive or negative confirmation is received from the BO, will not be executed except for transaction for deregistration. Further, CDSL shall not be responsible for BOs not submitting the response to the said SMS within the time limit prescribed by CDSL.

7. The BO agrees that the signing of the TRUST registration form by all joint holders shall mean that the instructions executed on the basis of SMS received from the registered mobile for TRUST shall be deemed to have been executed by all joint holders.

8. The BO agrees to ensure that the mobile number for TRUST facility and SMS alert (SMART) facility is the same. The BO agrees that if he is not registered for SMART, the DP shall register him for SMART and TRUST. If the mobile number provided for TRUST is different from the mobile number recorded for SMART, the new mobile number would be updated for SMART as well as TRUST.

9. BOs are advised to check the status of their obligation from time to time and also advise the respective CMs to do so. In case of any issues, the BO/CM should approach their DPs to ensure that the obligation is fulfilled through any other mode of delivery of transactions as may be informed / made available by CDSL from time to time including submission of Delivery Instruction Slips to the DP.

10. The BO acknowledge that CDSL will send the message for confirmation of a transaction to the BO only if the Clearing Member (registered by the BO for TRUST) enters the said transaction in CDSL system for execution through TRUST within prescribed time limit.

11. The BO further acknowledges that the BO/CM shall not have any right to any claim against either the DP or Depository for losses, if any, incurred due to non receipt of response on the responsive SMS or receipt of such response after the prescribed time period. In the event of any dispute relating to the date and time of receipt of such response, CDSL's records shall be conclusive evidence and the Parties agree that CDSL's decision on the same shall be final and binding on both Parties.

12. The BO may request for deregistration from TRUST at any time by giving a notice in writing to its DP or by any other mode as specified by Depository in its operating instructions. The same shall be effected after entry of such request by the DP in CDSL system if the request is received through the DP.

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

14. The BO expressly authorises Depository to disclose to the Service Provider or any other third party, such BO information as may be required by them to provide the services to the BO. Depository however, shall not be responsible and be held liable for any divulgence or leakage of confidential BO information by such service Providers or any other third party.

15. The BO takes the responsibility for the correctness of the information supplied by him to Depository through the use of the said Facility or through any other means such as electronic mail or written communication.

16. The BO is solely responsible for ensuring that the mobile number is not misused and is kept safely and securely. The Depository will process requests originated from the registered Mobile as if submitted by the BO and Depository is not responsible for any claim made by the BO informing that the same was not originated by him.

17. Indemnity :
In consideration of providing the service, the BO agrees that the depository shall not be liable to indemnify the BO towards any damages, claims, demands, proceedings, loss, cost, charges and expenses whatsoever as a consequence of or arising out of interference with or misuse, improper or fraudulent use of the service by the BO.

18. Disclaimer :

Depository shall be absolved of any liability in case :-

- a. There is loss of any information during processing or transmission or any unauthorized access by any other person or breach of confidentiality.
- b. There is any lapse or failure on the part of the service providers or any third party affecting the said Facility and that Depository makes no warranty as to the quality of the service provided by any such service provider.
- c. There is breach of confidentiality or security of the messages whether personal or otherwise transmitted through the Facility.

[FOR CDSL CLIENTS]

DECLARATION FOR AVALING OF BASIC SERVICES DEMAT ACCOUNT (BSDA) FACILITY

To,
 Fort Share Broking Pvt. Ltd.
 Kolkata
 DP ID: 12059300

Date _____

Dear Sir / Madam,

I / We wish to / not to avail the BSDA facility for the new account for which we have submitted my/our account opening form.

DP ID	1 | 2 | 0 | 5 | 9 | 3 | 0 | 0	Client ID						
	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.

Yours faithfully,

	Name of the Client(s)	Signature(s)
Sole / First Holder		
Second Holder		
Third Holder		

Acknowledgment Receipt

DP ID	1 | 2 | 0 | 5 | 9 | 3 | 0 | 0	Client ID						
Name								
Address								

Date:

Depository Participant Seal and Signature

(11)

AUTHORITY LETTER IN CASE OF HUF

To
FORT SHARE BROKING PVT. LTD.

9, Rawdon Street,
2nd Floor, Room No. 7, Kolkata-700 017
CIN: U67120WB2005PTC106224
DP ID No. 12059300
SEBI Regn. No. : IN-DP-CDSL-492-2008

Dear Sir,

We the present adult co-parceners of _____
a Hindu Undivided Family having its office at _____

(hereinafter referred to as "the HUF") have or desire to have
Beneficiary A/c with **Fort Share Broking Pvt. Ltd.** We the undersigned, hereby declare

- a) that we are the present adult Co-parceners of the HUF
- b) that we are entitled to deal in Securities held by the HUF
- c) that we have full and unrestricted authority to act on behalf of, bind, the Trust and all the present as well as future members, both adult and minor, howsoever constituted from time to time.

We hereby authorise _____ (name of the Karta) to open a Beneficiary Account on behalf of the HUF with the Depository Participant **Fort Share Broking Pvt. Ltd.** for dematerialisation / rematerialisation of securities held in the name of the HUF. He is further authorised to sign, execute and submit such applications, undertakings and other requisite documents, writings and deeds as may be deemed necessary to expedient to open account and give effect to this purpose. The said Depository Participant is hereby authorised to honour all instructions oral or written, given on behalf of HUF by him. However any member of the HUF can issue cheques in favour of **Fort Share Broking Pvt. Ltd.** even though their signatures may not be available on the records of **Fort Share Broking Pvt. Ltd.** solely / exclusively for the account of the HUF maintained with them.

Name and Signature of the Karta and all the Major Coparceners of the HUF

Sl. No.	Member's Name	Sex	Date of Birth	Relation with Karta	Signature of Member
1.					
2.					
3.					
4.					
5.					

Karta's Signature with Stamp

To
DP Department
Fort Share Broking Pvt. Ltd.
9, Rawdon Street
2nd Floor, Room No. 7
Kolkata - 700 017

Date:

Dear Sir,

Please note that following Clients are of same family

And have same Mobile Number and Mail ID

Thanking you

Yours faithfully



For any grievance / dispute, please contact Fort Share Broking Pvt Ltd at the above address or email us at our investor grievance email id : dp@forstshare.net and call us at 91-33-40510157.

In case not satisfied with the response, please contact the concerned exchange or depository(s):

National Stock Exchange of India Limited	ignse@nse.co.in	022-2659 8190 / 022 26598191
Bombay Stock Exchange	is@bseindia.com	022-2272 1233
Central Depository Services (India) Limited	complaints@cdslindia.com	1800-22-5533
Securities and Exchange Board of India	investorcomplaints@sebi.gov.in	022-2644-9000

You can also lodge your grievances with SEBI at <http://scores.gov.in>. For any queries, feedback or assistance, please contact SEBI Office on Toll Free Helpline at 1800 22 7575 / 1800 266 7575. For filing complaint, please visit scores.gov.in.
SCORES-Easy & quick

- a. Register on SCORES portal
- b. Mandatory details for filing complaints on SCORES
 - i. Name, PAN, Address, Mobile Number, E-mail ID
- c. Benefits:
 - i. Effective Communication
 - ii. Speedy redressal of the grievances

NOMINATION FORM FOR DEMAT / TRADING ACCOUNTS Annexure-A
(FOR INDIVIDUAL APPLYING SINGLY OR JOINTLY)

Details of TM / DP :

Date	D D M M Y Y Y Y	DP ID					Client ID				
		UCC									

I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our demise, as trustee and on behalf of my / our legal heir(s) *

Nomination Details

Nominee	Mandatory Details						Additional Details *****	
	Name of nominee	Share of nominee (%)**	Relationship	Postal Address	Mobile number & E-mail	Identity Number ***	D.O.B. of nominee (dd-mm-yyyy)	Guardian
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

1) I / We want the details of my / our nominee to be printed in the statement of holding or statement of account, provided to me/ us by the DP as follows; (please tick, as appropriate)

Name of nominee(s)

Nomination: Yes / No

2) I hereby authorize _____ (nominee number _____) to operate my account on my behalf, in case of my incapacitation in terms of paragraph 3.5 of the circular. He / She is authorized to encash my assets up to ___ % of assets in the account or Rs. _____. (Optional)
(strike off portions that are not relevant) This nomination shall supersede any prior nomination made by me / us, if any.

Signature of
Sole / 1st Holder _____

Signature of
2nd Holder _____

Signature of
3rd Holder _____

3) Signature(s) – As per the mode of holding in demat account(s)

Name(s) of holder(s)		Signature(s) of holder / thumb impression	Signature of two witnesses*	Name of Witness & Address (wherever applicable)*
Sole / 1st Holder (Mr./Ms.)				
2nd Holder (Mr./Ms.)				
3rd Holder (Mr./Ms.)				

* Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.

***Joint Accounts:**

Event	Transmission of Account
Demise of one or more joint holder(s)	Surviving holder(s) through name deletion The surviving holder(s) shall inherit the assets as owners.
Demise of all joint holders simultaneously – having nominee	Nominee
Demise of all joint holders simultaneously – not having nominee	Legal heir(s) of the youngest holder

Notes:

** If % is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division / fraction of %, shall be transferred to the first nominee mentioned in the nomination form. (see table in 'Transmission aspects').

*** Provide only number: PAN or Driving License or Aadhaar (last 4 digits). Copy of the document is not required. However, in case of NRI / OCI / PIO, Passport number is acceptable.

**** to be furnished only in following conditions / circumstances:

- Date of Birth (DoB): please provide, only if the nominee is minor.
- Guardian: It is optional for you to provide, if the nominee is minor.

Rights, Entitlement and Obligation of the investor and nominee:

- If you are opening a new demat account, you have to provide nomination. Otherwise, you have to follow procedure as per 3.10 of this circular SEBI/HO/OIAE/OIAE_IAD-3/P/ON/2025/0027, dated February 28, 2025
- You can make nomination or change nominee any number of times without any restriction.
- You are entitled to receive acknowledgment from the DP for each instance of providing or changing nomination.
- Upon demise of the investor, the nominees shall have the option to either continue as joint holders with other nominees or for each nominee(s) to open separate single account.
- In case all your nominees do not claim the assets from the DP, then the residual unclaimed asset shall continue to be with the concerned Depository in case of Demat account.
- You have the option to designate any one of your nominees to operate your account, in case of your physical incapacitation, at any point of time and not just during opening of account. This mandate can be changed any time you choose.
- The signatories for this nomination form shall be as per mode of holding in the demat account(s) i.e.

- o 'Either or Survivor' Accounts - any one of the holder can sign
- o 'First holder' Accounts - only First holder can sign
- o 'Jointly' Accounts - all holders have to sign

Transmission aspects

- DPs shall transmit the account to the nominee(s) upon receipt of 1) copy of death certificate and 2) completion / updation of KYC of the nominee(s). The nominee is not required to provide affidavits, indemnities, undertakings, attestations or notarization.
- In case of a joint account, for transmission to the surviving joint holder(s) by name deletion, the surviving joint holder(s) shall have the option to update residential address(es), mobile number(s), email address(es), bank account detail(s), annual income and nominee(s), either along with transmission or at a later date. The regulated entity cannot seek KYC documents at the time of transmission, unless it was sought earlier but not provided by the holder.
- Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the DP.

In case of multiple nominees, the assets shall be distributed pro-rata to the surviving nominees, as illustrated below.

% Share as specified by investor at the time of nomination		% assets to be apportioned to surviving nominees upon demise of investor and nominee 'A'			
Nominee	% share	Nominee	% initial share	% of A's share to be apportioned	Total % Share
A	60%	A	0	0	0
B	30%	B	30%	45%	75%
C	10%	C	10%	15%	25%
Total	100%	-	40%	60%	100%



FATCA-CRS Declaration & Supplementary KYC Information Declaration Form for Individuals

Please seek appropriate advice from your professional tax professional on your tax residency and related FATCA & CRS guidance

PAN*								
Name								
Address Type [For KYC address]	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential / Business						
	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office						
Place of Birth				Country of Birth				
Gross Annual Income Details in INR	<input type="checkbox"/> Below 1 Lakh	<input type="checkbox"/> 1-5 Lacs	Occupation Details [Please tick any one(✓)]			<input type="checkbox"/> Business	<input type="checkbox"/> Professional	
	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs				<input type="checkbox"/> Government Service	<input type="checkbox"/> Private Sector	
	<input type="checkbox"/> 25 Lacs - 1 Cr	<input type="checkbox"/> > 1 Crore				<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Housewife	
Net Worth in INR in Lacs				<input type="checkbox"/> Student	<input type="checkbox"/> Retired			
Net Worth in Date	dd-mm-yyyy			<input type="checkbox"/> Forex Dealer	Others [Please specify] _____			
Politically Exposed Person [PEP]	<input type="checkbox"/> Yes	<input type="checkbox"/> Related to PEP	Any other information			(Please specify)		
	<input type="checkbox"/> Not Applicable							

*If PAN is not available, please specify folio No. (s)

Is your Country of Tax Residency other than India -

Yes

No

If 'Yes', please specify the details of all countries where you hold tax residency and its Tax Identification Number & type

S. No.	Country of Tax Residency#	Tax Payer Identification Number/ Functional Equivalent	Identification Type (TIN or other, please specify)
1.			
2.			
3.			

to include all countries other than India, where investor is Citizen / Resident / Green Card Holder / Tax Resident in those respective countries especially of USA

Declaration:

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I am aware that I may liable for it. I hereby authorize you [ASBL/Fund/AMC] to disclose, share, rely, remit in any form, mode or manner, all/any of the information provided by me, including all changes, updates to such information as and when provided by me to / any of the relevant regulatory authorities ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your end or by domestic or overseas regulators / tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same.

Signature

Date:

Place:

FORT SHARE BROKING PVT LTD – CDSL TARIFF SHEET

9, RAWDON STREET, UDAYACHAL, 2nd Floor, Room No. 7, Kolkata – 700 017

CIN – U67120WB2005PTC106224

SEBI REGN NO. : IN-DP-CDSL-492-2008 | DP ID - 12059300

CHARGES FOR THE DEPOSITORY SERVICES (SCHEDULE – A)

S.No	Particulars	Tariff in Rs/
1	Demat Account opening	NIL
2	Annual Maintenance (Life Time)	Rs. 2011/-
	Account Maintenance	Rs. 250/- 1 st Quarter, Remaining 3 Quarters Free
	BSDA Charges (Holding Value Upto Rs. 4 Lac)	NIL
	BSDA Charges (Holding Value Upto Rs. 4 Lac to 10 Lacs)	Rs. 100/- p.a.
	Corporates- HUF / LLP / TRUSTS / PARTNERSHIP	Rs. 1500/- p.a.
	CM Pool Account	Rs. 500/- Per Month.
3	Account Closing Charges	NIL
4	Dematerialisation per Certificate, (Courier Charges Extra)	Rs. 5/- Per Certificate + Rs. 150/- per request.
5	Rematerialisation (Per Certificate)	Rs. 15/- per ISIN or Rs. 15/- per certificate whichever is higher + Rs. 150/- per transaction (RRF)
6	Debit Transaction (On Market – Off marker / Inter Depository)	POA Rs. 15/- (0.002% of the value of shares whichever is higher. NON-POA : Rs. 20/- (0.002% of the value of shares whichever is higher.
	Transaction Charges – High Value Transaction above Rs. 50 Lacs. For bonds and Mutual Funds unit – Rs. 500/- per instruction.	
7	Pledge Creation, invocation & Closure	0.02% of the value of Shares (Minimum Rs. 50/- per transaction)
8	Pledge for Margin of Shares	Rs. 15/- per ISIN.

Notes: -

1	GST & Statutory Charges as applicable will be levied.
2	Any Service not quoted above will be charged separately.
3	Fort Share Broking Private Limited reserved the right to Change the tariff by providing 30 days' notice and this will be binding on all.
4	Non-Payment of bill after 30 days from the date of due date the depository services will be temporarily withdrawn (Suspended / Freeze). The renewal charges for resuming will be Rs. 100/-.
5	Clients must ensure that their Name & Client ID is written behind every cheque / Demand Draft deposited by them and cheque dishonored charges Rs 50/- + Bank charges.
6	Please issue the cheque in the name of FORT SHARE BROKING PVT LTD.
7	I / We agree to pay the charges as set out herein above subjects to any charges therein from time and specially authorize you to debit all type of dues / charges as set out herein above to my / our trading Account Ledger having with you in the NSE AND / OR BSE Segment.

Client Signature	First / Sole Holder	Second Holder	Third Holder
Signature of Client			

Date: _____

Place : _____

OPTIONAL

To,

The Depository Head
Fort Share Broking Pvt. Ltd.
9, Rowdon Street,
2nd Floor, Room No. 7, Kolkata-700 017

Re : Beneficial Owner (BO) Account No. **1 2 0 5 9 3 0 0**

I/We _____ (name(s) of the BO(s))

had entered into agreement dated _____ with you at the time of opening of the aforesaid BO account.

Pursuant to the amendment in Clause 3 of the agreement (Annexure C to the Bye Laws of CDSL), 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 under the above agreement to provide me/us with statement of my/our BC 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 instructions with regard to dispatch/ service of my/our statement of account on me/us shall not be binding upon you unless you are intimated in writing by me/us by acknowledged delivery.

Yours faithfully,

Name : _____

Signature : _____

Signature of First / Sole Holder

Signature of Second Holder

Signature of Third Holder

Place : _____

Date : _____

IN PERSON VERIFICATION

Verified by (Name of Employee)

Branch _____

Date _____

Employee Sign _____

Place _____

Clients Sign (1) _____

(2) _____

(3) _____

DP ID	1	2	0	5	9	3	0	0	Client ID										
First / Sole Holder									Second Holder				Third Holder						
Name																			
Specimen Signatures									#										