



# DIVYA CAPITAL ONE PVT. LTD.

NSE • BSE • CDSL



**NSE - CAPITAL MARKET, F&O, CURRENCY DERIVATIVES AND COMMODITY DERIVATIVE**  
**BSE - CAPITAL MARKET, F&O, CURRENCY DERIVATIVES AND COMMODITY DERIVATIVE**  
**DEPOSITORY PARTICIPANT - CDSL**

## CLIENT REGISTRATION FORM

|                      |  |
|----------------------|--|
| Branch Name          |  |
| Name of Client       |  |
| Client Code          |  |
| Account Opening Date |  |

|       |   |   |   |   |   |   |   |   |
|-------|---|---|---|---|---|---|---|---|
| DP ID | 1 | 2 | 0 | 7 | 3 | 4 | 0 | 0 |
|-------|---|---|---|---|---|---|---|---|

|           |  |  |  |  |  |  |  |
|-----------|--|--|--|--|--|--|--|
| Client Id |  |  |  |  |  |  |  |
|-----------|--|--|--|--|--|--|--|

Note : Kindly read account opening instruction carefully before filling the form.

# Divya Capital One Private Limited

CIN : U67120GJ2005PTC115878

## MEMBER :

NATIONAL STOCK EXCHANGE OF INDIA LTD. (NSE) - CM, SLB, F&O, CD, COMM. DERIVATIVE  
BSE LIMITED (BSE) - CM, F&O, CD, COMM. DERIVATIVE

## SEBI Regn. No.: INZ000183738

Depository Participant : CDSL • SEBI Regn. No.: IN-DP-277-2016, DP ID : 12073400

**Regd. Office :** UNIT NO.P04-01(A,B,C), 4th FLOOR, TOWER A, WTC, GIFT CITY, BUILDING NO.51A, BLOCK NO.51, ROAD 5 E, Gandhinagar, Gujarat-382355

Mobile No.: 918866821298

**Delhi office :** International Trade Tower, Hall No 3, Level S3, Block E Nehru Place New Delhi-110019

Phone No. 011 49934846

**Ghaziabad Office :** PLOT NO VC-1 PRIME PLAZA SECTOR 3 VAISHALI GHAZIABAD 201010

E-mail : divyaport@divyaportfolio.com Website www.divyaportfolio.com

## Compliance Officer's Detail

Name MR JANKI LAL SHARMA  
Phone No. 9899274576  
E-mail ID jls@divyaportfolio.com

## CEO's Detail

Name Mr. ASHOK KUMAR DUGAR  
Phone No. 0120-4229945  
E-mail ID akd@divyaportfolio.com

## Clearing Member Details :

Globe Capital Market Limited, 609, Ansal Bhawan, 16 K.G Marg, Connaught Place, New Delhi-110001

| Segment & Exchange   | Registration Number          |
|--|------------------------------|
| Futures & Options Segment of the National Stock Exchange of India Ltd.     | SEBI Regn. No.: INZ000177137 |
| Future & Option Segment of the BSE LIMITED                                 |                              |
| Currency Derivatives Segment of BSE LIMITED                                |                              |
| Currency Derivatives Segment of the National Stock Exchange of India Ltd.  |                              |
| Commodity Derivatives Segment of the National Stock Exchange of India Ltd. |                              |
| Commodity Derivatives Segment of the BSE LIMITED.                          |                              |

## CM CODE :

|  |                           |
|--|---------------------------|
| Futures & Options Segment of the BSE LIMITED                               | NCL Clearing Code: C50302 |
| Futures & Options Segment of the National Stock Exchange of India Ltd.     | NCL Clearing Code: C50302 |
| Currency Derivatives Segment of BSE LIMITED                                | NCL Clearing Code: C50302 |
| Currency Derivatives Segment of the National Stock Exchange of India Ltd.  | NCL Clearing Code: C50302 |
| Commodity Derivatives Segment of the BSE LIMITED                           | NCL Clearing Code: C50302 |
| Commodity Derivatives Segment of the National Stock Exchange of India Ltd. | NCL Clearing Code: C50302 |

For any grievance/dispute please contact Divya Capital One Pvt. Ltd. at the above address or email id grievancies@divyaportfolio.com and Phone No. 0120-4229947. In case not satisfied with the response, please contact the concerned exchange(s) at :

| Exchange Name                         | E-mail ID               | Phone No.    |
|---------------------------------------|-------------------------|--------------|
| National Stock Exchange of India Ltd. | ignse@nse.co.in         | 022-26598190 |
| Bombay Stock Exchange Ltd.            | is@bseindia.com         | 022-22728097 |
| CDSL                                  | grievance@cdslindia.com | 022-22723333 |

## ACKNOWLEDGEMENT LETTER

To,

**DIVYA CAPITAL ONE PVT. LTD.**

Dated \_\_\_\_\_

**Regd. Office :** Unit No. P04-01 (A,B,C,) 4th Floor, Tower-A, WTC, GIFT City,

Building No. 51A, Block No. 51, Road 5E, GIFT City, Gandhinagar, Gujarat, India-382355

**Ghaziabad Office :** VC-1, Prime Plaza, IInd Floor Sector-3, Vaishali-201010, Ghaziabad (U.P.)




Dear Sir/ Madam,

I hereby opt to get the document listed below in -

Electronic Form       Physical Form

1. Rights and Obligations of Stock Brokers, Sub-brokers and Clients (including additional rights & obligations in case of internet / wireless technology based trading).
2. Risk Disclosure Document for Capital Market and Derivatives Segments.
3. Guidance Note - Do's and Don'ts for Trading on the Exchange(s) for Investors.
4. Policies and Procedures Document pursuant to the SEBI circular dated December 03, 2009.
5. Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI & Depositories.
6. I/We hereby acknowledge the receipt of duly executed copy of KYC and all other documents as executed by me/us.  
Further I confirmed that the documents for KYC submitted by me are true and correct.

Yours faithfully,

| First / Sole Holder Signature  | Second Joint Holder Signature<br>(only for DP account)                              | Third Joint Holder Signature<br>(only for DP account)                                 |
|--|---|---|
|  |  |  |

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To,

**DIVYA CAPITAL ONE PVT. LTD.**

Dated \_\_\_\_\_

**Regd. Office :** Unit No. P04-01 (A,B,C,) 4th Floor, Tower-A, WTC, GIFT City,

Building No. 51A, Block No. 51, Road 5E, GIFT City, Gandhinagar, Gujarat, India-382355




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Dear Sir/ Madam,

I/We hereby acknowledge receipt of the following documents

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Further I confirmed that the documents for KYC submitted by me are true and correct.

Yours faithfully,

| First / Sole Holder Signature  | Second Joint Holder Signature<br>(only for DP account)                              | Third Joint Holder Signature<br>(only for DP account)                                 |
|--|---|---|
|  |  |  |



**INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM****A. IMPORTANT POINTS:**

1. Self attested copy of PAN card is mandatory for all clients, including Promoters/Partners/Karta/Trustees and whole time directors and persons authorized to deal in securities on behalf of company/firm/others.
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/PIO Card/OCI Card 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. Unique Identification Number (UID) (Aadhaar)/ Passport/ Voter ID card/ Driving license.
2. PAN card with photograph.
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 Residence/ Driving License/ Flat Maintenance bill/ Insurance Copy/Aadhaar letter issued by Unique Identification Authority of India.
2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 2 months old.
3. Bank Account Statement/Passbook -- Not more than 3 months old.
4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
5. 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.
6. 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.
7. 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.
8. 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.

**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  |
|--|---|
| <b>Corporate</b>   | <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> |
| <b>Partnership Firm</b>                                    | <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>   |
| <b>Trust</b>   | <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).</li> <li>• Copy of Trust deed. List of trustees certified by managing trustees/CA.</li> <li>• Photograph, POI, POA, PAN of Trustees.</li> </ul>  |
| <b>HUF</b>   | <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>   |
| <b>Unincorporated association or a body of individuals</b> | <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>• Authorized signatories list with specimen signatures.</li> </ul>   |
| <b>Banks/Institutional Investors</b>                       | <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>• Authorized signatories list with specimen signatures.</li> </ul>   |
| <b>Foreign Institutional Investors (FII)</b>               | <ul style="list-style-type: none"> <li>• Copy of SEBI registration certificate.</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>   |
| <b>Army Government Bodies</b>                              | <ul style="list-style-type: none"> <li>• Self-certification on letterhead.</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>  |
| <b>Registered Society</b>                                  | <ul style="list-style-type: none"> <li>• Copy of Registration Certificate under Societies Registration Act.</li> <li>• 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>   |

**ANNEXURE - I**  
**ACCOUNT OPENING KIT**

**INDEX OF DOCUMENTS**

**MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES**

| S.No. | Name of the Document           | Brief Significance of the Document   | Page No.                         |
|-------|--------------------------------|--|----------------------------------|
| 1.    | Account Opening Form           | A. KYC Form - Document captures the basic information about the constituent and an instruction / check list.   | 1-8                              |
|       |                                | B. Document captures the additional information about the constituent relevant to trading account and an instruction / check list.   | 9-12                             |
| 2.    | Rights and Obligations         | Document stating the Rights & Obligations of stock broker/ trading member, sub-broker and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading). | Given to Client with Welcome Kit |
| 3.    | Risk Disclosure Document (RDD) | Document detailing risks associated with dealing in the securities market.   |                                  |
| 4.    | Guidance Note                  | Documents detailing do's and don'ts for trading on exchange, for the education of the investors.   |                                  |
| 5.    | Policies and Procedures        | Document describing significant policies and procedure of the stock broker.  |                                  |
| 6.    | Rights and Obligations for MTF | Rights and Obligations of Stock Brokers & Clients for Margin Trading Facility (MTF)  | 13-14                            |
| 7.    | Tariff Sheet                   | Document detailing the rate / amount of brokerage and other charges levied on the client for trading on the stock exchange(s)  | 15                               |

**VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER**

| S.No. | Name of the Document                       | Brief Significance of the Document  | Page No. |
|-------|--|---|----------|
| 1.    | Authorisation for Electronic Communication | For authorising the trading member to send Electronic Contract Notes.                                       | 16       |
| 2.    | Running Account Authorisation              | Helps the client to enjoy exposures linked to the credit in the trading account.                            | 17       |
| 3.    | Letter of Authority                        | Letter where in Client Authorises Stock Broker to maintain running account and to accept verbal orders etc. | 18       |
| 4.    | CDSL Form Individual/Corporate/CM          | Where the client wishes to open a demat account with us as CDSL DP  | 19-35    |

Note : You may also download KYC form & other formats from our website [www.divyaportfolio.com](http://www.divyaportfolio.com)

**CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual**



**DIVYA CAPITAL ONE PVT. LTD.**

**Important Instructions:**

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

**For office use only**

(To be filled by financial institution)

Application Type\*  New  Update  
 KYC Number  (Mandatory for KYC update request)  
 Account Type\*  Normal  Simplified (for low risk customers)  Small

**1. PERSONAL DETAILS** (Please refer instruction **A** at the end)

|   |  |   |  |                                    |
|---|--|---|--|------------------------------------|
|   | Prefix   | First Name  | Middle Name                                | Last Name                          |
| <input type="checkbox"/> Name* (Same as ID proof) | <input type="text"/>   | <input type="text"/>  | <input type="text"/>                       | <input type="text"/>               |
| Maiden Name (If any*)                             | <input type="text"/>   | <input type="text"/>  | <input type="text"/>                       | <input type="text"/>               |
| Father / Spouse Name*                             | <input type="text"/>   | <input type="text"/>  | <input type="text"/>                       | <input type="text"/>               |
| Mother Name*                                      | <input type="text"/>   | <input type="text"/>  | <input type="text"/>                       | <input type="text"/>               |
| Date of Birth*                                    | <input type="text"/>   | <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            |                                    |
| Citizenship*                                      | <input type="checkbox"/> IN- Indian  | <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> ) |  |                                    |
| Residential Status*                               | <input type="checkbox"/> Resident Individual                                 | <input type="checkbox"/> Non Resident Indian                                  |  |                                    |
|   | <input type="checkbox"/> Foreign National                                    | <input type="checkbox"/> Person of Indian Origin                              |  |                                    |
| Occupation Type*                                  | <input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector | <input type="checkbox"/> Public Sector  | <input type="checkbox"/> Government Sector |                                    |
|   | <input type="checkbox"/> O-Others ( <input type="checkbox"/> Professional    | <input type="checkbox"/> Self Employed  | <input type="checkbox"/> Retired           | <input type="checkbox"/> Housewife |
|   | <input type="checkbox"/> B-Business  | <input type="checkbox"/> Student  |  |                                    |
|   | <input type="checkbox"/> X- Not Categorized                                  |   |  |                                    |

**PHOTO**

Signature / Thumb Impression

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

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

ISO 3166 Country Code of Jurisdiction of Residence\*

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

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

**3. PROOF OF IDENTITY (PoI)\*** (Please refer instruction **C** at the end)

(Certified copy of **any one** of the following Proof of Identity [PoI] needs to be submitted)

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

**4. PROOF OF ADDRESS (PoA)\***

**4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS** (Please see instruction **D** at the end)

(Certified copy of **any one** of the following Proof of Address [PoA] needs to be submitted)

Address Type\*  Residential / Business  Residential  Business  Registered Office  Unspecified

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

Voter Identity Card  NREGA Job Card  Others  please specify

Simplified Measures Account - Document Type code

**Address**

Line 1\*

Line 2

Line 3

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



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

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

Line 1\*

Line 2

Line 3  City / Town / Village\*

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

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

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

Line 1\*

Line 2

Line 3  City / Town / Village\*

State\*  ZIP / Post Code\*  ISO 3166 Country Code\*

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

Tel. (Off) - Tel. (Res) - Mobile -

FAX - Email ID

**6. INCOME RANGE**

Gross Annual Income Details : Income Range Per Annum :  Below Rs. 1 Lac  Rs. 1 Lac to 5 Lac  Rs. 5 Lac. to 10 Lac.  
 (Please Specify)  Rs. 10 Lac to 25 Lac  > Rs. 25 Lac

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

Addition of Related Person  Deletion of Related Person KYC Number of Related Person (if available\*)

Related Person Type\*  Guardian of Minor  Assignee  Authorized Representative

Name\* Prefix  First Name  Middle Name  Last Name

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

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

A- Passport Number  Passport Expiry Date --

B- Voter ID Card

C- PAN Card

D- Driving Licence  Driving Licence Expiry Date --

E- UID (Aadhaar)

F- NREGA Job Card

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

S- Simplified Measures Account - Document Type code  Identification Number

**8. REMARKS (If any)**

**9. 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 : -- Place :

 [Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

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

Documents Received  Certified Copies  IPV Done

**KYC / IN-PERSON VERIFICATION CARRIED OUT BY**

Date -- Place

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

**INSTITUTION DETAILS**

Name **DIVYA CAPITAL ONE PVT. LTD.**

Code

[Institution Stamp]

**NOTE : In case of joint holder please fill CKYC form for both the holder separately.  
The format can be downloaded from our website [www.divyaportfolio.co.in](http://www.divyaportfolio.co.in)**

### CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Individual KYC Application Form

#### General Instructions:

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

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

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

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

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

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

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

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

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

- 1 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.
- 2 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 3 In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 4.1.

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

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

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

#### F 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.

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

- 1 Provide KYC number of related person if available.

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

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



# DIVYA CAPITAL ONE PRIVATE LIMITED

Regd. Office : Unit No. P04-01 (A,B,C), 4th Floor, Tower-A, WTC, GIFT City, Building No. 51A, Block No. 51, Road 5E, GIFT City, Gandhinagar, Gujarat, India-382355

## KNOW YOUR CLIENT (KYC) Application Form - For Non-Individual

NEW  CHANGE REQUEST (Please tick✓ the appropriate)

Please fill this form in **ENGLISH** and in **BLOCK LETTERS**

(Please tick ✓ the box on left margin of appropriate row where **CHANGE/CORRECTION** is required and provide the details in the corresponding row)

Acknowledgement No. \_\_\_\_\_

### A IDENTITY DETAILS

Name of the Applicant .....

Date of Incorporation       Place of Incorporation .....

Date of commencement of business

Permanent Account Number (PAN)

Registration No. (e.g. CIN)

Status (Please tick any one)

- |  |  |   |  |  |
|--|--|---|--|--|
| <input type="checkbox"/> Private Limited Co.   | <input type="checkbox"/> Public Ltd. Co. | <input type="checkbox"/> Body Corporate | <input type="checkbox"/> Partnership     |  |
| <input type="checkbox"/> Trust                 | <input type="checkbox"/> Charities       | <input type="checkbox"/> NGO's          | <input type="checkbox"/> FI              | <input type="checkbox"/> FPI                         |
| <input type="checkbox"/> HUF                   | <input type="checkbox"/> AOP             | <input type="checkbox"/> Bank           | <input type="checkbox"/> Government Body | <input type="checkbox"/> Non-Government Organization |
| <input type="checkbox"/> Defense Establishment | <input type="checkbox"/> BOI             | <input type="checkbox"/> Society        | <input type="checkbox"/> LLP             | <input type="checkbox"/> Others (Please specify)     |

#### PHOTOGRAPH

Please affix  
your recent passport  
size photograph and  
sign across it

### B ADDRESS DETAILS

Address for Correspondence .....

City / Town / Village ..... Pin Code

State ..... Country .....

#### Contact Details

Tel. (Off.) ..... Fax .....

Tel. (Res.) ..... Mobile No .....

E-Mail Id. ....

Specify the Proof of Address submitted for Correspondence Address: .....

Validity Expiry Date of Proof of Address Submitted

Registered Address (If different from above or overseas address, mandatory for Non-Resident Applicant to specify Overseas address)

City / Town / Village ..... Pin Code

State ..... Country .....

Specify the Proof of Address submitted for Registered Address: .....

Validity Expiry Date of Proof of Address Submitted

### C OTHER DETAILS

Name, PAN, Residential Address and photographs of Promoters/Partners/Karta/Trustees and whole time directors : .....

If space is insufficient, enclosed these details separately (illustrative format enclosed)

DIN OF Whole time directors : .....

If space is insufficient, enclosed these details separately (illustrative format enclosed)

AADHAR No. OF Promoters/Partners/Karta : .....

If space is insufficient, enclosed these details separately (illustrative format enclosed)

**D DECLARATION**

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We 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/ We are aware that I/we may be held liable for it.

Date



\_\_\_\_\_  
Name & Signature of the Director/Authorised Signatory(ies)

**FOR OFFICE USE ONLY**

**In Person Verification (IPV) Details:**

Name of the person who has done the IPV: \_\_\_\_\_

Designation: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Name of the Organization: **DIVYA CAPITAL ONE PVT. LTD.**

Date of IPV:

\_\_\_\_\_  
Signature of the person who has done the IPV

\_\_\_\_\_  
Seal/Stamp of the Intermediary

Originals Verified & Self Attested Document copies received

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

\_\_\_\_\_  
Name & Signature of the Authorised Signatory

|   |  |
|---|--|
| <p><b>1. Name</b> _____</p> <p><b>2. Relationship with Applicant</b> (i.e. promoters, whole time directors etc.) _____</p> <p><b>3a. PAN</b> _____ <b>3b. DIN/Aadhaar No.</b> _____</p> <p><b>4. Residential/ Registered Address</b> _____</p> <p>_____</p> <p>City / Town / Village _____ Pin Code _____</p> <p>State _____ Country _____</p> <p><b>5. Please tick, if applicable</b> : <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (PEP)</p> | <p><b>PHOTOGRAPH</b></p> <p>Please affix<br/>your recent passport<br/>size photograph and<br/>sign across it</p> |
|---|--|

|   |  |
|---|--|
| <p><b>1. Name</b> _____</p> <p><b>2. Relationship with Applicant</b> (i.e. promoters, whole time directors etc.) _____</p> <p><b>3a. PAN</b> _____ <b>3b. DIN/Aadhaar No.</b> _____</p> <p><b>4. Residential/ Registered Address</b> _____</p> <p>_____</p> <p>City / Town / Village _____ Pin Code _____</p> <p>State _____ Country _____</p> <p><b>5. Please tick, if applicable</b> : <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (PEP)</p> | <p><b>PHOTOGRAPH</b></p> <p>Please affix<br/>your recent passport<br/>size photograph and<br/>sign across it</p> |
|---|--|

|   |  |
|---|--|
| <p><b>1. Name</b> _____</p> <p><b>2. Relationship with Applicant</b> (i.e. promoters, whole time directors etc.) _____</p> <p><b>3a. PAN</b> _____ <b>3b. DIN/Aadhaar No.</b> _____</p> <p><b>4. Residential/ Registered Address</b> _____</p> <p>_____</p> <p>City / Town / Village _____ Pin Code _____</p> <p>State _____ Country _____</p> <p><b>5. Please tick, if applicable</b> : <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (PEP)</p> | <p><b>PHOTOGRAPH</b></p> <p>Please affix<br/>your recent passport<br/>size photograph and<br/>sign across it</p> |
|---|--|

|   |  |
|---|--|
| <p><b>1. Name</b> _____</p> <p><b>2. Relationship with Applicant</b> (i.e. promoters, whole time directors etc.) _____</p> <p><b>3a. PAN</b> _____ <b>3b. DIN/Aadhaar No.</b> _____</p> <p><b>4. Residential/ Registered Address</b> _____</p> <p>_____</p> <p>City / Town / Village _____ Pin Code _____</p> <p>State _____ Country _____</p> <p><b>5. Please tick, if applicable</b> : <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (PEP)</p> | <p><b>PHOTOGRAPH</b></p> <p>Please affix<br/>your recent passport<br/>size photograph and<br/>sign across it</p> |
|---|--|

|   |  |
|---|--|
| <p><b>1. Name</b> _____</p> <p><b>2. Relationship with Applicant</b> (i.e. promoters, whole time directors etc.) _____</p> <p><b>3a. PAN</b> _____ <b>3b. DIN/Aadhaar No.</b> _____</p> <p><b>4. Residential/ Registered Address</b> _____</p> <p>_____</p> <p>City / Town / Village _____ Pin Code _____</p> <p>State _____ Country _____</p> <p><b>5. Please tick, if applicable</b> : <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (PEP)</p> | <p><b>PHOTOGRAPH</b></p> <p>Please affix<br/>your recent passport<br/>size photograph and<br/>sign across it</p> |
|---|--|

\_\_\_\_\_  
Name & Signature of the Authorised Signatory (ies)

Date : 

|   |   |
|---|---|
| D | D |
|---|---|

|   |   |
|---|---|
| M | M |
|---|---|

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
|---|---|---|---|





**TRADING ACCOUNT RELATED DETAILS** (For Individuals & Non-Individuals)

**A. BANK ACCOUNT(S) DETAILS** (Through which transactions shall generally be routed)











| Bank Name | Branch Address | Account Number | Account Type  | MICR Number | IFSC Code |
|-----------|----------------|----------------|---|-------------|-----------|
|           |                |                | <input type="checkbox"/> Saving<br><input type="checkbox"/> Current<br><input type="checkbox"/> Others -<br>in case of NRI /<br>NRE / NRO |             |           |
|           |                |                |   |             |           |
|           |                |                |   |             |           |

**B. DEPOSITORY ACCOUNT(S) DETAILS** (Through which transactions shall generally be routed)

| Depository Participant Name | Name of Depository  | Beneficiary Name | DP ID | Beneficiary ID (BO ID) |
|-----------------------------|---|------------------|-------|------------------------|
|                             | <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL |                  |       |                        |
|                             | <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL |                  |       |                        |
|                             | <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL |                  |       |                        |



**C. TRADING PREFERENCES**

Please sign in the relevant boxes where you wish to trade. The segment not chosen should be struck off by the client.

| Stock Exchange   | Market Segment/s   |
|--|--|
| <input type="checkbox"/> NSE  | <input type="checkbox"/> Cash  <input type="checkbox"/> F&O                                  |
|  | <input type="checkbox"/> Currency Derivative  <input type="checkbox"/> Commodity Derivative  |
| <input type="checkbox"/> BSE  | <input type="checkbox"/> Cash  <input type="checkbox"/> F&O                                  |
|  | <input type="checkbox"/> Currency Derivative  <input type="checkbox"/> Commodity Derivative  |

In future, if you want to trade on any new segment/new exchange please submit separate authorization / letter. (for format download from our website)

**ONLINE / OFFLINE PREFERENCES**

|  |   |
|--|---|
| Capital Market (NSE & BSE), Derivative (NSE & BSE), Currency Derivative (NSE, BSE), Commodity Derivative (NSE & BSE), Commodity Derivative (NCDEX) | <input type="checkbox"/> Offline <br><input type="checkbox"/> Online  |
|--|---|

**D. FINANCIAL & OCCUPATION DETAILS**

- Gross Annual Income Details : Income Range per annum :  Below Rs. 1 Lac  Rs. 1 Lac to 5 Lac  
(please specify)  Rs. 5 Lac to 10 Lac  Rs. 10 Lac to 25 Lac  Rs. 25 Lac to 1 Crore  > 1 Crore
- Net Worth (Net worth should not be older than 1 year) Amount Rs.....  
as on (date)           (Compulsory for Non-Individuals)
- Occupation :  Private Sector  Public Sector  Government Service  Business  Professional  
(please tick any one and give brief details)  Agriculturist  Retired  Housewife  Student  Others \_\_\_\_\_ Please Specify
- Please tick, if applicable (Note : In case of Non-individuals please tick, if applicable for any of your authorised signatories/  
Promoters/Partners/Karta/Trustees/whole time directors) :  
 Politically Exposed Person (PEP)  Related to Politically Exposed Person (PEP)
- Any other information : .....



**E. PAST ACTIONS**

Details of any action/proceedings initiated/pending/ taken by SEBI/ Stock exchange/any other authority against the applicant/constituent or its Partners/promoters/whole time directors/authorized persons in charge of dealing in securities during the last 3 years :

.....  
 .....

**F. DEALINGS THROUGH SUB-BROKES AND OTHER STOCK BROKERS**

If client is dealing through the sub-broker, provide the following details:

Sub-broker's Name : .....

SEBI Registration number : .....

Registered office address : .....

Ph :..... Fax :..... Website :.....

Whether dealing with any other stock broker/sub-broker (if case dealing with multiple stock brokers/sub-brokers, provide details of all)

Name of stock broker : .....

Name of Sub-Broker, if any :.....

Client Code :..... Exchange :.....

Details of disputes/dues pending from/to such stock broker/sub- broker :

.....

**G. ADDITIONAL DETAILS**

Whether you wish to receive physical contract note or Electronic Contract Note (ECN) (please specify) :

.....

Specify your Email id, if applicable : .....

Whether you wish to avail of the facility of internet trading/ wireless technology (please specify) :

.....

Number of years of Investment/Trading Experience : .....

In case of non-individuals, name, designation, PAN, UID, signature, residential address and photographs of persons authorized to deal in securities on behalf of company/firm/others:



Name.....

Designation.....

PAN.....

UID.....

Residential Address.....

.....

.....

**Signature**.....

Name.....

Designation.....

PAN.....

UID.....

Residential Address.....

.....

.....

**Signature**.....

Any other information : .....

.....

**H. INTRODUCER DETAILS**

Name of the introducer : .....  
(Surname) (Name) (Middle Name)

Status of the Introducer :  Sub Broker  Remisier  Auth. Person  Existing Client  Others \_\_\_\_\_

Address and Ph. No. of the Introducer : .....

.....Sign. of the Introducer.....

**DECLARATION**

1. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we 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/we are aware that I/we may be held liable for it.
2. I/We confirm having read/been explained and understood the contents of the document on policy and procedures of the stock broker and the tariff sheet.
3. I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and 'Risk Disclosure Document'. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on stock broker's designated website, if any.

Place \_\_\_\_\_

Date \_\_\_\_\_



\_\_\_\_\_  
**Signature of Client / All Authorized Signatory (ies)**

## FOR OFFICE USE ONLY

UCC Code allotted to the Client : \_\_\_\_\_

|                             | Document verified with Originals | Client Interviewed By | In-Person Verification Done by |
|-----------------------------|----------------------------------|-----------------------|--------------------------------|
| Name of the Employee        |                                  |                       |                                |
| Employee Code               |                                  |                       |                                |
| Designation of the Employee |                                  |                       |                                |
| Date                        |                                  |                       |                                |
| Signature                   |                                  |                       |                                |

I / We undertake that we have made the client aware of 'Policy and Procedures', tariff sheet and all the non-mandatory documents. I/We have also made the client aware of 'Rights and Obligations' document (s), RDD and Guidance Note. I/We have given/sent him a copy of all the KYC documents. I/We undertake that any change in the 'Policy and Procedures', tariff sheet and all the non-mandatory documents would be duly intimated to the clients. I/We also undertake that any change in the 'Rights and Obligations' and RDD would be made available on my/our website, if any, for the information of the clients.

\_\_\_\_\_  
Signature of the Authorised Signatory

Date \_\_\_\_\_

Seal / Stamp of the Stock Broker

## INSTRUCTIONS / CHECK LIST

## 1. Additional documents in case of trading in derivatives segments - illustrative list :

|   |  |
|---|--|
| Copy of ITR Acknowledgement                                     | Copy of Annual Accounts                              |
| In case of salary income - Salary Slip, Copy of Form 16         | Net Worth Certificate                                |
| Copy of Demat Account Holding Statement                         | Bank Account Statement for last 6 months             |
| Any other relevant documents substantiating ownership of assets | Self declaration with relevant supporting documents. |

2. Copy of cancelled cheque leaf/ pass book/bank statement specifying name of the constituent, MICR Code or/and IFSC Code of the bank should be submitted.
3. Demat master or recent holding statement issued by DP bearing name of the client.
4. For individuals:
  - a. Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker/sub-broker's office.
  - b. In case of non-resident clients, employees at the stock broker's local office, overseas can do in-person' verification. Further, considering the infeasibility of carrying out 'In-person' verification of the non-resident clients by the stock broker's staff, attestation of KYC documents by Notary Public, Court, Magistrate, Judge, Local Banker, Indian Embassy / Consulate General in the country where the client resides may be permitted.
5. For non-individuals:
  - a. Form need to be initialized by all the authorized signatories.
  - b. Copy of Board Resolution or declaration (on the letterhead) naming the persons authorized to deal in securities on behalf of company/firm/others and their specimen signatures.

**RIGHTS AND OBLIGATIONS OF STOCK BROKERS & CLIENTS FOR MARGIN TRADING FACILITY (MTF)****CLIENT RIGHTS**

1. Client shall receive all communications in a mode mutually agreed between the broker and the client regarding confirmation of orders/trades, margin calls, decision to liquidate the position / security.
2. Client shall be free to take the delivery of the securities at any time by repaying the amounts that was paid by the Stock Broker to the Exchange towards securities after paying all dues.
3. Client has a right to change the securities collateral offered for Margin Trading Facility at any time so long as the securities so offered are approved for margin trading facility.
4. Client may close / terminate the Margin Trading Account at any time after paying the dues.

**CLIENT OBLIGATIONS**

1. Client shall, in writing in his own hand or in any irrefutable electronic method, agree to avail of Margin Trading Facility in accordance with the terms and conditions of Margin Trading Facility offered by the broker, method of communication for confirmation of orders/trades, margin calls and calls for liquidation of collateral/security/position.
2. Client shall inform the broker of its intent to shift the identified transaction under Margin Trading Facility within the time lines specified by the broker failing which the transaction will be treated under the normal trading facility
3. Client shall place the margin amounts as the Stock Broker may specify to the client from time to time.
4. On receipt of 'margin call', the client shall make good such deficiency in the amount of margin placed with the Stock Broker within such time as the Stock Broker may specify.
5. By agreeing to avail Margin Trading Facility with the broker, client is deemed to have authorized the broker to retain and/or pledge the securities provided as collateral or purchased under the Margin Trading Facility till the amount due in respect of the said transaction including the dues to the broker is paid in full by the client.
6. Client shall lodge protest or disagreement with any transaction done under the margin trading facility within the timelines as may be agreed between the client and broker.

**STOCK BROKER RIGHTS**

1. Stock Broker and client may agree between themselves the terms and condition including commercial terms if any before commencement of MTF.

2. Stock broker may set up its own risk management policy that will be applicable to the transactions done under the Margin Trading Facility. Stock broker may make amendments there to at any time but give effect to such policy after the amendments are duly communicated to the clients registered under the Margin Trading Facility.
3. The broker has a right to retain and/or pledge the securities provided as collateral or the securities bought by the client under the Margin Trading Facility.
4. The broker may liquidate the securities if the client fails to meet the margin call made by the broker as mutually agreed of liquidation terms but not exceeding 5 working days from the day of margin call.

**STOCK BROKER OBLIGATIONS**

1. Stock broker shall agree with the client the terms and condition before extending Margin Trading Facility to such client. However, for clients who already have existing trading relationship and want to avail of Margin Trading Facility, stock broker may take consent in writing in his own hand or in any irrefutable electronic method after stock broker has communicated the terms and conditions of Margin Trading Facility to such existing clients.
2. The terms and conditions of Margin Trading Facility shall be identified separately, in a distinct section if given as a part of account opening agreement.
3. The mode of communication of order confirmation, margin calls or liquidation of position/security shall be as agreed between the broker and the client and shall be in writing in his own hand or in any irrefutable electronic method. Stock broker shall prescribe and communicate its margin policies on haircuts/ VAR margins subject to minimum requirements specified by SEBI and exchanges from time to time.
4. The Stock Broker shall monitor and review on a continuous basis the client's positions with regard to MTF. It is desirable that appropriate alert mechanism is set up through which clients are alerted on possible breach of margin requirements.
5. Any transaction to be considered for exposure to MTF shall be determined as per the policy of the broker provided that such determination shall happen not later than T + 1 day.
6. If the transaction is entered under margin trading account, there will not be any further confirmation that it is margin trading transaction other than contract note.

7. In case the determination happens after the issuance of contract, the broker shall issue appropriate records to communicate to Client the change in status of transaction from Normal to Margin trading and should include information like the original contract number and the margin statement and the changed data.
8. The Stock Broker shall make a 'margin call' requiring the client to place such margin; any such call shall clearly indicate the additional/deficient margin to be made good.
9. Time period for liquidation of position/security shall be in accordance declared policy of the broker as applicable to all MTF clients consistently. However, the same should not be later than 5 working (trading) days from the day of 'margin call'. If securities are liquidated, the contract note issued for such margin call related transactions shall carry an asterisk or identifier that the transaction has arisen out of margin call.
10. The daily margin statements sent by broker to the client shall identify the margin/collateral for Margin Trading separately.
11. Margin Trading Accounts where there was no transactions for 90 days shall be settled immediately.
12. The stocks deposited as collateral with the stock broker for availing margin trading facility (Collaterals) and the stocks purchased under the margin trading facility (Funded stocks) shall be identifiable separately and there shall not be any comingling for the purpose of computing funding amount;
13. Stock Broker shall close/terminate the account of the client forthwith upon receipt of such request from the client subject to the condition that the client has paid dues under Margin Trading Facility.

**TERMINATION OF RELATIONSHIP**

1. The margin trading arrangement between the stock broker and the client shall be terminated; if the Stock Exchange, for any reason, withdraws the margin trading facility provided to the Stock Broker or the Stock Broker surrenders the facility or the Stock Broker ceases to be a member of the stock exchange.
2. The MTF facility may be withdrawn by the broker, in the event of client committing any breach of any terms or conditions therein or at anytime after due intimation to client allowing such time to liquidate the MTF position as per the agreed liquidation terms without assigning any reason. Similarly, client may opt to terminate the margin trading facility in the event of broker committing any breach of any terms or conditions therein or for any other reason.
3. In the event of termination of this arrangement, the client shall forthwith settle the dues of the Stock Broker. The Stock Broker shall be entitled to immediately adjust the Margin Amount against the dues of the client, and the client hereby authorizes the Stock Broker to make such adjustment.
4. After such adjustment, if any further amount is due from the client to the Stock Broker, the client shall settle the same forthwith. Upon full settlement of all the dues of the client to the Stock Broker, the Stock Broker shall release the balance amount to the client.
5. If the client opts to terminate the margin trading facility, broker shall forthwith return to the client all the collaterals provided and funded securities retained on payment of all the dues by clients.



---

Signature of Client

**DISCLOSURE OF PROPRIETARY TRADING BY DIVYA CAPITAL ONE PVT. LTD.**

Dear Client,

In term of SEBI circular No. SEBI/MRD/SEC/Cir-42/2003 dated 19th November, 2003, member is required to disclose to its client about the proprietary trades.

In view of this circular, we wish to inform you that, we do proprietary trades in the Cash, F&O and currency derivatives segment of NSE & BSE.

I have noted the above \_\_\_\_\_

6 ✓

\_\_\_\_\_  
Sole / First Applicant Signature

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

**PMLA - DECLARATION**

I \_\_\_\_\_ having the trading code no. \_\_\_\_\_ with DCOPL confirm and declare that I have read and understood the contents and the provisions of the PMLA Act, 2002 and it was also explained by DPPL official. I further declare that I shall adhere to the rules and regulations and requirements mentioned in the PMLA Act, 2002.

7 ✓

\_\_\_\_\_  
Clients Signature

**BROKERAGE STRUCTURE**

| EQUITY SEGMENT                |           |                           |
|-------------------------------|-----------|---------------------------|
| Brokerage Slab                | Slab in % | Minimum per Share         |
| Delivery Based                |           |                           |
| Square Off                    |           |                           |
| F & O SEGMENT                 |           |                           |
| Brokerage Slab                | Slab in % | Minimum per Share / Lot   |
| Future                        |           |                           |
| Options                       |           |                           |
| Delivery                      |           |                           |
| CURRENCY DERIVATIVES SEGMENT  |           |                           |
| Brokerage Slab                | Slab in % | Minimum Brokerage per Lot |
| Future                        |           |                           |
| Options                       |           |                           |
| COMMODITY DERIVATIVES SEGMENT |           |                           |
| Brokerage Slab                | Slab in % | Minimum Brokerage per Lot |
| Future                        |           |                           |
| Options                       |           |                           |

Note:

1. Transaction & Clearing Charges, Stamp duty, GST, SEBI Fee, STT, and all legal levies as may applicable from time to time shall be charged separately in addition to the brokerage.
2. Late payment penalty @18% p.a. calculated on daily overdue balance shall be charged till actual realisation.
3. In case an internet trading terminal is provided, connectivity charges @Rs. \_\_\_\_\_/- per month or \_\_\_\_\_% of turn over shall be charged separately.
4. Charges/ service standards are subject to revision at sole discretion of Divya Capital One Pvt. Ltd.
5. Charges quoted above are for the services listed. Any service not quoted above will be charged separately.
6. Minimum processing fees of Rs. 20/- will be charged for each day of trade.

8 ✓

\_\_\_\_\_  
Signature of Client

**AUTHORISATION FOR ELECTRONIC COMMUNICATION**

To,

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

**DIVYA CAPITAL ONE PVT. LTD.**

**Regd. Office :** Unit No. P04-01 (A,B,C,) 4th Floor, Tower-A, WTC, GIFT City,

Building No. 51A, Block No. 51, Road 5E, GIFT City, Gandhinagar, Gujarat, India-382355

**Ghaziabad Office :** VC-1, Prime Plaza, IInd Floor Sector-3, Vaishali-201010, Ghaziabad (U.P.)

**Sub : Authorisation for Electronic Communication**

Dear Sir,

I/We understand that I/We have the option to receive the contract notes in physical form or electronic form. In pursuance of the same, I/We hereby opt for receipt of contract notes in electronic form as well as all other communications including but not limited to account statement, holding statement, trade, order confirmations and any other notices also electronically.

I/We understand that for the above purpose, you are required to take from the client "an appropriate email account" for you to send the electronic contract notes. Accordingly, please take the following email account on your record for sending the contract notes and other communications to me/us.

- 1. ....
- 2. ....

I/We agree that the Log Reports of your dispatching software shall be a conclusive proof of dispatch of Contract Notes and any other electronic communication to me/us and such dispatch shall be deemed to mean receipt by me/us and shall not be disputed by me/us on account of any non-receipt / delayed receipt for any reason whatsoever.

I/We also agree that non-receipt of bounced mail notification by the stock broker shall amount to delivery at my/our e-mail id.

Please treat this authorisation as written ratification of my/our verbal directions / authorizations given and carried out by you earlier. I/We agree to indemnify you and keep you indemnified against all losses, damages and actions which you may suffer or face as a consequence of adhering to and carrying out my/our directions given above.

I/We agree to inform you any change in my email in future either in physical mode by regd. post or by hand delivery or through an email from my email id registered with you.

The running account authorisation provided by me shall continue and remain valid until it is revoked by me anytime in writing.

Thanking you

Yours faithfully,

 \_\_\_\_\_

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

**RUNNING ACCOUNT AUTHORISATION**

To,

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

**DIVYA CAPITAL ONE PVT. LTD.**

**Regd. Office :** Unit No. P04-01 (A,B,C,) 4th Floor, Tower-A, WTC, GIFT City,  
Building No. 51A, Block No. 51, Road 5E, GIFT City, Gandhinagar, Gujarat, India-382355

**Ghaziabad Office :** VC-1, Prime Plaza, IInd Floor Sector-3, Vaishali-201010, Ghaziabad (U.P.)

**Sub : Running Account Authorisation**


I/We are dealing through you as a client in Capital Market and/or Future & Option segment and/or Currency segment and/or Commodity Segment and/or Interest Rate Future segment in order to facilitate ease of operations and upfront requirement of margin for trade. I/We authorize you as under :

1. I/We request you to maintain running balance in my account & retain the credit balance in any of my/our account and to use the unused funds towards my/our margin/pay-in/other future obligation(s) at any segment(s) of any or all the Exchange(s)/Clearing corporation unless I/We instruct you otherwise.
2. I/We request you to retain securities with you for my/our margin/pay-in/other-future obligation(s) at any segment(s) of any or all the Exchange(s)/Clearing Corporation unless I/We instruct you to transfer the same to my/our account.
3. I/We request you to settle my fund and securities account except the funds given towards collaterals/margin in form of Bank Guarantee and/or Fixed Deposit Receipt atleast
  - Once in every calander quarter or**
  - Once in a calender month.**
4. In case I/We have an outstanding obligation on the settlement date, you may retain the requisite securities/funds towards such obligations and may also retain the funds expected to be required to meet future margin /settlement obligations computed in the manner as prescribed by SEBI/Exchange from time to time.
5. I/We further authorise you to retain such minimum value of funds/securities at the time of settlement of a/c's as may be allowed by the exchange(s)/SEBI from time to time.
6. In case at the time of settlement of account I/we hereby consent to retain such other some of money as may be allowed by the exchange or/SEBI from time to time.

The running account authorisation provided by me shall continue and remain valid until it is revoked by me anytime in writing.

Thanking you

Yours faithfully,



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

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



**LETTER OF AUTHORITY**

To,

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

**DIVYA CAPITAL ONE PVT. LTD.**

**Regd. Office :** Unit No. P04-01 (A,B,C,) 4th Floor, Tower-A, WTC, GIFT City,

Building No. 51A, Block No. 51, Road 5E, GIFT City, Gandhinagar, Gujarat, India-382355

**Ghaziabad Office :** VC-1, Prime Plaza, IInd Floor Sector-3, Vaishali-201010, Ghaziabad (U.P)

**Sub : Letter of Authority - NSE / BSE**

I/We am/are dealing in shares/securities with you at NSE/BSE in various segments and in order to facilitate ease of operations. We authorize you as under :

**1. Delivery of order/ trade confirmation/ cancellation:**

I/We hereby authorize you not to provide me / us order confirmation / Modification / Cancellation Slips and Trade Confirmation slips to avoid unnecessary paper work. I/we shall get the required details from contract notes and confirmation issued by you.

**2. Telephonic Conversation:**

I/We request you to consider my/our telephonic instructions for order placing/order modification/order cancellation as a written instruction and give us all the confirmation on telephone unless instructed otherwise in writing. I/We am/are getting required details from contracts issued by you.

**3. Adjustment of balances in Family Accounts:**

| S. No. | Client Code of Family Members/ Associates | Name of Family Members/ Associates | Category | Name of Father / Spouse |
|--------|---|------------------------------------|----------|-------------------------|
|        |   |                                    |          |                         |
|        |   |                                    |          |                         |
|        |   |                                    |          |                         |
|        |   |                                    |          |                         |
|        |   |                                    |          |                         |

I/We authorize you to adjust the credit balance available in my account of any segment against any debit balance/ margin obligation of any segment outstanding in the account of above mentioned family members or any other party or company with whom /in which I'm having the controlling interest as director the names of which are listed here below :

.....  
 .....

**4. Fines & Penalties:**

All fines/penalties and charges levied upon you due to my acts / deeds or transactions may be recovered by you from my account.

**5. Charges & Balance Maintenance:**

I/We have a Trading as well as depository relationship with ..... Please debit the charges relevant with depository services from my/our trading account on monthly basis. I/We also agree to maintain the adequate balance in my/our trading account / pay adequate advance fee for the said reason.

**6.** I/We authorized you to pledge / place securities retained in my/our running account with the exchange, clearing corporation, clearing member or any other financial institutional against the debit in my account arising due to my/our margin / settlement obligation.

**7.** I/We have been explained that I/We may not opt to give any of the above authorisation and that the above authorisations are voluntary on my/our part and that I/We can revoke this authorisation at any point of time during the operation of my/our trading account with you by giving you a notice in writing.

Thanking you,  
 Yours faithfully

 \_\_\_\_\_



# DIVYA CAPITAL ONE PVT. LTD.

## ACCOUNT OPENING FORM

### CDSL (Individual / Corporate / CM)

DP : CDSL • DP ID I2073400 • SEBI Regn. No. : IN-DP-277-2016

Individual  HUF  NRI  Foreign National  Corporate / CM A/c

#### Instruction for Applicants

1. The account must be opened in same sequence / combination as appear on Income Tax database.
2. The investor may prefer to open an account in single name as opposed to joint name since nomination facility is available for depository accounts.
3. Standing instructions may be marked as 'yes' for simplified operations.
4. The agreement should be signed by all the joint holders on all the pages.
5. Photograph of sole/joint holder (s) to be affixed on form duly signed across the photograph.
6. As proof of identity and address Photostate copies of the documents listed above to be provided. Originals of the documents to be furnished for verification by officials of DP.
7. In case of HUF, account to be opened in the individual name of KARTA. declaration as per performa as per available at our office to be signed by KARTA and Adult Co-Parceners
8. No nomination to be recorded in case of HUF and account in the name of minor (s).
9. In case of Power of Attorney (POA) is to be registered, original or duly notarized Power of Attorney be furnished. Photograph of Power of Attorney holder must be attached duly signed across, signatures of POA holder should be attested on POA or separately. His/Her Identity/residence proof be also furnished.
10. In case account holder/nominee is minor-Photostate copy of Date of Birth certificate/marks sheet be provided. Photographs of both minor and guardian be provided duly signed across the photograph. Identity/residence proof of guardian be provided.
11. Signatures can be in English, 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.
12. Details of the Names, Address and Tel. No. etc of the Magistrate/Notary Public/Special Executive Magistrate are to be provided in case of any attested done by them.
13. In case of additional signatures, separate annexures should be attached to the application form.
14. In case of applications under a Power of Attorney, the relevant Power of Attorney or the certified and duly notarised copy thereof, Name of POA, Signature of the POA must be lodged with the DP alongwith the application.
15. All correspondence / queries shall be addressed to the First / Sole Applicant only.
16. Where the holder is minor, person lawfully entitled to act on behalf of the minor should sign the form

**DIVYA CAPITAL ONE PVT. LTD.**

**APPLICATION FOR OPENING DEPOSITORY ACCOUNT (FOR INDIVIDUAL/HUF/NON-INDIVIDUAL ONLY) CDSL**

**DIVYA CAPITAL ONE PVT. LTD.**

**Regd. Office :** Unit No. P04-01 (A,B,C,) 4th Floor, Tower-A, WTC, GIFT City,  
Building No. 51A, Block No. 51, Road 5E, GIFT City, Gandhinagar, Gujarat, India-382355  
**Ghaziabad Office :** VC-1, Prime Plaza, 11nd Floor Sector-3, Vaishali-201010, Ghaziabad (U.P.)  
Tel.: 0120-4229945, 4229946 • Email : divyaport@divyaportfolio.co.in  
Website : www.divyaportfolio.com

DP : CDSL • DP ID 12073400  
SEBI Regn. No. : IN-DP-277-2016

(To be filled by the Depository Participant)

|                           |   |   |   |   |   |   |   |      |           |   |   |   |   |   |   |   |
|---------------------------|---|---|---|---|---|---|---|------|-----------|---|---|---|---|---|---|---|
| Application No.           |   |   |   |   |   |   |   | Date | D         | D | M | M | Y | Y | Y | Y |
| DP Internal Reference No. |   |   |   |   |   |   |   |      |           |   |   |   |   |   |   |   |
| DP ID                     | 1 | 2 | 0 | 7 | 3 | 4 | 0 | 0    | 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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Second Holder's Name     | PAN |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                          | UID |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Third Holder's Name      | PAN |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                          | UID |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Search Name              |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**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)**

|   |   |   |   |
|---|---|---|---|
| <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 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) _____         |

**Status**

**Sub-Status**

(To be filled by the DP)

|   |   |   |  |                              |                              |   |   |   |   |   |   |   |   |
|---|---|---|--|------------------------------|------------------------------|---|---|---|---|---|---|---|---|
| <input type="checkbox"/> Body Corporate | <input type="checkbox"/> Banks  | <input type="checkbox"/> Trust          | <input type="checkbox"/> Mutual Fund           | <input type="checkbox"/> OCB | <input type="checkbox"/> FPI |   |   |   |   |   |   |   |   |
| <input type="checkbox"/> CM             | <input type="checkbox"/> FI   | <input type="checkbox"/> Clearing House | <input type="checkbox"/> Other (Specify) _____ |                              |                              |   |   |   |   |   |   |   |   |
| SEBI Registration No. (if applicable)   |   |   |  |                              | SEBI Registration Date       | D | D | M | M | Y | Y | Y | Y |
| RBI Registration No. (if applicable)    |   |   |  |                              | RBI Approval Date            | D | D | M | M | Y | Y | Y | Y |
| Nationality                             | <input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) _____ |   |  |                              |                              |   |   |   |   |   |   |   |   |



First/Sole Holder Signature/Auth. Signatory



Second Holder Signature/Auth. Signatory



Third Holder Signature/Auth. Signatory

(20)

**DIVYA CAPITAL ONE PVT. LTD.**

**FINANCIAL DETAILS**

Gross Annual Income Details: Income Range per annum :  Below Rs. 1 Lac  Rs. 1 Lac to 5 Lac  
 (please specify)  Rs. 5 Lac to 10 Lac  Rs. 10 Lac to 25 Lac  Rs. 25 Lac to 1 Crore  >1 Crore

Net Worth (Net worth should not be older than 1 year) Amount Rs.....  
 as on (date)         (Compulsory for Non-Individuals)

Occupation :  Private Sector  Public Sector  Government Service  Business  Professional  
 (please tick any one and give brief details)  Agriculturist  Retired  Housewife  Student  Others \_\_\_\_\_ Please Specify

Please tick, if any of the authorized signatories/Promoters/Partners/Karta/Trustees/Whole time directors is either  
 Politically Exposed Person (PEP)  Related to Politically Exposed Person (PEP) (Please provide details as per annexure 2.2A)

Any other information : .....

**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]<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |  |  |  |  |  |  |  |  |  |
| I/We would like to instruct the DP to accept all the pledge instructions in my/our account without any other further instruction from my/our end. (If not marked, the default option would be 'No')                      |  |  |  |  |  |  |  |  |  |  | Yes <input type="checkbox"/> No <input type="checkbox"/>                       |  |  |  |  |  |  |  |  |  |  |
| 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 _____  |  |  |  |  |  |  |  |  |  |  | Yes <input type="checkbox"/> No <input type="checkbox"/>                       |  |  |  |  |  |  |  |  |  |  |
| I/We would like to share the email ID with the RTA   |  |  |  |  |  |  |  |  |  |  | Yes <input type="checkbox"/> No <input type="checkbox"/>                       |  |  |  |  |  |  |  |  |  |  |
| I/We would like to receive the Annual Report (Tick the applicable box. If not market the default option would be in Physical)  | <input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical & Electronic  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> I wish to opt BSDA Account. <input type="checkbox"/> I do not wish to opt BSDA Account  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>CAS Mode :</b> <input type="checkbox"/> Physical CAS Required <input type="checkbox"/> CAS not Required   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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] |  |  |  |  |  |  |  |  |  |  | Yes <input type="checkbox"/> No <input type="checkbox"/>                       |  |  |  |  |  |  |  |  |  |  |

**BANK DETAILS (Dividend Bank Details)**

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

  
 .....  
 First/Sole Holder Signature/Auth. Signatory

  
 .....  
 Second Holder Signature/Auth. Signatory

  
 .....  
 Third Holder Signature/Auth. Signatory

## DIVYA CAPITAL ONE PVT. LTD.

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque books is issued, (or)
  - (ii) Photocopy of the Bank Statement having name and address of the BO.
  - (iii) Photocopy of the Passbook having name and address of the BO, (or)
  - (iv) Letter from the Bank.
- In case of option (ii), (iii) and (iv) above, MICR Code of the branch should be present/mentioned on the document.

### CLEARING MEMBER DETAILS (To be filled by CMs only)

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

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

### SIGNATURE'S OF HOLDER / DIRECTOR / AUTHORISED SIGNATORIES (Enclosed a Board Resolution for Authorised Signatories)

| Holder   | Name | Designation | Signature(s) |
|--|------|-------------|--------------|
| Sole / First Holder / Guardian<br>(Mr./Ms.) (in case of Minor) /<br>Authorised Signatory |      |             |              |
| Second Holder/<br>Authorised Signatory   |      |             |              |
| Third Holder/<br>Authorised Signatory  |      |             |              |
| <b>Other Holders</b>   |      |             |              |
| Second Holder  |      |             |              |
| Third Holder   |      |             |              |

(Signatures should be preferably in blue ink)

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

*(To be filled in by individual applying singly or jointly)*

**DIVYA CAPITAL ONE PVT. LTD.**

**Regd. Office :** Unit No. P04-01 (A,B,C,) 4th Floor, Tower-A, WTC, GIFT City,

Building No. 51A, Block No. 51, Road 5E, GIFT City, Gandhinagar, Gujarat, India-382355

**Ghaziabad Office :** VC-1, Prime Plaza, IInd Floor Sector-3, Vaishali-201010, Ghaziabad (U.P.)

|      |   |   |   |   |   |   |   |   |     |  |  |  |  |  |  |  |  |
|------|---|---|---|---|---|---|---|---|-----|--|--|--|--|--|--|--|--|
| DATE | D | D | M | M | Y | Y | Y | Y | UCC |  |  |  |  |  |  |  |  |
|------|---|---|---|---|---|---|---|---|-----|--|--|--|--|--|--|--|--|

|       |   |   |   |   |   |   |   |   |           |  |  |  |  |  |  |  |  |
|-------|---|---|---|---|---|---|---|---|-----------|--|--|--|--|--|--|--|--|
| DP ID | 1 | 2 | 0 | 7 | 3 | 4 | 0 | 0 | Client ID |  |  |  |  |  |  |  |  |
|-------|---|---|---|---|---|---|---|---|-----------|--|--|--|--|--|--|--|--|

I/We wish to make a nomination. [As per details given below]

**NOMINATION DETAILS**

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all securities held in the Depository by me/us in the said beneficiary owner account in the event of my / our death.




| Nomination can be made upto three nominees in the account  |   | Details of 1st Nominee                                      | Details of 2nd Nominee | Details of 3rd Nominee |
|--|---|---|------------------------|------------------------|
| 1.   | Name of the nominee(s)<br>Mr./Ms.)  |   |                        |                        |
| 2.   | Share of each Nominee   | Equally<br>[If not equally, please specify percentage]<br>% | %                      | %                      |
| <i>Any odd lot after division shall be transferred to the first nominee mentioned in the form.</i> |   |   |                        |                        |
| 3.   | Relationship with the Applicant (if any)  |   |                        |                        |
| 4.   | Address of Nominee(s)<br>City / Place<br>State / Country<br><br>PIN Code  |   |                        |                        |
| 5.   | Mobile/Telephone No. of Nominee(s)  |   |                        |                        |
| 6.   | Email ID of nominee(s)  |   |                        |                        |
| 7.   | Nominee Identification details -<br>[Please tick any one of following and provide details of same]<br><input type="checkbox"/> Photograph & Signature<br><input type="checkbox"/> PAN <input type="checkbox"/> AADHAAR<br><input type="checkbox"/> Saving Bank A/c No.<br><input type="checkbox"/> Proof of Identity<br><input type="checkbox"/> Demat Account ID |   |                        |                        |

**Sr. Nos. 8-14 should be filled only if nominee(s) is a minor :**

|     |   |  |  |  |
|-----|---|--|--|--|
| 8.  | Date of Birth {in case of minor nominee(s)}                               |  |  |  |
| 9.  | Name of Guardian (Mr./Ms.) {in case of minor nominee(s)}                  |  |  |  |
| 10. | Address of Guardian(s)<br>City / Place<br>State / Country<br><br>PIN Code |  |  |  |
| 11. | Mobile/Telephone No. of Guardian  |  |  |  |
| 12. | Email ID of nominee(s)  |  |  |  |

**DIVYA CAPITAL ONE PVT. LTD.**

|     |  |  |  |  |
|-----|--|--|--|--|
| 13. | Relationship of Guardian with nominee  |  |  |  |
| 14. | Guardian Identification details -<br>[Please tick any one of following and provide details of same]<br><input type="checkbox"/> Photograph & Signature<br><input type="checkbox"/> PAN <input type="checkbox"/> AADHAAR<br><input type="checkbox"/> Saving Bank A/c No.<br><input type="checkbox"/> Proof of Identity<br><input type="checkbox"/> Demat Account ID |  |  |  |

|                             | Name(s) of Holder(s) | Signature(s) of Holder   |
|-----------------------------|----------------------|--|
| Sole/First Holder (Mr./Ms.) |                      |  |
| Second Holder (Mr./Ms.)     |                      |  |
| Third Holder (Mr./Ms.)      |                      |  |

\*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).

**DECLARATION FORM FOR OPTING OUT OF NOMINATION**

(Annexure-B)

To,

**DIVYA CAPITAL ONE PVT. LTD.**

**Regd. Office :** Unit No. P04-01 (A,B,C), 4th Floor, Tower-A, WTC, GIFT City,

Building No. 51A, Block No. 51, Road 5E, GIFT City, Gandhinagar, Gujarat, India-382355

**Ghaziabed Office :** VC-1, Prime Plaza, 11nd Floor Sector-3, Vaishali-201010, Ghaziabad (U.P)

|      |   |   |   |   |   |   |   |   |     |  |  |  |  |  |  |  |  |
|------|---|---|---|---|---|---|---|---|-----|--|--|--|--|--|--|--|--|
| DATE | D | D | M | M | Y | Y | Y | Y | UCC |  |  |  |  |  |  |  |  |
|------|---|---|---|---|---|---|---|---|-----|--|--|--|--|--|--|--|--|

|       |   |   |   |   |   |   |   |   |           |  |  |  |  |  |  |  |  |
|-------|---|---|---|---|---|---|---|---|-----------|--|--|--|--|--|--|--|--|
| DP ID | 1 | 2 | 0 | 7 | 3 | 4 | 0 | 0 | Client ID |  |  |  |  |  |  |  |  |
|-------|---|---|---|---|---|---|---|---|-----------|--|--|--|--|--|--|--|--|

|                        |  |
|------------------------|--|
| Sole/First Holder Name |  |
| Second Holder Name     |  |
| Third Holder Name      |  |

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.



.....  
First/Sole Holder Signature/Auth. Signatory



.....  
Second Holder Signature/Auth. Signatory



.....  
Third Holder Signature/Auth. Signatory

**PRICE STRUCTURE FOR BENEFICIARY ACCOUNT**

**DIVYA CAPITAL ONE PVT. LTD.**

**Regd. Office :** Unit No. P04-01 (A,B,C,) 4th Floor, Tower-A, WTC, GIFT City,  
Building No. 51A, Block No. 51, Road 5E, GIFT City, Gandhinagar, Gujarat, India-382355  
**Ghaziabad Office :** VC-1, Prime Plaza, IInd Floor Sector-3, Vaishali-201010, Ghaziabad (U.P.)

DP : CDSL • DP ID 12073400  
SEBI Regn. No. : IN-DP-277-2016

**SCHEDULE OF CHARGES FOR DEPOSITORY DIVISION w.e.f.15<sup>th</sup> July 2015**

**SCHEDULE - A**

| SCHEME  | Individual |                | Corporate      |
|---|------------|----------------|----------------|
|   | A          | B              | C              |
|   | Annually   | Life Time      | Annually       |
| Account Opening Charges                             | NIL        | NIL            | NIL            |
| AMC : Equity Segment                                | Rs. 250/-  | Rs. 1500/-     | Rs. 1500/-     |
| AMC : BSDA (holding up to 50,000/-)                 | NIL        | Not applicable | Not applicable |
| AMC : BSDA (holding between 50,001/- to 2,00,000/-) | Rs. 100/-  | Not applicable | Not applicable |

| CHARGES   | NORMAL   | BSDA  |
|---|--|---|
| Transaction Charges   | Rs. 18/- per ISIN  | Rs. 18/- per ISIN   |
| Extra Charges for submitted late DIS  | Rs. 10/- per ISIN for Instruction                                    | Rs. 10/- per ISIN for Instruction   |
| Rejection / Fails   | Rs. 30/- per Slip  | Rs. 30/- per Slip   |
| Demat Charges   | Rs. 35/- per request and Rs. 5/- extra for each certificate.         | Rs. 35/- per request and Rs. 5/- extra for each certificate.                |
| Remat Charges   | Rs. 35/- per request   | Rs. 35/- per request  |
| Pledge Creation / Closure / Invocation / Confirmation (% value for each ISIN in each request) | 0.02% of value of securities pledged or Rs. 50/- whichever is higher | Rs. 50/- per request  |
| Additional Account Statement  | Rs. 20/- per Statement   | Rs. 20/- per Statement  |
| DIS Book including Courier Charges  | Free with account opening and thereafter Rs. 25/- per booklet        | Free two slip free with account opening and thereafter Rs. 25/- per booklet |
| Postage per Demat / Remat Request   | Actual   | Actual  |

**Other Term & Conditions:**

- In case of BSDA account no AMC till holding value is less than is Rs 50000/-, AMC of Rs. 100/- p.a shall be charged incase holding value is more than Rs 50000 but less than Rs 200000 & AMC as per normal rates shall be charged in case holding value is more than Rs. 200000
- In case the client fail to pay charges on or before the due date a delay payment penalty shall be levied @ 24 % P.A. on outstanding balance, further company reserve the rights to suspend such account untill, outstanding balance are recover in full..
- Any advance payments over and above the normal due amount can also be made. Any such higher amount paid than the minimum amount payable shall be adjusted against the bills raised from time to time.
- Services not mentioned herein will be charged separately as per the rate applicable form time to time.
- Taxes and other govt. levies will be charged extra as applicable for time to time.
- Value of the transaction will be in accordance with rates provided by CDSL.
- Please note that in case we are unable to recover the service charges due to non maintenance of adequate balances in the bank account or inadequate advance fees, then the demat account will be "frozen" for operations. Service charges for the delayed period against the outstanding will also be levied. Any request to resume the service will be charged Rs. 100/-.
- NRI customers would be required to submit ECS mandate to debit DP charges form linked bank accounts.
- The above charges/services are subject to revision at the discretion of the Company and any revision will be notified by ordinary post, and would be binding on the clients.
- Under the lifetime scheme AMC will be charged only once during account opening.** This AMC is non-refundable and would not be refundable even on the clouser of BO account.

17 ✓

First/Sole Holder Signature/Auth.Signatory

6

Second Holder Signature/Auth. Signatory

6

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

**Availability:**

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

**Receiving Alerts:**

1. The depository shall send the alerts to the mobile phone number provided by the BO while registering for the service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
2. The BO acknowledges that the alerts will be received only if the mobile phone is in 'ON' and in a mode to receive the SMS. If the mobile phone is in 'Off' mode i.e. unable to receive the alerts then the BO may not get / get after delay any alerts sent during such period.
3. The BO also acknowledges that the readability, accuracy and timeliness of providing the service depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.
4. The BO further acknowledges that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/ or inaccuracy. In case the BO observes any error in the information provided in the alert, the BO shall inform the depository and/ or the DP immediately in writing and the depository will make best possible efforts to rectify the error as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred/ suffered by the BO on account of opting to avail SMS alerts facility.
5. The BO authorizes the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity.
6. The BO agrees to inform the depository and DP in writing of any unauthorized debit to his BO account/ unauthorized transfer of securities from his BO account, immediately, which may come to his knowledge on receiving SMS alerts. The BO may send an email to CDSL at [complaints@cdslindia.com](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.

## DIVYA CAPITAL ONE PVT. LTD.

### 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 warranty the confidentiality or security of the SMS alerts transmitted through a service provider. Further, the depository makes no warranty or representation of any kind in relation to the system and the network or their function or their performance or for any loss or damage whenever and howsoever suffered or incurred by the BO or by any person resulting from or in connection with availing of SMS alerts facility. The Depository gives no warranty with respect to the quality of the service provided by the service provider. The Depository will not be liable for any unauthorized use or access to the information and/ or SMS alert sent on the mobile phone number of the BO or for fraudulent, duplicate or erroneous use/ misuse of such information by any third person.

### Liability and Indemnity:

The Depository shall not be liable for any breach of confidentiality by the service provider or by any third person due to unauthorized access to the information meant for the BO. In consideration of the depository providing the service, the BO

agrees to indemnify and keep safe, harmless and indemnified the depository and its officials from any damages, claims, demands, proceedings, loss, cost, charges and expenses whatsoever which a depository may at any time incur, sustain, suffer or be put to as a consequence of or arising out of interference with or misuse, improper or fraudulent use of the service by the BO.

### Amendments:

The depository may amend the terms and conditions at any time with or without giving any prior notice to the BOs. Any such amendments shall be binding on the BOs who are already registered as user of this service.

### Governing Law and Jurisdiction:

Providing the Service as outlined above shall be governed by the laws of India and will be subject to the exclusive jurisdiction of the courts in Mumbai.

I/We wish to avail the SMS Alerts facility provided by the depository on my/our mobile number provided in the registration form subject to the terms and conditions mentioned below. I/ We consent to CDSL providing to the service provider such information pertaining to account/transactions in my/our account as is necessary for the purposes of generating SMS Alerts by service provider, to be sent to the said mobile number.

I/We have read and understood the terms and conditions mentioned above and agree to abide by them and any amendments thereto made by the depository from time to time. I/ we further undertake to pay fee/ charges as may be levied by the depository from time to time.

I / We further understand that the SMS alerts would be sent for a maximum four ISINs at a time. If more than four debits take place, the BOs would be required to take up the matter with their DP.

I/We am/ are aware that mere acceptance of the registration form does not imply in any way that the request has been accepted by the depository for providing the service.

I/We provide the following information for the purpose of Registration / modification (Please cancel out what is not applicable).

BOID

|   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|
| 1 | 2 | 0 | 7 | 3 | 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 message are to be sent

|     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| +91 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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

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

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

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



First/Sole Holder Signature/Auth. Signatory



Second Holder Signature/Auth. Signatory



Third Holder Signature/Auth. Signatory

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

Date : \_\_\_\_/\_\_\_\_/20\_\_\_\_

**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 of 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 messages 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 acknowledges 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.

## **DIVYA CAPITAL ONE PVT. LTD.**

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.

**DIVYA CAPITAL ONE PVT. LTD.****DECLARATION BY HUF**

Please fill in for a HUF

**DIVYA CAPITAL ONE PVT. LTD.**

**Regd. Office :** Unit No. P04-01 (A,B,C,) 4th Floor, Tower-A, WTC, GIFT City,  
 Building No. 5 IA, Block No. 5 I, Road 5E, GIFT City, Gandhinagar, Gujarat, India-382355

**Ghaziabad Office :** VC-1, Prime Plaza, IInd Floor Sector-3, Vaishali-201010, Ghaziabad (U.P)

|              |          |          |          |          |          |          |          |          |                  |  |  |  |  |  |  |  |  |
|--------------|----------|----------|----------|----------|----------|----------|----------|----------|------------------|--|--|--|--|--|--|--|--|
| <b>DP ID</b> | <b>1</b> | <b>2</b> | <b>0</b> | <b>7</b> | <b>3</b> | <b>4</b> | <b>0</b> | <b>0</b> | <b>Client ID</b> |  |  |  |  |  |  |  |  |
|--------------|----------|----------|----------|----------|----------|----------|----------|----------|------------------|--|--|--|--|--|--|--|--|

As our HUF firm wishes to open an account with your DP in the said name \_\_\_\_\_

we beg to say that the first signatory to this letter, Mr \_\_\_\_\_ is the Karta of the Joint Family and other signatories are the adult co-parceners of the said family.

We further confirm that the business of the said joint family is carried on mainly by the said Karta as also by the other signatories hereto in the interest and for the benefit of the entire body of co-parceners of the joint family. We all undertake that claims due to the DP from the said family shall be recoverable personally from all or any of us and also for the entire family properties of which the first signatory is the Karta, including the share of minor co-parceners.

In view of the fact that ours is not a firm governed by the Indian Partnership Act of 1952, we have not got our said firm registered under the said Act.

We hereby undertake to inform the DP of the death or birth of a co-parcener of any change occurring at any time in the membership of our joint family during the currency of the account.

Your's Sincerely

Name &amp; signature of Karta

**Name & Signature of Adult Co-parceners and date of birth of Minor Co-parceners  
 (Use Annexure for Additional Members)**

| S.No. | Name | Sex | Relation with Karta | Date of Birth | Signature |
|-------|------|-----|---------------------|---------------|-----------|
| 1.    |      |     |                     |               | ⊗ _____   |
| 2.    |      |     |                     |               | ⊗ _____   |
| 3.    |      |     |                     |               | ⊗ _____   |
| 4.    |      |     |                     |               | ⊗ _____   |

**DIVYA CAPITAL ONE PVT. LTD.**

**DECLARATION TO BE GIVEN BY PARTNERS (For Demat)**

To,

**DIVYA CAPITAL ONE PVT. LTD.**

**Regd. Office :** Unit No. P04-01 (A,B,C,) 4th Floor, Tower-A, WTC, GIFT City,  
Building No. 5 IA, Block No. 5 I, Road 5E, GIFT City, Gandhinagar, Gujarat, India-382355

**Ghaziabad Office :** VC-I, Prime Plaza, IInd Floor Sector-3, Vaishali-201010, Ghaziabad (U.P.)

1. I / We, have submitted an application for opening a single / joint account for opening a Beneficial Owner [BO] account in the category "individual" for holding and carrying out transactions in respect of securities belonging to our firm, since as per the clarification issued by the Department of Company Affairs vide its Circular No. 5/75 (8/18/75-CL-V) dated March 31, 1975, Partnership Firm is not capable of being a member within the meaning of Section 4 I of The Companies Act, 1956.
2. I / we represent the firm.
3. In consideration of you having agreed to accept the Permanent Account Number [PAN] issued by the Income Tax Department [ITD] to the firm along with our individual identity documents, I / We acknowledge and undertake as under :-
  - a) The acceptance of the PAN number of our firm does not amount to you having taken notice of trust or recognise our firm.
  - b) I / We shall continue to be responsible for complying with the relevant provisions of The Companies Act, 1956 and the Rules made thereunder and other applicable Laws failing which I / we shall be responsible for the consequences thereof.

Yours faithfully,

|             |                      |                             |
|-------------|----------------------|-----------------------------|
| Signature : | <input type="text"/> | Name of the Partner : ..... |
| Signature : | <input type="text"/> | Name of the Partner : ..... |
| Signature : | <input type="text"/> | Name of the Partner : ..... |

**STANDING INSTRUCTION FOR AUTO PLEDGE CONFIRMATION**

To,

**DIVYA CAPITAL ONE PVT. LTD.**

**Regd. Office :** Unit No. P04-01 (A,B,C,) 4th Floor, Tower-A, WTC, GIFT City,  
Building No. 5 IA, Block No. 5 I, Road 5E, GIFT City, Gandhinagar, Gujarat, India-382355  
**Ghaziabad Office :** VC-I, Prime Plaza, IInd Floor Sector-3, Vaishali-201010, Ghaziabad (U.P.)

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

With reference to my / our application for opening a depository account, I / We request you to enable my / our depository account having DP ID 12073400 & Client ID \_\_\_\_\_ with Flag "**Standing Instruction for Auto Pledge Confirmation**".

I / We have read and understood the Securities and Exchange Board of India's guidelines on pledging of shares in dematerialised form as regulated by SEBI (Depositories and Participants) Regulations, 1996 and Depositories Act, 1996.

|  |   |   |
|--|---|---|
|  |  |  |
| .....<br>First/Sole Holder Signature/Auth. Signatory                               | .....<br>Second Holder Signature/Auth. Signatory                                    | .....<br>Third Holder Signature/Auth. Signatory                                       |

**DIVYA CAPITAL ONE PVT. LTD.***(To be executed on a non-judicial stamp paper of Rs. 100/-)***POWER OF ATTORNEY**

To all to whom these presents shall come I, having Address at, \_\_\_\_\_ Send greetings.

Whereas I hold beneficial owner account number DP Id 12073400 Client Id \_\_\_\_\_ with DIVYA CAPITAL ONE PRIVATE LIMITED, through DIVYA CAPITAL ONE PRIVATE LIMITED registered with Securities and Exchange Board of India (SEBI) and Trading Code with Divya Capital One Private Limited.

And Whereas I/ we am/ are desirous to buy and sell securities through DIVYA CAPITAL ONE PRIVATE LIMITED who is a stock broker registered with SEBI and member of recognized stock exchange/s.

And Whereas I/ we am/ are desirous of appointing DIVYA CAPITAL ONE PRIVATE LIMITED as my/our constituted attorney to operate my/ our beneficial owner account on my/ our behalf for a limited purpose in the manner hereinafter appearing and subject to conditions as provided herein.

Now know you all and these presents witness that I/ we do hereby nominate, constitute and appoint DIVYA CAPITAL ONE PRIVATE LIMITED (hereinafter referred to as "the stock broker") as my true and lawful attorney and authorize it to perform the following functions on my behalf:

i. To transfer securities held in my/our aforementioned beneficial owner account(s) or any other account informed by me in writing to the stock broker from time to time to the demat account nos.

| ACCOUNT TYPE         | CM BP ID | DP NAME                   | DP ID    | CLIENT ID |
|----------------------|----------|---------------------------|----------|-----------|
| CDSL NSE CM Pool A/c | 12468    | DIVYA CAPITAL ONE PVT LTD | 12073400 | 00002683  |
| NSDL NSE CM Pool A/c | IN567699 | NIKUNJ STOCKS BROKERS LTD | IN302994 | 10056653  |
| NSE Early Pay-in A/c | M51476   | NCL                       | 11000011 | 00019129  |
| BSE Early Pay-in A/c | 3079     | ICCI                      | 11000010 | 00014519  |

of stock broker maintained for the purpose of settlement obligations arising out of trades executed by me/us on any recognized stock exchange through the stock broker. However, the said power will be restricted to only transfer of securities to the Clearing Member ID allotted to the stock broker by any existing or future exchange that the stock broker has joined/ will join as a member or to any demat accounts linked to the said Clearing Member ID provided that I/we have executed a Client Member Agreement with the stock broker for such exchanges.

ii. To pledge the securities in favor of divya Capital One Private Limited in below margin accounts for the limited purpose of meeting my/our margin requirements in connection with the trades executed by me/us on any recognized stock exchange through the Divya Capital One Private limited.

| ACCOUNT TYPE                                   | CM BP ID | DP NAME                   | DP ID    | CLIENT ID |
|--|----------|---------------------------|----------|-----------|
| CM-Client Securities Margin Pledge Account     |          | DIVYA CAPITAL ONE PVT LTD | 12073400 | 00013009  |
| TM/CM -Client Securities Margin Pledge Account |          | DIVYA CAPITAL ONE PVT LTD | 12073400 | 00013009  |

iii. To re-pledge the securities pledged by me as stated in para ii above in favor of the clearing member / clearing corporation as the case may be."

iv. To return to me/us, the securities that may have been received by the stock broker erroneously or those securities that the stock broker was not entitled to receive from me/us;

v. To apply for various products like Mutual Funds, Public Issues (shares as well as debentures), rights, offer of shares, tendering shares in open offers etc pursuant to oral/written/electronic instructions given by me/us to the stock broker.

20 ✓

.....  
First/Sole Holder Signature/Auth.Signatory

9

.....  
Second Holder Signature/Auth. Signatory

9

.....  
Third Holder Signature/Auth. Signatory

**DIVYA CAPITAL ONE PVT. LTD.**

vi. Further the Stock Broker is hereby authorized to send consolidated summary of client's script wise buy and sell positions taken with the average rates to me/us by way of SMS / Email on a daily basis.

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

I/We further agree and confirm that the powers and authorities conferred by this Power of Attorney shall continue until it is revoked (without notice) in writing by me and that the said revocation shall be effective from the date on which the revocation notice is received by the stock broker in his office at Plot no VC-1 Prime Plaza Sector-3 Vaishali, Ghaziabad UP.

Signed and delivered by the within named Beneficial Owner/s

Name:

Signature :



.....  
First/Sole Holder Signature/Auth.Signatory



.....  
Second Holder Signature/Auth. Signatory



.....  
Third Holder Signature/Auth. Signatory

**IN THE PRESENCE OF**

**WITNESSES :**

**1st. Witness: -**

**Name**

**Address:**

**Signature**

**2nd. Witness:-**

**Name:**

**Address:**

**Signature**

We Accept,

**For Divya Capital One Private Limited**

(Authorized Signatory)



**E-MAIL ID / MOBILE NUMBER DECLARATION**

To,

**DIVYA CAPITAL ONE PVT. LTD.**

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

**Regd. Office :** Unit No. P04-01 (A,B,C,) 4th Floor, Tower-A, WTC, GIFT City,  
 Building No. 51A, Block No. 51, Road 5E, GIFT City, Gandhinagar, Gujarat, India-382355  
**Ghaziabad Office :** VC-1, Prime Plaza, IInd Floor Sector-3, Vaishali-201010, Ghaziabad (U.P.)

Dear Sir,

I/We hereby request you to send all your communications pertaining to my/our trade like Trade Confirmations, Contract Notes, MTM Obligation, Margin Calls or any other communication (which is necessary from Compliance point of view) including the verification call from Divya Capital One Pvt. Ltd. etc. on the below mentioned Mobile number/Email id.

| Contact Mode | Mention E-mail / Mobile                          | Mobile / E-mail is registered in the Name (Please tick the correct box) |                          |                          |                          |
|--------------|--|---|--------------------------|--------------------------|--------------------------|
|              |  | Self  | Spouse                   | Dependent Child          | Dependent Parent         |
|              | (Please mention Email id in CAPITAL LETTER ONLY) |   |                          |                          |                          |
| E-mail       | <input type="checkbox"/> 1st Holder              | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|              | <input type="checkbox"/> 2nd Holder              | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|              | <input type="checkbox"/> 3rd Holder              | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mobile No.   | <input type="checkbox"/> 1st Holder              | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|              | <input type="checkbox"/> 2nd Holder              | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|              | <input type="checkbox"/> 3rd Holder              | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I/We am/are also aware that the Exchanges have been pursuing a process of confirming the trade details directly to the Clients via SMS and Email alerts which they have carried out through their respective Trading Member. Accordingly, I/We accord my/our consent to receive those SMS as well as Emails alerts directly from the Exchanges on the above stated contact details for the purpose. I/We hereby authorize you for sharing the said contact details with Exchanges.

Yours faithfully,

1st Holder Name: \_\_\_\_\_

2nd Holder Name: \_\_\_\_\_

3rd Holder Name: \_\_\_\_\_

|                    |
|--------------------|
| Trading Code _____ |
| BO/Client ID _____ |
| DP ID _____        |



.....  
 First/Sole Holder Signature/Auth. Signatory



.....  
 Second Holder Signature/Auth. Signatory



.....  
 Third Holder Signature/Auth. Signatory

**FORMAT OF REQUEST**

[Please tick (✓) wherever applicable]

|   |           |          |      |
|---|-----------|----------|------|
| DP ID   | Client ID | UCC Code | Date |
| Name of Account Holder  |           |          |      |
| <input type="checkbox"/> Mobile No.   |           |          |      |
| <input type="checkbox"/> E-mail ID  |           |          |      |
| I hereby declare that the aforesaid mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My Family<br>(Spouse, dependent children and dependent parents) |           |          |      |
| Signature of Account Holder   |           |          |      |
| Name of Account Holder  |           |          |      |

**DIVYA CAPITAL ONE PVT. LTD.**

**FORMAT OF BOARD RESOLUTION (in case of Corporate)**

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED IN THE MEETING OF THE BOARD OF DIRECTORS OF..... MEETING HELD ON AT ..... THE REGISTERED OFFICE OF THE COMPANY .....

“RESOLVED THAT application be made for opening of Demat & Trading account with Divya Capital One Pvt. Ltd. at the Corp. Office VC-I, Prime Plaza, IIInd Floor, Sector-3, Vaishali-201010, Ghaziabad (U.P) Depository participant of Central Depository Services (I) Limited (CDSL), & Member of National Stock Exchange of India Ltd. (NSE), Bombay Stock Exchange Ltd. (BSE).

Resolve that approval of the board be and is hereby granted to carry on the business of sell/purchase of shares, commodities etc. As permitted under the other object clause of the company. Further resolved that Mr. .... is here by authorized to inform the same to Roc and do necessary filing herewith.

RESOLVED THAT the company / trust be registered as CLIENT with Divya Capital One Pvt. Ltd. for the purpose of dealing in equities, derivatives etc. and the said Member be and is hereby authorized to honor instruction oral or written, given on behalf of the Company/Trust by any of the under noted authorized signatories:-

| S.No. | Name | Designation | Specimen Signature |
|-------|------|-------------|--------------------|
|       |      |             |                    |
|       |      |             |                    |
|       |      |             |                    |

Who are authorized to sell, purchase, transfer, endorse, negotiate and/ or otherwise deal/ through deal through Divya Capital One Pvt. Ltd. on behalf of the Company/Trust.

RESOLVED FURTHER THAT, the common seal of the Company is affixed, wherever necessary, in the presence of any Directors or of any one director or any Company Secretary, who shall sign the same in token of their presence.

RESOLVED FURTHER THAT Mr. \_\_\_\_\_ and / or Mr. \_\_\_\_\_ Directors/ Trustee of the Company/ Trust be and are hereby severally or jointly authorized to sign, execute and submit such applications, undertakings, agreements and other requisite documents, writings and deeds as may deemed necessary or expedient to give effect to this resolution.

FURTHER RESOLVED THAT the company do execute power of Attorney(s) for appointing Divya Capital One Pvt. Ltd. as the attorney of the company is respect of matters set out in the draft of Power of Attorney(s) having been placed before the board.

That this resolution be communicated to the Divya Capital One Pvt. Ltd. and remain in force until notice in writing be given to the Divya Capital One Pvt. Ltd.

For .....

(Director)

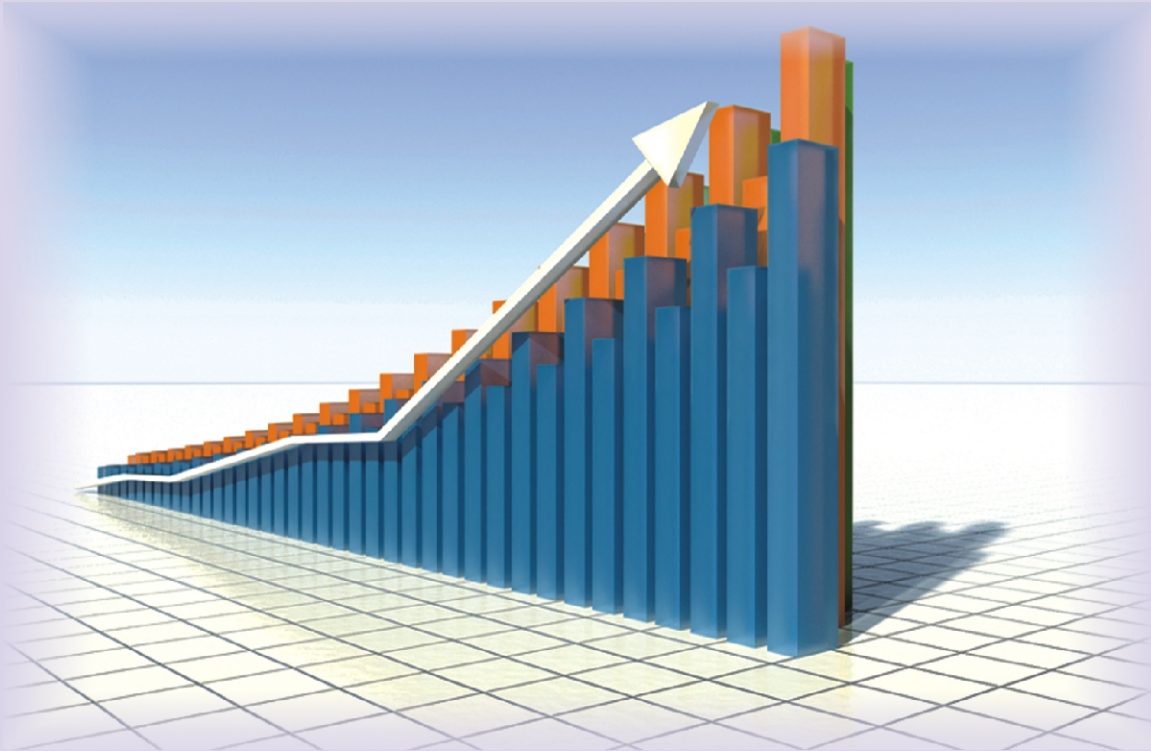
Specimen Signature of :

- 1.
- 2.
- 3.

**CHECK LIST FOR CLIENT REGISTRATION FORM**

|                           |                   |             |
|---------------------------|-------------------|-------------|
| FORM RECEIVING DATE :     | BRANCH CODE :     | CLIENT CODE |
| ACCOUNT OPENING DATE : TM | RL/TL             | TM :        |
| DP                        | SUB BRANCH CODE : | DP :        |

| I.  | CHECKING DETAILS   | YES   | REMARKS |
|-----|--|---|---------|
| a)  | Name as it appears on the ID & Address Proof (in capital letter)   |   |         |
| b)  | Signature of Client on all pages and wherever necessary (Witness wherever required) <input type="checkbox"/>   |   |         |
| c)  | Signature Checked and Verified.  |   |         |
| d)  | Photograph (duly signed) <input type="checkbox"/>  |   |         |
| e)  | A copy of PAN Card (Self Attested) <input type="checkbox"/>  |   |         |
| f)  | Address Proof (Self Attested) <input type="checkbox"/>   |   |         |
| g)  | Bank Proof containing Client Name (Self Attested) <input type="checkbox"/>   |   |         |
| h)  | Demat Account Proof (Self Attested) <input type="checkbox"/>   |   |         |
| i)  | Stamp Paper : <input type="checkbox"/>   |   |         |
| j)  | Exchange given : <input type="checkbox"/> NSE CM <input type="checkbox"/> NSE F&O <input type="checkbox"/> NSE Currency <input type="checkbox"/> NSE Commodity <input type="checkbox"/> BSE CM <input type="checkbox"/> BSE F&O <input type="checkbox"/> BSE Currency <input type="checkbox"/> BSE Commodity |   |         |
| 2.  | <b>Telephonic confirmation of Particulars done</b><br>by _____ Date _____ Time _____ On Phone No. _____  |   |         |
| 3.  | <b>Details Punched in Computer by</b> _____  |   |         |
| 4.  | <b>Cross Checking done by</b> _____  |   |         |
| 5.  | <b>UCC UPLOADED :</b><br><input type="checkbox"/> NSE <input type="checkbox"/> BSE   | <input type="checkbox"/> ENTERED IN FORM DATA |         |
| 6.  | <b>BACK OFFICE WEB LOGIN</b><br>User Name ID _____   |   |         |
| 7.  | <b>DP WEB LOGIN</b><br>User Name ID _____  |   |         |
| 8.  | <b>Form sent to Surveillance by</b> _____ <b>Date :</b> _____ <b>Time :</b> _____  |   |         |
| 9.  | <b>Client ID Mapping done by</b> _____<br>Branch ID _____ User ID: _____ Dealer ID : _____   |   |         |
| 10. | <b>INTERNET TRADING</b><br><input type="checkbox"/> Odin Diet <input type="checkbox"/> I-Net<br>User ID _____  |   |         |
| 11. | <b>Client Account Status Report issued by</b>  |   |         |
| 12. | <b>Form Returned to Compliance by</b> _____ <b>Date :</b> _____ <b>Time :</b> _____  |   |         |
| 13. | <b>Kit Dispatched on</b> _____ <b>(Date)</b> _____ <b>Pod No.</b> _____  |   |         |



## DIVYA CAPITAL ONE PVT. LTD.

SHARE • CURRENCY • IPO • DEPOSITORY  
NSE • BSE • CDSL

**Regd. Office :** Unit No. P04-01 (A,B,C,) 4th Floor, Tower-A, WTC,  
GIFT City, Building No. 51A, Block No. 51, Road 5E, GIFT City,  
Gandhinagar, Gujarat, India-382355

**Delhi Office :** International Trade Tower, Hall No. 3, Level S3, Block E,  
Nehru Place, New Delhi-110019, Tel.: 011-49934846

**Ghaziabad Office :** VC-1, Prime Plaza, IInd Floor, Sector-3,  
Vaishali-201010, Ghaziabad (U.P.)

Tel.: 0120-4229945, 4229946

Email : [divyaport@divyaportfolio.co.in](mailto:divyaport@divyaportfolio.co.in)

Website : [www.divyaportfolio.com](http://www.divyaportfolio.com)



## **DIVYA CAPITAL ONE PVT. LTD.**

**(Depository Participant - CDSL) DPID : 12073400**

**Regd. Office :** Unit No. P04-01 (A,B,C,) 4th Floor, Tower-A, WTC, GIFT City,  
Building No. 51A, Block No. 51, Road 5E, GIFT City, Gandhinagar, Gujarat, India-382355

**Ghaziabad Office :** VC-1, Prime Plaza, IInd Floor Sector-3, Vaishali-201010, Ghaziabad (U.P.)

### **ACKNOWLEDGEMENT RECEIPT**

We hereby acknowledge the receipt of the Account Opening application form :

|                               |  |
|-------------------------------|--|
| Name of the Sole/First Holder |  |
| Name of the Second Holder     |  |
| Name of the Third Holder      |  |

(Depository Participant Seal and Signature)