## Welcome to Punjab National Bank Depository **Services**

## **DPID-IN300708**

# **DEMAT ACCOUNT OPENING FORM**





| INDIVIDUAL/ HUF/ OTHERS        |  |
|--------------------------------|--|
| CLIENT NAME                    |  |
| DEMAT ACCOUNT NUMBER           |  |
| SAVING/ CURRENT ACCOUNT NUMBER |  |

रांजाब नैश्वानल बैंक 🥑 คบกาดบกดไบดกไ

Depository Back Office, 5, Sansad Marg, New Delhi – 110001

Phone no.. 011-23737539 e-mail: pnbdepository@pnb.co.in

## **CHECK-LIST FOR OPENING OF DEMAT ACCOUNT**

- <u>Two Photograph of holder(s)</u>
- <u>Pan-card</u>
- Proof of address including Aadhaar Card
- Details of bank account
- identity proof of Nominee

### Proof of Identity: (any one)-Self attested and duly verified by Branch Office/ Authorised Officer

- Passport
- Voter ID Card
- Driving License
- PAN Card with photograph
- Unique Identification Number (UID/Aadhaar Card)
- Identity card/document with applicant's photo issued by 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/ Credit cards/Debit Cards, with photo, issued by Banks.

## Proof of Address: (any one)- Self attested and duly verified by Branch Office/ Authorised Officer

- Passport
- Voter ID card
- > Aadhaar Letter issued by Unique Identification Authority of India
- Driving License
- > Bank passbook/Bank statement (Not more than 3 months old- as on date of receipt of documents)
- > Unique identification Number (UID/Aadhaar card)
- > Utility bill like- (Not more than 3 months old- as on date of receipt of documents)
  - o Electricity bills
  - Telephone bills (Land line only), and
  - o Gas bill
- Self-declaration by High Court & Supreme Court judges, giving the new address in respect of their own accounts
- Identity card/documents with address, issued by Central/State Government and its departments/ Statutory/Regulatory Authorities/ Public Sector Undertakings/ Scheduled Commercial Banks/ Public Financial Institutions, Colleges affiliated to Universities (this can be treated as valid only till the time the applicant is a student), and
- Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc to their members
- Proof of address issued by
  - Bank Managers of Schedule Commercial Banks/ Schedule Co-operative Bank/ Multinational Foreign Banks
  - o Gazetted Officer
  - o Notary Public

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- Elected representatives to the Legislative Assembly/ Parliament
  - Documents issued by any Government or Statutory Authority
- Bank Account Statement/ Passbook-(Note more than 3 months old-as on date of receipt of documents
- Ration card (where ever accepted by the state authority)

## PART I - KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Individuals)

|      | НО  | PUNJA<br>): 5, Sansad Marg    | AB NATIONA<br>, New Delhi-110 |            | IN 300708) | )                           |     |     |                 |       |        |                       |
|------|---|-------------------------------|-------------------------------|------------|------------|-----------------------------|-----|-----|-----------------|-------|--------|-----------------------|
| Plea | ase fill this form in ENGLISH and   | in BLOCK LETTE                | RS                            |            |            |                             |     |     |                 |       |        |                       |
| А.   | IDENTITY DETAILS  |                               |                               |            |            |                             |     |     | Pł              | notog | raph   |                       |
| 1    | Name of the Applicant   |                               |                               |            |            |                             |     |     | lease a assport |       | photog | graph                 |
| 2    | Father's / Husband's Name   |                               |                               |            |            |                             |     |     |                 |       |        | ure Across<br>tograph |
| 3    | a) Gender Male<br>Female  | b) Marital status             | Single Married                | c) Date of | Birth      | D                           | Μ   | М   | Y Y             | ľ     | Y      | Y                     |
| 4    | a) Nationality Indian<br>(Please specify)   |                               | ) a)                          | Status     | Nor        | ident I<br>Resid<br>eign Na | ent |     |                 |       |        |                       |
| 5    | a) PAN  |                               | aar Number, if an             | ly         |            |                             |     |     |                 |       |        |                       |
| 6    | Specify the proof of identity subm  |                               | N card<br>y other (Please s   | pecify;    |            |                             |     |     |                 |       |        |                       |
| B.   | ADDRESS DETAILS   | Corresponder                  |                               |            |            | sidenc                      |     |     |                 |       |        |                       |
| 1    | Residence / Correspondence<br>Address   |                               |                               |            |            |                             |     |     |                 |       |        |                       |
|      |   | City/town/village             | ;                             |            | PIN Code   |                             |     |     |                 |       |        |                       |
| 2    | Specify the proof of address subr<br>correspondence address   | State<br>nitted for Residence | e /                           |            | Country    |                             |     |     |                 |       |        |                       |
|      | correspondence address  | Tel. (Off.)                   |                               |            | Tel. (Res  | .)                          |     |     |                 |       |        |                       |
| 3    | Contact Details   | Fax No.                       |                               |            | Mobile N   | 0.                          |     |     |                 |       |        |                       |
|      |   | Email ID                      |                               |            |            |                             |     |     |                 |       |        |                       |
| 4    | Permanent Address (If different<br>from above. Mandatory for<br>Non-Resident Applicant to                       |                               |                               |            |            |                             |     |     |                 |       |        |                       |
|      | specify overseas address)   | City/town/village             |                               |            | PIN Code   |                             |     |     |                 |       |        |                       |
|      |   | State                         |                               |            | Country    |                             |     |     |                 |       |        |                       |
| C.   | DECLARATION   |                               |                               |            |            |                             |     |     |                 |       |        |                       |
| info | ereby declare that the details furn<br>orm you of any changes therein, in<br>representing, I am aware that I ma | mediately. In case            | any of the above              |            |            |                             |     |     |                 |       |        |                       |
| Sig  | nature of the Applicant   |                               |                               |            | Date       | D                           | D   | M M | 1 2             | 0     | Y      | Y                     |

|            |                  | FO  | R OF   | FIC  | E US | SE O | NLY | r    |      |     |      |       |                |                 |   |
|------------|------------------|---|--------|------|------|------|-----|------|------|-----|------|-------|----------------|-----------------|---|
| Sr.<br>No. | Pa               | rticulars   |        |      |      |      |     |      |      |     |      |       |                |                 |   |
| 1          |                  | Originals verified and Self-Attested Docume                                       | ent co | pies | rece | ived |     |      |      |     |      |       |                |                 |   |
| 2          | In-P<br>a)<br>b) | Person-Verification (IPV) details:<br>Name of the person doing IPV<br>Designation |        |      |      |      |     |      |      |     |      |       |                |                 |   |
|            | c)<br>d)         | Name of Organization<br>Signature   |        |      |      |      | Pl  | JNJA | AB N | ATI | ONAI | L BAN | K              |                 |   |
|            | e)               | Date  |        |      |      |      | D   | D    | ]    | M   | М    | 2     | 0              | Υ               | Y |
|            |                  | nature of the<br>Signatory  |        |      |      |      |     |      |      |     |      |       |                |                 |   |
| Date       |                  |   | D      | D    | М    | М    | 2   | 0    | Y    | Y   |      |       | Stamp<br>ermed | of the<br>liary |   |



## PUNJAB NATIONAL BANK HO: 5, Sansad Marg, New Delhi-110001 (DP ID-IN 300708) PART-II ACCOUNT OPENING FORM (FOR INDIVIDUALS)

| Branch ( | Office:                             |   |                                      |  | ient –l  |                 |                |       |              |                        |       |                          |                 |                  |  |  |  |  |  |
|----------|-------------------------------------|---|--------------------------------------|--|----------|-----------------|----------------|-------|--------------|------------------------|-------|--------------------------|-----------------|------------------|--|--|--|--|--|
| D.NP.    |                                     |   |                                      | T)   | o be fil | lled by         | Parti          | cipan | t)           |                        | -     |                          |                 | Γ                |  |  |  |  |  |
|          |                                     |   |                                      |  |          |                 |                |       |              |                        |       |                          |                 |                  |  |  |  |  |  |
|          | Please fill all the                 | a depository acco<br>details in CAPITA<br>ount holder(s): | unt in my/our nam<br>L LETTERS only) | e as per the f                                   | ollowir  | <sup>ng</sup> D | ate            | D     | D            | М                      | М     | 2                        | 0               | Y Y              |  |  |  |  |  |
|          | Account<br>holder(s)                | Sole/ First Hold  | er                                   | Second Ho  | der      |                 |                |       | Third Holder |                        |       |                          |                 |                  |  |  |  |  |  |
|          | Name                                |   |                                      |  |          |                 |                |       |              |                        |       |                          |                 |                  |  |  |  |  |  |
|          | PAN                                 |   |                                      |  |          |                 |                |       |              |                        |       |                          |                 |                  |  |  |  |  |  |
|          | Occupation<br>(please tick          | Private<br>Sector<br>Public Sector                        | Agriculturist<br>Retired             | Private Se                                       |          | Agri<br>Retii   | culturis<br>ed | t     |              | Private S<br>Public Se |       |                          | Agric<br>Retire | ulturist<br>d    |  |  |  |  |  |
|          | any one and<br>give brief           | Government<br>Service                                     | Housewife                            | Governme<br>Service                              | nt Г     | Hous            | sewife         |       |              | Governm<br>Service     | ent   |                          | ے<br>House آ    | ewife            |  |  |  |  |  |
|          | details)                            | Business  | Student                              | Business   |          | Stud            | ent            |       |              | Business               |       |                          | Stude           | nt               |  |  |  |  |  |
|          |                                     | Professional  | Others (Please specify;              | Profession                                       |          | Othe<br>spec    | rs (P<br>ify;  | lease | I            | Professio              | nal   |                          | Other<br>specif | s (Please<br>)y; |  |  |  |  |  |
|          | Brief details:                      |   |                                      |  |          |                 |                | _     |              |                        |       |                          |                 |                  |  |  |  |  |  |
|          | Declaration<br>for same             | Mobile no.  | □ Me or<br>□ My family               | □ Me or<br>□ My fami                             | у        |                 |                |       |              | 1e or<br>1y fam        | ily   |                          |                 |                  |  |  |  |  |  |
|          | Mobile and<br>Email                 | Email-id  | □ Me or<br>□ My family               | □ Me or<br>□ My fami                             | у        |                 |                |       |              | 1e or<br>1y fam        | ily   |                          |                 |                  |  |  |  |  |  |
| B)       |                                     |   | , Partnership Firm,                  | •  |          |                 | -              |       |              |                        |       |                          |                 |                  |  |  |  |  |  |
|          | natural persons,<br>mentioned below |   | of the Association                   | of Persons (                                     | AOP),    | Partne          | ership         | Firm  | , Unr        | egiste                 | red T | rust, e                  | etc., sh        | ould be          |  |  |  |  |  |
|          | a) Name                             |   |                                      |  | b) I     | PAN             |                |       |              |                        |       |                          |                 |                  |  |  |  |  |  |
| C)       | Type of accoun                      | ıt  |                                      |  |          |                 |                |       |              |                        |       |                          |                 |                  |  |  |  |  |  |
|          |                                     | y Resident<br>ed Foreign Investor                         | Fore                                 | I-Repatriable<br>eign National<br>ers (Please sp | ecify)_  |                 |                |       |              | [                      |       | NRI-N<br>Repatı<br>Promc | iable           |                  |  |  |  |  |  |
| D)       | Gross Annu                          | al Income Details   |                                      |  |          |                 |                |       |              |                        |       |                          |                 |                  |  |  |  |  |  |
| -        | Income Rang                         | ge per annum (plea  | se tick any one)                     |  |          |                 |                |       |              |                        |       |                          |                 |                  |  |  |  |  |  |
|          | Below                               | v`1 lac   | □ `1-                                | 5 lac  |          |                 |                | `     | 5- 10        | lac                    |       |                          |                 |                  |  |  |  |  |  |
|          | ☐ `10-                              | 25 lac  | □ <sub>Mor</sub>                     | re than ` 25 la                                  | ıc       |                 |                |       |              |                        |       |                          |                 |                  |  |  |  |  |  |
| E)       | In case of NRIs                     | s/ Foreign Nationa  | lls                                  |  |          |                 |                |       |              |                        |       |                          |                 |                  |  |  |  |  |  |
|          | RBI Approval R                      | Reference Number  |                                      |  |          |                 |                |       |              |                        |       |                          |                 |                  |  |  |  |  |  |
|          | RBI Approval d                      | ate   |                                      |  |          | D               | D              |       | М            | М                      | Y     | Υ                        | Υ               | Y                |  |  |  |  |  |
|          |                                     |   |                                      |  |          |                 |                |       |              |                        |       |                          |                 |                  |  |  |  |  |  |

| <sup>7</sup> ) | <b>Ба</b> п<br>1 | k details Bank account type  | avings Accou    | nt 🗔       | Current A          | count     |           | Othera   | (Pleas    | A ODO  | vifu)      |         |          |               |                  |
|----------------|------------------|--|-----------------|------------|--------------------|-----------|-----------|----------|-----------|--------|------------|---------|----------|---------------|------------------|
|                |                  |  | savings Accou   |            | Current A          | ccount    |           | Others   | (Pleas    | e spec | (11y)      |         |          |               |                  |
|                | 2                | Bank Account Number  |                 |            |                    |           |           |          |           |        |            |         |          |               |                  |
|                | 3                | Bank Name  |                 |            |                    |           |           |          |           |        |            |         |          |               |                  |
|                | 4                | Branch Address   |                 |            |                    |           |           |          |           |        |            |         |          |               |                  |
|                |                  | -  | City/town/vi    | llage      |                    |           | PIN       | l Code   |           |        |            |         |          |               |                  |
|                |                  | -  | State           | nage       |                    |           |           | untry    | ,         |        |            |         |          |               |                  |
|                | 5                | MICR Code  | State           |            |                    |           |           | unti y   |           |        |            |         |          |               |                  |
|                | 6                | IFSC   |                 |            |                    |           |           |          |           |        |            |         |          |               |                  |
| j)             | _                |  |                 |            |                    |           |           |          |           |        |            |         |          |               |                  |
| 1)             | Plea             | se tick, if applicable: Po   | olitically Expo | sed Perso  | n (PEP)            | L F       | Related   | to a P   | olitical  | ly Exj | posed      | Perso   | on (PE   | EP)           |                  |
| I)             | Star             | nding Instructions   |                 |            |                    |           |           |          |           |        |            |         |          |               |                  |
|                | 1                | I/We authorise you to receiv   | ve credits auto | matically  | into my/o          | ur acco   | unt.      |          |           |        | _          | es      |          |               |                  |
|                | 2                | Account to be operated thro  | ugh Power of    | Attorney   | (PoA)              |           |           |          |           |        | ] N<br>] Y | o<br>es |          |               |                  |
|                |                  |  |                 |            |                    |           |           |          |           |        | ] N        |         |          |               |                  |
|                | 3                | 3 SMS Alert facility: [Mandatory if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form] |                 |            |                    |           |           |          |           |        |            |         |          |               |                  |
|                |                  | Sr. No.  | Hold            | er         |                    |           |           |          |           | Y      | es         |         | I        | No            |                  |
|                |                  | 1  | Sole/           | First Hold | er                 |           |           |          |           |        |            |         |          |               |                  |
|                |                  | 2  | Secon           | nd Holder  |                    |           |           |          |           |        |            |         |          |               |                  |
|                |                  | 3  |                 | Holder     |                    |           |           |          |           |        |            |         |          |               |                  |
|                | 4                | Mode of receiving<br>Statement of Account [ <i>Tick</i>  | Phys            | ical Form  |                    |           |           |          |           |        |            |         |          |               |                  |
|                |                  | any one]   | Elect           | ronic For  | m [ <i>Read No</i> | ote 3 and | ensure i  | that emo | ail ID is | provid | ed in K    | YC Ap   | pplicati | ion Fo        | <i><b>o</b>r</i> |
|                | 5                | Mode of receiving Rights &<br>Obligations [Tick any one]   | Phys            | ical Form  |                    |           |           | Electro  | onic Fo   | orm    |            |         |          |               |                  |
|                | 6                | Option to receive Annual<br>Reports, AGM notice and<br>other communication from<br>issuer [Tick any one]   | Phys            | ical Form  |                    |           |           | Electro  | onic Fo   | orm    |            |         |          |               |                  |
| )              |                  | ardian Details (where sole hold  |                 |            | . 1                |           | 0 1       |          |           |        |            |         |          | ,             |                  |
|                | _                | account of a minor, two KYC<br>and by guardian)]   | Application F   | orms mus   | st be filled       | i.e. one  | e for the | e guaro  | dian an   | d ano  | ther fo    | or the  | mino     | r ( <i>to</i> | b                |
|                | Gua              | rdian Name   |                 |            |                    |           |           |          |           |        |            |         |          |               |                  |
|                | PAN<br>Rela      | ationship of guardian with   | ·               |            |                    |           |           |          |           |        |            |         |          |               | Ι                |
|                | 11111            | 01   |                 |            |                    |           |           |          |           |        |            |         |          |               |                  |

Nomination Option

I/We wish to make a nomination.[ *Details are provided at FORM 10*]

I/We do not wish to make a nomination.

#### Declaration

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. 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. In case non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

| Γ  | Name(s) of holder(s) | Signature(s) of holder |
|--|----------------------|------------------------|
| Sole/ First Holder/<br>Guardian (in case<br>sole holder is minor)<br>(Mr./Ms.) |                      | Х                      |
| Second Holder<br>(Mr./Ms.)   |                      | Х                      |
| Third Holder<br>(Mr./Ms.)  |                      | Х                      |

#### Notes :

- 1. All communication shall be sent at the address of the Sole/First holder only.
- Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8<sup>th</sup> Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
- 3. For receiving Statement of Account in electronic form:
  - I. Client must ensure the confidentiality of the password of the email account.
  - II. Client must promptly inform the Participant if the email address has changed.
  - III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
- 4. For Separate mobile number and E-mail address, 'Family' is defined as self, spouse, dependent children and dependent parents.
- 5. Strike off whichever is not applicable.

J)

|          | INJAB                            |  | FORM                  | A FOI           |           | /IN      | аті    | FO<br>DN/ CA |      | M 10<br>CEI |      | TIC   | N O   | F NO    | MIN    | NATI    | )N                 |         |         |          |       | 1      |        |        |       |       |    |   |
|----------|----------------------------------|--|-----------------------|-----------------|-----------|----------|--------|--------------|------|-------------|------|-------|-------|---------|--------|---------|--------------------|---------|---------|----------|-------|--------|--------|--------|-------|-------|----|---|
|          | TONAL<br>ANK                     |  | FUR                   |                 |           |          |        | individ      |      |             |      |       |       |         |        | VAIIV   | JN                 |         |         |          |       |        |        |        |       |       |    |   |
| HO: 5    | 5, Sansad                        |  |                       |                 |           |          |        |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
|          | New Delhi-<br>10001              |  |                       |                 |           |          |        |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
| Date     | D D                              | ММ   | 2 0                   | Y               |           | DP<br>ID | I      | N 3          | 3    | 0           | 0    | 7     | 0     | 8       |        | C       | lient ID           |         |         |          |       |        |        |        |       |       |    |   |
|          |                                  |  |                       |                 |           |          |        |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
|          | I/We wish to r                   | nake a noi   | mination              | . [ <i>As j</i> | per det   | ails g   | given  | below        | ]    |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
|          |                                  |  |                       |                 |           |          |        |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
|          | tion Details                     |  |                       |                 |           |          |        |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
|          | sh to make a n<br>ary owner acco |  |                       |                 |           |          | the fo | ollowin      | ıg p | oerso       | on(s | ) wh  | o sha | ll rece | eive a | all sec | urities            | held in | n the I | Dep      | osito | ry b   | y me   | /us    | in tl | ne sa | id |   |
| Nomina   | tion can be m                    | nade unto  | three no              | mine            | es in     | Т        | D      | etails o     | of 1 | st No       | omi  | nee   |       |         | Det    | ails of | 2 <sup>nd</sup> No | minee   |         | T        |       | Def    | ails o | of 3rd | No    | min   | ee |   |
| the acco | ount.                            | -  |                       |                 |           |          | 2      |              |      |             |      |       |       |         | 200    |         | - 110              |         |         |          |       | 200    |        |        | 1.0   |       |    |   |
| 1        | Name of the                      | e nomine   | e(s) (Mr.             | /Ms.)           |           |          |        |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
| 2        | Share of<br>Nominee              | each   | Equally               |                 |           |          |        |              |      |             |      |       | %     |         |        |         |                    |         | %       |          |       |        |        |        |       |       |    | % |
|          |                                  |  | [If not<br>specify pe | ercentag        | e]        |          | 1ny o  | dd lot d     | afte | er div      | visi | on sh | all b | e tran  | isferi | red to  | the firs           | t nom   | inee n  | ient     | ionea | l in i | the fo | orm.   |       |       |    |   |
| 3        | Relationshi<br>Any)              | p With   | the App               | olican          | t (If     |          |        |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
|          | • /                              | of Nominee(s)  |                       |                 |           | ninee(s) |        |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
| 4        | Audress of                       | of Nominee(s)  |                       |                 |           |          |        |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
|          |                                  |  |                       |                 |           |          |        |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
| -        |                                  |  | PIN Cod               |                 |           | _        |        |              | Γ    |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
| 5<br>6   |                                  | PIN Code           Felephone No. of nominee(s)           O of nominee(s) |                       |                 |           |          |        |              |      |             |      |       |       |         |        |         |                    |         |         | -        |       |        |        |        |       |       |    |   |
| 7        | Nominee Io                       | dentificat   | ion deta              | ils[            | Please    |          |        |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
|          | tick any or<br>details of sa     | ne of fol<br>me]   | lowing a              | and p           | rovide    |          |        |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
|          |                                  | -  |                       |                 |           |          |        |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
|          |                                  | Photograp<br>PAN   | h & Sign              | ature           |           |          |        |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
|          |                                  | Aadhaar  |                       |                 |           |          |        |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
|          |                                  | Saving Ba  | nk accou              | nt no.          |           |          |        |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
|          |                                  | Proof of Ic  | 2                     |                 |           |          |        |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
| Sr. Nos. | 8-14 should b                    | Demat Ac   |                       |                 | e(s) is a | mir      | nor:   |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
|          |                                  |  | -                     |                 |           |          |        |              |      |             |      |       |       |         |        |         |                    |         |         | <b>—</b> |       |        |        |        |       |       |    |   |
| 8        | Date of nominee(s)               | }  |                       |                 |           |          |        |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
| 9        | Name of G<br>minor nom           |  | Mr./Ms.               | ) {in c         | ase of    |          |        |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
| 10       | Address of                       |  | n(s)                  |                 |           | 1        |        |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
|          |                                  |  |                       |                 |           |          |        |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
|          |                                  |  |                       |                 |           |          |        |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
|          |                                  |  |                       |                 |           |          |        |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
|          |                                  | ]  | PIN Cod               | e               |           |          |        |              | Γ    |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
| 11       | Mobile/Tel                       | ephone n   | o. of Gu              | ardiar          | 1         |          |        |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
| 12       | Email ID o                       | f Guardia  | an                    |                 |           |          |        |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
| 13       | Relationshi                      | ip of Gua  | rdian wi              | th no           | minee     |          |        |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
| 14       | Guardian I                       | dontifica-   | tion data             | aile f          | Dlease    | +        |        |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
| 14       | tick any or                      | ne of fol  |                       |                 |           |          |        |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
|          | details of sa                    | -  | h & c:-               | otre-           |           |          |        |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
|          |                                  | Photograp<br>PAN   | m & Sigr              | ature           |           |          |        |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
|          |                                  | Aadhaar  |                       |                 |           |          |        |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
|          |                                  | Saving Ba  |                       | int no.         |           |          |        |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
|          |                                  | Proof of Id  |                       |                 |           |          |        |              |      |             |      |       |       |         |        |         |                    |         |         |          |       |        |        |        |       |       |    |   |
| L        |                                  | Demat Ac   | count ID              | '               |           | <u> </u> |        |              |      |             |      |       |       |         |        |         |                    |         |         | 1        |       |        |        |        |       |       |    |   |

| Nai                          | me(s) of holder(s)                  |      |   |     | S     | Signat | ure(s) | ) of h | older |   |
|------------------------------|-------------------------------------|------|---|-----|-------|--------|--------|--------|-------|---|
| Sole/ First Holder (Mr./Ms.) |                                     |      |   |     |       |        | Х      |        |       |   |
| Second Holder (Mr./Ms.)      |                                     |      |   |     |       |        | Х      |        |       |   |
| Third Holder (Mr./Ms.)       |                                     |      |   |     |       |        | Х      |        |       |   |
|                              | Signature of Witness for Nomination |      |   |     |       |        |        |        |       |   |
| Name of the Witness          | Address                             |      |   | Sig | natur | e of w | itnes  | s      |       |   |
|                              |                                     |      |   |     |       |        |        |        |       |   |
|                              |                                     |      |   |     |       |        |        |        |       |   |
|                              |                                     | Date | D | D   | М     | М      | Y      | Y      | Y     | Y |

#### Notes:

1. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non- individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly, all joint holders will sign the nomination form.

2. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.

3. The Nominee(s) shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.

4. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.

5. Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.

6. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non- individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.

7. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee(s).

8. Nomination can be made upto three nominees in a demat account. In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total upto hundred percent. In the event of the beneficiary owner not indicating any percentage of allocation/share for each of the nominees, the default option shall be to settle the claims equally amongst all the nominees.

9. On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned in the FORM 10 at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.

10. Copy of any proof of identity must be accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure D.

11. Savings bank account details shall only be considered if the account is maintained with the same participant.

12. DP ID and client ID shall be provided where demat details is required to be provided.

## LETTER OF AUTHORITY

| The Manager,<br>Punjab National Bank<br>BO      |                            | Dat                                 | e:                     |
|---|----------------------------|-------------------------------------|------------------------|
| Dear Sir,                                       |                            |                                     |                        |
| Reg: Depository Account                         | t No                       | of                                  |                        |
|   | Account, I/We authorize y  | ou to debit all the charges leviabl | e in the above account |
| This authority is irrevoc<br>Y ours faithfully, | able.                      | Signature Attested/In-person \      | /erification done      |
|   |                            | Name of Authorised Official         | Signature              |
| (   | )                          | Branch Seal                         |                        |
|   | of saving A/c should sign) | GBPA No.                            |                        |
|   | Depository Accour          | nt No                               |                        |
| Sole/First Holder                               | (Specimen Sign             | nature for Computer Scanning)       | 7                      |
|   |                            |                                     |                        |
|   |                            |                                     |                        |
| Second Holder                                   |                            |                                     |                        |
|   |                            |                                     |                        |
|   |                            |                                     |                        |
|   |                            |                                     |                        |
| Third Holder                                    |                            |                                     |                        |
|   |                            |                                     | 7                      |
|   |                            |                                     |                        |
|   |                            |                                     |                        |
|   |                            |                                     |                        |
| A/c Oper  | ned by S                   | Signature scanned by                | Verified & Released    |
| Authorised                                      | l Signatory A              | Authorised Signatory                | Authorised Signatory   |

## PUNJAB NATIONAL BANK

DEPOSITORY BACK OFFICE

5, SANSAD MARG, NEW DELHI-110001

(DP ID- IN 300708)

## Depository Service Charges for Retail and Corporate Account.

## (Undertaking to be obtained from Customers at the time of opening of Demat Account)

|        |   |  | CHARGES   |   |
|--------|---|--|---|---|
| S. No. | Activity  | for investors having<br>Demat account only   | for investors trading<br>through IDBI Capital/<br>SMC/NSBL  | for Staff   |
| 1      | Account Opening   | NIL  | NIL   | NIL   |
| 2      | Account Closing   | NIL  | NIL   | NIL   |
| 3      | Account Freezing/<br>Defreezing   | Rs. 20/- per instruction   | NIL   | NIL   |
| 4      | Dematerialisation   | Rs. 2.25/- per certificate with minimum of Rs.25/- <b>plus</b> postage as applicable   | Rs. 1/- per certificate with minimum of Rs.25/- <b>plus</b> postage as applicable   | Rs. 1/- per certificate with minimum of Rs.25/- <b>plus</b> postage as applicable   |
| 5      | Rematerialisation   | <ul> <li>a. a fee of Rs.10 for every hundred securities or part there of subject to maximum fee of Rs 500000.00; OR</li> <li>b. a flat fee of Rs.10 per certificate, whichever is higher.</li> <li>No rematerialisation fee shall be charged for Government Securities.</li> </ul> | <ul> <li>a. a fee of Rs.10 for every hundred securities or part there of subject to maximum fee of Rs 500000.00; OR</li> <li>b. a flat fee of Rs.10 per certificate, whichever is higher.<br/>No rematerialisation fee shall be charged for Government Securities.</li> </ul> | <ul> <li>a. a fee of Rs. 10 for<br/>every hundred securities<br/>or part there of subject to<br/>maximum fee of Rs<br/>500000.00; OR</li> <li>b. a flat fee of Rs.10 per<br/>certificate, whichever is higher<br/>No rematerialisation fee<br/>shall be charged for<br/>Government Securities.</li> </ul> |
| 6      | Account Maintenance- For<br>Individual Account Holder   | Rs. 250/- p.a.<br>SENIOR CITIZEN Rs 115 p.a  | Rs. 250/- p.a.<br>SENIOR CITIZEN Rs 115 p.a   | <b>Rs.</b> 115/- p.a.   |
| 7      | Account Maintenance<br>Charge (AMC) for Non-<br>Individual Account Holder<br>(MF, Corporate, Trusts,<br>Clubs, Brokers. Big<br>Investors, Traders, iN-hose<br>accounts etc.)  | Rs. 850.00 p.a   | Rs. 850.00- p.a.  | N.A   |
| 8@     | Account Maintenance<br>(AMC)<br>In case Client have Equity<br>Shares of PNB on date of<br>issue of Circular<br>i.e.26.07.2011 and also<br>have<br>Deposit Account with us<br>(Applicable to existing<br>Demat Account Holder and<br>also New Demat Account<br>Holder) | NIL  | NIL   | NIL   |
| 9@@    | Account Maintenance (Under<br>Basic Service Demat Account<br>(BSDA)<br>For Debt Securities<br>(i) If value of Holding is upto Rs<br>1,00,000<br>(li) If value of holding from Rs<br>1,00,001 to Rs 2,00,000<br>For other than Debt                                    | NIL<br>Rs 100  | NIL<br>Rs 100   | NIL<br>Rs 100   |
|        | <b>Securities</b><br>(i) If value of Holding is upto Rs<br>50,000<br>(li) If value of holding from Rs   | NIL<br>Ps 100  | NIL   | NIL   |
|        | 50,001 to Rs 2,00,000   | Rs 100   | Rs 100  | Rs 100  |

| 10 | Transaction(Sell) Other<br>than Debt Instruments /<br>Govt. Securities                | 0.033 % of market value<br>with minimum of Rs. 30/-<br>per instruction . and max. of   | Rs. 20 /- per instruction   | Rs. 20 /- per instruction  |
|----|---|--|---|--|
|    |   | Rs. 300/- per instruction  |   |  |
| 11 | Transaction (Sell ) in case   | 0.026% of market value with  | 0.026% of market value with   | 0.026% of market value   |
|    | of Debt<br>Instruments/ Govt.   | minimum of Rs.20/- p.i. and maximum of Rs.255/- per  | minimum of Rs.20/- p.i. and maximum of Rs.255/- per   | with minimum of<br>Rs.20/-   |
|    | Securities  | instruction  | instruction   | p.i. and maximum   |
| 12 | Creation of pledge  | If PNB is counter  | If PNB is counter   | If PNB is counter  |
|    |   | <b>party</b><br>Rs. 0.02 percent of of value of<br>securities with minimum of Rs<br>60 per entry   | <b>party</b><br>Rs. 0.02 percent of of value of<br>securities with minimum of Rs<br>60 per entry  | <b>party</b><br>Rs. 0.02 percent of of value<br>of securities with minimum of<br>Rs 60 per entry |
|    |   | If PNB is not counter<br>Party<br>Rs. 0.04 percent of of value of  | If PNB is not counter<br>Party<br>Rs. 0.04 percent of of value of   | If PNB is not counter<br>Party<br>Rs. 0.04 percent of of value                                   |
|    |   | securities with minimum of Rs<br>60 per entry  | securities with minimum of Rs<br>60 per entry   | of securities with minimum of<br>Rs 60 per entry   |
| 13 | Other Charges   | Modification of Accounts details -<br>Rs.50/- per request. one booklet<br>(DIS) of 10 leaves will be<br>provided free of cost. Extra<br>Booklet will be charged Rs 50 per<br>booklet of 10 leaf and postage<br>charges extra, if any.  | Modification of Accounts details -<br>Rs.50/- per request. one booklet<br>(DIS) of 10 leaves will be<br>provided free of cost. Extra<br>Booklet will be charged Rs 50 per<br>booklet of 10 leaf and postage<br>charges extra if | NIL  |
| 14 | Debit to Client Account (MF)  | Rs.10 per instruction  | Rs.10 per instruction   | Rs.10 per instruction  |
| 15 | Conversion of Mutual  | NIL  | All   |  |
| 15 | Funds units<br>represented by SoA<br>(statement of<br>Accounts) into<br>DEMAT ACCOUNT | NIL .  | NIL   | NIL  |
| 16 | Reconversion of Mutual<br>Funds units into SoA<br>(statement of<br>Accounts)          | Rs.10.00 per instruction   | Rs.10.00 per instruction  | Rs.10.00 per instruction   |
| 17 | Redemption of Mutual<br>Funds units through   | Rs.4.50 per instruction  | Rs.4.50 per instruction   | Rs.4.50 per instruction  |
|    | Participants  |  |   |  |
| 18 | Pledge confirmation   | Rs.25 per instruction  | Rs.25 per instruction   | Rs.25 per instruction  |
| 19 | Inter-Settlement  | Rs.4.50 per instruction  | Rs.4.50 per instruction   | Rs.4.50 per instruction  |
| 20 | Clearing Member Pool to<br>Clearing Member pool<br>account transfer                   | Rs.4.50 per instruction  | NOT APPLICABLE  | NOT APPLICABLE   |
| 21 | Settlement fee for<br>Clearing Member Pool<br>account<br>(Receipt in charges)         | Settlement fee at the rate of<br>₹1.00 per instruction in respect<br>of securities received from the<br>Clearing Corporation into the<br>Pool account of each Clearing<br>Member maintained with the<br>Participant subject to a<br>minimum of ₹1500 and a<br>maximum of ₹5,000 per quarter<br>per CM Account shall be<br>charged. | NOT APPLICABLE  | NOT APPLICABLE   |

#### **OTHER INSTRUCTIONS**

@ This concession will be applicable only in case Demat Account holder gives a fresh undertaking for charges.

@@ The value of holding shall be determined by the DPs on the basis of the daily closing price or NAV of the securities or units of mutual funds, as the case may be,. Where such price is not available the last traded prices may be taken into the account and for unlisted securities other than the units of mutual funds, face value may be taken into the account. @@If the value of holding in such BSDA exceeds the prescribed criteria at any date, bank will levy charges as applicable to regular account. (Non-BDSA).

@@ Bank will provide two statement of account, free of cost and will charge Rs 25.00 for additional statement.

### **Terms & Conditions:**

- Market value as on date of transaction as advised by NSDL.
- The above schedule of charges is based on NSDL charges and is subject to revision at the  $\triangleright$ discretion of the Bank.
- Any revision in the schedule of charges will be notified by ordinary post with 30 days notice.
- This revision in charges supersedes all our earlier rate structures. The rates indicated in % terms will be applied on the value of transactions as computed by NSDL
- All aforesaid mentioned charges are excluding of GST or any prevalent Tax. The GST will be charged extra at applicable rate. In case of staff, GST will be charged on the rate applicable to public.
- Concession in AMC as per various RMD, HO circulars.

\_\_\_\_\_

- Out of pocket expenses i.e. postage, telephone, fax, mail etc. on actual basis wherever applicable shall be charged extra.
- If concession in charges obtained under Serial no. 8 A, trading i.e. sale of shares/ securities not to  $\triangleright$ be done from Demat Account.
- If any point of time, Bank finds Demat Account Holder indulging in Trading of shares/ securities in the Demat Account in which concession has been obtained in AMC (Serial No. 8 A), then AMC will  $\triangleright$ be charged from date of sale of share/ security.
- Concession in AMC mentioned will be applicable only from date of issuance of Circular or date of opening of account whichever is later.

Signature of 1st Client

Signature of 2nd Client

Signature of 3rd Client

Acknowledgement

HO: 5, Sansad Marg, New Delhi-110001 (DP ID-IN 300708)

as the sole/first holder alongwith Received the application from Mr/Ms\_ and as the second and third holders respectively for opening of a depository account. Please quote the DP ID & Client ID

| allotted to you in all your future correspondence. |   |   |   |   |   |   |   |  |  |  |  |  |  |
|--|---|---|---|---|---|---|---|--|--|--|--|--|--|
| Date:  | D | D | М | М | Y | Y | Y |  |  |  |  |  |  |

Participant Stamp & Signature

## Punjab National Bank HO: 5, Sansad Marg, New Delhi – 110 001. DP ID – IN 300708

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

(This document is to be handed over to client under acknowledgement)

#### General Clause

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Rules and Regulations of Securities and Exchange Board of India (SEBI), Circulars/Notifications/Guidelines issued there under, Bye Laws and Business Rules/Operating Instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.

2. The DP shall open/activate demat account of a beneficial owner in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time.

#### **Beneficial Owner information**

3. The DP shall maintain all the details of the beneficial owner(s) as mentioned in the account opening form, supporting documents submitted by them and/or any other information pertaining to the beneficial owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.

4. The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of opening the demat account or furnished to the DP from time to time.

#### Fees/Charges/Tariff

5. The Beneficial Owner shall pay such charges to the DP for the purpose of holding and transfer of securities in dematerialized form and for availing depository services as may be agreed to from time to time between the DP and the Beneficial Owner as set out in the Tariff Sheet provided by the DP. It may be informed to the Beneficial Owner that "*no charges are payable for opening of demat accounts*"

6. In case of Basic Services Demat Accounts, the DP shall adhere to the charge structure as laid down under the relevant SEBI and/or Depository circulars/directions/notifications issued from time to time.

7. The DP shall not increase any charges/tariff agreed upon unless it has given a notice in writing of not less than thirty days to the Beneficial Owner regarding the same.

#### Dematerialization

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

#### **Separate Accounts**

**9.** The DP shall open separate accounts in the name of each of the beneficial owners and securities of each beneficial owner shall be segregated and shall not be mixed up with the securities of other beneficial owners and/or DP's own securities held in dematerialized form.

10. The DP shall not facilitate the Beneficial Owner to create or permit any pledge and /or hypothecation or any other interest or encumbrance over all or any of such securities submitted for dematerialization and/or held in demat account except in the form and manner prescribed in the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996 and Bye-Laws/Operating Instructions/Business Rules of the Depositories.

11. The DP shall effect transfer to and from the demat accounts of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the Beneficial Owner and the DP shall maintain the original documents and the audit trail of such authorizations.

**12.** The Beneficial Owner reserves the right to give standing instructions with regard to the crediting of securities in his demat account and the DP shall act according to such instructions.

#### Statement of account

13. The DP shall provide statements of accounts to the beneficial owner in such form and manner and at such time as agreed with the Beneficial Owner and as specified by SEBI/depository in this regard.

14. However, if there is no transaction in the demat account, or if the balance has become Nil during the year, the DP shall send one physical statement of holding annually to such BOs and shall resume sending the transaction statement as and when there is a transaction in the account.

15. The DP may provide the services of issuing the statement of demat accounts in an electronic mode if the Beneficial Owner so desires. The DP will furnish to the Beneficial Owner the statement of demat accounts under its digital signature, as governed under the Information Technology Act, 2000. However if the DP does not have the facility of providing the statement of demat account in the electronic mode, then the Participant shall be obliged to forward the statement of demat accounts in physical form.

16. In case of Basic Services Demat Accounts, the DP shall send the transaction statements as mandated by SEBI and/or Depository from time to time.

#### Manner of Closure of Demat account

17. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository. Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided no

18. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of thirty days as per procedure specified from time to time by the depository. Provided further, closure of demat account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

#### Default in payment of charges

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

#### Liability of the Depository

21. As per Section 16 of Depositories Act, 1996,

1. Without prejudice to the provisions of any other law for the time being in force, any loss caused to the beneficial owner due to the negligence of the depository or the participant, the depository shall indemnify such beneficial owner.

2. Where the loss due to the negligence of the participant under Clause (1) above, is indemnified by the depository, the depository shall have the right to recover the same from such participant.

#### Freezing/ Defreezing of accounts

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

#### **Redressal of Investor grievance**

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

#### Authorized representative

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

#### Law and Jurisdiction

26. In addition to the specific rights set out in this document, the DP and the Beneficial owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Rules, Bye Laws and Regulations of the respective Depository in which the demat account is opened and circulars/notices issued there under or Rules and Regulations of SEBI.

27. The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars/ notices issued by SEBI and Rules, Regulations and Bye-laws of the relevant Depository, where the Beneficial Owner maintains his/ her account, that may be in force from time to time.

28. The Beneficial Owner and the DP shall abide by the arbitration and conciliation procedure prescribed under the Bye-laws of the depository and that such procedure shall be applicable to any disputes between the DP and the Beneficial Owner.

29. Words and expressions which are used in this document but which are not defined herein shall unless the context otherwise requires, have the same meanings as assigned thereto in the Rules, Bye-laws and Regulations and circulars/notices issued there under by the depository and /or SEBI

30. Any changes in the rights and obligations which are specified by SEBI/Depositories shall also be brought to the notice of the clients at once.

31. If the rights and obligations of the parties hereto are altered by virtue of change in Rules and regulations of SEBI or Byelaws, Rules and Regulations of the relevant Depository, where the Beneficial Owner maintains his/her account, such changes shall be deemed to have been incorporated herein in modification of the rights and obligations of the parties mentioned in this document.

\_\_\_\_\_

## PUNJAB NATIONAL BANK DEPOSITORY BACK OFFICE 5, SANSAD MARG, : NEW DELHI

## **Details under FATCA / CRS**

(Please consult your professional tax advisor for further guidance on your tax residency, if required)

| S.No | Please fill the information below as requested  |  |  |
|------|---|--|--|
| •    |   |  |  |
| 1.   | Name of the Account Holder  |  |  |
| 2.   | Customer ID   |  |  |
| 3.   | Date of Birth (DD-MM-YYYY)  |  |  |
| 4.   | Country of Birth  |  |  |
| 5.   | Nationality (Please specify Indian or<br>Others)  |  |  |
|      | (if national of more than one country,<br>please mention all the countries<br>separated by a comma) |  |  |
| 6.   | PAN   |  |  |
| 7.   | Mobile/ Telephone Number (including ISD and STD code)   |  |  |

8. Are you a tax resident of any country other than India? Yes *If No, please sign the declaration on Page 2* 

## If yes, please provide details below:

(Please indicate all countries in which you are resident for tax purposes and associated details)

No

| Country/(i<br>es) of Tax<br>residency<br># | Tax<br>Identificatio<br>n Number<br>(TIN) <sup>%</sup> | Identification<br>Type (TIN or<br>Other <sup>%</sup> , please<br>specify) | Residence Address<br>for Tax purpose<br>(including City, State,<br>Country and Pin<br>code) | Address Type:<br>1- Residential or<br>Business,<br>2- Residential,<br>3-Business,<br>4-Registered Office |
|--|--|---|---|--|
|  |  |   |   |  |
|  |  |   |   |  |

<sup>#</sup>To also include USA, where the individual is a citizen/ green card holder of USA. Identification Number is not available, kindly provide functional equivalent<sup>\$</sup>

| No. | Further details required if account holder is tax resident outside India |  |
|-----|--|--|
| 9.  | City of Birth  |  |
| 10. | Gender (Male, Female, Others)  |  |

| 11. | Father's Name (mandatory if PAN not provided)   |  |
|-----|---|--|
| 12. | Aadhaar Number (optional)   |  |
| 13. | Proof of Identity - Documents submitted   |  |
|     | (A-Passport*, B-Election Id Card, C-PAN Card, D-ID<br>Card, E-Driving License*, G- UIDAI Letter, H-NREGA<br>job card) |  |
| 14. | Identification No for the identification type mentioned above (mandatory if no PAN/ Aadhaar provided)                 |  |
| 15. | Occupation Type:  |  |
|     | Service /Others /Business   |  |

### Certification

Under penalty of perjury, I/we certify that:

- I understand that Punjab National Bank is relying on this information for the purpose of determining the status of the account holder named above in compliance with FATCA/CRS. Punjab National Bank is not able to offer any tax advice on FATCA or CRS or its impact on the account holder. I shall seek advice from professional tax advisor for any tax questions.
- I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- I agree that as may be required by domestic regulators/tax authorities, Punjab National Bank mayalso be required to report, reportable details to CBDT or other authorities/agencies or close or suspend my account, as appropriate.
- I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the
  information provided by me on this Form including the taxpayer identification number is true, correct, and complete. I also confirm that I
  have read and understood the FATCA/CRS Terms and Conditions below and hereby accept the same.

DATE :\_\_\_\_\_

PLACE\_\_\_\_\_

## Name & signature of Account holder

#### **FATCA/CRS** Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. Towards compliance, we may be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Please note that you may receive more than one request for information if you have multiple relationships with the Bank or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

### **FATCA/CRS Instructions**

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number.

<sup>\$</sup>It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant *Curing Documents* as mentioned below:

# **DEPOSITORY SERVICES**

PNB as Depository Participant (DP) of NSDL provides you depository services with a secure and convenient way for holding your securities through all the branches of the bank.

## Key Services :

- Opening of Demat account
- Dematerialization
- Rematerialization
- Settlement of trade Settlement of off-market trades
- Electronic credit in respect of securities allotted under IPO
- Receiving non-cash corporate benefits, such as, allotment of bonus and rights shares, stock Pledging Un-pledging of securities
- Providing periodical statement of transactions
- > split, etc.

## **ONLINE TRADING**

We provide Online Trading Facilities in association with our following Online Trading Associates:-

- ➤ M/s. SMC Global Securities Ltd.
- > M/s. IDBI Capital Market Services Ltd.
- > M/s. Networth Stock Broking Ltd.

With the unique 3-in-1 Account (Bank a/c & Demat a/c with PNB and Trading a/c with the above associates, your Online Trading process becomes smooth, hassle free and you can experience the best of services – *Delivery Trades, Intraday Trading, Purchase Today Sell Tomorrow, Derivative Trading, Online IPO and MF etc.* 

For more details, please contact our

Nearest branch or call us at 011-23737539 or apply at <u>www.pnb.net.in</u> or e-mail your phone No. and city name at <u>pnbdepository@pnb.co.in</u> or <u>ebroking@pnb.co.in</u>, we will contact you



Visit us at: www.pnbindia.com

punjab national bank

All India Toll Free Helpline: 1800 180 2222