

TRADING ACCOUNT OPENING FORM

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QUICK CHECKLIST		
<input type="checkbox"/> 1.	Attach copy of passport photograph on page 3 and sign across	
<input type="checkbox"/> 2.	-	
<input type="checkbox"/> 3.	Photocopy of PAN card and address proof with signature	
<input type="checkbox"/> 4.	Photocopy of latest 3 months bank statement	
<input type="checkbox"/> 5.	Initial margin cheque (In Favor of ' Astha Credit & Securities Pvt Ltd. ')	
Astha Credit & Securities (P) Ltd. (Trading Clearing Member :NSE) F-01, Usha Preet, 138/42, Malviya Nagar, Bhopal (MP) 462003 Contact No : +91-9926765473, +91-755-4268-555, Email id:- contact@asthatrade.com		
Exchange		Registration No
NSE CASH (National Stock Exchange-CAPITAL MARKET)		SEBI Registration No: NSE (Cash) : INB231222739
NSE F&O (National Stock Exchange- FUTURE & OPTION)		SEBI Registration No : NSE (F&O) : INF231222739
REGISTERED OFFICE & CORRESPONDENCE OFFICE ADDRESS:		Astha Credit & Securities (P) Ltd. F - 01, Usha Preet - 138/42, Malviya Nagar, Bhopal (M.P.) - 462003 ,Contact No:+91-755-426-8-555, Email id:- contact@asthatrade.com , asthainv@yahoo.com
COMPLIANCE OFFICER		CHIEF EXECUTIVE OFFICER (CEO)
Name : Satish Chandra Gupta Phone : 0755 - 4220794, E-mail : contact@asthatrade.com		Name : Satish Chandra Gupta Phone : 0755 - 4220794, E-mail : contact@asthatrade.com

For any grievance/dispute please contact **Astha Credit & Securities (P) Ltd.** At : F - 01, Usha Preet - 138/42, Malviya Nagar, Bhopal (M.P.) - 462003 Phone : +91-755-4268-555, Email : contact@asthatrade.com, **website:www.asthatrade.com** In case not satisfied with the response please contact the concerned exchange(s) at

Exchange Name	Email id	Phone No
NSE	ignse@nse.co.in	022-26598190

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/P10 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.
2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 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/-
5. In case of institutional clients, namely, FIs, 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:

PART -1 KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Individuals)



Please fill this form in ENGLISH and in BLOCK LETTERS

A. IDENTITY DETAILS

PHOTOGRAPH

Please affix your passport size photograph & signature across it

Signature of client

(1)

1. Name of the Applicant **PALLAVI PAMIDI**

2. Father's/Husband's Name **RANGAPPA PAMIDI**

3. (a.) Gender ☒ Male ☐ Female (b.) Marital Status (c.) Date of birth 0 5 0 5 1 9 9 0

4. (a.) Nationality ☒ Indian ☐ Other (Please Specify, _____) (b.) Status ☒ Resident Individual ☐ Non Resident ☐ Foreign National ☐ Person of Indian Origin

5. (a.) PAN C H Q P P 1 0 9 6 L (b.) Unique Identification Number (UID / Adhar If Any 8 9 3 8 7 9 9 6 5 5 6 5

6. Specify the proof of identity Submitted ☐ PAN Card ☒ Any Other (Please Specify,)

Date & Time : -

B. ADDRESS DETAILS

1. Correspondence Address **KRA VERIFIED** **PANCARD : CHQPP1096L** **PALLAVI PAMIDI** **1 5 2 0 1**

2. Specify the proof of id **Mother's name: Rajeswari**

3. Contact Details **Aadhar Number :893879965565** **9620048043** **E-mail ID: Poorvikapavan04@gmail.com**

4. Permanent Address (if Different from above Mandatory for Non Resident Applicant to specify overseas Address)

City / Town / Village		PIN Code	
State		Country	India

C. DECLARATION

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

Date

2

4

0

3

2

0

1

8

Name of Applicant : **PALLAVI PAMIDI**

Place : ANANTAPUR

For office use Only

S No.

Particulars

1.

☐ Originals verified and self Attested Document copies received

2.

In Person-Verification (IPV) Details:

- a) Name of the person doing IPV
- b) Designation
- c) Name of Organization
- d) Signature
- e) Date

Name & Signature of the Authorised Signatory

Date _____

Seal / Stamp of the Intermediary

TRADING ACCOUNT RELATED DETAILS

(For Individuals & Non-Individuals)

A. BANK ACCOUNT DETAILS			[Please enclose, Copy of a Cancelled cheque leaf / Pass Book / bank Statement containing name of the constituent]		
Bank Name	Branch Address	Bank A/C No.	A/C type (Saving/ Current / Other in case of NRI / NRE / NRO)	MICR No.	IFSC Code
HDFC BANK	,HINJAWADI-0,	50100020217014	Saving	411240018	HDFC0000794

Note: Please provide the above details with Care as the same shall be used for Payment through NEFT / RTGS

B. DEPOSITORY ACCOUNT DETAILS			[Please enclose, Demat Master or Recent Holding Statement issued by DP bearing name of the client.]		
Name of DP	Name of the depository	Beneficiary Name	DP ID No.	DP ID NO. / BO ID NO.	
	<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 .				
Exchanges	Segment		Segment	
NSE	Cash		Future & Options	

If in future the client wants to trade on any new segments/new exchange, separate authorisation letter should be submitted by the client to the stock broker.

D. PAST ACTIONS	Details of any action / proceedings initiated / pending / taken by SEBI / Stock Exchange / any other authority against the applicant / constituent or its partner / promoters / Wholtime Director / authorised person in charge of dealing in securities during the last three years. [Please specify in the col. below]

E. DEALING THROUGH SUB-BROKER & OTHER STOCK BROKER'S		
If client is dealing through the sub-broker, provide the following details		
Sub-Broker Name	SEBI Reg. No.:	
Regd. Office Address		
Tel. No. :	Fax No. :	Website :
Website : Whether dealing with any other stock broker / sub-broker (if case dealing with multiple stock brokers / sub-brokers provide details of all.		
Stock Broker Name		
Name of Sub-broker if any		
Client Code	Exchange	
Details of disputes / dues pending from / to such stock broker / sub-broker		

F. NOMINATIONS DETAILS (For individuals only)			
I / We wish to Nominate		<input checked="" type="checkbox"/> I / We do not wish to Nominate	
Name of the Nominee		Relationship with Nominee	
PAN of the Nominee		Date of Birth of Nominee	__ / __ / ____
Nominee Address			
Contact Number			
If Nominee is a Minor Details of Guardian			
Name of the Guardian			
Guardian Address			
Contact Number		Signature of guardian	
WITNESS (Only Applicable in case the account holder has made nomination)			
Witness Name		Witness Name	
Witness Signature		Witness Signature	
Address		Address	

DECLARATION

1. I / We hereby declare that the details furnished above are true & correct to the best of my/our knowledge and belief, and I / We undertake to inform you of any changes therein immediately in writing. 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 Documents on policy & procedures of the stock brokers and the tariff sheet.
3. I / We further confirm having read & understood the contents of the 'Mandatory as well as Voluntary'. 'Rights & Obligation' document(s) and 'Risk Disclosure Document. I / We do hereby agree to be bound by such provisions as outlined in these document. I / We have also been informed that the standard set of documents has been displayed for information on stock brokers designated website, if any.

Date :24/03/18

Place :ANANTAPUR

Signatory (ies)

TARIFF SHEET

BROKERAGE STRUCTURE (NSE)

Cash Market Segment	In terms of Percentage (%)	In terms Of Paisa
Intraday	0.01%	one paisa
Delivery	0.20%	20 Paisa

Derivatives Segment	In terms of Percentage (%)	In terms Of Paisa / Per Lot
Future	0.01	1 paisa
Option	RS 10 (Buy) + RS 30 (Sell)	RS 10 (Buy) + RS 30 (Sell)

ASTHA CREDIT & SECURITIES (P) LTD.

Client's Name : PALLAVI PAMIDI	Date : <u>24/03/18</u>
<hr/>	

For Office Use Only	
Clients' Trading Account Number _____	

ACKNOWLEDGEMENT

To
Astha Credit & Securities (P) Ltd.
F-01, Usha Preet -138/42,
Malviya Nagar, Bhopal (M.P.) - 462003

Dear Sir or Madam, I/We hereby acknowledge receipt of the following documents

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. Rights and Obligations of beneficial owner and depository participant as prescribed by SEBI and depositories.
4. Guidance Note - Do's and Don'ts for Trading on the Exchange(s) for Investors
5. Policies and Procedures Document pursuant to the SEBI circular dated December 03, 2009.
6. Additional voluntary rights and obligations as mutually agreed between Stock Brokers and Clients.
7. General Terms and Conditions governing Securities trading and broking services of Astha Credit & Securities Pvt Ltd.
8. We acknowledge the brokerage calculator provided to us and is acceptable to us. We agree to pay Rs 200 per crore as Other charges (For NSE Future only). Other charges includes Futures clearing charges, call-n-trade charges and software charges including Mobile app. All other statutory levies, taxes and brokerage shall be in addition to above.

I/We understand that the Voluntary documents executed by me/us are out of my/our own free will. I/We hereby confirm that I/We have clearly understood and agree to abide by the Terms and Conditions described by Astha Credit & Securities Pvt Ltd. I/We also understand that these Terms and Conditions can be changed by Astha Credit & Securities Pvt Ltd. from time to time with prior notice of 7 days and subject to posting of the amendments and modification therein on it's website and their application with prospective effect. All intraday as well as positional holding will be square up at 80% mark To mark (M-to-M) loss. This is as per RMS Policy. I understood and agreed to this.

I/We state that I have read and understood all above documents and these documents are binding upon me.

Yours faithfully,

CLIENT'S NAME **PALLAVI PAMIDI**

-

Date (DD / MM / YY) 24/03/18

KYC FORM RECEIPT

To
Astha Credit & Securities (P) Ltd.
F-01, Usha Preet - 138/42,
Malviya Nagar, Bhopal (M.P.) -462003

Subject: Acknowledgment of Receipt of Copy KYC/F&O/RDD

Dear sir

This is to Acknowledgment that I/We **PALLAVI PAMIDI** with Trading code

[REDACTED] From(KYC) Rights and Obligations(R&O), Risk Disclosure Document(RDD), Guidance Note, Policies and Procedures, Tariff sheet and copy of other documentary executed by me /us as a Client for NSE(CASH+F&O) **These all documents already send on your Email id**

I/We hereby declare that I/We have the full intimation of trading code and email id for the purpose of receiving electronic contract note and other.

CLIENT'S NAME **PALLAVI PAMIDI**

Date (DD / MM / YY) 24/03/18

AUTHORIZATION FOR RUNNING ACCOUNT

To
Astha Credit & Securities (P) Ltd.
F-01, Usha Preet - 138/42,
Malviya Nagar, Bhopal (M.P.) - 462003

I am a registered client with you, and am dealing in Capital Market/ Derivative Market/ Currency Market segment(s),and have a Astha Credit & Securities Pvt. Ltd. client code as mentioned below.

I am aware that payout / dividend received / credited from the exchange(s) against settlement of transaction as per settlement cycle is available within 1 working day of the payout from the Exchange. It is difficult for me to make available the required funds on every pay-in of funds obligation / margin obligation, hence I request you to maintain my account on a running basis and retain the payout received / credit balance in my account for my future obligation / margin obligation or other liabilities unless I instruct otherwise.

I hereby further authorize you to debit / credit / transfer the amounts between the various segments either on the same Exchange and / or Exchanges to meet my/our obligation or various dues payable to you / Exchange(s).

If payment of funds is required, I shall request you in writing or through the web option for funds withdrawal on the web login. Further it may be noted that if required I may revoke this authorization at any time after giving request in writing.

This running account authorization would continue until it is revoked by me. The actual settlement of funds shall be done at least once in the preference period selected below:

☒ QUARTERLY ☐ MONTHLY

While settling the account having outstanding obligations on the settlement date, you may retain the requisite funds towards such obligations and may also retain the funds expected to be required to meet margin obligations for next 5 trading days, calculated in the manner specified by the exchanges.

I shall bring any dispute arising from the statement of account or settlement so made to your notice within 30 working days from the date of receipt of funds or statement, as the case may be. In case of non-receipt of any such communication the statement / settlement of running account shall be considered as final as agreed and accepted by me

Yours faithfully,

CLIENT'S NAME PALLAVI PAMIDI	
	Date (DD / MM / YY) 24/03/18

LETTER FOR AUTHORIZATION FOR ELECTRONIC CONTRACT NOTES

To
Astha Credit & Securities (P) Ltd.
F-01, Usha Preet - 138/42,
Malviya Nagar, Bhopal (M.P.) - 462003

Sub Authorization for Electronic Contract Notes

I have been/shall be dealing through you as my broker on the Capital Market and/or Futures & Options and/or Currency Derivatives and/or Interest Rate Futures Segments. As my broker i.e. agent I direct and authorize you to carry out trading/dealings on my behalf as per instructions given below.

I understand that, I have the option to receive the contract notes in physical form or electronic form. In pursuance of the same, I hereby opt to receive contract notes in electronic form. I understand that for the above purpose, you are required to take from the client "An appropriate e-mail account" for you to send the electronic contract notes. Accordingly, please take the following email account /email id on your record for sending the contract notes to me:

EMAIL ID :-	Poorvikapavan04@gmail.com
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I also agree that non-receipt of bounced mail notification by you shall amount to delivery at my email account / email id.

I agree not to hold you responsible for late/non-receipt of contract notes sent in electronic form and any other communication for any reason including but not limited to failure of email services, loss of connectivity, email in transit etc.

I agree that the log reports of your dispatching software shall be a conclusive proof of dispatch of contract notes to me and such dispatch shall be deemed to mean receipt by me and shall not be disputed by me on account of any non-receipt/delayed receipt for any reason whatsoever.

I understand that I am required to intimate any change in the email id/email account mentioned herein above needs to be communicated by me through a physical letter to you, provided however that if I am an internet client then in that event the request for change in email id/email account can be made by me through a secured access using client specific user id and password. Please treat this authorization as written ratification of my verbal directions/authorizations given and carried out by you earlier. I shall be liable for all losses, damages and actions which may arise as a consequence of your adhering to and carrying out my directions given above.

I understand that, you shall send physical copy of the contract note within 24 hours if you received a bounced email.

Yours faithfully,

CLIENT'S NAME PALLAVI PAMIDI	
	Date (DD / MM / YY) 24/03/18

**INTERNET & WIRELESS TECHNOLOGY BASED TRADING FACILITY
PROVIDED BY STOCK BROKERS TO CLIENT (ALL THE CLAUSES
MENTIONED IN THE 'RIGHTS AND OBLIGATIONS' DOCUMENT(S) SHALL BE
APPLICABLE. ADDITIONALLY, THE CLAUSES MENTIONED HEREIN SHALL
ALSO BE APPLICABLE)**

To 1. Stock broker is eligible for providing Internet based trading (IBT) and securities trading through the use of wireless technology that shall include the use of devices such as mobile phone, laptop with data card, etc. which use Internet Protocol (IP). The stock broker shall comply with all requirements applicable to internet based trading/ securities trading using wireless technology as may be pacified by SEBI & the Exchanges from time to time.

2. The client is desirous of investing/ trading in securities and for this purpose, the client is desirous of using either the internet based trading facility or the facility for securities trading through use of wireless technology. The Stock broker shall provide the Stock broker's IBT Service to the Client, and the Client shall avail of the Stock broker's IBT Service, on and subject to SEBI/ Exchanges Provisions and the terms and conditions specified on the Stock broker's IBT Web Site provided that they are in line with the norms prescribed by Exchanges/ SEBI.

3. The stock broker shall bring to the notice of client the features, risks, responsibilities, obligations and liabilities associated with securities trading through wireless technology/ internet/ smart order routing or any other technology should be brought to the notice of the client by the stock broker.

4. The stock broker shall make the client aware that the Stock Broker's IBT system itself generates the initial password and its password policy as stipulated in line with norms prescribed by Exchanges/ SEBI.

5. The Client shall be responsible for keeping the Username and Password confidential and secure and shall be solely responsible for all orders entered and transactions done by any person whosoever through the Stock broker's IBT System using the Client's Username and/ or Password whether or not such person was authorized to do so. Also the client is aware that authentication technologies and strict security measures are required for the internet trading/securities trading through wireless technology through order routed system and undertakes to ensure that the password of the client and/ or his authorized representative are not revealed to any third party including employees and dealers of the stock broker.

6. The Client shall immediately notify the Stock broker in writing if he forgets his password, discovers security flaw in Stock Broker's IBT System, discovers/ suspects discrepancies/ unauthorized access through his username/ password/ account with full details of such unauthorized use, the date, the manner and the transactions effected pursuant to such unauthorized use, etc..

7. The Client is fully aware of and understands the risks associated with availing of a service for routing orders over the internet/ securities trading through wireless technology and Client shall be fully liable and responsible for any and all acts done in the Client's Username/ password in any manner whatsoever.

8. The stock broker shall send the order/ trade confirmation through email to the client at his request. The client is aware that the order/ trade confirmation is also provided on the web portal. In case client is trading using wireless technology, the stock broker shall send the order/ trade confirmation on the device of the client.

9. The client is aware that trading over the internet involves many uncertain factors and complex hardware, software, systems, communication lines, peripherals, etc. are susceptible to interruptions and dislocations. The Stock broker and the Exchange do not make any representation or warranty that the Stock broker's IBT Service will be available to the Client at all times without any interruption.

10. The Client shall not have any claim against the Exchange or the Stock broker on account of any suspension, interruption, non-availability or malfunctioning of the Stock broker's IBT System or Service or the Exchange's service or systems or non-execution of his orders due to any link/ system failure at the Client/ Stock brokers/ Exchange end for any reason beyond the control of the stock broker/ Exchanges.

CLIENT'S NAME PALLAVI PAMIDI	
	Date (DD / MM / YY) 24/03/18

AUTHORIZATION FOR ACCOUNT MODIFICATION	
<p>To</p> <p>If I/we were to add/modify/remove any of my detail including brokerage plans with Astha Credit & Securities (P) Ltd., I/we authorize you to carry it out based on my request sent through an email to contact@asthatrade.com from my registered email address or intimation through an interface provided by you, where to I have been allowed secured access.</p> <p>If you feel the need to do so, then at your own discretion, you may put in place appropriate mechanism to confirm the request before or after its execution by way of a call from a recorded line, or otherwise, personal meeting, SMS or other such other mode as you may deem fit</p>	
CLIENT'S NAME PALLAVI PAMIDI	
	Date (DD / MM / YY) 24/03/18

**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 checked="" 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 checked="" type="checkbox"/> Others	
Citizenship*	<input checked="" type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)		
Residential Status*	<input checked="" 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"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector	
	<input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired	<input checked="" type="checkbox"/> Housewife
	<input type="checkbox"/> Business	<input type="checkbox"/> Others		<input type="checkbox"/> Student
	<input type="checkbox"/> Not Categorised			

PHOTO

(13) Please sign inside the box

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 [PoA] 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*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhaar)		
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others	<input type="text"/>	
	<input type="checkbox"/> Simplified Measures Account - Document Type code			<input type="text"/>	

Address

Line 1*	S O A K U L A K R I S H T A P P A 1 9 9 6 2 , S A T H Y A N A R A Y A N A P E T A																		
Line 2	S A T H Y A N A R A Y A N A P E T A																		
Line 3																			
District*	<input type="text"/>										Pin / Post Code*	5 1 5 2 0 1		State / U.T Code*	<input type="text"/>		ISO 3166 Country Code*	I N	

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

☐ 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 Current / Permanent / Overseas Address details

Line 1*	<input type="text"/>																			
Line 2	<input type="text"/>																			
Line 3	<input type="text"/>																			
State	<input type="text"/>										ZIP / Post Code*	<input type="text"/>		ISO 3166 Country Code*	<input type="text"/>					

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

Tel. (Off)	<input type="text"/>		Tel. (Res)	<input type="text"/>		Mobile	+ 9 1 -- 9 6 2 0 0 4 8 0 4 3	
FAX	<input type="text"/>		Email ID	P o r v i k a p a v a n 0 4 @ g m a i l . c o m				

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

<input type="checkbox"/> Addition of Related Person	<input type="checkbox"/> Deletion of Related Person	KYC Number of Related Person (if available*)	<input type="text"/>	
---	---	--	----------------------	--

Related Person Type*	<input type="checkbox"/> Guardian of Minor	<input type="checkbox"/> Assignee	<input type="checkbox"/> Authorized Representative	
	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name*	<input type="text"/>			
(If KYC number and name are provided, below details of section 6 are optional)				

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

<input type="checkbox"/> A- Passport Number	<input type="text"/>		Passport Expiry Date	<input type="text"/>	
---	----------------------	--	----------------------	----------------------	--

[illegible][illegible]

Place :

A	N	A	N	T	A	P	U	R				
---	---	---	---	---	---	---	---	---	--	--	--	--

Demat Account Form

Participant DP ID	I	N	3	0	3	4	2	0	
CLIENT - ID									

Stock Broker and DP
Member : NSE, NSDL



I/We request you to open a depository account in my/our name as per the following details: (Please all the details in CAPITAL LETTERS only)

Date 2 4 0 3 2 0 1 8

A)	Details of Account holder(s) :						
	Account holder(s) :	Sole/First Holder		Second Holder		Third Holder	
	Name	PALLAVI PAMIDI					
	PAN	C	H	Q	P	P	1 0 9 6 L
	Occupation (please tick any one and give brief details)	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist
		<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired
		<input type="checkbox"/> Government Service	<input checked="" type="checkbox"/> Housewife	<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife	<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife
		<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Business	<input type="checkbox"/> Student
<input type="checkbox"/> Professional		<input type="checkbox"/> Others (Please Specify _____)	<input type="checkbox"/> Professional	<input type="checkbox"/> Others (Please Specify _____)	<input type="checkbox"/> Professional	<input type="checkbox"/> Others (Please Specify _____)	
Brief details:							
B)	For HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name & PAN of the HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below:						
	a) Name			b) PAN			

C)	Type of account										
	<input checked="" type="checkbox"/> Ordinary Resident		<input type="checkbox"/> NRI-Repatriable		<input type="checkbox"/> NRI-Non Repatriable						
D)	<input type="checkbox"/> Qualified Foreign Investor		<input type="checkbox"/> Foreign National		<input type="checkbox"/> Promoter						
	<input type="checkbox"/> Margin		<input type="checkbox"/> Others (Please specify) _____								
	Gross Annual Income Details										
E)	Income Range per annum (please tick any one)										
	<input type="checkbox"/> Below 1 lac	<input type="checkbox"/> 1-5 lac	<input checked="" type="checkbox"/> 5-10 lac	<input type="checkbox"/> 10-25 lac	<input type="checkbox"/> More than 25 lac						
F)	In case of NRIs/ Foreign Nationals										
	RBI Approval Reference Number										
F)	RBI Approval date			D	D	M	M	Y	Y	Y	Y
	Bank details										
	1.	Bank account type		<input checked="" type="checkbox"/> Savings Account		<input type="checkbox"/> Current Account		<input type="checkbox"/> Others (Please specify) _____			
	2.	Bank account Number - 50100020217014									
	3.	Bank Name :- HDFC BANK									
	4.	Branch Address		,HINJAWADI-							
		City / Town / Village		HINJAWADI		PIN Code		0			
		State				Country					

5.	MICR Code				4	1	1	2	4	0	0	1	8																																																																																																																																															
6.	IFSC Code				H	D	F	C	0	0	0	7	9	4																																																																																																																																														
A)	Please tick, if applicable:				<input type="checkbox"/> Politically Exposed Person (PEP)				<input type="checkbox"/> Related to a Politically Exposed Person (PE P)																																																																																																																																																			
B)	Standing Instructions <table border="1"> <tr> <td>1.</td> <td>I/We authorise you to receive credits automatically into my/our account.</td> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>2.</td> <td>Account to be operated through Power of Attorney (PoA)</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>3.</td> <td colspan="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] <table border="1"> <thead> <tr> <th>Sr. No.</th> <th>Holder</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Sole/First Holder</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2.</td> <td>Second Holder</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3.</td> <td>Third Holder</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> </td> </tr> <tr> <td>4.</td> <td colspan="2">Mode of receiving Statement of Account [Tick any one]</td> <td> <input type="checkbox"/> Physical Form <input checked="" type="checkbox"/> Electronic Form [Read Note 4 and ensure that email ID is provided in KYC Application Form]. </td> </tr> </table>													1.	I/We authorise you to receive credits automatically into my/our account.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	2.	Account to be operated through Power of Attorney (PoA)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	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] <table border="1"> <thead> <tr> <th>Sr. No.</th> <th>Holder</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Sole/First Holder</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2.</td> <td>Second Holder</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3.</td> <td>Third Holder</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>			Sr. No.	Holder	Yes	No	1.	Sole/First Holder	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2.	Second Holder	<input type="checkbox"/>	<input type="checkbox"/>	3.	Third Holder	<input type="checkbox"/>	<input type="checkbox"/>	4.	Mode of receiving Statement of Account [Tick any one]		<input type="checkbox"/> Physical Form <input checked="" type="checkbox"/> Electronic Form [Read Note 4 and ensure that email ID is provided in KYC Application Form].																																																																																																															
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D)	Nomination Option <table border="1"> <tr> <td colspan="7"> <input type="checkbox"/> I/We wish to make a nomination. [As per details given below] </td> <td colspan="6"> <input checked="" type="checkbox"/> I/We wish to cancel the nomination made by me/ us earlier and consequently all rights and liabilities in respect of beneficiary ownership in the securities held by me / us in the said account shall vest in me/ us. [Strike off the nomination details below] </td> </tr> <tr> <td colspan="13"> Nomination Details </td> </tr> <tr> <td colspan="13"> 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. </td> </tr> <tr> <td colspan="2">Nomination can be made upto three nominees in the account.</td> <td colspan="3">Details of 1st Nominee</td> <td colspan="3">Details of 2nd Nominee</td> <td colspan="5">Details of 3rd Nominee</td> </tr> <tr> <td>1.</td> <td>Name of the Nominee (Mr./Ms.)</td> <td colspan="3"></td> <td colspan="3"></td> <td colspan="5"></td> </tr> <tr> <td>2.</td> <td>Share of each Nominee Equally <input type="checkbox"/> [If not equally, please specify percentage]</td> <td colspan="3">%</td> <td colspan="3">%</td> <td colspan="5">%</td> </tr> <tr> <td colspan="2"></td> <td colspan="11">Any odd lot after division shall be transferred to the first nominee mentioned in the form.</td> </tr> <tr> <td>3.</td> <td>Relationship with the Applicant (if any)</td> <td colspan="3"></td> <td colspan="3"></td> <td colspan="5"></td> </tr> <tr> <td>4.</td> <td>Address of Nominee</td> <td colspan="3"></td> <td colspan="3"></td> <td colspan="5"></td> </tr> <tr> <td>5.</td> <td>Mobile/Telephone No. of nominee(s)</td> <td colspan="3"></td> <td colspan="3"></td> <td colspan="5"></td> </tr> <tr> <td>6.</td> <td>Email ID of nominee(s)</td> <td colspan="3"></td> <td colspan="3"></td> <td colspan="5"></td> </tr> </table>													<input type="checkbox"/> I/We wish to make a nomination. [As per details given below]							<input checked="" type="checkbox"/> I/We wish to cancel the nomination made by me/ us earlier and consequently all rights and liabilities in respect of beneficiary ownership in the securities held by me / us in the said account shall vest in me/ us. [Strike off the nomination details 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 (Mr./Ms.)												2.	Share of each Nominee Equally <input type="checkbox"/> [If not equally, please specify percentage]	%			%			%							Any odd lot after division shall be transferred to the first nominee mentioned in the form.											3.	Relationship with the Applicant (if any)												4.	Address of Nominee												5.	Mobile/Telephone No. of nominee(s)												6.	Email ID of nominee(s)											
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7.	Nominee Identification details[Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			
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)			
11.	Mobile/Telephone no. of Guardian			
12.	Email ID of Guardian			
13.	Relationship of Guardian with nominee			
14.	Guardian Identification details[Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			
Name(s) of holder(s)				Signature(s) of holder
Sole/ First Holder (Mr./Ms.)			X	
Second Holder (Mr./Ms.)			X	
Third Holder (Mr./Ms.)			X	
Signature of Witness for Nomination				
Name of the Witness		Address		Signature of witness
				Signature of witness
				Date - / /

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".

Name(s) of holder(s)		Signature(s) of holder
Sole/ First Holder/ Guardian (in case sole holder is minor) (Mr./Ms.)	PALLAVI PAMIDI	
Second Holder (Mr./Ms.)		X
Third Holder (Mr./Ms.)		X

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.

For Office use only

Entered By	Date	Name	Signature
Released By			

Demat services and charges schedule (Schedule A)

SERVICES	Charges	
	SCHEME C (With or Without POA)	SCHEME E Rs. 1000/- life time maintenance charges
1. Account Opening Charges	Nil	Nil
2. Monthly Maintenance Charges	Rs 200/- AMC for 1st year, then MMC Rs 300/- for 1st month bal. 11th free, (other than Corporate Account), Rs. 2000/- (in case of Corporate Account)	NIL
3. A/c Closing	Nil	Nil
4. Dematerialisation	Rs. 3/-per Cert. subject to minimum of Rs. 100/- plus postage actual	Rs. 3/-per Cert. subject to minimum of Rs. 100/- minimum plus postage actual
5. Rematerialisation	Rs. 25/- per every 100 securities or flat fee Rs. 50/- per certificate whichever is higher is payable or part thereof subject to max. fee off Rs, 5 lakhs	Rs. 25/- per every 100 securities or flat fee Rs. 50/- per certificate whichever is higher is payable or part thereof subject to max. fee off Rs, 5 lakhs
6. Transaction Charges Buy (Mkt. & Off Mkt.) Sale (Mkt. & Off Mkt.)	NIL 0.05%(Min. Rs. 20/-) plus NDSL Charges for intradp, Rs.35 plus service tax for other DP	NIL 0.05%(Min. Rs. 20/-) plus NSDL Charges for intradp, Rs.35 plus service tax for other DP
7. Pledge Services: Creation Closure Invocation	0.04% subject to min. of Rs. 50/- 0.04% subject to min. of Rs. 50/- 0.04% subject to min. of Rs. 50/-	0.04% subject to min. of Rs. 50/- 0.04% subject to min. of Rs. 50/- 0.04% subject to min. of Rs. 50/-
8. POA	Actual Charges	Actual Charges
9. All Taxes/ levies/CESS as applicable, will be charged Extra	Actual Charges	Actual Charges

Choice Scheme - **Scheme C** ☒ **Scheme E** ☐

First Holder Second Holder Third Holder

Name Of Client **PALLAVI PAMIDI** Client ID Date 24/03/18

POWER OF ATTORNEY

To all to whom these present shall come
I/we

individual Indian inhabitant send
greetings

Whereas I/we have a beneficiary account
bearing BO-ID

in the name and style of

(To be executed to stamp
paper of Rs. 100/-)

(Here in after referred to as 'said account') with National Securities Depository Ltd. through depository participant **Astha Credit & Securities (P) Ltd.**, bearing DP-ID IN303420 having its head office. Usha Preet Complex, 138/42, Malvira Nagar, Bhopal.) (here in after called. " The DP"). and whereas I/We am/are an investor/s and engaged in buying & selling of securities through **Astha Credit & Securities (P) Ltd.** member of NSE bearing SEBI Reg. No. -INB/F231222739

Due to exigency and paucity of time, I/We am/are desirous of appointing agents/attorneys to operate the said account on my/our behalf in the manner herein after appering.

Now know we all and these present witness that I/we, the above named do hereby nominate, constitute and oppoint **Astha Credit & Securities (P) Ltd.** an Indian company having its registered office at Usha Preet Complex, 138/42, Malviya Nagar, Bhopal, M.P. as my/our true and lawful attorney (s) [here in after referred to as " The Attorney (s).] for me/us and or my/our behalf and in my/our name to do all such acts, deeds and things and exercise the following powers and authorities and give all such instructions as mentioned below concerning the said accounts as I/we myself/ourselves could give if I/we was/were personally present.

1. To instruct the DP to debit securities to said account and/or transfer securities from the said account, to the extent of shares sold/ Margin through **Astha Credit & Securities (P) Ltd.** for pay in obligations as well as for margins towards stock exchange both in cash and derivatives segments to the demat account (s) existing as of the day or which may be opened in future by **Astha Credit & Securities (P) Ltd.** for above purpose (s). The details of existing accounts are as under :

Sr. No.	DP Name	Account Type	DP ID	A/C No.	Cm BP ID
1.	Astha Credit & Securities Pvt. Ltd.	Pool A/C	IN303420	10000660	IN564254

2. To return the securities to me/my accounts by M/s **Astha Credit & Securities (P) Ltd.** stock broker that may have been received. by it/they (I.e., stock broker) erroneously or those securities that it/they (i.e., stock broker) was/were not entitled to receive from me.

3 To pledge the securities in favour of the stock broker for the limited purpose of meeting my/our margin requirements in connection with the trades executed by me/us on any recognized stock exchange through the stockbroker.

4. To send consolidated summary of your scrip-wise buy and sell position taken with average rates to me/us by way of SMS/email on a daily basis, not with standing any other documents to be disseminated as specified by SEBI from time to time.

5. To apply for various products llke Mutual Funds, public issues (share as well as debentures), rights, offers of shares, tendering shares in open offers etc pursuant to oral/written/electronic instructions given by me/us to the stock broker.

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 Usha preet Complex, 138/42, Malviya Nagar, Bhopal, M.P.

and further I/We hereby agree confirm that the powers and authorities conferred by this "Power of Attorney" shall continue until I/We have given an intimation in writing to the contrary to the DP at their registered address at Usha Preet Usha preet Complex, 138/42, Malviya Nagar, Bhopal,(M.P.). However such revocation shall not be applicable for any outstanding margin/delivery obligation arising out of the trades carried out prior to receiving request for revocation of POA
(Signed and delivered - by the within named)

Signature First Holder

Second
Holder

Third
Holder

Witness :

Signature :

.....

Name :

.....

Address :

.....

.....

Place-Bhopal

Date :24/03/18

(Signed the Attorney)

For :

Astha Credit & Securities Pvt. Ltd

To
Astha Credit & Securitits Pvt Ltd
F-01, Usha Preet - 138/42,
Malviya Nagar, Bhopal (M.P.) - 462003

Dear Sir,

I/We PALLAVI PAMIDI, would like to inform you that I/We do not want to open Basic Service De-mat Account (BSDA) with DP. I would further like to inform you that though I am eligible for BSDA Account but still I would like to avail the facility of Normal Account. Kindly consider my request and open a normal Account with yourself.

Thanking You,

Yours Faithfully

Annexure 2.5

OPTION FORM FOR ISSUE OF DIS BOOKLET

								Date	24/03/18							
DP ID	I	N	3	0	3	4	2	0	Client ID							

Dear Sir / Madam,

I / We hereby state that: [Select one of the options given below]

☒ **OPTION 1:**

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

OR

☐ **OPTION 2:**

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

Yours faithfully

	First/Sole Holder	Second Joint Holder	Third Joint Holder
Name	PALLAVI PAMIDI		

FATCA-CRS Declaration & Supplementary KYC Information

DECLARATION FORM FOR INDIVIDUALS

Please consult a tax professional for further guidance regarding your tax residency for FATCA & CRS compliance

1. PAN	C	H	Q	P	P	1	0	9	6	L
2. Name : PALLAVI PAMIDI										
3. Father's Name:										
4. Gender : - <input checked="" type="radio"/> Male <input type="radio"/> Female						5. Nationality - <input checked="" type="radio"/> Indian <input type="radio"/> U.S. or Other				
6. Status: <input checked="" type="checkbox"/> Resident <input type="checkbox"/> NRI <input type="checkbox"/> Foreign National <input type="checkbox"/> Others (Please specify)										
7. Address Type [for KYC address] Residential Residential / Business Business										
Address of tax residence would be taken as available in KYC Registration Agency (KRA) database. In case of any change, please fill up and submit										
a separate KYC Change Request Form with supporting documents to update the changes										
8. Place of Birth:						9. Country of Birth:				
10. Date of Birth -										
11. Occupation Details [Please tick any one (✓)]						<input type="checkbox"/> Business <input type="checkbox"/> Agriculturist <input checked="" type="checkbox"/> Housewife <input type="checkbox"/> Professional <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others [Please specify] <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Government Service				
12. Gross Annual Income in INR: <input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lakh <input checked="" type="checkbox"/> 5-10 Lakh <input type="checkbox"/> 10-25 Lakh <input type="checkbox"/> 25 Lakh-1crore > <input type="checkbox"/> 1 Crore										
13. Net Worth (Optional) INR _____ Lakh						Net Worth as of DD / MM / YYYY				
14. Are you a Politically Exposed Person [PEP] <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						15. Are you Related to a PEP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
16. Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										

If **'YES'**, please provide the following details for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

Sr.No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type [TIN or other, please specify]	If TIN is not available, please (tick p the reason A, B or C [as defined below])
1				Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2				Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

=> Reason A :- The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.

=> Reason B :- The Account Holder is otherwise unable to obtain a TIN or equivalent number. (Please explain below why you are unable to obtain a TIN in the table below if you have selected this reason)

- 1.
- 2.

=> Reason C :- No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be disclosed)

Declaration:

I hereby confirm that the information provided here in above is true correct and complete to the best of my knowledge and belief and that I shall be responsible to the reporting agency which relies on this information for compliance with FATCA and CRS. I also o fi that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I hereby authorize you, the Mutual Fund /AMC/ RTA/ broker/DP or any other intermediary to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, Brokers/DPS /any other intermediary, their employees / RTAs ('the Authorized Parties') to any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obliga tion of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/ and / or to any other regulated intermediaries registered with any other authorities / regulator/s including RBI IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information by domestic or overseas regulators/ tax authorities. I/We authorize the Mutual Fund/AMC/RTA to provide relevant information to upstream payers to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same

Date: 24/03/18

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

P PALLAVI

RANGAPPA PAMIDI

05/05/1990

Permanent Account Number

CHQPP1096L

P. Pallavi
Signature





భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ

భారత ప్రభుత్వం
Unique Identification Authority of India
Government of India

నమోదు సంఖ్య/ Enrollment No. : 1093/21053/04895

17/08/2011

To
P Pallavi
పి పల్లవి
D/O Pamidi Rangappa
17-4-81
hasnabad
hasnabad
Hindupur
Hindupur, Anantapur
Andhra Pradesh - 515201



UF243981751IN

24398175



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

8938 7996 5565

ఆధార్ - సామాన్యని హక్కు



భారత ప్రభుత్వం
GOVERNMENT OF INDIA



పి పల్లవి
P Pallavi

పుట్టిన సంవత్సరం/ Year of Birth : 1990
స్త్రీ / Female

8938 7996 5565



ఆధార్ - సామాన్యని హక్కు



Government of India



సమాచారం

- ఆధార్ గుర్తింపుకు ధృవీకరణ, పౌరసత్వానికి కాదు.
- గుర్తింపుకు ధృవీకరణ ఆన్‌లైన్ ఆథెంటికేషన్ ద్వారా పొందవచ్చు.

INFORMATION

- Aadhaar is proof of identity, not of citizenship.
- To establish identity, authenticate online.

- ఆధార్ దేశమంతటా ఆమోదించబడుతుంది.
- ఆధార్ భవిష్యత్తులో ప్రభుత్వ మరియు ప్రభుత్వేతర సేవలు అందచేయడంలో సహాయపడుతుంది.
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

చిరునామా: D/O పామిడి రంగప్ప, 17-4-81
హస్నాబాద్, హస్నాబాద్, హిందూపూర్
అనంతపూర్, ఆంధ్ర ప్రదేశ్, 515201

Address: D/O Pamidi
Rangappa, 17-4-81,
hasnabad, hasnabad,
Hindupur, Hindupur,
Anantapur, Andhra Pradesh,
515201



1947
1800 180 1947



help@uidai.gov.in



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పి.ఎ. బాక్స్ నెం. 1947,
బెంగళూరు-560001



SURVEY NO 244/3 4 5, RAJIV GANDHI INFOTECH PARK,
NR TATA JOHNSON CONTROLS, PUNE-411027, MAHARASHTRA
RTGS / NEFT IFSC : HDFC0000794

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(NewAccount)

अदा करें

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Weekly Holiday on SUNDAY

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Valid for 3 months only

Or Bearer

या धारक को

Please sign above / कृपया यहाँ हस्ताक्षर करें

FC

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