

## Account detail's Addition / Modification /Re-Activation/ Deletion Request Form

(Please fill all the details in **BLOCK LETTERS** in English)

Date: / /

App. No.		DEMAT ID	12081000	CLIENT ID	0000					TRADING CODE	
1 <sup>st</sup> HOLDER NAME									PAN NO.		
2 <sup>nd</sup> HOLDER NAME									PAN NO.		
3 <sup>rd</sup> HOLDER NAME									PAN NO.		

I/We request you to make the following **Additions / Modifications /Re-activation / Deletion** to my/our above mentioned account.

In case of **re-activation**, Change in existing details with Khandwala Securities Limited ( ) YES ( ) NO

(If YES, then kindly submit the latest relevant documents to update the same in our records)

Please select (✓) the fields for which you want addition / modification / re-activation / deletion in your above account(s)					
( ) ADDITION		( ) MODIFICATION		( ) RE-ACTIVATION	
( ) Bank	( ) Address ( ) Correspondence ( ) Permanent	( ) Demat	( ) Contact No.	( ) Signature	( ) Email id
	( ) Income Details				




I/We request to carry out the change of address / signature in the ( ) Demat Account ( ) Trading account ( ) CKYC

Sr. No.	Mention details as Bank, Address, Demat A/c, Contact No., Email Id, Signature, Income details	Existing Detail's	New/Modified Detail's
1			

**(Reason for change in Signature : Due to change in Authorized signatories)**

**ECN activation and other electronic communication for Trading and Demat Account:** ( ) Yes ( ) No

I/We hereby give our consent and authorized you to send digital contract notes, bill, ledgers, statement of funds and securities, transaction statements, Monthly/Quarterly Demat statements of accounts/holding statement(s)/bills or other reports, statement(s), related notices circulars. Amendments and such other correspondence, documents, records by whatever name called (hereafter referred to as "statement(s) issued from time to time, at the above mentioned new email id \_\_\_\_\_

	First / Sole Holder	Second Holder	Third Holder
Signature			

**Declaration:** I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief. In case any of the above mentioned 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.

IPV DETAIL'S	SIGNATURE	In-Person Verification Done by	Designation	Date Of IPV

**Acknowledge Receipt Date:** / /20

App. No.		DEMAT ID	12081000	CLIENT ID							TRADING CODE	
First Holder Name												
Second Holder Name												
Third Holder Name												
Modification Request for: (Specify reason)												

**For Khandwala Securities Limited**

# CKYC & KYC KRA FORM

## Know Your Client Application Form (For Individuals only)

(Please fill the form in English and in BLOCK Letters)  
Fields marked with "\*" are mandatory fields

Application Type\* ☐ New ☐ Update KYC Number\*   
KYC Type\* ☐ Normal (PAN is mandatory) ☐ PAN Exempt Investors (Refer instruction K)

### 1. Identity Details (Please refer instruction A at the end)

PAN  Please enclose a duly attested copy of your PAN Card

Prefix  First Name  Middle Name  Last Name

Name\* (same as ID proof)

Maiden Name (if any\*)

Father / Spouse Name\*

Mother Name\*

Date of Birth\*


Gender\* ☐ M- Male ☐ F- Female ☐ T-Trans gender

Marital Status\* ☐ Married ☐ Unmarried ☐ Others


Citizenship\* ☐ IN- Indian ☐ Others – Country  Country Code

Residential Status\* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

Occupation Type\* ☐ S-Service ☐ Private Sector ☐ Public Sector ☐ Government Sector ☐ O-Others ☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student ☐ B-Business ☐ X-Not Categorised

(1) 

**Photo**



Signature/Thumb Impression

### 2. Proof of Identity (PoI)\* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

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

☐ A- Passport Number  Passport Expiry Date

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence  Driving Licence Expiry Date

☐ E- Aadhaar Card / Virtual ID \* \* \* \* \* \* \* \* \* \* \* Please note for Aadhar number only last 4 digit are to be written

☐ F- NREGA Job Card

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

☐ S- Simplified Measures Account - Document Type Code  Identification Number

### 3. Proof of Address (PoA)\*

#### 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

**Address**

Line 1\*

Line 2

Line 3  City / Town / Village\*

District\*  Zip / Post Code\*  State/UT Code  as per Indian Motor Vehicle Act, 1988

State/UT\*  Country\*  Country Code  as per ISO 3166

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

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

**Proof of Address\***

☐ Passport Number  Passport Expiry Date

☐ Voter ID Card

☐ Driving Licence  Driving Licence Expiry Date

☐ Aadhaar Card / Virtual ID \* \* \* \* \* \* \* \* \* \* \* Please note for Aadhar number only last 4 digit are to be written

☐ NREGA Job Card

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

#### 3.2 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', Submit relevant documentary proof)

Line 1\*

Line 2

Line 3  City / Town / Village\*

District\*  Zip / Post Code\*  State/UT Code  as per Indian Motor Vehicle Act, 1988

State/UT\*  Country\*  Country Code  as per ISO 3166

#### 4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Email ID

Mobile  Tel. (Off)  Tel. (Res)

#### 5. FATCA/CRS Information PART I (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 above option (5) is ticked)

Country of Jurisdiction of Residence\*  Country Code of Jurisdiction of Residence  as per ISO 3166

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

TIN issued country  Date of Birth

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

US person ☐ YES OR ☐ NO Country of Birth\*

Address

Line 1\*

Line 2

Line 3  City / Town / Village\*

District\*  Zip / Post Code\*  State/UT Code  as per Indian Motor Vehicle Act, 1988

State/UT\*  Country\*  Country Code  as per ISO 3166

#### 6. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

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

Related Person Type\* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

Name\*  Prefix  First Name  Middle Name  Last Name

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

#### ☐ Proof of Identity [Pol] of Related Person\* (Please see instruction (H) at the end)

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

☐ A- Passport Number  Passport Expiry Date

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence  Driving Licence Expiry Date

☐ E- Aadhaar Card / Virtual ID  \* Please note for Aadhar number only last 4 digit are to be written

☐ F- NREGA Job Card

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

☐ S- Simplified Measures Account - Document Type Code  Identification Number

#### 7. Remarks (If any)

#### 8. Applicant Declaration

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.

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

(2) 

Date:  Place:

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

#### 9. Attestation / For Office Use Only

Documents Received ☐ Certified Copies

#### In-Person Verification (IPV) & KYC Verification Carried Out by (Refer Instruction J&I)

Date

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

#### Institution Details

Name **KHANDWALA SECURITIES LIMITED**

Code **I N 1 0 8 5**



PAN*										Name															
Type of address given at KYC KRA										Residential				Residential or Business				Business				Registered Office			
City of incorporation														Country of incorporation											
Is the entity involved in / providing any of these services:		Foreign Exchange / Money Changer Services		YES	Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates]		YES	Money Laundering / Pawning		YES	Any other information [if applicable]														
				NO			NO			NO															
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																					
Entity Constitution Type <i>Please tick as appropriate</i>		<input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI																							
		<input type="checkbox"/> Trust <input type="checkbox"/> Liquidator <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> Others specify _____																							

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India 

Yes	
-----	--

No	
----	--

 (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number	Identification Type (TIN or Other, please specify)

<sup>8/</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent or Company Identification Number or Global Entity Identification Number

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

[illegible]

## FATCA Declaration

**PART A** (to be filled by Financial Institutions or Direct Reporting NFFEs)

1.	We are a,  Financial institution or Direct reporting NFFE  <i>(please tick as appropriate)</i>	<input type="checkbox"/>  <input type="checkbox"/>	<b>GIIN</b> <div style="border: 1px solid black; width: 100%; height: 1em;"></div> <p><b>Note:</b> If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below</p> Name of sponsoring entity <div style="border: 1px solid black; width: 100%; height: 1em;"></div> <div style="border: 1px solid black; width: 100%; height: 1em;"></div>
	<b>GIIN not available</b> <i>(please tick as applicable)</i> <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <div style="border: 1px solid black; width: 20px; height: 1em;"></div>		<input type="checkbox"/> Not obtained – Non-participating FI <div style="border: 1px solid black; width: 20px; height: 1em;"></div>

**PART B** (please fill any one as appropriate to be filled by NFEs other than Direct Reporting NFEs)

1.	Is the Entity a <i>publicly traded company</i> (that is, a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded)		
		Name of stock exchange _____		
2.	Is the Entity a <i>related entity</i> of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)		
		Name of listed company _____		
		Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company		
		Name of stock exchange _____		
3.	Is the Entity an <i>active</i> NFE	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Nature of Business _____		
		Please specify the sub-category of Active NFE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>		
4.	Is the Entity a <i>passive</i> NFE	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Nature of Business _____		

## FATCA Terms and Conditions

Towards compliance with tax information sharing laws, such as FATCA, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010. Please note that you may receive more than one request for information if you have multiple relationships. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

**Certification:**

I have understood the information requirements of this Form (read along with the Instructions & Definitions) and hereby confirm that the information provided by us on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA Terms and Conditions above and hereby accept the same.

Name	
Designation	
Signature	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 40%; height: 80px; border: 1px solid black; position: relative;"> <div style="position: absolute; bottom: 10px; left: 10px; font-size: 20px;">(4)</div> <div style="position: absolute; bottom: 10px; right: 10px;"> </div> </div> <div style="width: 55%;"> <p>Place: <span style="border: 1px solid black; display: inline-block; width: 100%; height: 20px;"></span></p> <p>Date: <span style="border: 1px solid black; display: inline-block; width: 60%; height: 20px;"></span></p> </div> </div>



Date:  
 To,  
 M/s. Khandwala Securities Limited  
 G-II, Ground Floor, Dalamal House, Nariman Point, Mumbai 400021

Dear Sir/Madam,

**Sub: TRADING PREFERENCES.**

With reference to my application for opening of trading account with you, I/We \_\_\_\_\_  
 hereby giving my consent of Trading Preferences as per the below for my UCC \_\_\_\_\_

C. TRADING PREFERENCES					
Please sign in the relevant boxes where you wish to trade. Please strike off the segment not chosen by you.					
Exchanges	NSE & BSE				MCX, NCDEX, BSE & NSE
All Segments	Cash/Mutual Fund	F&O	Currency	Debt	Commodity Derivatives
			Not Applicable		Not Applicable
If you do not wish to trade in any of segments / Mutual Fund, please mention here					

(6) 

**TARIFF SHEET**

Cash Market/ Capital Market						
	TRADING			DELIVERY		
Brokerage	Min (P)	(%)	Slab No.	Min (P)	(%)	Slab No.
1st Side	5	0.05 %		5	0.50 %	
2nd Side (Same Day 2nd Side)	5	0.05 %		5	0.50 %	
Brokerage for Trade to Trade / ODD Lot / Z Group Scrips /				5	0.50 %	

**F & O / Derivative Market / WDM**

	EQUITY DERIVATIVES			EQUITY OPTION	
Brokerage	Min (P)	(%)	Slab No.	Per Lot	Slab No.
1st Side	5	0.05 %		Rs.100/-	
2nd Side	5	0.05 %		Rs.100/-	

NIFTY			BANK NIFTY		
Min (P)	(%)	Options	Min (P)	(%)	Options
5	0.05 %	Rs.100/-	3	0.05 %	Rs.100/-
5	0.05 %	Rs.100/-	3	0.05 %	Rs.100/-

**Other Charges**

Stamp Duty ☒ Yes ☐ No Service Tax ☒ Yes ☐ No  
 Turnover Tax ☒ Yes ☐ No STT ☒ Yes ☐ No

**OTHER CHARGES**

STATUTORY COST ☒ Yes ☐ No

**Khandwala Securities Ltd. reserves the right to levy additional charges including the following:**

Particular	Amount
Duplicate / Physical Contract Notes (CN) issued	Rs.25/- for 1 month period**
Duplicate Sauda Summery issued	Rs.50/- for 2 month period**
	Rs.100/- for 3 month period**
Bounced Cheque / Stop Payment of Cheque	Rs.50/- per instance / instruments**
Interest on debit balance - Standard Rate per Annum	Upto 24%

\* For prevailing rates please refer back office interface

\*\* These charges are subject to revision at the sole discretion of Khandwala Securities Ltd. and shall be informed by ordinary post/ email / quarterly account statements / SMS / Notification on the Back office interface

(7) 

# NOMINATION FORM FOR DEMAT ACCOUNTS

Annexure - A

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

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

\*Joint Accounts:

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

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

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

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




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

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

- Name of nominee(s)
- Nomination: Yes / No

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

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

Name(s) of holder(s)	Signature(s) of holder / thumb impression	Signature of two witnesses*	Name of Witness & Address (wherever applicable) *
Sole / First Holder (Mr./Ms.)	(15) 		
Second Holder (Mr./Ms.)			
Third Holder (Mr./Ms.)			

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

**Rights, Entitlement and Obligation of the investor and nominee:**

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

**Transmission aspects**

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




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

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

### DECLARATION FORM FOR OPTING OUT OF NOMINATION

**(Annexure B to SEBI Circular No. SEBI/HO/MIRSD/RTAMB/CIR/P/2021/601 dated July 23, 2021 on Mandatory Nomination for Eligible Trading and Demat Accounts)**

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

BO UCC/DP IDID																
Client ID (only for Demat account)																
Sole/First Holder Name																
Second Holder Name																
Third Holder Name																
I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.																
	Name(s) of holder(s)										Signature(s) of holder*					
Sole / First Holder (Mr./Ms.)											(16) 					
Second Holder (Mr./Ms.)																
Third Holder (Mr./Ms.)																

\* Signature of witness, along with name and address are required. If the account holder affixes thumb impression, instead of signature

### ADDENDUM TO ADDITIONAL DETAILS REQUIRED FOR DEMAT ACCOUNT




DP ID	1	2	0	8	1	0	0	0	Client ID								Trading code:							
Name of the First / Sole Holder																								
Name of the Second Holder																								
Name of the Third Holder																								
Reason for Closure																								

● **MODE OF OPERATION** for execution of transactions (Transfer ,Pledge & Freeze)

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

- Consent for Communication to be received by first account holder /all Account holders :( Tick the applicable box. If not marked the default option would be first holder.

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

Particulars	First / Sole Holder Signature	Second Holder Signature	Third Holder Signature
Signatures	(21) 		

### Acknowledgment Receipt

We hereby acknowledge the receipt of your instruction for closing the following Account subject to verification.

DP ID	1	2	0	8	1	0	0	0	Client ID								Trading code:							
Name of the First / Sole Holder																								
Name of the Second Holder																								
Name of the Third Holder																								
Reason for Closure																								

**Instructions to Account Holder(s):**

1. Submit a duly-filled RRF if the balances are to be rematerialized.
2. Submit a duly-filled Delivery Instruction Slip (DIS) (off market instruction slip) if the balances are to be transferred to another A/c. This requirement is not applicable in case of "Shifting of Account".

**Depository Participant Seal and Signature**



# Khandwala Securities Limited

SEBI DP Regn. No. IN-DP-55-2015, CDSL DP ID -12081000  
G-II, Ground Floor, Dalamal House, Nariman Point, Mumbai 400021  
Tel.: 91-22-4076 7373 Fax : 91-22-4076 7377  
Email : [compliance@kslindia.com](mailto:compliance@kslindia.com), Website : [www.kslindia.com](http://www.kslindia.com)

# DP TARIFF SHEET-2025

DP Scheme	KSL DP FREE AMC		
Account Category	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> INDIVIDUAL (NRI)	<input type="checkbox"/> CORPORATE
Annual Maintenance Charge	Free	Free	INR 999/-
Debit Instruction from the account	0.05% of the value of the transaction (Min. INR 25/-)	0.05% of the value of the transaction (Min. INR 25/-)	0.05% of the value of the transaction (Min. INR 25/-)
Demat			
Dematerialisation	INR 15/- per certificate or Min. 150/- per DRF request	INR 15/- per certificate or Min. 150/- per DRF request	INR 15/- per certificate or Min. 150/- per DRF request
Rematerialisation	INR 50/- per certificate Or INR 150/- per 100 securities	INR 50/- per certificate Or INR 150/- per 100 securities	INR 50/- per certificate Or INR 150/- per 100 securities
Pledge			
Creation/closure /Invocation	INR 50/- or 0.03% whichever is higher	INR 50/- or 0.03% whichever is higher	INR 50/- or 0.03% whichever is higher
Defreeze	INR 25/-		
DIS Book issue	INR 100/-		
SLBM	INR 100/- or 0.02% whichever is highest		

## Notes

1. For availing 'Easiest' facility of CDSL, the charges as levied by CDSL would be collected from clients at actual.
2. GST, education cess and other statutory levies (if any) would be charged extra wherever applicable as per the prevailing rates.
3. We reserve the rights to change / add charges with 30 days prior notice.
4. All payments should be in favour of "Khandwala Securities Limited."

I/We have read the understood the “ Schedule of Charges” prescribed above and agree to abide by the same.

(18) 

Signature of First Holder



Signature of Second Holder



Signature of Third Holder

Date : | | | | | | | | |

**Declaration for Common Mobile Number and EMAIL ID in a Family Account.**

To,  
**Khandwala Securities Limited**  
G-II, Ground Floor,  
Dalamal House, Nariman Point,  
Mumbai 400021

Date: 

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Dear Sirs,

**Re: Opening of Trading and Demat Account.**

With reference to my /our application for opening of a Trading and Demat account with you, I / We hereby declare that I / We want all the SMS and E-Mail alerts on the following Email ID and Mobile No. which are mentioned below respectively as per SEBI Circular No. CIR/MIRSD/15/2011 dated August 02, 2011.

☐ Email ID: \_\_\_\_\_

☐ Mobile 

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No: \_\_\_\_\_

Further, I / We confirm that the above details which have been provided by us belong to our Family Member whose details have been provided by us as under:

☐ Name of the family Member: \_\_\_\_\_

☐ Relationship with the Client: \_\_\_\_\_

☐ Trading account with **Khandwala Securities Limited** (if Any): \_\_\_\_\_

I / We also confirm that this request has been given to the Stock Broker under exceptional circumstances as I / We am / are dependent on our family member whose details have been mentioned in this declaration (above) and I / We further confirm that I / We don't have any objection to this and I / We give full consent in this regard .

Further, 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.

Thanking You,

Yours Faithfully,

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

(18) 

Signature