

S. No.

# ASL CAPITAL HOLDINGS PVT. LTD.

DEPOSITORY PARTICIPANT - CDSL

DP SEBI REG NO.: IN-DP-CDSL-290-2005 DP ID : 12040900

**Regd. Office :** 138, Dr. Radhakrishnan Salai, Mylapore, Chennai - 600 004.

Phone : 044 - 4203 4000 / 2844 4555 Fax : 044 - 4343 4030

E-mail : aslcapital@gmail.com Investor Grievance : feedback@aslcapital.com

## DEMAT ACCOUNT OPENING FORM

Internal Ref. No. \_\_\_\_\_

Account No.

1	2	0	4	0	9	0	0												
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Client Name \_\_\_\_\_

## INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

### A. IMPORTANT POINTS:

1. Self attested copy of PAN card is mandatory for all clients.
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/ PIOCard/ OCICard 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. PAN card with photograph. This is a mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
2. Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card/ Driving license.
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 FI/sub account, Power of Attorney given by FI/sub-account to the Custodians (which are duly notarized and/or apostilled or consularised) that gives the registered address should be taken.
8. The proof of address in the name of the spouse may be accepted.

### D. Exemptions/clarifications to PAN

(\*Sufficient documentary evidence in support of such claims to be collected.)

1. In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
2. Investors residing in the state of Sikkim.
3. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
4. SIP of Mutual Funds upto Rs 50,000/- p.a.
5. In case of institutional clients, namely, 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:

Types of entity	Documentary requirements
<b>Corporate</b>	<ul style="list-style-type: none"> <li>• Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>• Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year).</li> <li>• Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations.</li> <li>• Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly.</li> <li>• Copies of the Memorandum and Articles of Association and certificate of incorporation.</li> <li>• Copy of the Board Resolution for investment in securities market.</li> <li>• Authorised signatories list with specimen signatures.</li> </ul>
<b>Partnership firm</b>	<ul style="list-style-type: none"> <li>• Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>• Certificate of registration (for registered partnership firms only).</li> <li>• Copy of partnership deed.</li> <li>• Authorised signatories list with specimen signatures.</li> <li>• Photograph, POI, POA, PAN of Partners.</li> </ul>
<b>Trust</b>	<ul style="list-style-type: none"> <li>• Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>• Certificate of registration (for registered trust only).</li> <li>• Copy of Trust deed.</li> <li>• List of trustees certified by managing trustees/CA.</li> <li>• Photograph, POI, POA, PAN of Trustees.</li> </ul>
<b>HUF</b>	<ul style="list-style-type: none"> <li>• PAN of HUF.</li> <li>• Deed of declaration of HUF/ List of coparceners.</li> <li>• Bank pass-book/bank statement in the name of HUF.</li> <li>• Photograph, POI, POA, PAN of Karta.</li> </ul>
<b>Unincorporated association or a body of individuals</b>	<ul style="list-style-type: none"> <li>• Proof of Existence/Constitution document.</li> <li>• Resolution of the managing body &amp; Power of Attorney granted to transact business on its behalf.</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>
<b>Banks/Institutional Investors</b>	<ul style="list-style-type: none"> <li>• Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years.</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>
<b>Foreign Institutional Investors (FII)</b>	<ul style="list-style-type: none"> <li>• Copy of SEBI registration certificate.</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>
<b>Army/ Government Bodies</b>	<ul style="list-style-type: none"> <li>• Self-certification on letterhead.</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>
<b>Registered Society</b>	<ul style="list-style-type: none"> <li>• Copy of Registration Certificate under Societies Registration Act.</li> <li>• List of Managing Committee members.</li> <li>• Committee resolution for persons authorised to act as authorised signatories with specimen signatures.</li> <li>• True copy of Society Rules and Bye Laws certified by the Chairman/Secretary</li> </ul>

**KNOW YOUR CLIENT (KYC) APPLICATION FORM (FOR INDIVIDUALS ONLY)**

**ASL CAPITAL HOLDINGS PVT. LTD.**

Regd. Office : 138, Dr. Radhakrishnan Salai, Mylapore, Chennai - 600 004. Phone : 044 - 4203 4000 / 2844 4555  
 Compliance Officer : Revathy Raghavan, Phone : 044 - 4343 4000 E-Mail : aslcapital@gmail.com

**Application No.** \_\_\_\_\_

(Please fill in **ENGLISH** and in **BLOCK LETTERS** with black ink)  
**A. IDENTITY DETAILS (Please see guidelines overleaf)**

- Name of the Applicant** (As appearing in supporting identification document)  
 Name (Mr/Mrs/Ms) : \_\_\_\_\_  
 Father's/ Spouse Name (Mr/Mrs) : \_\_\_\_\_
- a. Gender :  Male  Female    b. Marital Status :  Single/  Married    c. Date of birth : \_\_\_\_\_ (dd/mm/yyyy)
- Nationality :  Indian  Other \_\_\_\_\_
- Status Please tick (✓) :  Resident Individual     Non Resident     Foreign National (Passport Copy Mandatory for NRIs & Foreign Nationals)
- a. PAN: \_\_\_\_\_    b. Unique Identification Number (UID)/ Aadhaar, if any: \_\_\_\_\_  
 Please enclose a duly attested copy of your PAN Card
- Proof of Identity submitted for PAN exempt cases Please Tick (✓):**  
 UID (Aadhaar)     Passport     Voter Id     Driving License     Others \_\_\_\_\_ (Please see guideline 'D' overleaf)

**PHOTOGRAPH**

⊗

Please affix your recent passport size photograph and sign across it

**B. ADDRESS DETAILS (Please see guidelines overleaf)**

- Address for correspondence :** \_\_\_\_\_  
 \_\_\_\_\_  
 City/Town/Village: \_\_\_\_\_ Pincode: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_
- Contact Details:** Tel.(Off.) \_\_\_\_\_ Tel.(Res.) \_\_\_\_\_ Mobile No: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email id : \_\_\_\_\_
- Proof of address submitted to be provided by Applicant. Please submit ANY ONE of the following valid document & tick (✓) against the document attached**  
 Passport  Ration card  Registered Lease/Sale Agreement of Residence  Driving License  Voter Identity card  \*Latest Bank A/c Statement /Passbook  
 \* Latest Telephone Bill (Only Landline)  \* Latest Electricity Bill  \*Latest gas Bill  Others \_\_\_\_\_  
 \* Not more than 3 months old **Validity/Expiry date of proof of address submitted** \_\_\_\_\_ (DD/MM/YYYY)
- Permanent Address** of Resident Applicant if different from above B1 OR Overseas Address (Mandatory) for Non-Resident Applicant) :  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City/Town/Village: \_\_\_\_\_ Pincode: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_
- Proof of address submitted to be provided by Applicant. Please submit ANY ONE of the following valid document & tick (✓) against the document attached**  
 Passport  Ration card  Registered Lease/Sale Agreement of Residence  Driving License  Voter Identity card  \*Latest Bank A/c Statement /Passbook  
 \* Latest Telephone Bill (Only Landline)  \* Latest Electricity Bill  \*Latest gas Bill  Others \_\_\_\_\_  
 \* Not more than 3 months old **Validity/Expiry date of proof of address submitted** \_\_\_\_\_ (DD/MM/YYYY)

**C. OTHER DETAILS (Please see guidelines overleaf)**

- Gross Annual Income Details (please tick (✓)) :**  Below 1 Lac     1-5 Lac     5-10 Lac     10-25 Lac     > 25 Lacs  
 Net-worth in ₹. \_\_\_\_\_ as on (date) \_\_\_\_\_ (DD/MM/YYYY) (Net worth should not be older than 1 year)
- Occupation (please tick (✓) any one and give brief details):**  
 Private Sector service     Public Sector     Government Service     Business     Professional     Agriculturist     Retired  
 Housewife     Student     Forex Dealer     Others (Please specify) \_\_\_\_\_
- Please tick, if applicable :**  Politically Exposed Person     Related to a Politically Exposed Person  
 For definition of PEP, please refer guideline overleaf.
- Any other information :** \_\_\_\_\_

**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.

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

**SIGNATURE OF APPLICANT**

⊗

**FOR OFFICE USE ONLY**

AMC / Intermediary Name OR code  
**ASL CAPITAL HOLDINGS PVT LTD.**

- (Originals verified) Self Certified Document copies received  
 (Attested) True copies of documents received

Main Intermediary

In Person Verification DONE  on \_\_\_\_\_ (DD/MM/YYYY)

Staff Name : \_\_\_\_\_  
 Designation : \_\_\_\_\_  
 Name of the Organization : **ASL CAPITAL HOLDINGS PVT LTD.**  
 Signature : \_\_\_\_\_  
 Date : \_\_\_\_\_

## Additional KYC Form for Opening a Demat Account

## For Individuals

**ASL CAPITAL HOLDINGS PVT. LTD.**

DEPOSITORY PARTICIPANT - CDSL

DP SEBI REG NO.: IN-DP-CDSL-290-2005 DP ID : 12040900

Regd. Office : 138, Dr. Radhakrishnan Salai, Mylapore, Chennai - 600 004. Phone : 044 - 4203 4000 / 2844 4555

Fax : 044 - 4343 4030 E-mail : aslcapital@gmail.com Investor Grievance : feedback@aslcapital.com

Compliance Officer : Revathy Raghavan, Phone : 044 - 4343 4000 E-Mail : aslcapital@gmail.com

Application No.		Date													
DP Internal Reference No.															
DP ID	1	2	0	4	0	9	0	0	Client ID						

(To be filled by the applicant in **BLOCK LETTERS** in English)

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

**Holders Details**

Sole/ First Holder's Name		PAN													
Second Holder's Name		PAN													
Third Holder's Name		PAN													

<b>Name *</b>	
---------------	--

\* In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., Although the account is opened in the name of natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., Should be mentioned above.

**Type of Account (Please tick whichever is applicable)**

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

**Details of Guardian ( Incase the account holder is a minor)**

Guardian's Name		PAN	
Relationship with the Applicant			

I / We instruct the DP to receive each and every credit in my / our account ( If not marked, the default option would be 'Yes')		[ Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Required	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly
I / We request you to send Electronic Transaction-cum-Holding statement at the email ID :		<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you wish to receive dividend / interest directly in to your bank account given below through ECS? (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

**Bank Details [Dividend Bank Details]**

Bank Code (9 digit MICR code)										
IFS Code (11 character)										
Account number										
Account Type	<input type="checkbox"/> Saving			<input type="checkbox"/> Current			<input type="checkbox"/> Others (Specify) :			
Bank Name										
Branch Name										
Bank Address										
City		State		Country		Pincode				

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

<b>SMS Alert Facility</b> Refer to Terms & Conditions given as <b>Annexure - 2.4</b>	Mobile No. +91 _____ [Mandatory, if you are giving Power of Attorney (POA)] (If POA is not granted & you do not wish to avail of this facility, cancel this option)	
<i>Easi</i>	To register for <i>easi</i> , please visit CDSL's website : <a href="http://www.cdslindia.com">www.cdslindia.com</a> <i>Easi</i> allows a BO to view his ISIN balances, transactions and value of the Portfolio online.	

**Nomination Details**

Nomination Registration No.	Dated

I / We the Sole holder / Joint holders / Guardian (in case of minor) hereby declare that :

- I / We **do not wish to nominate any one for this demat account.**
- I / We **nominate** the following person who is entitled to receive security balances lying in my / our account, particulars whereof are given below, in the event of my / our death.

Full name of the Nominee										
Address										
	City :			State						
	Country :			PIN code						
Telephone No.						Fax No.				
E-Mail ID										
Relationship with BO (If any)										
Date of birth (mandatory if nominee is a minor)										

As the nominee is a minor as on date, to receive the securities in this account on behalf of the nominee in the event of the death of the Sole holder / all Joint holders, I / We appoint following person to act as **Guardian**.

Full name of Guardian of Nominee			
Address			
	City :	State	
	Country :	PIN code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Telephone No.		Fax No.	
E-Mail ID			
Relationship of Guardian with Nominee			

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me us.

Note : Two witness shall attest signature(s) / thumb impressions(s).

DETAILS OF THE WITNESS		
	FIRST WITNESS	SECOND WITNESS
NAMES OF WITNESS		
ADDRESS OF WITNESS		
SIGNATURE OF WITNESS		

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

	First / Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signatures	ⓧ	ⓧ	ⓧ

( Signatures should be preferably in black ink).

**KNOW YOUR CLIENT (KYC) APPLICATION FORM (FOR NON-INDIVIDUALS ONLY)**

**ASL CAPITAL HOLDINGS PVT. LTD.**

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 Compliance Officer : Revathy Raghavan, Phone : 044 - 4343 4000 E-Mail : aslcapital@gmail.com

**Application No.** \_\_\_\_\_

(Please fill in **ENGLISH** and in **BLOCK LETTERS** with black ink)

**A. IDENTITY DETAILS (Please see guidelines overleaf)**

**1. Name of Applicant** (Please write complete name as per Certificate of Incorporation/ Registration; leaving one box blank between 2 words. Please do not abbreviate the Name)

\_\_\_\_\_

**2. Date of Incorporation :** \_\_\_\_\_ (dd/mm/yyyy)

**Place of Incorporation :** \_\_\_\_\_

**3. Registration No. (E.g. CIN) :** \_\_\_\_\_

**Date of Commencement of business:** \_\_\_\_\_ (dd/mm/yyyy)

**4. Status** Please tick  Private Ltd. Co.  Public Ltd. Co.  Body Corporate  Partnership  Trust/Charities/NGOs  
 FI  FII  HUF  AOP  Bank  Government Body  Non-Government Organisation  
 Defence Establishment  Body of Individuals  Society  LLP  Others

**5. Permanent Account Number (PAN) (MANDATORY):** \_\_\_\_\_ Please enclose a duly attested copy of your PAN Card.

**PHOTOGRAPH**

Please affix the recent passport size photograph of Authorised Signatory and sign across it

**B. ADDRESS DETAILS (Please see guidelines overleaf)**

**1. Address for correspondence :** \_\_\_\_\_

City/town/village: \_\_\_\_\_ Pincode: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

**2. Contact Details:** Tel.(Off.) \_\_\_\_\_ Tel.(Res.) \_\_\_\_\_ Mobile No: \_\_\_\_\_

Fax: \_\_\_\_\_ Email id : \_\_\_\_\_

**3. Proof of address submitted to be provided by Applicant. Please submit ANY ONE of the following valid document & tick (✓) against the document attached**  
 \* Latest Telephone Bill (Only Landline)  \* Latest Electricity Bill  \* Latest Bank Account Statement  Registered Lease / Sale Agreement of Office Premises  
 Any other proof of address document (as listed overleaf) \_\_\_\_\_  
 \* Not more than 3 months old **Validity/Expiry date of proof of address submitted** \_\_\_\_\_ (DD/MM/YYYY)

**4. Registered Address (if different from above)**

\_\_\_\_\_

City/town/village: \_\_\_\_\_ Pincode: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

**5. Proof of address submitted to be provided by Applicant. Please submit ANY ONE of the following valid document & tick (✓) against the document attached**  
 \* Latest Telephone Bill (Only Landline)  \* Latest Electricity Bill  \* Latest Bank Account Statement  Registered Lease / Sale Agreement of Office Premises  
 Any other proof of address document (as listed overleaf) \_\_\_\_\_  
 \* Not more than 3 months old **Validity/Expiry date of proof of address submitted** \_\_\_\_\_ (DD/MM/YYYY)

**C. NEW OTHER DETAILS (Please see guidelines overleaf)**

**1. Gross Annual Income Details (please tick (✓)) :**  Below 1 Lac  1-5 Lac  5-10 Lac  10-25 Lac  25 Lacs-1 crore  > 1 Crore

**2. Net-worth in ₹.** \_\_\_\_\_ **as on date** \_\_\_\_\_ (DD/MM/YYYY)

**3. Name, PAN, DIN/UID, residential address and photographs of Promoters/Partners/Karta/Trustees/Whole time directors :**  
 (Please use the Annexure to fill in the details)

**4. Is the entity involved/providing any of the following services :**  YES  NO  
 - For Foreign Exchange / Money Changer Services  YES  NO - Gaming / Gambling / Lottery Services (e.g. Casinos, betting syndicates)  YES  NO  
 - Money Lending / Pawning  YES  NO

**4. Any other information :** \_\_\_\_\_

**DECLARATION**

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

**NAME & SIGNATURE(S)**

**OF AUTHORISED**

**PERSON(S)**

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

**FOR OFFICE USE ONLY**

AMC / Intermediary Name OR code

**ASL CAPITAL HOLDINGS PVT LTD.**

(Originals verified) Self Certified Document copies received

(Attested) True copies of documents received

Main Intermediary

**In Person Verification**  on \_\_\_\_\_ (DD/MM/YYYY)

Staff Name : \_\_\_\_\_  
 Designation : \_\_\_\_\_  
 Name of the Organization : **ASL CAPITAL HOLDINGS PVT LTD.**  
 Signature : \_\_\_\_\_  
 Date : \_\_\_\_\_

**Details of Promoters / Partners / Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals**

Name of Applicant : \_\_\_\_\_

PAN of the Applicant : \_\_\_\_\_

Sr. No.	PAN	Name	DIN (For Directors) / UID (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. Promoters, Whole time directors etc.)	Whether Politically Exposed	Photograph
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	

Name & Signature of the Authorised Signatory(ies)

Date :

PEP : Politically Exposed Person

RPEP : Related to Politically Exposed Person



## Additional KYC Form for Opening a Demat Account

## For Non-Individuals

**ASL CAPITAL HOLDINGS PVT. LTD.**

DEPOSITORY PARTICIPANT - CDSL

DP SEBI REG NO.: IN-DP-CDSL-290-2005 DP ID : 12040900

Regd. Office : 138, Dr. Radhakrishnan Salai, Mylapore, Chennai - 600 004. Phone : 044 - 4203 4000 / 2844 4555

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Compliance Officer : Revathy Raghavan, Phone : 044 - 4343 4000 E-Mail : aslcapital@gmail.com

Application No.		Date																	
DP Internal Reference No.																			
DP ID	1	2	0	4	0	9	0	0	Client ID										

(To be filled by the applicant in **BLOCK LETTERS** in English)

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

**Holders Details**

Sole/ First Holder's Name		PAN																	
Second Holder's Name		PAN																	
Third Holder's Name		PAN																	

<b>Name *</b>	
* In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., Although the account is opened in the name of natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., Should be mentioned above.	

**Type of Account (Please tick whichever is applicable)**

Status			Sub - Status																
<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Banks	<input type="checkbox"/> Trust	<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> OCB	<input type="checkbox"/> FII	<b>To be filled by the DP</b>													
<input type="checkbox"/> CM	<input type="checkbox"/> FI	<input type="checkbox"/> Clearing House	<input type="checkbox"/> Other (specify) :																
SEBI Registration No. (If Applicable)		SEBI Registration date																	
RBI Registration No. (If Applicable)		RBI Approval date																	
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others(specify) _____																		

I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes')	[ Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Required	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
I / We request you to send Electronic Transaction-cum-Holding statement at the email ID :	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you wish to receive dividend / interest directly in to your bank account given below through ECS? (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

**Bank Details [Dividend Bank Details]**

Bank Code (9 digit MICR code)									
IFS Code (11 character)									
Account number									
Account Type	<input type="checkbox"/> Saving		<input type="checkbox"/> Current			<input type="checkbox"/> Others (Specify) :			
Bank Name									
Branch Name									
Bank Address									
City		State		Country		Pincode			

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

<b>SMS Alert Facility</b> Refer to Terms & Conditions given as <b>Annexure - 2.4</b>	Mobile No. +91 _____ [Mandatory, if you are giving Power of Attorney (POA)] (If POA is not granted & you do not wish to avail of this facility, cancel this option)	
<i>Easi</i>	To register for <i>easi</i> , please visit CDSL's website : <a href="http://www.cdslindia.com">www.cdslindia.com</a> <i>Easi</i> allows a BO to view his ISIN balances, transactions and value of the Portfolio online.	

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

	First / Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signatures	⊗	⊗	⊗

( Signatures should be preferably in black ink).

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

## **Agreement Between A Participant And A Person Seeking To Open A Beneficial Owner's Account**

This Agreement made and entered into at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, between **ASL CAPITAL HOLDINGS PVT. LTD.** having its registered office at **138, Dr. Radhakrishnan Salai, Mylapore, Chennai 600 004.**, hereinafter called "**the Participant**" of the One Part; AND

\_\_\_\_\_, (*description of the legal entity*) having his/ its office/ registered office / address at \_\_\_\_\_, hereinafter called "**the Beneficial Owner**" of the Other Part.

**WHEREAS** the Beneficial Owner is desirous of opening a beneficial owner's account with the Participant and the Participant has agreed to open an account in the name of the Beneficial Owner and render services to the Beneficial Owner as a participant, on the terms and conditions recorded herein below:

NOW THIS AGREEMENT WITNESSETH AND IT IS HEREBY AGREED BY AND BETWEEN THE PARTIES HERETO AS FOLLOWS:

### **General Clause**

1. The parties hereto agree to abide by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Bye Laws and Operating Instructions issued by CDSL from time to time in the same manner and to the same extent as if the same were set out herein and formed part of this Agreement.

### **Fees, Charges and deposits**

2. The Participant shall be entitled to change or revise the fees, charges or deposits from time to time provided however that no increase therein shall be effected by the Participant unless the Participant shall have given at least one month's notice in writing to the Beneficial Owner in that behalf. In case the Beneficial Owner committing a default in the payment of any such amount payable to the Participant on their respective due dates or within fifteen days of the same being demanded (where no such due date is specified), the Participant shall be entitled to charge interest on the amount remaining outstanding or unpaid [not exceeding 12%] per annum or part thereof. On such continued default, the Participant after giving two days notice to the Beneficial Owner shall have a right to stop processing of instructions of Beneficial Owners till such time he makes the payment along with interest if any.

### **Statement of Account**

- 3.1 The Participant shall furnish to the Beneficial Owner a statement of his/its account at the end of every month if there has been even a single entry or transaction during that month, and in any event once at the end of each quarter. The statement of accounts to be provided to the Beneficial Owner under this Agreement shall be in the form specified in Operating Instructions or as communicated by CDSL from time to time. The Participant shall furnish such statements at such shorter periods as may be required by the Beneficial Owner on payment of such charges by the Beneficial Owner as may be specified by the Participant.
- 3.2 It is agreed that if a Participant is providing the services of issuing the statement of accounts in an electronic mode and if the Beneficial Owner is desirous of availing such services from the Participant, then the Participant will furnish to the Beneficial Owner the statement of accounts under its digital signature, as governed under the Information Technology Act, 2000. Provided however that in the event of the Beneficial Owner requiring a physical copy of the statement of accounts, despite receiving the same in the electronic mode, then irrespective of having forwarded the same via electronic mode, the Participant shall be obliged to provide a physical copy thereof to the BO.
- 3.3 It is agreed and understood between the parties that if the Participant does not have the facility of providing the statement of account in the electronic mode, then the Participant shall be obliged to forward the statement of account only in physical form.

### **Beneficial Owner shall intimate change of particulars**

4. The Participant shall not be liable or responsible for any loss that may be caused to the Beneficial Owner by reason of his/its failure to intimate change in the particulars furnished to the Participant from time to time, unless notified by the Beneficial Owner.

### **Depository not liable for claims against Beneficial Owner**

5. CDSL shall not be liable to the Beneficial Owner in any manner towards losses, liabilities and/ or expenses arising from the claims of third parties or for any fees, charges, taxes, duties, levies or penalties levied, imposed or demanded by any Central, State, statutory or revenue authority in respect of securities credited to the Beneficial Owner's account.

### **Authorised Representative**

6. Where the Beneficial Owner is a body corporate or a legal entity, it shall, simultaneously with the execution of the Agreement furnish to the Participant, a list of officials authorized by it, who shall represent and interact on its behalf with the Participant. Any change in such list including additions, deletions or alterations thereto shall be forthwith communicated to the Participant.

**Closure of Account**

7. The Beneficial Owner, may, at any time terminate this Agreement by calling upon the Participant to close his/its account with the Participant in the manner and on the terms and conditions set out in the Bye Laws and the procedure laid down in the Operating Instructions. In the event of termination of this Agreement the Beneficial Owner shall either get the securities transferred to some other account or get the same rematerialised.

**Stamp Duty**

8. Any stamp duty (including interest or penalty levied thereon) payable on the Agreement and/or on any deed, document or writing executed in pursuance hereof between the parties hereto shall be borne and paid by the Beneficial Owner.

**Force Majeure**

9. Notwithstanding anything contained herein or in the Bye Laws, neither party hereto shall be liable to indemnify or compensate the other for any breach, non-performance or delay in performance of any obligations under the Agreement or for any harm, loss, damage or injury caused to the other due to causes reasonably beyond its control including but not limited to tide, storm, cyclone, flood, lightning, earthquake, fire, blast, explosion or any other act of God, war, rebellion, revolution, insurrection, embargo or sanction, blockade, riot, civil commotion, labour action or unrest including strike, lock-out or boycott, interruption or failure of any utility service, enemy action, criminal conspiracy, act of terrorism or vandalism, sabotage, or intrusion, or any other irresistible force or compulsion.

**Service of Notice**

10. Any notice or communication required to be given under the Agreement shall not be binding unless the same is in writing and shall have been served by delivering the same at the address set out hereinabove against a written acknowledgement of receipt thereof or by sending the same by pre-paid registered post at the aforesaid address or transmitting the same by facsimile transmission, electronic mail or electronic data transfer at number or address that shall have been previously specified by the party to be notified. Notice given by personal delivery shall be deemed to be given at the time of delivery. Notice given by post in accordance with this clause shall be deemed to be given at the commencement of business of the recipient of the notice on the third working day next following its posting. Notice sent by facsimile transmission, electronic mail or electronic data transfer shall be deemed to be given at the time of its actual transmission.

**Arbitration**

11. The parties hereto shall, in respect of all disputes and differences that may arise between them, abide by the provisions relating to arbitration and conciliation specified under the Bye Laws.

**Jurisdiction**

12. The parties hereto agree to submit to the exclusive jurisdiction of the courts in CHENNAI.

**Governing Law**

13. The Agreement shall be governed by and construed in accordance with the laws in force in India

⊗

**Signature of Applicant**

IN WITNESS WHEREOF the parties hereto have hereunto set and subscribed their respective hands/ seals to this Agreement in duplicate on the day, month, year and place first hereinabove mentioned.

**Signed And Delivered by**

For and on behalf of  
**ASL Capital Holdings Pvt. Ltd.**

Authorised Signatory

**Witness**

Signature : \_\_\_\_\_

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

Address : \_\_\_\_\_

**Signed And Delivered by**

**Witness of the client**

Sole/First Holder : ⊗ \_\_\_\_\_

Signature : \_\_\_\_\_

Second Holder : ⊗ \_\_\_\_\_

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

Third Holder : ⊗ \_\_\_\_\_

Address : \_\_\_\_\_

## ANNEXURE - 2.4

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

#### Definitions:

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

1. "Depository" means Central Depository (India) Limited, a company incorporated in India under the Companies Act 1956 and having its registered office at 17th Floor, P.J. Towers, Dalal Street, Fort, Mumbai - 400 001 and all its branch offices and includes its successors and assigns.
2. 'DP' means Depository Participant of CDSL. The term covers all types of Dps who are allowed to open demat accounts for investors.
3. 'BO' means an entity that has opened a demat account with the depository. The term covers all types of demat accounts, which can be opened with a depository as specified by the depository from time to time.
4. SMS means "Short Messaging Service"
5. "Alerts" means a customized SMS sent to the BO over the said mobile phone number.
6. "Service Provider" means a cellular service provider(s) with whom the depository has entered / will be entering into an arrangement for providing the SMS alerts to the BO.
7. "Service" means the service of providing SMS alerts to the BO on best effort basis as per these terms and conditions.

#### Availability:

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

#### Receiving Alerts:

1. The depository shall send the alerts to the mobile phone number provided by the BO while registering for the service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
2. The BO acknowledges that the alerts will be received only if the mobile phone is in 'ON' and in a mode to receive the SMS. If the mobile phone is in 'Off' mode i.e. unable to receive the alerts then the BO may not get / get after delay any alerts sent during such period.
3. The BO also acknowledges that the readability, accuracy and timeliness of providing the service depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.
4. The BO further acknowledges that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/ or inaccuracy. In case the BO observes any error in the information provided in the alert, the BO shall inform the depository immediately in writing and the depository will make best possible efforts to rectify the error as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred/ suffered by the BO on account of opting to avail SMS alerts facility.
5. The BO authorizes the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers from the CDSL.
6. **The BO agrees to inform the depository and DP in writing of any unauthorized debit to his Bo account / unauthorized transfer of securities from his BO account, immediately, which may come to his knowledge on receiving SMS alerts. The BO may send an email to CDSL at [complaints@cdslindia.com](mailto:complaints@cdslindia.com). The BO is advised not to inform the service provider about such unauthorized debit to / transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse communication between the service provider and the depository.**
7. The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.
8. The depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
9. If the BO finds that the information such as mobile number etc., has been changed with out proper authorization, the BO should immediately inform the DP in writing.

**Fees:**

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

**Disclaimer:**

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

**Liability and Indemnity:**

The Depository shall not be liable for any breach of confidentiality by the service provider or by any third person due to unauthorized access to the information meant for the BO. In consideration of the depository providing the service, the BO agrees to indemnify and keep safe, harmless and indemnified the depository and its officials from any damages, claims, demands, proceedings, loss, cost, charges and expenses whatsoever which a depository may at any time incur, sustain, suffer or be put to as a consequence of or arising out of interference with or misuse, improper or fraudulent use of the service by the BO.

**Amendments:**

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

**Governing Law and Jurisdiction:**

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

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

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

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

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

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

BO ID	1	2	0	4	0	9	0	0									
-------	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

(Please write your 8 digit DP ID)

(Please write your 8 digit Client ID)

Sole/ First Holder's Name : \_\_\_\_\_

Second Holder's Name : \_\_\_\_\_

Third Holder's Name : \_\_\_\_\_

Mobile Number on which messages are to be sent 

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

(Please write only the mobile number without prefixing country code or zero)

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

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

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

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
 Signatures      Sole / First Holder                      Second Holder                      Third Holder

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

# DIGITAL STATEMENT

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

To,  
**ASL CAPITAL HOLDINGS PVT LTD.**  
138, Dr. Radhakrishnan Salai,  
Mylapore, Chennai - 600 004.

**Reg : Beneficial Owner (BO) Account No.** \_\_\_\_\_

I / We \_\_\_\_\_

[Name(s) of the BO(s)] had entered into agreement dated \_\_\_\_\_ with you at the time of opening of the aforesaid BO account.

Pursuant to the amendment in Clause 3 of the agreement (Annexure C to the Bye Laws of CDSL), I / We confirm having opted to receive the statement of accounts pertaining to the above mentioned BO account in electronic mode in lieu of physical copy of the statement of account.

I / We confirm that the dispatch of statement of account to me / us at the following email address shall constitute full and absolute discharge of your obligation under the above agreement to provide me / us with statement of my / our BO account. But I / We reserve my / our right to receive the physical copy of statement of accounts despite receiving the same in electronic mode, if such a demand is made in writing on you.

[E-mail address : \_\_\_\_\_]

I / We confirm that any change in the aforesaid email address or any other instructions with regard to dispatch / service of my / our statement of account on me / us shall not be binding upon you unless you are intimated in writing by me / us by acknowledged delivery.

Yours faithfully,

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

## ASL CAPITAL HOLDINGS PVT. LTD.

DEPOSITORY PARTICIPANT - CDSL

DP SEBI REG NO.: IN-DP-CDSL-290-2005 DP ID : 12040900

Regd. Office : 138, Dr. Radhakrishnan Salai, Mylapore, Chennai - 600 004. Phone : 044 - 4203 4000 / 2844 4555

Fax : 044 - 4343 4030 E-mail : aslcapital@gmail.com Investor Grievance : feedback@aslcapital.com

Compliance Officer : Revathy Raghavan, Phone : 044 - 4343 4000 E-Mail : aslcapital@gmail.com

### HUF DECLARATION

Declaration by Karta giving details of family members of the HUF.

S. No.	NAME	Male / Female	Date of Birth	Relationship with The Karta

⊗

( Signature of Karta with HUF seal)



**SCHEDULE A : SCHEDULE OF CHARGES FOR DEPOSITORY SERVICES  
Corporate / Individual ASL**

<b>PARTICULARS</b>	<b>CHARGES STRUCTURE</b>
<b>ACCOUNT OPERATIONS</b>	
Account Opening	Rs.200/-
Annual Maintenance Charges (Payable Upfront)	
Normal	Rs.200/- p.a.
Easy A/c (Password Users)	Rs.300/- p.a.
<b>DEMATERIALIZATION</b>	
Demat Processing Charges	Rs.2/- per certificate plus courier charges
<b>REMATERIALIZATION</b>	
Remat Processing Charges	Rs.20/- per request plus courier charges
<b>DEMATERIALIZATION REJECTION CHARGES</b>	Rs.30/- per rejection
<b>TRANSACTION CHARGES</b>	
Buy	Nil
Sale	
Delivery given to ASL Account	Rs.15/- per request
Delivery given to any other Account	Rs.25/- per request
<b>PLEDGE / HYPOTHECATION (PER TRANSACTION)</b>	
Creation/ Closure / Invocation	Rs.50/- per request or 0.01% of the value
	Of securities whichever is higher
<b>DELIVERY INSTRUCTIONS BOOKLET</b>	Rs.10/- per booklet of 10 leafs

**TERMS & CONDITIONS :**

1. Client will be required to pay Rs.500/- upfront towards depository charges.
2. Depository Charges of Broking Clients will be debited to their Trading accounts.
3. Any other service, which is not mentioned above, will be charged separately as per the rates applicable from time to time. Out of pocket expenses including courier charges for overseas consignment will be charges extra on actual basis.
4. Service Tax as applicable will be levied extra.
5. The value of the transactions will be in accordance with rates provided by CDSL.
6. All charges are subject to revision at the discretion of ASL after giving a notice of 30 days.
7. All charges are payable on monthly basis and delayed payment will be liable for interest @ 1% per month.
8. ASL may suspend / freeze the depository services of the account holder on non-payment of outstanding bills.
9. I / We agree to abide by all charges and conditions prescribed in the tariff scheme.

⊗

⊗

⊗

Signatures

\_\_\_\_\_  
Sole / First Holder

\_\_\_\_\_  
Second Holder

\_\_\_\_\_  
Third Holder

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

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

# ASL CAPITAL HOLDINGS PVT. LTD.

DEPOSITORY PARTICIPANT - CDSL

DP SEBI REG NO.: IN-DP-CDSL-290-2005 DP ID : 12040900

**Regd. Office :** 138, Dr. Radhakrishnan Salai, Mylapore, Chennai - 600 004. Phone : 044 - 4203 4000 / 2844 4555

Fax : 044 - 4343 4030 E-mail : aslcapital@gmail.com Investor Grievance : feedback@aslcapital.com

Compliance Officer : Revathy Raghavan, Phone : 044 - 4343 4000 E-Mail : aslcapital@gmail.com

DP ID	1	2	0	4	0	9	0	0	Client ID								
-------	---	---	---	---	---	---	---	---	-----------	--	--	--	--	--	--	--	--

Name of BO	
Address of BO	
Nomination in favour of	
Registration No.	
Registered on	

Depository Participant seal and signature

----- ( Please tear here ) -----

# ASL CAPITAL HOLDINGS PVT. LTD.

DEPOSITORY PARTICIPANT - CDSL

DP SEBI REG NO.: IN-DP-CDSL-290-2005 DP ID : 12040900

**Regd. Office :** 138, Dr. Radhakrishnan Salai, Mylapore, Chennai - 600 004. Phone : 044 - 4203 4000 / 2844 4555

Fax : 044 - 4343 4030 E-mail : aslcapital@gmail.com Investor Grievance : feedback@aslcapital.com

Compliance Officer : Revathy Raghavan, Phone : 044 - 4343 4000 E-Mail : aslcapital@gmail.com

## Acknowledgement Receipt

Application No.		Date											
-----------------	--	------	--	--	--	--	--	--	--	--	--	--	--

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

Sole/ First Holder's Name	
Second Holder's Name	
Third Holder's Name	

Depository Participant seal and signature