

PART II - ACCOUNT OPENING FORM (FOR INDIVIDUALS)



BMD SECURITIES LIMITED

REGD. OFF. : SUITE NO. 3B, 3RD FLOOR, 3A, AUCKLAND PLACE

KOLKATA - 700 017, PHONE : 2290-2277 / 3377

CIN : U65990WB2007PLC120105

E.mail : dp.bmdsecurities@bmd.net.in ♦ Website : www.bmdgroup.in

DP ID : IN304326 ♦ SEBI REGN. NO. : IN-DP-440-2019

E.mail ID for Investor Complaint : dp.bmdsecurities@bmd.net.in

CLIENT ID		Date	D	D	M	M	Y	Y	Y	Y	
(To be filled by Participant)											
I/We request you to open a Depository Account in my/our name as per the following details : (Please fill all the details in CAPITAL LETTERS only)											
A) DETAILS OF ACCOUNT HOLDER(S) :											
Account Holder(s)											
Sole/ First Holder Name											
Second Holder Name											
Third Holder Name											
	Sole/ First Holder				Second Holder				Third Holder		
PAN											
Occupation (please tick any one and give brief details)	<input type="checkbox"/> Private Sector				<input type="checkbox"/> Private Sector				<input type="checkbox"/> Private Sector		
	<input type="checkbox"/> Agriculturist				<input type="checkbox"/> Agriculturist				<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 type="checkbox"/> Government Service				<input type="checkbox"/> Government Service		
	<input type="checkbox"/> Housewife <input type="checkbox"/> Business				<input type="checkbox"/> Housewife <input type="checkbox"/> Business				<input type="checkbox"/> Housewife <input type="checkbox"/> Business		
	<input type="checkbox"/> Student <input type="checkbox"/> Professional				<input type="checkbox"/> Student <input type="checkbox"/> Professional				<input type="checkbox"/> Student <input type="checkbox"/> Professional		
	<input type="checkbox"/> Others (Please specify; _____)				<input type="checkbox"/> Others (Please specify; _____)				<input type="checkbox"/> Others (Please specify; _____)		
Brief details											
B) For 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 Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc. should be mentioned below :											
Name					PAN						
C) Type of account											
<input type="checkbox"/> Ordinary Resident <input type="checkbox"/> NRI-Repatriable <input type="checkbox"/> NRI-Non Repatriable <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) _____											
D) Gross Annual Income Details - Income Range per annum (please tick any one)											
<input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> ₹ 1 - 5 Lac <input type="checkbox"/> ₹ 5 - 10 Lac <input type="checkbox"/> ₹ 10 - 25 Lac <input type="checkbox"/> More than ₹ 25 Lacs											
E) In case of NRIs/ Foreign Nationals											
RBI Approval Reference No.					RBI Approval date						
					D D M M Y Y Y Y						

F) BANK DETAILS :																							
Bank A/c Type	<input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify)_____																						
Bank A/c No.																							
Bank Name																							
Branch Address																							
City/town/village													Pin Code										
State													Country										
MICR Code													IFSC										
G) Please tick, if applicable <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)																							
H) STANDING INSTRUCTIONS :																							
1. I/We authorise you to receive credits automatically into my/our account														<input type="checkbox"/> Yes <input type="checkbox"/> No									
2. Account to be operated through Power of Attorney (PoA)														<input type="checkbox"/> Yes <input 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]																							
Sole/First Holder				<input type="checkbox"/> Yes <input type="checkbox"/> No				Second Holder				<input type="checkbox"/> Yes <input type="checkbox"/> No				Third Holder				<input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Mode of receiving Statement of Account (Tick any one)														<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form									
(Read Note 4 and ensure that email ID is provided in KYC Application Form)																							
5. Mode of receiving the standard document - Rights and Obligations of Beneficial Owner and Depository Participant (Tick any one)														<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form									
6. I/We wish to receive the (DIS) booklet with Account opening.														<input type="checkbox"/> Yes <input type="checkbox"/> No									
7. BSDA Option		<input type="checkbox"/> I/We wish to avail a BSDA Facility. [As per details given below] <input type="checkbox"/> I/We do not wish to avail a BSDA Facility and want to keep my account as regular account.																					
BSDA Details		I/We have read and understood the Securities and Exchange Board of India's guidelines for facility for a BSDA. I/We hereby declare that I/we am/are eligible to open a depository account as a BSDA holder and undertake to comply with the requirements specified by Securities and Exchange Board of India (SEBI) or any such authority for such facility from time to time. I/We also understand that in case I/We at any point of time do not meet the eligibility as a BSDA holder, my / our aforesaid account is liable to be converted to regular account.																					
8. I/We would like to instruct the DP to accept all pledge instruction of my/our account without any further instruction from me/our end. (If not marked, the default option would be NO.)														<input type="checkbox"/> Yes <input type="checkbox"/> No									
9. I/We would like to share the e-mail Id with the RTA														<input type="checkbox"/> Yes <input type="checkbox"/> No									
10. Option to receive Annual Reports, AGM, Notices & Other Communications from Issuer & RTA is physical form														<input type="checkbox"/> Yes <input type="checkbox"/> No									
I) Guardian Details (where sole holder is a minor) : [For account of a minor, two KYC Application Forms must be filled i.e. one for the guardian and another for the minor (to be signed by guardian)]																							
Guardian Name												PAN											
Relationship of guardian with minor																							
J) <input type="checkbox"/> I/We wish to make one time Self-declaration for Inter-Depository transfer of Government Securities. [As per details given below]																							
<input type="checkbox"/> I/We do not wish to make one time Self-declaration for Inter-Depository transfer of Government Securities.																							
Declaration Details		I/We hereby declare that I/We will submit only those Inter-Depository transfer Instructions in respect of Government Securities (G-Sec) which are bonafide and arising out of genuine trade or transfer transaction.																					

K) Nomination Option	<input type="checkbox"/> I/We wish to make a nomination. <input type="checkbox"/> I/We do not wish to make a nomination. [Details are provided at FORM 10] [Strike Off the nomination details below]
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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.)		✓
Second Holder (Mr./Ms.)		✓
Third Holder (Mr./Ms.)		✓

NOTES :

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

 BMD SECURITIES LIMITED		FORM 10 FORM FOR NOMINATION/ CANCELLATION OF NOMINATION <i>(To be filled in by individual applying singly or jointly)</i>												 NSDL <small>Technology, Trust & Reach</small>																			
Date		D	D	M	M	Y	Y	Y	Y	Y	Y	Y	Y	DP ID	I	N	3	0	4	3	2	6	Client ID										

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

☐ 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 1 st Nominee	Details of 2 nd Nominee	Details of 3 rd Nominee
1	Name of the nominee(s) (Mr./Ms.)			
2	Share of each Nominee Equally <input type="checkbox"/> <small>[If not equally, please specify percentage]</small>	%	%	%
<i>Any odd lot after division shall be transferred to the first nominee mentioned in the form.</i>				
3	Relationship With the Applicant (If Any)			
4	Address of Nominee(s)			
	PIN Code			
5	Mobile/Telephone No. of nominee(s)			
6	Email ID of nominee(s)			
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)			
	PIN Code			
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.)		✓
Second Holder (Mr./Ms.)		✓
Third Holder (Mr./Ms.)		✓

Signature of Witness for Nomination

Name of the Witness	Address	Signature of witness
		Date D D M M Y Y Y Y Y Y

NOTES:

1. The Nomination can be made only by individuals holding Beneficiary Owner Accounts on their own behalf singly or jointly. Non-individuals including Society, Trust, Body Corporate, Partnership Firm and 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. Only individual / natural person(s) can be a Nominee(s). The Nominee(s) shall not be artificial person created /dressed by the law or by a fiction such as Trust, Society, Body Corporate, Partnership Firm, Hindu Undivided Family etc. 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, Partnership Firm and 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.



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DP ID : IN304326 ❖ SEBI REGN. NO. : IN-DP-440-2019

E.mail ID for Investor Complaint : dp.bmdsecurities@bmd.net.in

KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Non –Individuals)												Photograph						
Please fill this form in ENGLISH and in BLOCK LETTERS																		
A. IDENTITY DETAILS																		
1	Name of the Applicant																	
2	Date of Incorporation		D	D	M	M	Y	Y	Y	Y	Place of incorporation							
3	Date of commencement of business										D	D	M	M	Y	Y	Y	Y
4	a) PAN										b) Registration No. (e.g. CIN)							
5	Status (Please tick any one):																	
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Private Limited Co. </div> <div style="width: 33%;"> <input type="checkbox"/> Bank </div> <div style="width: 33%;"> <input type="checkbox"/> Partnership </div> <div style="width: 33%;"> <input type="checkbox"/> Public Ltd. Co. </div> <div style="width: 33%;"> <input type="checkbox"/> Government Body </div> <div style="width: 33%;"> <input type="checkbox"/> FI </div> <div style="width: 33%;"> <input type="checkbox"/> Body Corporate </div> <div style="width: 33%;"> <input type="checkbox"/> Non Government Organization </div> <div style="width: 33%;"> <input type="checkbox"/> FII </div> <div style="width: 33%;"> <input type="checkbox"/> Trust </div> <div style="width: 33%;"> <input type="checkbox"/> Defense Establishment </div> <div style="width: 33%;"> <input type="checkbox"/> HUF </div> <div style="width: 33%;"> <input type="checkbox"/> Charities </div> <div style="width: 33%;"> <input type="checkbox"/> Society </div> <div style="width: 33%;"> <input type="checkbox"/> AOP </div> <div style="width: 33%;"> <input type="checkbox"/> NGO's </div> <div style="width: 33%;"> <input type="checkbox"/> LLP </div> <div style="width: 33%;"> <input type="checkbox"/> BOI </div> <div style="width: 33%;"> <input type="checkbox"/> Others (please specify) _____ </div> </div>																		
B. ADDRESS DETAILS																		
1	Correspondence Address																	
		City/town/village							PIN Code									
		State							Country									
2	Specify the proof of address submitted for correspondence address																	
3	Contact Details		Tel. (Off.)								Tel. (Res.)							
		Fax No.								Mobile No.								
		Email ID																
4	Registered Address (If different from above)																	
		City/ town/village							PIN Code									
		State							Country									

C. OTHER DETAILS										
1	Name , PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:									
2	DIN of whole time directors:									
3	Aadhaar number of Promoters /Partners / Karta									
If space is insufficient, enclose these details separately <i>[Illustrative format enclosed]</i>										
D. DECLARATION										
I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/ we are aware that I/we may be held liable for it.										
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 40%;"> X Name & Signature of the Authorised Signatory(ies) </div> <div style="width: 50%;"> <table border="1"> <tr> <td>Date</td> <td>D</td> <td>D</td> <td>M</td> <td>M</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> </table> </div> </div>		Date	D	D	M	M	Y	Y	Y	Y
Date	D	D	M	M	Y	Y	Y	Y		

FOR OFFICE USE ONLY									
<input type="checkbox"/> Originals verified and Self –Attested Document copies received									
Name and Signature of the Authorised Signatory	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Date </div> <div style="width: 35%;"> <table border="1"> <tr> <td>D</td> <td>D</td> <td>M</td> <td>M</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> </table> </div> </div> <div style="text-align: center; margin-top: 20px;"> Seal/Stamp of the intermediary </div>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

PART II - ACCOUNT OPENING FORM (FOR NON-INDIVIDUALS)



BMD SECURITIES LIMITED

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E.mail ID for Investor Complaint : dp.bmdsecurities@bmd.net.in

CLIENT ID		Date	D	D	M	M	Y	Y	Y	Y	
(To be filled by Participant)											
We request you to open a Depository Account in our name as per the following details : (Please fill all the details in CAPITAL LETTERS only)											
A) DETAILS OF ACCOUNT HOLDER(S) :											
	Name	PAN									
Sole/ First Holder											
Second Holder											
Third Holder											
B) Type of account	<input type="checkbox"/> Body Corporate <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> Qualified Foreign Investor <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Trust <input type="checkbox"/> Bank <input type="checkbox"/> CM <input type="checkbox"/> HUF <input type="checkbox"/> Others (Please specify) _____										
C) For HUF, Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., although the account is opened in the name of the karta, partner(s), trustee(es) etc., the name & PAN of the HUF, Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., should be mentioned below :											
Name						PAN					
D) Income Details (please specify) - Income Range per annum											
<input type="checkbox"/> Below ₹ 20 Lac <input type="checkbox"/> ₹ 20 - 50 Lac <input type="checkbox"/> ₹ 50 Lac - 1 Crore <input type="checkbox"/> Above ₹ 1 Crore, and											
Networth Amount ₹						as on (Date)		D	D	M	M
E) In case of FIIs/Others (as may be applicable)											
RBI Approval Reference No.					RBI Approval date		D	D	M	M	
SEBI Registration Number (for FIIs)											
F) BANK DETAILS :											
Bank A/c Type	<input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify) _____										
Bank A/c No.											
Bank Name											
Branch Address											
City/town/village						Pin Code					
State						Country					
MICR Code						IFSC					

G) Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)				
H) Clearing Member Details (to be filled up by Clearing Members only)					
Name of Stock Exchange					
Name of Clearing Corporation/ Clearing House					
Clearing Member ID					
SEBI Registration Number					
Trade Name					
CM-BP-ID (to be filled up by Participant)					
I) STANDING INSTRUCTIONS :					
1. We authorise you to receive credits automatically into our account	<input type="checkbox"/> Yes <input type="checkbox"/> No				
2. Account to be operated through Power of Attorney (PoA)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
3. SMS Alert facility :					
Sole/First Holder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Second Holder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Third Holder	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Mode of receiving Statement of Account (Tick any one)		<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form			
<i>(Read Note 3 and ensure that email ID is provided in KYC Application Form)</i>					
5. Mode of receiving the standard document - Rights and Obligations of Beneficial Owner and Depository Participant (Tick any one)		<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form			
6. We would like to instruct the DP to accept all pledge instruction of my/our account without any further instruction from me/our end. (If not marked, the default option would be NO.)					<input type="checkbox"/> Yes <input type="checkbox"/> No
7. We would like to share the e-mail Id with the RTA					<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Option to receive Annual Reports, AGM, Notices & Other Communications from Issuer & RTA is physical form					<input type="checkbox"/> Yes <input type="checkbox"/> No
J) LIST OF FAMILY MEMBERS (SEPARATE ANNEXURE MAY BE USED IN CASE NUMBER OF MEMBER IS HIGHER)					
Sl. No.	Name of Coparcener / Member	Gender	Date of Birth	Relation with Karta	*Whether Coparcener/ Member (Please specify)
* Son, daughter, grandson & grand-daughter will be Co-parceners. Spouse, daughter-in-law will be Members.					
L) <input type="checkbox"/> I/We wish to make one time Self-declaration for Inter-Depository transfer of Government Securities. [As per details given below] <input type="checkbox"/> I/We donot wish to make one time Self-declaration for Inter-Depository transfer of Government Securities.					
Declaration Details	I/We hereby declare that I/We will submit only those Inter-Depository transfer Instructions in respect of Government Securities (G-Sec) which are bonafide and arising out of genuine trade or transfer transaction.				

DECLARATION

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by us and we have understood the same and we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and 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, we are aware that we may be held liable for it. **We acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".**

Authorised Signatories (Enclose a Board Resolution for Authorised Signatories. In case of HUF, details of Karta to be given)

Sole/First Holder	Name	Signature(s)
First Signatory / Karta of HUF		✓
Second Signatory		✓
Third Signatory		✓
Other Holders		
Second Holder		✓
Third Holder		✓

Mode of Operation for Sole/First Holder (In case of joint holdings, all the holders must sign. In case of HUF, this is not applicable.)

<input type="checkbox"/> Any one singly	
<input type="checkbox"/> Jointly by	
<input type="checkbox"/> As per resolution	
<input type="checkbox"/> Others (please specify)	

NOTES :

1. In case of additional signatures, separate annexure should be attached to the application form.
2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or Notary Public or a Special Executive Magistrate.
3. For receiving Statement of account in electronic form:
 - a. Client must ensure the confidentiality of the password of the email account.
 - b. Client must promptly inform the Participant if the email addresses has changed.
 - c. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
4. Strike off whichever is not applicable.
5. Please attach a cheque of Rs. 1000/- only drawn in favour of "BMD Securities Ltd." towards advance maintenance charges.
6. Board resolution (only for corporate as per below) on company letterhead & duly certified to be true.
7. "Resolved that a Depository account of the Company be opened with BMD Securities Ltd. and Mr. / Mrs.and Mr./Mrs.....directors and Mr./Mrs.....and Mr./ Mrs..... authorised signatories are hereby singly / jointly, authorised to complete all account opening formalities, issue receipt/ delivery instructions, demat / remat request, inter-settlement transfers, account closure / shifting / freeze / defreeze requests, pledge instructions, cancellations of the aforesaid and all other acts as may be necessary for operations of the account and a copy of this resolution be delivered to "BMD Securities Ltd.".

**Details of Promoters/Partners/Karta/Trustees and Whole Time Directors,
forming a part of Know Your Client (KYC) Application Form for Non-Individuals**

Particulars	1st	2nd	3rd
Name			
Designation			
Relationship with Applicant			
PAN			
Proof of Identity submitted			
Proof of Address submitted			
DIN / UID			
Residential Address			
Photograph	<p>Please affix your recent passport size colour photograph and sign across it</p> <p>Paste, do not staple</p>	<p>Please affix your recent passport size colour photograph and sign across it</p> <p>Paste, do not staple</p>	<p>Please affix your recent passport size colour photograph and sign across it</p> <p>Paste, do not staple</p>

Use additional sheet, if required.

ADDITION OF AADHAAR DETAILS

I/We do hereby solemnly declare that the detail herein above submitted by me/us is/are true to my/our knowledge.

I/We voluntarily give my/our consent to '**BMD Securities Ltd.**' to use my/our Aadhaar Details to authenticate from UIDAI and link the Aadhaar Number to all my/our existing/new accounts with your DP.

	NAME	AADHAAR											
Sole/First Holder													
Second Holder													
Third Holder													

✓ _____ Signature of First/Sole Holder	✓ _____ Signature of Second Joint Holder	✓ _____ Signature of Third Joint Holder
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DECLARATION IN CASE OF SAME MOBILE NUMBER AND / OR E.MAIL ID FOR DIFFERENT CLIENTS

[Please tick (✓) wherever applicable]

DP ID	IN304326	Client ID		Date	
Name of Sole / First Holder					
<input type="checkbox"/> Mobile Number					
<input type="checkbox"/> Email ID					
I hereby declare that the aforesaid mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family (spouse, dependent children and dependent parents).					
Signature of Sole/First holder		✓			

DP ID	IN304326	Client ID		Date	
Name of Second Holder					
<input type="checkbox"/> Mobile Number					
<input type="checkbox"/> Email ID					
I hereby declare that the aforesaid mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family (spouse, dependent children and dependent parents).					
Signature of Second holder		✓			

DP ID	IN304326	Client ID		Date	
Name of Third Holder					
<input type="checkbox"/> Mobile Number					
<input type="checkbox"/> Email ID					
I hereby declare that the aforesaid mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family (spouse, dependent children and dependent parents).					
Signature of Third holder		✓			

AUTHORISATION FOR PROVIDING DP TRANSACTION STATEMENT BY EMAIL OR ON WEBSITE

Date : _____

To
BMD Securities Limited
Suite No. 3B, 3rd Floor
3A, Auckland Place
Kolkata - 700 017

Dear Sir,

You are requested to provide me/us holding/transaction statement including statement of account in the following manner:

1. I/we understand that I/we have a right to receive the Holding and Transaction Statement in physical form. I/we understand that I/we have the option to receive Holding & Transaction Statement by email, in lieu of physical form.
2. In case the DP sends the Holding and Transaction Statement through email at my/our registered Email Id _____, I/we hereby authorize them not to send physical form unless specifically requested by me.
3. I/we agree that the log reports of your dispatching software shall be a conclusive proof of dispatch of Holding and Transaction Statement to me/us and such dispatch shall be deemed to mean receipt by me/us and shall not be disputed by me/us on account of any non-receipt/delayed receipt for any reason whatsoever.
4. I/we also agree that non-receipt of bounced mail notification by you shall amount to delivery at my/our email ID.
5. I/we shall immediately inform the DP about change in email address.
6. I/we will take all the necessary means to ensure confidentiality and secrecy of the login name and password of the internet/email account.

Thanking you,

Yours faithfully,

✓ _____
Signature of the Client



BMD SECURITIES LIMITED

REGD. OFF. : SUITE NO. 3B, 3RD FLOOR, 3A, AUCKLAND PLACE
KOLKATA - 700 017, PHONE : 2290-2277 / 3377
CIN : U65990WB2007PLC120105



E.mail : dp.bmdsecurities@bmd.net.in ❖ Website : www.bmdgroup.in

DP ID : IN304326 ❖ SEBI REGN. NO. : IN-DP-440-2019

E.mail ID for Investor Complaint : dp.bmdsecurities@bmd.net.in

SCHEDULE OF CHARGES FOR BENEFICIARY ACCOUNT

ITEM NAME	REGULAR	BSDA
Account Opening	NIL	NIL
Dematerialisation	Rs. 30/- + Rs. 2/- per certificate (Minimum : Rs. 32/-)	Rs. 80/- + Rs. 6/- per certificate
Rematerialisation	A fee of Rs. 15/- for every 100 securities /shares (or part thereof) or a flat fee of Rs.15/- per certificate, whichever is higher	A fee of Rs. 20/- for every 100 securities /shares (or part thereof) or a flat fee of Rs. 20/- per certificate, or a minimum of Rs. 10/- per request, whichever is higher
Transaction (Market & off market)	BUY – NIL SELL – 0.02% on the value of securities delivered from Client's Account (Minimum : Rs. 20/-)	BUY – NIL SELL – 0.02% on the value of securities delivered from Client's Account or Rs. 75/- per transaction, whichever is higher
Custody Charges	NIL	NIL
Account Maintenance Charges	Rs. 400/- per annum, payable alongwith account opening form for the 1st Year and in the first month of every subsequent Year	Value of holding (upto Rs. 50000) – NIL Value of holding (Rs.50001 - 200000) - Rs. 100/- p.a
Pledge/ Lending/ Borrowing Charges	0.02% of the value of securities on all types of Pledge/Lending/Borrowing Charges (Minimum: Rs. 45/-)	Pledge Creation/Closure - Rs.50 per transaction or 0.02% on the value of securities (whichever is higher) Pledge Invocation - Rs.50 per transaction
Other Charges		
Demat/Remat Rejection	NIL	Rs. 50/- per rejection
Repurchase/Redemption/ Conversion/ Reconversion Request	NIL	Rs. 50/- per request
Additional DIS Book	NIL	Rs.50/- per booklet + Courier Charges
Freeze/Defreeze	NIL	Rs. 30/- per instance
Holding / Transaction Statement charges	NIL	Rs. 5/- per page or Rs. 25/- (whichever is higher)
Client master data Modification charges	NIL	Rs. 30/- per instance

NOTES :

- Bills will be payable monthly with 15% interest p.a. or part thereof for delayed payment.
- Cheque dishonoured charges Rs.20/- (For BSDA – Rs.150/-).
- Courier charges for DRF mailing, Billing, etc will be levied extra.
- All charges are exclusive of GST. Taxes and other Govt. levies will be charged extra as applicable from time to time.
- Same day instruction charges Rs. 100/- per instruction (only for BSDA).
- In case of any outstanding dues, DP is authorized to refuse to accept any type of request from client till the clearance of such dues and DP services are liable to be discontinued within a period of 30 days from the date of demand. The renewal charges for resuming the services will be Rs. 1000/- (Excluding GST Charges).
- Rates may be revised upon revision by NSDL/SEBI. In case of any revision, 30 days notice will be given which shall be treated as sufficient notice.
- Mentioned charges supercedes all earlier communications in this regard.

x _____ x _____ x _____
First/Sole Holder Second Joint Holder Third Joint Holder

DECLARATION OF ULTIMATE BENEFICIAL OWNERSHIP

(Mandatory For Non-Individuals)

Investor Name _____ PAN _____

Part I - LISTED COMPANY / ITS SUBSIDIARY COMPANY [If applicable, Part II Not Applicable]

We hereby declare that the Applicant/ Owner of the controlling interest in the applicant

☐ is a Company listed on a Stock Exchange

☐ is a majority-owned subsidiary of a Company listed on a Stock Exchange

Name of the holding/ parent company (with % share) _____

Name of such Listed Company (if not the Applicant itself) _____

Stock Exchange where listed _____ Security ISIN _____

Part II - OTHER THAN LISTED COMPANY / ITS SUBSIDIARY COMPANY

Name & Address of the Ultimate Beneficial Owner [UBO]	PAN or any other identification proof where PAN not applicable	Country of tax residency	% of beneficial interest in the Applicant	Whether Politically Exposed?	UBO Code (see instruction next page)
(1)					
(2)					
(3)					

If UBO is already KYC compliant, KYC complied proof to be enclosed. Else PAN or any other valid identity proof and address proof must be attached (self certified by the UBO and certified by the Applicant)

Part III - DECLARATION

We understand that BMD Securities Ltd. is relying on this information for the purpose of determining the beneficial ownership of the account. We certify that the information we provided on this form is true and complete to the best of our knowledge and belief. We agree to submit a new form within 30 days if any information or certification on this form gets changed.	<div>✓</div> <div>_____</div> <div>Authorised Signatory [with seal]</div> <div>Date : Place :</div>
--	--

In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit.

GENERAL INFORMATION & INSTRUCTIONS

As per SEBI Master Circular No. CIR/ISD/AML/3/2010 dated December 31, 2010 regarding Client Due Diligence policy, related circulars on anti-money laundering and SEBI circular No. CIR/MIRSD/2/2013 dated January 24, 2013, non-individuals and trusts are required to provide details of ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such UBOs. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own control or influence a client and/or persons on whose behalf a transaction is being conducted, and includes a person who exercises ultimate effective control over a legal person or arrangement.

Ultimate Beneficiary Owner [UBO]:

A. For Investors other than individuals or trusts:

- (i) The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to:
 - more than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
 - more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership;
 - more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.
- (ii) In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.
- (iii) Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

B. For Investors which is a trust:

The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

C. Exemption in case of listed companies/foreign investors

The client or the owner of the controlling interest is a company listed on a stock exchange, or is a majority-owned subsidiary of such a company, it is not necessary to identify and verify the identity of any shareholder or beneficial owner of such companies Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/ MIRSD/ 11/2012 dated September 5, 2012, for the purpose of identification of beneficial ownership of the client.

UBO Code Description

• UBO-1 : Controlling ownership interest of more than 25% of shares or capital or profits of the Applicant, where the Applicant is a company • UBO-2 : Controlling ownership interest of more than 15% of the capital or profits of the Applicant, where the Applicant is a partnership • UBO-3 : Controlling ownership interest of more than 15% of the property or capital or profits of the Applicant, where the Applicant is an unincorporated association or body of individuals • UBO-4 : Natural person exercising control over the Applicant through other means i.e., exercised through voting rights, agreement, arrangements or in any other manner [In cases where there exists doubt under UBO-1 to UBO-3 above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests] • UBO-5 : Natural person who holds the position of senior managing official [In case no natural person could be identified as above] • UBO-6 :The settler(s) of the trust • UBO-7 :Trustee(s) of the Trust • UBO-8 :The Protector(s) of the Trust [if applicable]. • UBO-9 :The beneficiaries with 15% or more interest in the trust if they are natural person(s) • UBO-10 : Natural person(s) exercising ultimate effective control over the Trust through a chain of control or ownership.

FATCA/CRS DECLARATION FORM - FOR INDIVIDUAL

Applicant Name _____

PART I - Please fill in the country for each of the following :

1. Country of :

- a) Birth _____ b) Citizenship _____
c) Residence for Tax Purposes _____

2. US Person* : ☐ Yes ☐ No

PART II - Please note :

- a. If in all fields above, the country mentioned by you is India and if you do not have US person status, please proceed to **Part III** for signature.
- b. If for any of the above field, the country mentioned by you is not India and/or if your US person status is Yes, please provide the Tax Payer Identification Number (TIN) or functional equivalent** as issued in the specific country in the table below :
- | | |
|----------------|------------------------|
| i) TIN _____ | Country of Issue _____ |
| ii) TIN _____ | Country of Issue _____ |
| iii) TIN _____ | Country of Issue _____ |
- a. In case any of the parameters in **Part I** indicates that you are a US person or a person resident outside of India for tax purpose and you do not have Taxpayer Identification Numbers/functional equivalent, please complete and sign the Self-Certification section given in **Part IV**.
- b. In case you are declaring US person status as 'No' but your Country of Birth is US, please provide document evidencing Relinquishment of Citizenship. If not available provide reasons for not having relinquishment certificate
- _____

Please also fill **Part IV** Self-Certification.

PART III - Customer Declaration (Applicable for all customers)

(i) Under penalty of perjury, I/we certify that :

- The applicant is (i) an applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof. **(This clause is applicable only if the account holder is identified as a US person)**
- The applicant is an applicant taxable as a tax resident under the laws of country outside India. **(This clause is applicable only if the account holder is a tax resident outside of India)**

(ii) I/We understand that BMD Securities Ltd. is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. BMD Securities Ltd. is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.

(iii) I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.

(iv) I/We agree that as may be required by domestic regulators/tax authorities BMD Securities Ltd. may also be required to report, reportable details to CBDT or close or suspend my account.

(v) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.

Signature :  _____

Name : _____ Date (DD/MM/YYYY) : _____

PART IV - Self-Certification :

To be filled only if-

- (a) Name of the country in Part I is other than India and TIN or functional equivalent is not available, or
- (b) US person is mentioned as Yes in Part I, and TIN is not available

I confirm that I am neither a US person nor a resident for Tax purpose in any country other than India, though one or more parameters suggest my relation with the country outside India. Therefore, I am providing the following document as proof of my citizenship and residency in India.

✓

Signature

Document Proof submitted (Please tick document being submitted)

☐ Passport ☐ Election Id Card ☐ PAN Card ☐ Driving License ☐ UIDAI Letter ☐ NREGA Job Card ☐ Govt. Issued ID Card

*** U.S. Person** means,

- (a) an individual, being a citizen or resident of the United States of America;
- (b) a partnership or corporation organized in the United States of America or under the laws of the United States of America or any State thereof;
- (c) a trust if,-
 - (i) a court within the United States of America would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust; and
 - (ii) one or more U.S. persons have the authority to control all substantial decisions of the trust; or
- (d) an estate of a decedent who was a citizen or resident of the United States of America;

**** Functional Equivalent of TIN**

Many countries do not issue TIN to their taxpayers. However, such countries issue some other high integrity number with an equivalent level of identification (a functional equivalent). Examples of such numbers are-

- Social Security Number
- National Insurance Number
- Citizen Or Personal Identification Code Or Number
- Resident Registration Number

FATCA/CRS DECLARATION FORM - FOR NON-INDIVIDUAL

Applicant Name _____

PART I

A. Is the account holder a Government body/International Organization/listed company on recognized stock exchange:

☐ Yes ☐ No

If "No", then proceed to point B. If "yes" please specify name of stock exchange, if you are listed company _____ and proceed to sign the declaration.

B. Is the account holder a (Entity/Financial Institution) tax resident of any country other than India : ☐ Yes ☐ No

If "yes", then please fill of FATCA/ CRS Self certification Form. If "No", proceed to point C.

C. Is the account holder an Indian Financial Institution : ☐ Yes ☐ No

If "yes", please provide your GIIN, if any _____. If "No", proceed to point D.

D. Are the Substantial owners or controlling persons in the entity or chain of ownership resident for tax purpose in any country outside India or not an Indian citizen : ☐ Yes ☐ No

If "yes", (then please fill FATCA/ CRS self-certification form)). If "No", proceed to sign the declaration.

CUSTOMER DECLARATION

() Under penalty of perjury, I/we certify that :

1. The applicant is:

- (i) An applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District to Columbia or any other states of the U.S.,
- (ii) An estate the income of which is subject to U.S. federal income tax regardless of the source thereof. **(This clause is applicable only if the account holder is identified as a US person)**

2. The applicant is an applicant taxable as a tax resident under the laws of country outside India.

- (i) I/We understand that BMD Securities Ltd. is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. BMD Securities Ltd. is not able to offer any tax advice on FATCA/CRS or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.
- (ii) I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- (iii) I/We agree that as may be required by domestic regulators/tax authorities BMD Securities Ltd. may also be required to report, reportable details to CDBT or close or suspend my account.
- (iv) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.

Name of the Entity _____

Signature 1 ✓ _____ Signature 2 ✓ _____

Signature 3 ✓ _____ (As per MOP)

Date : _____

PART II

Self-Certification Form (Entity) for Foreign Account Tax Compliance Act ("FATCA") and Common Reporting Standards(CRS)

Section 1 : Entity information

Name of Entity _____

Customer id (if existing) _____ Entity Constitution Type _____

Entity Identification type : ☐ Tax Identification Number (TIN) ☐ US GIIN ☐ Company Identification Number
☐ Global Entity Identification Number (EIN) ☐ Other

Entity Identification No. _____

Entity Identification issuing country _____ Country of Residence for tax purpose _____

Section 2 : Classification of Non-Financial entities

I/We (on behalf of the entity) certify that the entity is:

a) An entity incorporated and taxable in US (Specified US person) : ☐ Yes ☐ No

If "Yes", please provide your U.S. Taxpayer Identification Number (TIN) _____

b) An entity incorporated and taxable outside of India (other than US) : ☐ Yes ☐ No

If "Yes", please provide your TIN or its functional equivalent _____

Provide your TIN issuing country _____

c) Please provide the following additional details if you are not a Specified US Person :

FATCA / CRS classification for Non-financial entities (NFFE)

☐ Active NFFE ☐ Passive NFFE without any controlling Person

☐ Passive NFFE with Controlling Person(s) : US ☐ Others ☐

☐ Direct Reporting NFFE (Choose this if any entity has registered itself for direct reporting for FATCA and thus BMD Securities Ltd. is not required to do the reporting)

Please provide GIIN number : _____

Section 3 : Classification of financial institutions (including Banks)

I/We (on behalf of the entity) certify that the entity is :

a. An entity is a U.S. financial institution : ☐ Yes ☐ No

If "Yes", (i) Please provide your Taxpayer Identification Number (TIN)

(ii) Please provide GIIN, if any _____

If "No", please tick one of the following boxes below :

FATCA classification

**Please provide the Global Intermediary
Identification number (GIIN) or other information where**

☐ Reporting Foreign Financial Institution in a Model 1
Inter-Governmental Agreement ("IGA") Jurisdiction

☐ Reporting Foreign Financial Institution in a Model 2
IGA Jurisdiction

☐ Participating FFI in a Non-IGA Jurisdiction

☐ Non-reporting FI

☐ Non-Participating FI

☐ Owner-Documented FI with specified US owners

Section 4 : Controlling person declaration

If you are classified as “**Passive NFFE with Controlling Person(s)**” or “**Owner documented FFI**” or “**Specified US person**”, please provide the following details:

Name of controlling person	Correspondence Address	Country of residence for tax purpose	TIN	TIN issuing country	Controlling person type

Details	Controlling person 1	Controlling person 2	Controlling person 3	Controlling person 4	Controlling person 5
Identification Type					
Identification Number					
Occupation Type					
Occupation					
Birth Date					
Nationality					
Country of Birth					

Section 5 : Declaration

(i) Under penalty of perjury, I/we certify that :

1. The number shown on this form is the correct taxpayer identification number of the applicant, and
2. The applicant is (i) an applicant taxable as a US person under the laws of the United States of America (“U.S.”) or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof, or
3. The applicant Is an applicant taxable as a tax resident under the laws of country outside India.

(ii) I/We understand that BMD Securities Ltd. is relying on this information for the purpose of determining the status of the applicant named above in compliance with CRS/FATCA. BMD Securities Ltd. is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.

(iii) I/We agree to submit a new form within 30 days if any information or certification on this form gets changed.

(iv) I/ We agree as may be required by Regulatory authorities, BMD Securities Ltd. shall be required to comply to report, reportable details to CBDT or close or suspend my account.

(v) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct and complete including the tax payer identification number of the applicant.

I/We hereby confirm that details provided are accurate, correct and complete

✓

Authorized Signatories and Company Seal (if applicable)

Name _____ Date (DD/MM/YYYY) _____

Acknowledgement



BMD SECURITIES LIMITED

REGD. OFF. : SUITE NO. 3B, 3RD FLOOR, 3A, AUCKLAND PLACE

KOLKATA - 700 017, PHONE : 2290-2277 / 3377

CIN : U65990WB2007PLC120105

E.mail : dp.bmdsecurities@bmd.net.in ❖ Website : www.bmdgroup.in

DP ID : IN304326 ❖ SEBI REGN. NO. : IN-DP-440-2019

E.mail ID for Investor Complaint : dp.bmdsecurities@bmd.net.in

Serial No. :

Received the application from Mr/Ms/M/s _____ as the sole/first holder alongwith _____ and _____ as the second and third holders respectively for opening of a depository account. Please quote the DP ID & Client ID allotted to you (CM-BP-ID in case of Clearing Members) in all your future correspondence.

For **BMD Securities Ltd.**

Seal and Signature

Date :

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

Authorised Signatory

Acknowledgement Receipt

Received Nomination Form from :

DP ID	I	N	3	0	4	3	2	6	Client ID																	
Name																										
Address																										
Nomination in favour of																										
No Nomination									<input type="checkbox"/> Does not wish to nominate																	
Registration No.									Registered on									<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																			

For **BMD Securities Ltd.**

Seal and Signature

Authorised Signatory

Acknowledgement Receipt

Received OPTION FORM FOR ISSUE / NON ISSUE OF DIS BOOKLET from :

DP ID	I	N	3	0	4	3	2	6	Client ID								
Name of the Sole / First Holder																	
Name of Second joint Holder																	
Name of Third joint Holder																	

For **BMD Securities Ltd.**

Seal and Signature

Authorised Signatory