

Coimbatore Capital Limited

EQUITIES • DERIVATIVES • COMMODITIES • DEPOSITORY • MUTUAL FUND • INSURANCE

CLIENT REGISTRATION FORM (Individual)

APPLICATION NUMBER

CLIENT NAME :

.....

CLIENT CODE :

..... CM F&O CD

CLIENT - ID :

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Branch Address (Seal)

For easy Ready Reference :

Check list of List of Documents required :

- 1. Passport Size Photos : 2 Nos.**
- 2. Proof of Identity : Copy of PAN Card**
- 3. Proof of Address : Copy of Passport / Voter ID / Ration Card /
Driving License / Aadhaar Card**
- 4. Bank Pass Book / Account Statement : 3 Months (Latest)**
- 5. Copy of cancelled cheque leaf.**

For easy contact and communication

Mobile No.										
Email Id									

Application Form for Opening DP Account

Coimbatore Capital Limited

Stock Exchange Building, 686, Trichy Road, Coimbatore - 641 005.

Phone : 0422 - 2320205 - 06 Fax : 0422 - 2320211

Website : www.coimbatorecapital.com

Check list for filling Application Form for KYC

A. Important Points :

1. Don't fold the application form.
2. Use Black Pen to fill all the columns and to sign.
3. Please fill in the date.
4. Use only capital letters.
5. Paste your **recent passport size photo** in the application form. Don't staple the photo.
6. If any proof of identity or address is in a foreign language, then translation into English is required.
7. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
8. If correspondence & permanent address are different, then proof for both have to be submitted.
9. 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.
10. Photocopy of the first page of Bank Pass Book containing details like Account Holder Name, Account number, type of account, address of the account holder, address of the bank in full, etc.
11. Copy of Pass Book, Pages containing the transaction details of the immediate past quarter.(The bank statement should be of the latest quarter ending eg. Depository accounts opened in the month of April, May and June should be supported by the bank statement of the quarter ending March 31) In case the bank does not provide a pass book, then the statement as said above, printed on the bank stationery must be provided. If the bank provides the statement on a plain sheet, the same should be attested by the official of the bank with seal.

B. List of documents admissible as Proof of Identity:

1. Unique Identification Number (UID) (Aadhaar)/ Passport/ Voter ID card/ Driving license.
2. PAN card with photograph.
3. Identity card/ document with applicant's Photo, issued by any of the following: Central / State Government and its Departments, Statutory /

Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

C. List of documents admissible as Proof of Address:

*(*Documents having an expiry date should be valid on the date of submission.)*

1. Passport/ Voters Identity Card/ Ration Card/ Registered Lease or Sale Agreement of Residence/ Driving License/ Flat Maintenance bill/ Insurance Copy.
2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
3. Bank Account Statement/Passbook -- Not more than 3 months old.
4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/ Elected representatives to the Legislative Assembly / Parliament / Documents issued by any Govt. or Statutory Authority.
6. Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
7. For FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostiled or consularised) that gives the registered address should be taken.
8. The proof of address in the name of the spouse may be accepted.

Copy of the Proofs should be signed by account holders and attested by a staff of Coimbatore Capital Limited.

CENTRAL KYC REGISTRY
KNOW YOUR CUSTOMER (KYC) Application Form / Individual

Important Instructions :

- | | |
|--|---|
| <p>A) Fields marked with (*) are mandatory fields.</p> <p>B) Please fill the form in English and in BLOCK letters.</p> <p>C) Please fill the date in DD-MM-YYYY format.</p> <p>D) Please read section wise detailed guidelines / instructions at the end.</p> <p>E) List of State / U.T/ code as per Indian Motor Vehicle Act, 1988 is available at the end.</p> | <p>F) List of two character ISO 3166 country codes is available at the end.</p> <p>G) KYC number of the applicant is mandatory for update application.</p> <p>H) For particular section updates, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.</p> |
|--|---|

For office use only (To be filled by financial institution)

Application Type* New Update

KYC Number (Mandatory for KYC update request)

Account Type* Normal Simplified (for low risk customers) Small

1. PERSONAL DETAILS

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Maiden Name (if any*)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Father/Spouse Name*	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mother Name*	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of Birth*	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Gender*	<input type="checkbox"/> M-Male	<input type="checkbox"/> F-Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Un Married			
Citizenship*	<input type="checkbox"/> IN-Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> <input type="text"/>)			
Residential Status*	<input type="checkbox"/> Residential Individual <input type="checkbox"/> Non Resident Indian			
	<input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin			
Occupation Type*	<input type="checkbox"/> S-Service [<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector] ©			
	<input type="checkbox"/> O-Others [<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired]			
	<input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> B-Business <input type="checkbox"/> X-Not Categorized			

PHOTO

2. TICK IF APPLICABLE (Residence for Tax Purposes in Jurisdiction(s) outside India)

ADDITIONAL DETAILS REQUIRED * (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or Equivalent (if issued by jurisdiction)*

Place / City of Birth*

ISO 3166 Country Code of Birth*

8. APPLICANT DECLARATION

Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date	<input type="text"/> - <input type="text"/> - <input type="text"/>	
Emp. Name	<input type="text"/>	Branch Seal & Signature
Emp. Code	<input type="text"/>	
Emp. Designation	<input type="text"/>	
Emp. Branch	<input type="text"/>	

INSTITUTION DETAILS

Name	<input type="text"/>
Code	<input type="text"/>

CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Individual KYC Application Form

General Instructions:

- 1 Fields marked with '*' are mandatory fields.
- 2 Tick '✓' wherever applicable.
- 3 Self-Certification of documents is mandatory.
- 4 Please fill the form in English and in BLOCK Letters.
- 5 Please fill all dates in DD-MM-YYYY format.
- 6 Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- 7 KYC number of applicant is mandatory for updation of KYC details.
- 8 For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
- 9 In case of 'Small Account type' only personal details at section number 1 and 2, photograph, signature and self-certification required.

A Clarification / Guidelines on filling 'Personal Details' section

- 1 Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

- 1 Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

C Clarification / Guidelines on filling 'Proof of Identity [PoI]' section

- 1 If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.

- 2 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.
- 3 In case of Simplified Measures Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 3 (S).

Document Code	Description
01	Identity card with applicant's photograph issued by Central/ State Government Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions.
02	Letter issued by a gazetted officer, with a duly attested photograph of the person.

D Clarification / Guidelines on filling 'Proof of Address [PoA] - Current / Permanent / Overseas Address details' section

- 1 PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
- 2 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 3 In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 4.1.

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal Tax receipt.
03	Bank account or Post Office savings bank account statement.
04	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
05	Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation.
06	Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.

E Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

- 1 To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- 2 In case of multiple correspondence / local addresses, Please fill 'Annexure A1'

F Clarification / Guidelines on filling 'Contact details' section

- 1 Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

G Clarification / Guidelines on filling 'Related Person details' section

- 1 Provide KYC number of related person if available.

H Clarification / Guidelines on filling 'Related Person details – Proof of Identity [PoI] of Related Person' section

- 1 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

List of two – digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code	State / U.T	Code	State / U.T	Code
Tamil Nadu	TN	Pondicherry	PY	Karnataka	KA
Andhra Pradesh	AP	Kerala	KL	Maharashtra	MH

List of ISO 3166 two- digit Country Code

Country	Country Code
India	IN
United States	US

Annexure - A1

For office use only (To be filled by financial institution)

Application Type* New Update

KYC Number (Mandatory for KYC update request)

1. CORRESPONDENCE / LOCAL ADDRESS DETAILS* (Please see instruction E at the end)

Same as Current/Permanent/Overseas Address details

Line 1*

Line 2

Line 3 City/Town/Village*

District*

Pin/Postal Code* State / U.T. Code* ISO 3166 Country Code*

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

Tel. (Off) Tel. (Res)

FAX Mobile

Email ID

3. APPLICANT DECLARATION

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

Date - - Place



Signature / Thumb
impression of Applicant

Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date - -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

Branch Seal & Signature

INSTITUTION DETAILS

Name

Code

Annexure - B1

For office use only (To be filled by financial institution)

Application Type* New Update

KYC Number (Mandatory for KYC update request)

1. DETAILS OF RELATED PERSON

Addition of Related Person KYC Number of

Deletion of Related Person Related Person (if available*)

Related Person Type* Guardian of Minor Assignee Authorized Representative

Name*

Prefix	First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Proof of Identity (PoI) of Related Person*

A - Passport Number Passport Expiry Date - -

B - Voter ID Card

C - PAN Card Driving Licence Expiry Date - -

D - Driving Licence

E - UID (Aadhaar)

F - NREGA Job Card

Z - Others Identification Number

(any document notified by the central government)

S - Simplified Measures Account - Document Type code Identification Number

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ANNEXURE - J

Part II - Account Opening Form (for Individuals)

Coimbatore Capital Limited

DP ID : IN 300175

Stock Exchange Building, 686, Trichy Road, Coimbatore - 641 005.

Phone : 0422 - 2320205 - 06 Fax : 0422 - 2320211

E-mail : dp@coimbatorecapital.net Website : www.coimbatorecapital.com

Date

D	D	M	M	Y	Y	Y	Y
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Client - Id

--	--	--	--	--	--	--	--	--	--

(To be filled by Participant)

(Please fill all the details in CAPITAL LETTERS only)

I / We request you to open a depository account in my / our name as per the following details.

A. Details of Account Holder(s)			
Account Holder(s)	Sole / First Holder	Second Holder	Third Holder
Name			
PAN			
Account Holder(s) Occupation (please tick any one and give brief details)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Public Sector <input type="checkbox"/> Retired <input type="checkbox"/> Government Service <input type="checkbox"/> House Wife <input type="checkbox"/> Bussiness <input type="checkbox"/> Students <input type="checkbox"/> Professional <input type="checkbox"/> Other (Please specify) _____	<input type="checkbox"/> Private Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Public Sector <input type="checkbox"/> Retired <input type="checkbox"/> Government Service <input type="checkbox"/> House Wife <input type="checkbox"/> Bussiness <input type="checkbox"/> Students <input type="checkbox"/> Professional <input type="checkbox"/> Other (Please specify) _____	<input type="checkbox"/> Private Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Public Sector <input type="checkbox"/> Retired <input type="checkbox"/> Government Service <input type="checkbox"/> House Wife <input type="checkbox"/> Bussiness <input type="checkbox"/> Students <input type="checkbox"/> Professional <input type="checkbox"/> Other (Please specify) _____
Brief details			

* Each and every Account Holder must submit a separate KYC Application Form.

B. For HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name & PAN of the HUF, Association of Persons(AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below :

Entity Name :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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. In case of NRIs / Foreign Nationals

RBI Approval Reference Number	RBI Approval Date																		
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E. Bank Details															
Bank Account Type	<input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify)														
Bank Account No.															
Bank Name															
Branch Address															
	City/Town/Village								Pin Code						
	State						Country								
MICR Code															

F. Other Details														
Gross Annual Income details (please specify)	<input type="checkbox"/> < ₹ 1 Lakh <input type="checkbox"/> ₹ 1-5 Lac <input type="checkbox"/> ₹ 5-10 Lac <input type="checkbox"/> ₹ 10-25 Lac <input type="checkbox"/> > ₹ 25 Lac													
(or) Net-worth	As on													Rs. (should not be older than 1 year)
Please tick, * if applicable	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)													

G. Standing Instructions													
I/We authorise you to receive credits automatically into my/our account	<input type="checkbox"/> Yes <input type="checkbox"/> No												
I/We request you to enable my / our depository account with Flag "Standing Instruction for Auto Pledge Confirmation"	<input type="checkbox"/> Yes <input type="checkbox"/> No												

H. Power of Attorney													
Account to be operated through Power of Attorney (PoA)	<input type="checkbox"/> Yes <input type="checkbox"/> No												
(to be filled by persons seeking to open a depository account who have give power of attorney to operate the depository account to a stock broker / Participant / Portfolio manager and do not intend to open a Basic Service Demat Account)													
1. Option for issuance of DIS booklet (please tick any one)													
Option 1 <input type="checkbox"/>	I / We wish to receive the Delivery Instructions Slip (DIS) booklet with account opening												
Option 2 <input type="checkbox"/>	I / We do not wish to receive the DIS booklet with account opening. However, the DIS booklet should be issued to me / us immediately on my / our request at any later date.												
2. SMS Alert Facility [Mandatory if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form]													
1. Sole / First Holder										<input type="checkbox"/> Yes		<input type="checkbox"/> No	
2. Second Holder										<input type="checkbox"/> Yes		<input type="checkbox"/> No	
3. Third Holder										<input type="checkbox"/> Yes		<input type="checkbox"/> No	
3. Green Statement (transaction cum holding statement through e-mail)													
I / We wish to receive the holding and transaction statement through e-mail										<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Read Note 4 and ensure that email ID is provided in KYC Application Form													
4. Mode of receiving Rights & Obligation in <input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form													
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)													

I. Basic Services Demat Account (BSDA)

I / We request you to open my / our depository account as a BSDA Yes No

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.

J. 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

K. Nomination Option

I/We wish to make a nomination. (As per details given below) I/We do not wish to make a nomination. (Strike off the nomination details below)

Nomination Details

I/We wish to make a nomination and do hereby nominate the following person in whom all rights and/or amount payable in respect of securities held in the Depository by me/us in the said beneficiary owner account shall vest 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"/> If not equally, please specify percentage	%	%	%
		<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	PHOTOGRAPH of 1st NOMINEE Please affix passport size photograph and sign across it Signature of Nominee	PHOTOGRAPH of 2nd NOMINEE Please affix passport size photograph and sign across it Signature of Nominee	PHOTOGRAPH of 3rd NOMINEE Please affix passport size photograph and sign across it Signature of Nominee

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(s)			
12	Email ID of Guardian(s)			
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	<div style="border: 1px solid black; padding: 5px; text-align: center;"> PHOTOGRAPH of GUARDIAN Please affix passport size photograph and sign across it ✦ Please sign across </div>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> PHOTOGRAPH of GUARDIAN Please affix passport size photograph and sign across it ✦ Please sign across </div>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> PHOTOGRAPH of GUARDIAN Please affix passport size photograph and sign across it ✦ Please sign across </div>

Signature of Witness for Nomination

Name of the Witness	Address	Signature of witness								
		Date <table border="1" style="display: inline-table; vertical-align: middle;"> <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			

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		©
Second Holder		©
Third Holder		©

Notes :

1. All communications will 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 language not contained in the VIII Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
3. Instructions related to nomination, are as below :
 - a. 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, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly all joint holders will sign the nomination form.
 - b. 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.
 - c. The Nominee shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
 - d. Nominee 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.
 - e. Transfer of securities in favour of Nominee shall be valid discharge by the depository against the legal heir.
 - f. 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, karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held, jointly, all joint holders will sign the cancellation form.
 - g. 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.
 - h. 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.
 - i. 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.
 - j. 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.
 - k. Savings bank account details shall only be considered if the account is maintained with the same participant.
 - l. DP ID and client ID shall be provided where demat details is required to be provided
4. 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.
5. Strike off whichever is not applicable.
- * 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.,

Fee Schedule - 2018

Particulars		Rs.
Account Opening	Account Opening charges	Nil
Annual Maintenance Charges (AMC)	Individual*	350
	Corporate	Including NSDL fee of Rs.500
Transaction Charges	Credit	Buy/Receipt
	(Per Transaction)	Thru' Delivery Instruction Slip (DIS)
		Thru' Power of Attorney in favour of CCap
		Thru ' Speed-e
Demat/Conversion of MF Units	Maximum No. of certificates per request is 10	
Remat	10 paisa per security subject to a minimum of Rs.250**	
Pledge	Creation	per instruction
	Confirmation	
	Invoking	

Above charges are inclusive of GST 18%
ALL CHARGES TO BE PAID UPFRONT

1. You may order for DIS based on your requirement as and when necessary. No Compulsion to buy DIS at the time of account opening.
 2. DIS Booklets are available in 4, 10 and 20 leaves.
 3. Any additional statement will be charged at the rate of Rs.10 per page, subject to a minimum of Rs.50.
 4. Speed-e users need to make a refundable deposit of Rs.500/- at the time of applying for the same.
- * BSDA Clients: If the market value of the securities in the account is less than Rs. 50,000 AMC - Nil. If the market value of the securities in the account lies between Rs. 50,001 - Rs. 2,00,000 AMC - Rs. 100.
- ** Rs.10 for every hundred securities or part thereof or Rs. 10 Per certificate whichever is higher. Courier charge will be extra.

FATCA / CRS Declaration

Client PAN									
------------	--	--	--	--	--	--	--	--	--

Client Name	
Place of Birth	
Country of Birth	
Nationality	

Do you satisfy any of the criteria mentioned below :

a. Citizen of any country other than India (including Dual/Multiple/ Holding Green Card)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Tax Resident of ANY country/ies other than India?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. POA or mandate holder who has an address outside India	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Address and/or telephone number of the outside India	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If answer to the question "b" above is "Yes", please provide the following information (mandatory), else directly go to declaration & acknowledgment.

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below :	
Country of Tax Residency 1	
Tax Payers Ref. ID No. 1	
Identification Type 1 (TIN or other, please specify)	
Country of Tax Residency 2	
Tax Payers Ref. ID No. 2	
Identification Type 2 (TIN or other, please specify)	

Declaration & Acknowledgment

1. I hereby certify that I have declared my status as per the applicable FATCA/CRS rules in India as notified by Government of India (GOI)/ Central Board of Direct Taxes (CBDT) / Securities and Exchange Board of India (SEBI) / Reserve Bank of India (RBI).
2. I certify that (i) I am taxable as a (U.S.) person under the laws of the United States of America 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 U.S. person)
3. I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief and that I have not withheld any material information/document, that may affect the assessment/categorization of the account as a US Reportable account/Other Reportable account or otherwise.
4. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I am aware that I am liable for it.
5. I undertake the responsibility to declare, disclose and recertify within 30 days any changes that may take place in the information provided in the account opening form, and signed by me as well as in the documentary evidence provided by me or if any certification becomes incorrect.
6. I hereby authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same.
7. I also agree that my failure to disclose any material fact known to me now or in future, may invalidate my application and the Financial Institution (FI) would be within its right to put restrictions in the operations of my account or take appropriate action permissible under the Indian regulations for the purpose or take any other action as may deemed appropriate if the deficiency is not updated /rectified by me within the stipulated period.

8. I agree to furnish any particular/ information that is called upon me by the FI on account of any change to law either in India or abroad in the subject matter herein.
9. In the event there is any tax demand (including interest (if any)) raised due to non-disclosure/inaccurate disclosure of information/document on my part, I undertake to pay the demand forthwith and provide the FI with all information/documents that may be necessary for any proceedings before GOI/RBI/SEBI/income tax Authorities.
10. I permit/authorize the FI to collect, store, communicate and process information relating to my account with them and all transactions therein, by the FI and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential Information for compliance with any law or regulation whether domestic or foreign.
11. I also understand that the account will be reported if any one of the aforesaid FATCA / CRS criteria for any of the account holders i.e. primary or joint (in case of demat account) are met.

©

Signature of Client

FATCA / CRS Terms & Conditions

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

Towards compliance with tax information sharing laws, such as FATCA and CRS, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days from the occurrence of the change in information.

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

Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010.

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

FATCA & CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS indicia
U.S. place of birth	<ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND 3. Any one of the following documents: <ul style="list-style-type: none"> - Certified Copy of "Certificate of Loss of Nationality or - Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or - Reason the customer did not obtain U.S. citizenship at birth
Residence/ mailing address in a country other than India	<ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below)
Telephone number in a country other than India	<p>Whether Indian telephone number is provided or nor provided along with a foreign country telephone number</p> <ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below)

List of acceptable **documentary evidence** needed to establish the residence(s) for tax purposes:

1. Certificate of residence issued by an authorized government body*
2. Valid identification issued by an authorized government body* (e.g. Passport, National Identity card, etc.)

* **Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.**

Client Registration Form

Coimbatore Capital Limited

Stock Exchange Building, 686, Trichy Road, Coimbatore 641 005.
 Client Registration Department: 0422 232 02 02 06 Extn No.148 / 149 Fax: 0422- 232 02 11
 Website: www.coimbatorecapital.com ; Email: clientregn@coimbatorecapital.net

INSTRUCTIONS/CHECK LIST FOR FILLING KYC FORM

A. Important Points:

1. Self attested copy of PAN card is mandatory for all clients, including Promoters / Partners / Karta / Trustees and Whole Time Directors and persons authorized to deal in securities on behalf of company/firm/others.
2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list [in (E)].
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 proof 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, (will be allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIO Card/OCI Card and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
10. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
11. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military

officers, senior executives of state owned corporations, important political party officials, etc.

B. Proof of Identity (PoI): ❶

- List of documents admissible as Proof of Identity:

1. Unique Identification Number (UID) (Aadhaar) ❷ / Passport/ Voter ID card/ Driving license.
2. PAN card with photograph. ❸
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): ❹

- List of documents admissible as Proof of Address:

(*Documents having an expiry date should be valid on the date of submission.)

1. Passport/ Voters Identity Card/ Ration Card/ Registered Lease or Sale Agreement of Residence/ Driving License/ Flat Maintenance bill/ Insurance Copy.
2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
3. Bank Account Statement/Passbook -- Not more than 3 months old.
4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks / Scheduled Co - Operative Bank / Multinational Foreign Banks / Gazetted Officer / Notary public / Elected representatives to the Legislative Assembly / Parliament / Documents issued by any Govt. or Statutory Authority.

6. Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
7. For FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostiled 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, FIIs, 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. Instructions / Check List for filling additional information document

1. Additional documents in case of trading in derivatives segments - illustrative list 5 :
(Evidence of Financial details)

Copy of ITR Acknowledgement
Copy of Annual Accounts
In case of salary income - Salary Slip, Copy of Form 16
Net worth certificate
Copy of demat account holding statement.
Bank account statement for last 6 months
Any other relevant documents substantiating ownership of assets.
Self declaration with relevant supporting documents.

*In respect of other clients, documents as per risk management policy of the stock broker need to be provided by the client from time to time.

2. Copy of cancelled cheque leaf/ pass book/bank statement specifying name of the constituent, MICR Code or/and IFSC Code of the bank should be submitted. 6
3. Demat Account proof: 7
Demat master or recent holding statement issued by DP bearing name of the client.
4. For individuals :
 - a. Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker/sub-broker's office.
 - b. In case of non-resident clients, employees at the stock broker's local office, overseas can do in-person' verification. Further, considering the infeasibility of carrying out 'In-person' verification of the non-resident clients by the stock broker's staff, attestation of KYC documents by Notary Public, Court, Magistrate, Judge, Local Banker, Indian Embassy / Consulate General in the country where the client resides may be permitted.
5. For non-individuals :
 - a. Form need to be initialized by all the authorized signatories.
 - b. Copy of Board Resolution or declaration (on the letterhead) naming the persons authorized to deal in securities on behalf of company/firm/others and their specimen signatures.

Application No.

Coimbatore Capital Limited

All columns are to be filled in by the client and relevant supporting documents need to be attached by the client. If any question is not applicable, please write 'NA' in the space provided. Any correction or overwriting should also be authenticated by the client signature besides such correction. Please do not use correction fluid.

All proofs should be in the name of the client with the spelling matching exactly with the application. Client should produce the originals of the supporting documents for verification at the time of submitting the application.

ACCOUNT OPENING KIT

Index*

Sl. No.	Name of the Document	Brief significance of the Document	Page No. / Ref. Nos.
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DOCKET A

MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & NSE

1.	Account Opening Form (AOF)	Document captures additional information about the constituent relevant to trading account. (Ref. F of instruction/check list).	3-7 Annexure-1
2.	Rights and Obligations*	Document stating the Rights & Obligations of Coimbatore Capital Limited and client for trading on NSE (including additional rights & obligations in case of internet / wireless technology based trading)	8-12 Annexure-3
3.	Risk Disclosure Document (RDD) *	Document detailing risks associated with dealing in the securities market.	13-16 Annexure-4
4.	Guidance Note *	Document detailing do's and don'ts for trading on NSE, for the education of the investors.	16-17 Annexure-5
5.	Policies and Procedures *	Document describing significant policies and procedures of Coimbatore Capital Limited.	18-23 Annexure-6
6.	Tariff Sheet *	Document detailing the rate/amount of brokerage and other charges levied on the client for trading on NSE .	23 Annexure-7

DOCKET B

DOCUMENTS AS PROVIDED BY COIMBATORE CAPITAL LIMITED

(Additional / Non-Mandatory)

7.	Additional Account Opening Form	Document captures additional information about the constituent.	23-24 Annexure-8
8.	Additional Rights and Obligations *	Documents stating the additional Rights and Obligations of Coimbatore Capital Limited & Client for trading on NSE.	25-29 Annexure-9
9.	Dematerialised Shares Credit Authorisation	Authorisation for receiving credits of the shares to the client's demat account	31 Annexure-10
10.	Intimation of E-Mail ID for electronic delivery	Helps the client to receive documents in electronic form	31 Annexure-11
11.	Running Account Authorisation	Helps the client to enjoy exposures linked to the credit in the trading account	32 Annexure-12
12.	Inter Segment Transfer of Funds - Standing Instruction	Helps the client to transfer his/her funds between the segment(s) registered with CCap	33 Annexure-13

Sl. No.	Name of the Document	Brief significance of the Document	Page / Ref. Nos.
13	Updation for alerts by NSE	Help the client to received sms & email alerts by NSE for his/her transactions in the Trading Account	33 Annexure-14
14	Client Defaulter Declaration	Declaration by client that he/she is not associated in terrorist activities or is debarred by the regulators	34 Annexure-15
15	Declaration regarding voluntary requirements	Declaration regarding the execution of non-mandatory documents for the smooth conduct of business	34 Annexure-16
16	Declaration of common Email ID & Mobile number	Declaration to use common mobile number & Email ID for family account	34 Annexure-17

17 Client authorisation to operate his/her trading account through another person

17a	Authorised Representative Form	To be submitted along with Special Power of Attorney with Passport size photo of the client and the authorised person pasted and cross signed.	Available separately with CCap
17b	Special Power of Attorney	Special Power of Attorney executed on Rs. 100 non-judicial stamp paper as per the format provided by C Cap to be submitted along with the application	Available separately with CCap

* Standard set of Documents given to the constituent.

Date

d	d	m	m	y	y	y	y

1/12



Signature of the Applicant

Contact Details

Name of stock broker/ trading member/ clearing member	Coimbatore Capital Limited
SEBI Registration No. and date	CM Segment : INB 230752939 26.07.1995 Futures & Options Segment : INF 230752939 26.06.2000 Currency Derivatives Segment : INE 230752939 27.08.2008
Registered/Correspondence office address	Stock Exchange Building 1 st Floor, 686, Trichy Road, Coimbatore - 641 005 Tel: (0422) 232 02 02 - 06 Fax: (0422) 232 02 11 Email : ccap@coimbatorecapital.net Website:www.coimbatorecapital.com
Compliance Officer	N. Vijayakumar Mobile : 93454 04440 Email: n.vijayakumar@ccap.co.in
Chief Executive Officer (CEO)	Mr B Venkateswaran Tel:0422-652 25 25 Mobile : 93447 74141 Email: bvn@coimbatorecapital.net

For any grievance/dispute please contact

Coimbatore Capital Limited (CCap) at the above address or email id igrc@coimbatorecapital.net and Phone No.91-0422-652 25 25 /9345404440.

In case not satisfied with the response, please contact

National Stock Exchange of India Limited (NSE) at ignse@nse.co.in and Phone No.91-022-26598190 and Fax No. 91-022-26598190

Securities Exchange Board of India (SEBI) at sebisro@sebi.gov.in and Phone No.91-44-24674000 / 24674150 and Fax No. 91-44-24674001

Docket - A

Trading Account Related Details

Client Code			
<input type="checkbox"/> Capital Market (CM) Segment	<input type="checkbox"/> Futures & Options (F&O) Segment	<input type="checkbox"/> Currency Derivatives (CD) Segment	

Please fill this form in ENGLISH and in BLOCK LETTERS

Name of the Applicant ⑤ (as in PAN Card)	
---	--

A. BANK ACCOUNT(S) DETAILS ⑥

Bank Name	Branch Address	Bank Account No.	Account Type : Savings / Current / Others - In case of NRI / NRE / NRO	MICR Number	IFSC Code

B. DEPOSITORY ACCOUNT DETAILS ⑦

Depo- sitory Name	DP Name and Address	Beneficiary Name	DP ID										Beneficiary Owner Account Number	Indi- vidual / Joint Holder		
			I	N												
NSDL			I	N												
			I	N												
CDSL																

C. OTHER DETAILS

Gross Annual Income details (please specify) ⑤	<input type="checkbox"/> < 1 Lakh <input type="checkbox"/> 1 - 5 Lac <input type="checkbox"/> 5 - 10 Lac <input type="checkbox"/> 10 - 25 Lac <input type="checkbox"/> > 25 Lac															
(or) Net-worth	As on	d	d	m	m	y	y	y	y	Rs. (should not be older than 1 year)						
Occupation (please tick any one and give brief details)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> House Wife <input type="checkbox"/> Students <input type="checkbox"/> Others _____															
Name of Employer (If employed)	Designation :															
Name of Establishment (If self employed/ business/professional/ others)																

Office Address							
	City	Pin Code					
	State	Country					
	Phone No. (Office)	Fax No.					

Please tick, if applicable	<input type="checkbox"/> Politically Exposed Person (PEP)
	<input type="checkbox"/> Related to a Politically Exposed Person (PEP)

Any other information	
-----------------------	--

C. TRADING PREFERENCES * Please sign in the relevant boxes where you wish to trade. The segment not chosen should be struck off by the client

Market segments of National Stock Exchange of India Limited (NSE)	<input type="checkbox"/> Capital Market Segment 2a/12 ©	<input type="checkbox"/> Futures & Options Segment 2b/12 ©	<input type="checkbox"/> Currency Derivatives Segment 2c/12 ©
---	---	--	---

If, in future, the client wants to trade on any new segment/new exchange, separate authorization/letter will be taken from the client by CCap.

D. PAST ACTIONS

Details of any action / proceedings initiated / pending / taken by SEBI / Stock exchange / any other authority against the applicant/constituent or its Partners / promoters / whole time directors / authorized persons in charge of dealing in securities during the last 3 years	(If yes, attach relevant documents)
---	-------------------------------------

E. DEALINGS THROUGH SUB-BROKERS AND OTHER STOCK BROKERS

Whether dealing with any other stock broker / sub broker (in case dealing with multiple stock brokers / sub-brokers, provide details of all)	<input type="checkbox"/> Yes Name of stock broker
	<input type="checkbox"/> No Name of sub-broker, if any Client Code Exchange
Details of disputes / dues pending from / to such stock broker / sub-broker	

F. ADDITIONAL DETAILS

Whether you wish to receive physical contract note or Electronic Contract Note (ECN) (Please specify)	<input type="checkbox"/> I wish to receive Physical Contract Note
	<input type="checkbox"/> I wish to receive Electronic Contract Note (ECN)
Whether you wish to avail of the facility of internet trading/ wireless technology (please specify):	<input type="checkbox"/> I wish to avail Internet Trading Facility
	<input type="checkbox"/> I wish to avail Wireless Technology Facility

Investment / Trading Experience	1) No prior experience 3) years in derivatives 2) years in stock 4) years in any other investment related field
Any other information	

G. INTRODUCER DETAILS (OPTIONAL)

Name of the introducer	<i>Name</i> <i>Sur Name</i> <i>Middle Name</i>		
Status of introducer	<input type="checkbox"/> Sub-broker <input type="checkbox"/> Remisier <input type="checkbox"/> Authorised Person <input type="checkbox"/> Existing Client <input type="checkbox"/> Others, please specify		
Address of the introducer			
	City/Town/Village	Pin Code	
	State	Country	
	Tel No.	Number	Mobile No.
Introducers's Signature	Ⓢ		

H. NOMINATION DETAILS

Nomination	<input type="checkbox"/> I wish to nominate <input type="checkbox"/> I do not wish to nominate		
Name of the Nominee		Relationship with the nominee	
PAN of Nominee			
Date of Birth of Nominee	d	d	m m y y y y
Address of Nominee			
	City/Town/Village	Pin Code	
	State	Country	
	Tel No.	Number	Mobile No.

If Nominee is a minor, details of guardian

Name of Guardian			
Address of Guardian			
	City/Town/Village	Pin Code	
	State	Country	
	Tel No.	Number	Mobile No.
Signature of Guardian	Ⓢ		

WITNESS (Only applicable in case the account holder has made nomination)

1. Signature : ^{W1} Name : Address :	2. Signature : ^{W2} Name : Address :
--	--

DECLARATION

1. 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.
2. I hereby consent to receiving information from Central KYC Registry through SMS/E-mail on the above registered number / e-mail address.
3. I confirm having read/been explained and understood the contents of the document on policy and procedures of the stock broker and the tariff sheet.
4. I further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and 'Risk Disclosure Document'. I do hereby agree to be bound by such provisions as outlined in these documents. I have also been informed that the standard set of documents has been displayed for Information on stock broker's designated website, if any.

Place :

Date

d	d	m	m	y	y	y	y

3/12
 ©
 Signature of the Applicant

FOR OFFICE USE ONLY

UCC Code allotted to the Client: _____

	Documents verified with Originals	Client Interviewed By	In-Person Verification done by
Name of the Employee			
Employee Code			
Designation of the employee			
Date			
Signature	⊗	⊗	⊗

I / We undertake that we have made the client aware of ‘Policy and Procedures’, tariff sheet and all the non-mandatory documents. I/We have also made the client aware of ‘Rights and Obligations’ document (s), RDD and Guidance Note. I/We have given/sent him a copy of all the KYC documents. I/We undertake that any change in the ‘Policy and Procedures’, tariff sheet and all the non-mandatory documents would be duly intimated to the clients. I/We also undertake that any change in the ‘Rights and Obligations’ and RDD would be made available on my/our website, if any, for the information of the clients.

⊗
Signature of the CCap - Branch Staff

Date

d	d	m	m	y	y	y	y

Seal/Stamp of CCap Branch

Additional Account Opening Form

Additional Details of Client

Educational Qualification	<input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional <input type="checkbox"/> Others	Specify
Market Value of Portfolio	<input type="checkbox"/> NIL <input type="checkbox"/> < 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 50 Lacs <input type="checkbox"/> > 50 Lacs	

Spouse Information

Name	
Occupation	
Name & Address of employer (if employed)	
Name & Address of establishment (if self employed / business / professional / others)	

Bank Details of the Nominee (Proof to be enclosed)

Bank Name									
Bank Branch & Address									
Bank A/c Number							Account Type	<input type="checkbox"/> SB	<input type="checkbox"/> CA
MICR No.									
IFSC Code									

Details of the known person (s) of the Client's relative(s) / friend(s)

(having trading account with Coimbatore Capital Limited)

Sl. No.	Name of the Person	Relationship	Trading Code			Demat Account Number with C Cap
			CM	F & O	CD	

DECLARATION

I hereby declare the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform 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 : Signature : ^{4/12} ©

Date : Name :

Attested
*(The Signature is to be attested by
your Bank Manager or a Notary Public)*

Witness

Signature :

Name :

Address :

.....
.....

Annexure -10

DEMATERIALIZED SHARES CREDIT AUTHORISATION

To

Coimbatore Capital Limited
 Stock Exchange Building, 1st Floor
 686, Trichy Road, Coimbatore - 641 005

Date :

Dear Sir,

I hereby authorise Coimbatore Capital Limited (C Cap) and its authorities to credit all my purchase of demat shares in all types of settlements in the following accounts with respect to National Securities Depository Ltd., (NSDL) and Central Depository Services (India) Ltd., (CDSL).

	DP Id.								Client Id.								
NSDL-DP A/c No.	I	N															
CDSL-DP A.c No. <i>(Fill your 16 digit account number)</i>																	

I hereby undertake to indemnify C Cap, its authorities, executors of any consequences, costs or any other action arising due to crediting of the shares to my account(s) mentioned above.

Thanking you.

Yours faithfully,

5/12

©

Annexure -11

INTIMATION OF E-MAIL ID FOR ELECTRONIC DELIVERY

To

Coimbatore Capital Limited
 Stock Exchange Building, 1st Floor
 686, Trichy Road, Coimbatore - 641 005

Date :

Dear Sirs,

Sub : Consent to receive Electronic Contract Notes & other documents through email

Ref : My Trading Code in CM & / F&O & / CD Segment(s) :

I request you to send the Contract Note, Account Statements, Bills, Trade Confirmation, Transaction Statements of Depository Account, Statement of Holdings of Depository Account, other documents / communications, etc., with respect to my Trading account(s) in CM, F&O Segment and CD Segment and Depository Account by electronic delivery which may be in the form of an electronic mail, an electronic mail attachment or in the form of a link to an available download from a website, to my e-mail id :

I ensure that my above e-mail id is valid and any change in my above e-mail id shall be communicated to you in writing.

I shall access this e-mail id on a regular basis to view the above communication sent by C Cap.

I am aware that non-receipt or bounced mail notification by C Cap will be considered as delivery of the contract to me at the above e-mail id and C Cap shall not be held responsible for the same.

Thanking you,

Yours faithfully,

6/12

©

Annexure -12

RUNNING ACCOUNT AUTHORISATION

To
Coimbatore Capital Limited
Stock Exchange Building, 1st Floor
686, Trichy Road, Coimbatore - 641 005

Date :

Dear Sir,

Sub : Request for maintenance of Running Account

Ref: My Trading Code in CM &/ F&O &/ CD Segment(s):

I hereby state that I am aware about the norms relating to pay-out of securities and funds. In order to facilitate operations and banking convenience, I hereby authorise Coimbatore Capital Limited (C Cap), to maintain a running account with C Cap, instead of daily settlement of funds due to me.

I request you to maintain running balance in my account and retain the credit balance in any of my account and to use the unused funds towards my margin/pay-in/other future obligation(s) at any segment(s) of the Exchange/Clearing Corporation.

On written request by me to C Cap, C Cap may release the funds to me, if sufficient margins in respect of my trading across all segments of NSE are available with C Cap.

In case I have an outstanding obligation on the settlement date, you may retain the requisite securities/funds towards such obligations and may also retain the funds expected to be required to meet margin obligations for next 5 trading days, calculated in the manner specified by NSE.

I request you to settle my fund and securities account once in every calendar quarter/month (strike off whichever is not preferred) or such other higher period as allowed by SEBI/NSE from time to time, except the funds given towards collaterals/margin.

I authorise CCap to retain Rs. 10,000 (Rupees ten thousands only) from Quarterly Funds Settlement as per NSE Circular No. NSE/INSP/24849 dated 28.10.2013

I agree not to claim any interest from C Cap on such securities/funds so retained by C Cap.

I hereby agree that I shall confirm and bring to your notice any dispute arising from statement of account or settlement so made to the notice of CCap in writing within seven working days from the date of receipt of funds/securities or statement of account or statement related to it, as the case may be. Failing which it is agreed by me that the statement of balances as issued by C Cap is proper and correct.

I further agree that C Cap shall not be liable for any claim for loss or profit or for any consequential, incidental, special or exemplary damages, caused by retention of such funds and/or securities.

I am also aware that the above authorization may be revoked by me at any time on communication to you in writing.

Thanking you,

Yours faithfully,

Annexure -13

INTER SEGMENT TRANSFER OF FUNDS - STANDING INSTRUCTION

To Date :
 Coimbatore Capital Limited
 Stock Exchange Building, 1st Floor
 686, Trichy Road, Coimbatore - 641 005

Dear Sirs,

Sub : Request for transfer of funds between Trading Segments
 Ref : My Trading Code in CM & / F&O & / CD Segment(s) :

I hereby authorize you to transfer funds from Capital Market (CM) Segment to Futures & Options (F&O) Segment, CM Segment to Currency Derivatives (CD) Segment, F&O Segment to CD Segment and vice versa, whenever necessary, to meet my margin requirements or to enable you to adjust my dues, if any, or meet my settlement obligations.

The above authorisation will hold good unless cancelled by me and communicated to you in writing.

Thanking you,
 Yours faithfully,

8/12
 ©

Annexure -14

UPDATION FOR ALERTS BY NSE

To Date :
 Coimbatore Capital Limited
 Stock Exchange Building, 1st Floor
 686, Trichy Road, Coimbatore - 641 005

Dear Sirs,

Sub : Updation of Mobile Number and E-mail ID for SMS and E-mail alerts to investors by NSE

I request you to update my mobile number and e-mail id in my trading account(s) with Trading Code
 in CM & / F&O & / CD Segment(s) as mentioned below for SMS & email alerts by NSE.

Mobile Number										
E-mail Id										

Thanking you.
 Yours faithfully,

9/12
 ©

Note : Kindly ensure to provide personal/separate, valid and correct mobile number & e-mail id. NSE shall send you SMS & e-mail alerts for your transactions. (Ref. SEBI Circular No. CIR/MIRSD/15/2011 NSE Circular No. NSE/INVG/2011/18503 dated 02.08.2011 & NSE/INVG/21841 dated 04.10.2012)

Annexure -15

CLIENT DEFAULTER DECLARATION

To

Coimbatore Capital Limited
Stock Exchange Building, 1st Floor
686, Trichy Road, Coimbatore - 641 005

Date :

Ref: My Trading Code in CM &/ F&O &/ CD Segment(s):

I, do hereby declare that I have not been involved in any terrorist activity and I have not been declared as defaulter or my name is not appearing in defaulter database as per SEBI / Various Exchanges / Regulatory Bodies / CIBIL (Credit Information Bureau of India Ltd.) etc.

Further I declare that the above mentioned declaration / statement is true and correct.

Thanking you,

Yours faithfully,

10/12



Annexure -16

DECLARATION REGARDING VOLUNTARY REQUIREMENT

To

Coimbatore Capital Limited
Stock Exchange Building, 1st Floor
686, Trichy Road, Coimbatore - 641 005

Date :

Ref : My Trading Code in CM &/ F&O &/ CD Segment(s) :

In addition to the Mandatory Documents prescribed by SEBI / NSE in Docket 'A' of Account Opening Form, I hereby declare that I have also executed / not executed Additional Rights and Obligations and other Additional Documents as required by CCap in Docket 'B' of Account Opening Form for the smooth conduct of business.

Thanking you,

Yours faithfully,

11.12



Annexure -17

DECLARATION OF COMMON E-MAIL ID & MOBILE NUMBER

To

Coimbatore Capital Limited
Stock Exchange Building, 1st Floor
686, Trichy Road, Coimbatore - 641 005

Date :

Ref : My Trading Code in CM &/ F&O &/ CD Segment(s) :

I hereby declare that the Mobile Number and E-mail ID belongs to me and my family members (spouse/ dependent children / dependent parents)

Thanking you,

Yours faithfully,

12/12



To be filled by C Cap Branch Office

Trading Terminal Location at

Date of issue of the Form to the client		Authorised by (Branch Incharge's Signature, Name with Branch Seal)	⊗
Date of receipt of the Form from the client			
Date of sending the Form to HO			

Client Brokerage Structure

Brokerage on commencement of trading :

Capital Market (CM)

Futures & Options (F&O)

Currency Derivatives (CD)

Jobbing Brokerage %	Jobbing (Minimum Paise)	Delivery Brokerage %	Delivery (Minimum Paise)

Brokerage %	Brokerage (Minimum Paise)	Option Brokerage (Per Lot)

Brokerage %	Brokerage (Minimum Paise)	Option Brokerage (Per Lot)

⊗

Branch Head

Approved by (HO)

Entered by (HO)

For C Cap Head Office purpose only

Date of receipt of the Form :

Segment	Unique Client Code	Back Office Code	Documents verified by	Account opening authorised by	Registered		First trade date
					on	by	
CM							
FO							
CD							

Brokerage Verification :

S.No.	Brokerage being charged	Verified	Date

Note : Once in 3 / 6 months the brokerage structure has to be verified by Head / Director - Operations / Internal Auditor

For single holder



© _____
CLIENT

THIS POWER OF ATTORNEY executed this the _____ day of _____ 201_____
(Date) (Month)

By _____, son of/daughter of/wife of _____
aged _____ years, residing at _____

having Depository Beneficial Account No. IN300175- _____ with the Depository Participant division of Coimbatore Capital Limited (hereinafter referred to as the CLIENT which expression shall include where the context so requires his/her/legal heirs, successors and assigns).

UNTO AND IN FAVOUR OF

M/s. Coimbatore Capital Limited, a Public Company incorporated under the Companies Act 1956, having its Registered office at Stock Exchange Building, 686, Trichy Road, Coimbatore - 641 005, carrying on business as a Stock Broker in NSEIL [SEBI Registration Numbers INB 230752939 in Capital Market Segment (CM) and INF 230752939 in Futures and Options Segment (F&O) and INE 230752939 in Currency Derivatives Segment (CD)] and as a Depository Participant in NSDL (SEBI Registration Number IN- DP- NSDL 19-97) (hereinafter referred to as C Cap, which expression shall include where the context so requires its successors and assigns).

WHEREAS

- A. CLIENT wishes to avail internet based/ non internet based trading services through C Cap and has opened a Depository Beneficiary Account No IN300175 _____with CCap for holding his securities in dematerialised form (hereinafter referred to as Client's DP Account).
- B. In respect of all trading effected by the CLIENT through C Cap, C Cap is required to transfer /take delivery of securities in the course of such buying and selling, provide margins /collaterals and settle funds and securities .
- C. To enable C Cap to carry on activities related to CLIENT'S trading effected through C Cap, CLIENT has come forward to execute this Power of Attorney in favour of C Cap.

NOW THIS POWER OF ATTORNEY WITNESSES AS FOLLOWS

- A. The CLIENT hereby undertakes and agrees
 - 1. to make available sufficient securities in CLIENT's DP Account for meeting delivery obligations in respect of the sale transactions of the CLIENT and for transfer to the C Cap's Margin/Collateral account to meet the margin requirements specified by SEBI.
 - 2. To be bound by "No Delivery" decision taken by C Cap in respect of securities not made available in the CLIENT's DP Account before 6.00 P.M. on a working day prior to the due date for delivery.
 - 3. To deliver to C Cap using Delivery Instruction Slip, all securities credited to the CLIENT's DP Account after 6.00 P.M. on the day before the

Power of Attorney holder(s)
For Coimbatore Capital Limited

- i) _____
- ii) _____
- iii) _____
- iv) _____

© _____
CLIENT

© CLIENT

© CLIENT

settlement day to enable C Cap to meet the delivery obligations of securities in respect of sale transactions of the CLIENT.

- 4. To be bound by the decision of C Cap in respect of fixation of the DP Charges payable to C Cap for transfer of securities under the Power of Attorney.

B. The CLIENT hereby appoints C Cap, to do or execute in the name and on behalf of the CLIENT, the following acts, deeds and things as the Power of Attorney (PoA) of the CLIENT

- 1. In respect of trades executed by the CLIENT through C Cap

To Transfer securities held in CLIENT's Account No. IN 300175..... to C Cap's Pool account DP Id: IN 300175, CMBP Id: IN504316.

To transfer securities held in CLIENT'S Account to C Cap's Client Margin accounts: CM Margin account No. IN300175-10553478, F&O Margin account No. IN300175-10553507, CD Margin account No. IN300175-10618208, towards CLIENT's Stock Exchange related margin / delivery obligations.

To pledge securities in favour of C Cap for the purpose of meeting the margin requirements of the CLIENT.

To sign, deliver and / or acknowledge all instructions, all deeds, depository forms, instruments, slips receipts, documents and other writings as may be necessary or advisable for effecting the smooth transfer of securities and any instruments, slips as may be necessary for rectifying any erroneous transfers.

- 2. To return to the CLIENT, the securities, that are received by it erroneously.
- 3. To debit the DP Charges in respect of the transfers to Client's Capital Market Trading Account maintained with C Cap's Broking Division.
- 4. To send consolidated summary of CLIENT's scrip wise buy and sell positions taken with average rates to the CLIENT by way of SMS / Email on a daily basis to mobile number and to email id:

© CLIENT

- 5. To send such other documents as may required to be disseminated by SEBI from time to time.
- 6. Generally to do all acts and things and to execute all writings, deeds or assurances as may be necessary to effectuate the aforesaid transactions and purposes.
- 7. The client understands that the present PoA is revocable without notice. However, such a revocation shall be valid only on the receipt by C Cap the letter of revocation in writing duly notarised sent by Registered Post or delivered in person at the Head Office of C Cap and after all securities obligations for the trades done till that date with C Cap have been met.
- 8. Client retains the facility to use Delivery Instruction Slip for operating his DP account referred to above. However such Delivery Instruction Slips may be given effect to only after all securities obligations for the trades done till that date with C Cap have been met.
- 9. CLIENT hereby agrees that all acts, deeds and things lawfully done by the Attorney by virtue of this Power of Attorney shall be construed as Acts, deeds and things done by the CLIENT and the CLIENT undertake to ratify and confirm whatever the said Attorney shall lawfully do or cause to be done by virtue of the Power hereby given.

IN WITNESS WHEREOF THE CLIENT has executed this UNDERTAKING & POWER OF ATTORNEY on the day, month and year first above written.

© CLIENT

Power of Attorney holder(s)
For Coimbatore Capital Limited

- i)
- ii)
- iii)
- iv)

Notorial fee stamps

Office seal & signature of Notary

Coimbatore Capital Limited

Regd. Office : Stock Exchange Building,
1st Floor, 686, Trichy Road, Coimbatore - 641 005
Tel : (0422) 232 02 02 - 06 Fax :(0422) 232 02 11
Website : www.coimbatorecapital.com

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- Trading Member & Clearing Member : Capital Market Segment, Futures and Options Segment and Retail Debt Market Segment, Trading Member : Currency Derivatives Segment, National Stock Exchange of India Ltd., Mumbai
 - Depository Participant : National Securities Depository Ltd., Mumbai
 - SEBI Reg. No. : INB 230752939 / INF 230752939 / INE 230752939 / IN-DP-NSDL-19-97
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