



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

To be filled by Branch/RM/Client

Whom to contact in case of any Discrepancy in AOF:	Payment Details:
Contact Person Name:	Cheque No.:
Contact No. :	Cheque Date:
Group Code:	Cheque Amount :
Scheme Code:	Bank Details:

Fetch Details: <input type="checkbox"/> CVL <input type="checkbox"/> NDML <input type="checkbox"/> DOTX	Date:
<input type="checkbox"/> CAMS <input type="checkbox"/> Others _____	Sign:



www.mlbcapital.com

# MLB CAPITAL PVT. LTD.

*Value is what we give*

CIN:U67120DL1996PTC079292

301/314, Pratap Chambers, Gurudwara Road, Karol Bagh, New Delhi-110 005  
Ph.: 91-11-45060600 (30 Lines), 28750370/0354, Fax : 91-11-45060666, 28759898  
E-mail : depository@mlbcapital.com • Website : www.mlbcapital.com

**DPID:IN302566**

## APPLICATION FORM FOR OPENING DEMAT ACCOUNT

INDIVIDUAL  NRI

Internal Ref. No. \_\_\_\_\_ Date \_\_\_\_\_ Account No. \_\_\_\_\_

Holder's Name Mr./Mrs. \_\_\_\_\_

**IMPORTANT INSTRUCTIONS :**

1. Read the KYC form and overleaf instructions properly before filling the form.
2. Fill the KYC form in CAPITAL LETTERS (\*\*including E-MAIL ID).
3. Use Black pen to fill KYC form.
4. Photograph affixed on KYC form should be signed across.
5. Separate KYC form is required for each joint holder.
6. In case of minor KYC form of minor as well as guardian is required.
7. All supporting documents should be submitted for all the account holders and should be self attested.
8. All supporting documents should be on A4 size paper.
9. No cutting/ over-writing/fluid will be allowed on KYC form.
10. Form should be complete in all respect.

**CHECKLIST****INDIVIDUALS**

1. Copy of Pan Card.
2. Copy of Valid Address Proof.(Address proof is to be submitted for permanent as well as correspondence address).
3. Passport size Photograph.
4. Cancel Cheque together with latest Bank Statement/Pass Book.
5. NRI's are required to submit address proof for Indian as well as Foreign address.

**MINOR**

1. Copy of PAN Card of Minor & Guardian.
2. Date of Birth certificate of Minor.
3. Copy of Address Proof of Guardian.
4. Passport size Photograph of Minor & Guardian.
5. Cancel cheque of Minor's Bank account together with latest Bank Statement/Passbook.

**Documents valid for Proof of Identity and Proof of Address (submit & Tick any one)**

<b>Proof of Identity (POI)</b> <i>List of documents admissible as Proof of Identity :</i>		<b>Proof of Address (POA)</b> <i>List of documents admissible as Proof of Address: (*Documents having an expiry date should be valid on the date of submission)</i>	
	Unique Identification Number (UID) / Passport Voter ID Card / Driving License / PAN Card with photograph		Passport / Voter Identity Card / Ration Card / Registered Lease or Sale Agreement of Residence / Driving License / Flat Maintenance bill / Insurance copy
	Identity Card/Document with applicant's Photo, issued by any of the following : a) Central/State Government and its Departments, b) Statutory/Regulatory Authorities, c) Public Sector Undertakings, d) Scheduled Commercial Banks, e) Public Financial Institutions, f) Colleges affiliated to Universities g) Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., To their Members, and h) Credit cards/Debit cards issued by Banks.		Utility bills like Telephone Bill (only land line), Electricity Bill or Gas Bill (not more than 2 months old) Bank Account Statement / Passbook (not more than 2 months old) Self Declaration by High Court and Supreme Court Judges, giving the new address in respect of their own accounts. Proof of address issued by the following : Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank / Multinational Foreign Banks / Gazatted Officer / Notary Public / Elected representatives to the Legislative Assembly / Parliament / Documents issued by any Govt. or Statutory Authority. Identity Card/Documents 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. For FII/sub account, Powre 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 betaken. The proof of address in the name of the spouse may be accepted.

**Separate KYC form is required for each joint holder.**



**A. Identity Details** Please fill in ENGLISH and BLOCK LETTERS with black ink

1. Name of Applicant  
 Name as per Income Tax Record  
 Maiden Name (if any)  
 Father / Spouse Name  
 Mother Name

Prefix	First Name	Middle Name	Last Name

2. A. Gender  Male  Female  Transgender B. Marital status  Single  Married  Others \_\_\_\_\_

3. PAN \_\_\_\_\_ Nationality / Citizenship  Indian  Other (Please specify) \_\_\_\_\_

4. Residential Status  Resident Individual  Non Resident Indian  Foreign National  Person of Indian Origin

Occupation (Please tick (✓) any one and give brief details):  
 Private Sector Service  Public Sector  Government Service  Business  Professional  Agriculturist  
 Retired  Housewife  Student  Others (Please specify) \_\_\_\_\_

5. UID/Aadhaar : | X | X | X | X | X | X | X | X | \_\_\_\_\_ Date of Birth | d | d | m | m | y | y | y | y | \_\_\_\_\_

6. Proof of Identity submitted for PAN exempt cases (see guideline 'D' in check list .)



**B. Address Details**

1. Address for Correspondence  
 State \_\_\_\_\_ City/Town/Village \_\_\_\_\_  
 Country \_\_\_\_\_ Pin Code \_\_\_\_\_

2. Contact Details  
 Mobile (Primary) (ISD) (STD) \_\_\_\_\_ Mobile (Secondary) (ISD) (STD) \_\_\_\_\_  
 Tel. (ISD) (STD) \_\_\_\_\_ Fax (ISD) (STD) \_\_\_\_\_  
 MOBILE (Primary) given by me belongs to  Me  Spouse  Dependent children  Dependent Parent

E-Mail ID. (In Capital Letters only) \_\_\_\_\_  
 E-MAIL ID given by me belongs to  Me  Spouse  Dependent children  Dependent Parent

No E-Mail/Mobile Declaration I hereby declare that I do not have any Email ID/Mobile

3. Specify the Proof of Address submitted for Residence / Correspondence Address  UID  Bank Statement  Other \_\_\_\_\_

4. Permanent Address of Resident Applicant if different from above B1 OR Overseas Address (Mandatory) for Non-Resident Applicant  
 State \_\_\_\_\_ City/Town/Village \_\_\_\_\_  
 Country \_\_\_\_\_ Pin Code \_\_\_\_\_

5. Specify the Proof of Address submitted for Residence / Permanent Address \_\_\_\_\_

**C. Fatca & CRS Detail** Nationality/Tax Residency/Citizen ship Other than India  No  Yes

Country of Birth \_\_\_\_\_ Place/City of Birth \_\_\_\_\_  
 Country of Citizenship/Nationality \_\_\_\_\_  
 Country of Tax Residency (Other Than India) \_\_\_\_\_  
 Tax Payer Identification Number (Other Than India) \_\_\_\_\_

2. Gross Annual Income Details: Income Range per annum :  Below Rs. 1 Lac  Rs. 1 Lac to 5 Lac  
 (please tick)  Rs. 5 Lac to 10 Lac  Rs. 10 Lac to 25 Lac  >25 Lac

**Declaration :** I hereby declare that the KYC details furnished by me are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I give my consent for downloading the CKYC record from Central KYC Records Registry. I am aware of other modes of KYC which are available and I have chosen the Aadhaar based method voluntarily. My Aadhaar record can be used by KRA agencies only for the specific purpose of validating/ maintaining/ sharing my KYC record and as an audit evidence. I will have an option to request for deleting my Aadhaar record. I hereby give my consent for receiving information including Central KYC Registry through SMS/Email on the above registered mobile number/email address. I am also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I hereby consent to sharing my masked Aadhaar card with readable QR code or my Aadhaar XML/Dig locker XML file, along with pass code and as applicable, with SEBI, KRA, CKYC and other Institutions/agencies/Intermediaries with whom I have a business relationship for KYC purposes only.

**SIGNATURE OF APPLICANT**

(1)

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

**IPV TO BE FILLED BY - EMPLOYEE/AP/OTHERS**

Intermediary name OR code \_\_\_\_\_

IN-PERSON VERIFICATION (IPV)  DOCUMENTS VERIFIED WITH ORIGINALS  CLIENT INTERVIEWED BY

Date : | d | d | / | m | m | / | y | y | y | y | Institution Name & Code : **MLB Capital Pvt.L td.**  
 Name : \_\_\_\_\_ Code : \_\_\_\_\_  
 Designation : \_\_\_\_\_ Signature : \_\_\_\_\_

Client Activation Date \_\_\_\_\_ Client Updation Date \_\_\_\_\_

## INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

### A. IMPORTANT POINTS:

1. Self attested copy of PAN card is mandatory for all clients.
2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/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) :- List of documents admissible as Proof of Identity:

1. PAN card with photograph. This is mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D)
2. Unique Identification Number (UID) (Aadhaar)/ Passport/ Voter ID card/ Driving license.
3. Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

### C. Proof of Address (POA): - List of documents admissible as Proof of Address: (\*Documents having an expiry date should be valid on the date of submission.)

1. Passport/ Voters Identity Card/ Ration Card/ Registered Lease or Sale Agreement of Residence/ Driving License/ Flat Maintenance bill/ Insurance Copy.

2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
3. Bank Account Statement/Passbook - Not more than 3 months old.
4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/ Parliament/Documents issued by any Govt. or Statutory Authority.
6. Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
7. For 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.

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

DP ID : IN302566

DP ID	I	N	3	0	2	5	6	6	Client ID									
-------	---	---	---	---	---	---	---	---	-----------	--	--	--	--	--	--	--	--	--

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

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

**A. TYPE OF ACCOUNT (Please tick whichever is applicable)**

<input type="checkbox"/> Ordinary Resident	<input type="checkbox"/> NRI-Repatriable	<input type="checkbox"/> Margin	<input type="checkbox"/> Promoter
<input type="checkbox"/> Qualified Foreign Investor	<input type="checkbox"/> NRI-Non Repatriable	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Others (Specify) _____

<b>Sub Type</b>	<input type="checkbox"/> TM-Client Securities Margin Pledge A/c	<input type="checkbox"/> CM-Client Securities Margin Pledge A/c	<input type="checkbox"/> TM/CM-Client Securities Margin Pledge A/c	<input type="checkbox"/> Others _____
-----------------	---	---	--	---------------------------------------

**B. DETAILS OF ACCOUNT HOLDER(S)**

Account Holder(s)	Sole/First Holder	Second Holder	Third Holder
Name			
PAN			
Date of Birth			
UID / Aadhar			
Occupation (Please tick any one and give brief details)	<input type="checkbox"/> Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Business <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Others (Pl. Spcify) _____	<input type="checkbox"/> Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Business <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Others (Pl. Spcify) _____	<input type="checkbox"/> Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Business <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Others (Pl. Spcify) _____
Mobile			
Family Flag for Mobile	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parent	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parent	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parent
E-mail			
Family Flag for E-mail	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parent	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parent	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parent
Brief Details			

**C.** 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 :

Name _____	PAN												
------------	-----	--	--	--	--	--	--	--	--	--	--	--	--

**D. BANK DETAILS**

Bank Account Type	<input type="checkbox"/> Saving	<input type="checkbox"/> Current	<input type="checkbox"/> Other
Bank Account Number			
Bank Name:			
Bank Address			
	City/Town/Village	Pin Code	
	State	Country	
Bank Code (MICR)			
IFSC			

### E. STANDING INSTRUCTIONS

1.	I/We authorise you to receive credits automatically into my/our account (If not marked default option would be Yes)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Client option to receive e-statement	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Receive Annual Reports, AGM notices and other communication from Issuer & RTA in physical form	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Account to be operated through Demat Debit and Pledge Instruction (DDPI) (If not marked default option would No)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Standing Instruction For Auto Pledge Confirmation	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	For Joint Accounts, communication to be sent to (See Note 5)	<input type="checkbox"/> First Holder <input type="checkbox"/> All Joint A/c Holder

7.	SMS Alert facility : [Mandatory if you are giving Demat Debit and Pledge Instruction (DDPI). Ensure that the mobile number is provided in the KYC Application Form]		
	Sr. No.	Holder	
	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

### F. GUARDIAN DETAILS (where sole holder is a minor) :

[For account of a minor, two KYC/KRA Application Forms must be filled i.e. one for the guardian and another for the minor (to be signed by guardian)]																			
Guardian Name																			
PAN												Date of Birth							
Relationship of Guardian with Minor																			

### G. MODE OF OPERATIONS FOR JOINT ACCOUNTS

<input type="checkbox"/> Jointly	<input type="checkbox"/> Anyone of the holder or survivor(s)
<p>If Mode of operation for Joint Account is chosen as anyone of the holder or survivor(s), only specified operations such as transfer of securities including Inter-Depository Transfer, Pledge / hypothecation / margin pledge / margin re-pledge (creation, closure and invocation and confirmation thereof as applicable) of securities and freeze/unfreeze of account and/or securities and/or specific number of securities will be permitted.</p>	

### H. In Case of NRIs/Foreign Nationals

RBI Approval Reference Number		RBI Approval Date		D	D	M	M	Y	Y	Y	Y
-------------------------------	--	-------------------	--	---	---	---	---	---	---	---	---

### I. OTHER DETAILS (Mandatory information, to be filled by Client)

Gross Annual Income Details	Income Range per annum :	<input type="checkbox"/> Upto Rs. 1,00,000	<input type="checkbox"/> Rs. 1,00,001 to 5,00,000								
		<input type="checkbox"/> Rs. 5,00,001 to 10,00,000	<input type="checkbox"/> Rs. 10,00,001 to 25,00,000								
		<input type="checkbox"/> More than Rs. 25,00,000									
	Net Worth as on (Date) :										Rs.
(Net Worth should not be older than 1 year)											
Please tick, if applicable		<input type="checkbox"/> Politically Exposed Person (PEP)		<input type="checkbox"/> Related to Politically Exposed Person (RPEP)							

**J. FATCA DETAILS (Mandatory)**




Do you have any non-indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency?  Yes  No

<b>Sole/First Holder/Guardian</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Second Holder</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Third Holder</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country of Birth		Country of Birth		Country of Birth	
Country of Citizenship/ Nationality		Country of Citizenship/ Nationality		Country of Citizenship/ Nationality	
Are you a US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide Tax Payer Id	Are you a US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide Tax Payer Id	Are you a US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide Tax Payer Id
Country of Tax Residency* (Other than India)	Taxpayer Identification No.	Country of Tax Residency* (Other than India)	Taxpayer Identification No.	Country of Tax Residency* (Other than India)	Taxpayer Identification No.
1.		1.		1.	
2.		2.		2.	

\*Please indicate all countries in which you are a resident for tax purpose and associated Taxpayer identification number.

**DECLARATION**

I/We acknowledge the receipt of copy of document, "Right and Obligations of the Beneficial Owner and Depository Participant". The rules and regulations of the FATCA & CRS, 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.

	<b>Sole / First Holder / Guardian (Mr./Ms.) (in case of Minor)</b>	<b>Second Holder (Mr./Ms.)</b>	<b>Third Holder (Mr./Ms.)</b>
Name			
Signatures	(2) 		

**NOMINATION OPTION**

(Annexure-A)

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

I/We do not wish to opt out of make a nomination.

**NOMINATION DETAILS**

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all assets held in my/our account in the event of my / our death.

Nomination can be made upto three nominees in the account.		Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
1	Name of the nominee(s) (Mr./Ms.)			
2	Share of each Nominee <input type="checkbox"/> Equally [If not equally, please specify percentage]	%	%	%
Any odd lot after division shall be transferred to the first nominee mentioned in the form.				
3	Relationship With the Applicant (If Any)			
4	Address of Nominee(s) City / Place State / Country 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	Photograph of 1st nominee  <i>Signature of Nominee across photograph</i>	Photograph of 2nd nominee  <i>Signature of Nominee across photograph</i>	Photograph of 3rd nominee  <i>Signature of Nominee across photograph</i>
	<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			
<b>Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:</b>				
8	Date of Birth {in case of minor nominee(s)}	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
9	Name of Guardian (Mr./Mrs.) {in case of minor nominee(s)}			
10	Address of Guardian City / Place State / Country 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	Photograph of 1st Guardian  <i>Signature of Guardian across photograph</i>	Photograph of 2nd Guardian  <i>Signature of Guardian across photograph</i>	Photograph of 3rd Guardian  <i>Signature of Guardian across photograph</i>
	<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			





**DECLARATION FORM FOR OPTING OUT OF NOMINATION**

(Annexure-B)

To,

**MLB CAPITAL PVT. LTD.**

301/314, Pratap Chambers, Gurudwara Road,  
 Karol Bagh, New Delhi-110 005  
 Ph.: 91-11-45060600 (30 Lines)



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

DP ID	I	N	3	0	2	5	6	6	Client ID								
-------	---	---	---	---	---	---	---	---	-----------	--	--	--	--	--	--	--	--

Sole/First Holder Name	
Second Holder Name	
Third Holder Name	

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.

	Sole / First Holder / Guardian (Mr./Ms.) (in case of Minor)	Second Holder (Mr./Ms.)	Third Holder (Mr./Ms.)
Name			
Signatures			

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

## RIGHTS AND OBLIGATIONS OF BENEFICIAL OWNER AND DEPOSITORY PARTICIPANT AS PRESCRIBED BY SEBI & DEPOSITORIES

### General Clause

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Rules and Regulations of Securities and Exchange Board of India (SEBI), Circulars/Notifications/Guidelines issued there under, Bye Laws and Business Rules/Operating Instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.
2. The DP shall open/activate demat account of a beneficial owner in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time.

### Beneficial Owner information

3. The DP shall maintain all the details of the beneficial owner(s) as mentioned in the account opening form, supporting documents submitted by them and/or any other information pertaining to the beneficial owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.
4. The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of opening the demat account or furnished to the DP from time to time.

### Fees/Charges/Tariff

5. The Beneficial Owner shall pay such charges to the DP for the purpose of holding and transfer of securities in dematerialized form and for availing depository services as may be agreed to from time to time between the DP and the Beneficial Owner as set out in the Tariff Sheet provided by the DP. It may be informed to the Beneficial Owner that "no charges are payable for opening of demat accounts"
6. In case of Basic Services Demat Accounts, the DP shall adhere to the charge structure as laid down under the relevant SEBI and/or Depository circulars/directions/notifications issued from time to time.
7. The DP shall not increase any charges/tariff agreed upon unless it has given a notice in writing of not less than thirty days to the Beneficial Owner regarding the same.

### Dematerialization

8. The Beneficial Owner shall have the right to get the securities, which have been admitted on the Depositories, dematerialized in the form and manner laid down under the Bye Laws, Business Rules and Operating Instructions of the depositories.

### Separate Accounts

9. The DP shall open separate accounts in the name of each of the beneficial owners and securities of each beneficial owner shall be segregated and shall not be mixed up with the securities of other beneficial owners and/or DP's own securities held in dematerialized form.
10. The DP shall not facilitate the Beneficial Owner to create or permit any pledge and /or hypothecation or any other interest or encumbrance over all or any of such securities submitted for dematerialization and/or held in demat account except in the form and manner prescribed in the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996 and Bye-Laws/Operating Instructions/ Business Rules of the Depositories.

### Transfer of Securities

11. The DP shall effect transfer to and from the demat accounts of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the Beneficial Owner and the DP shall maintain the original documents and the audit trail of such authorizations.
12. The Beneficial Owner reserves the right to give standing instructions with regard to the crediting of securities in his demat account and the DP shall act according to such instructions.

### Statement of account

13. The DP shall provide statements of accounts to the beneficial owner in such form and manner and at such time as agreed with the Beneficial Owner and as specified by SEBI/depository in this regard.
14. However, if there is no transaction in the demat account, or if the balance has become Nil during the year, the DP shall send one physical statement of holding annually to such BOs and shall resume sending the transaction statement as and when there is a transaction in the account.
15. The DP may provide the services of issuing the statement of demat accounts in an electronic mode if the Beneficial Owner so desires. The DP will furnish to the Beneficial Owner the statement of demat accounts under its digital signature, as governed under the Information Technology Act, 2000. However if the DP does not have the facility of providing the statement of demat account in the electronic mode, then the Participant shall be obliged to forward the statement of demat accounts in physical form.
16. In case of Basic Services Demat Accounts, the DP shall send the transaction statements as mandated by SEBI and/or Depository from time to time.

### **Manner of Closure of Demat account**

17. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository. Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided no charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their demat account should be transferred to another demat account of the Beneficial Owner held with another DP or to rematerialize the security balances held.
18. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of thirty days as per procedure specified from time to time by the depository. Provided further, closure of demat account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

### **Default in payment of charges**

19. In event of Beneficial Owner committing a default in the payment of any amount provided in Clause 5 & 6 within a period of thirty days from the date of demand, without prejudice to the right of the DP to close the demat account of the Beneficial Owner, the DP may charge interest at a rate as specified by the Depository from time to time for the period of such default.
20. In case the Beneficial Owner has failed to make the payment of any of the amounts as provided in Clause 5&6 specified above, the DP after giving two days notice to the Beneficial Owner shall have the right to stop processing of instructions of the Beneficial Owner till such time he makes the payment along with interest, if any.

### **Liability of the Depository**

21. As per Section 16 of Depositories Act, 1996,
  1. Without prejudice to the provisions of any other law for the time being in force, any loss caused to the beneficial owner due to the negligence of the depository or the participant, the depository shall indemnify such beneficial owner.
  2. Where the loss due to the negligence of the participant under Clause (1) above, is indemnified by the depository, the depository shall have the right to recover the same from such participant.

### **Freezing/ Defreezing of accounts**

22. The Beneficial Owner may exercise the right to freeze/defreeze his/her demat account maintained with the DP in accordance with the procedure and subject to the restrictions laid down under the Bye Laws and Business Rules/Operating Instructions.

23. The DP or the Depository shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any regulator or court or any statutory authority.

### **Redressal of Investor grievance**

24. The DP shall redress all grievances of the Beneficial Owner against the DP within a period of thirty days from the date of receipt of the complaint.

### **Authorized representative**

25. If the Beneficial Owner is a body corporate or a legal entity, it shall, along with the account opening form, furnish to the DP, a list of officials authorized by it, who shall represent and interact on its behalf with the Participant. Any change in such list including additions, deletions or alterations thereto shall be forthwith communicated to the Participant.

### **Law and Jurisdiction**

26. In addition to the specific rights set out in this document, the DP and the Beneficial owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Rules, Bye Laws and Regulations of the respective Depository in which the demat account is opened and circulars/notices issued there under or Rules and Regulations of SEBI.
27. The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars/ notices issued by SEBI and Rules, Regulations and Bye-laws of the relevant Depository, where the Beneficial Owner maintains his/ her account, that may be in force from time to time.
28. The Beneficial Owner and the DP shall abide by the arbitration and conciliation procedure prescribed under the Bye-laws of the depository and that such procedure shall be applicable to any disputes between the DP and the Beneficial Owner.
29. Words and expressions which are used in this document but which are not defined herein shall unless the context otherwise requires, have the same meanings as assigned thereto in the Rules, Bye-laws and Regulations and circulars/notices issued there under by the depository and/or SEBI
30. Any changes in the rights and obligations which are specified by SEBI/Depositories shall also be brought to the notice of the clients at once.
31. If the rights and obligations of the parties hereto are altered by virtue of change in Rules and regulations of SEBI or Bye- laws, Rules and Regulations of the relevant Depository, where the Beneficial Owner maintains his/her account, such changes shall be deemed to have been incorporated herein in modification of the rights and obligations of the parties mentioned in this document.

UMRN Date 

Tick (✓)

SponsorBankCode

KKBKORTGSMI

UtilityCode

CREATE  
MODIFY  
CANCEL

I/Wehere by authorize

Name of

to debit(ti ck ✓)

SB/CA/CC/SB-NRE / SB-NRO /Other

Banka/ cnumber

with Bank

Nameof customersbank

IFSC

or MICR

anamoun tofR upees

₹

FREQUENCY  Mthly  Qtly  H-Yrly  Yrly  As & whenp resentedDEBITTYPE  Fixed Amount  MaximumA mount

Reference 1

PhoneNo .

Reference 2

Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From   
To 

(4)

Signature Primary Account holder

Signature of Account holder

Signature of Account holder

Signature of Account holder

Or  Until Cancelled

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

- This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorising the user entity/corporate to debit my account, based on the instructions as agreed and signed by me.
- I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where i have authorized the debit.

UMRN Date 

Tick (✓)

SponsorBankCode

KKBKORTGSMI

UtilityCode

CREATE  
MODIFY  
CANCEL

I/Wehere by authorize

Name of

to debit(ti ck ✓)

SB/CA/CC/SB-NRE / SB-NRO /Other

Bank a/c number

with Bank

Name of customers bank

IFSC

or MICR

anamoun tofR upees

₹

FREQUENCY  Mthly  Qtly  H-Yrly  Yrly  As & whenp resentedDEBITTYPE  Fixed Amount  MaximumA mount

Reference 1

PhoneNo .

Reference 2

Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From   
To 

(5)

Signature Primary Account holder

Signature of Account holder

Signature of Account holder

Signature of Account holder

Or  Until Cancelled

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

- This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorising the user entity/corporate to debit my account, based on the instructions as agreed and signed by me.
- I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where i have authorized the debit.



(Please Tear Here)



## MLB CAPITAL PVT. LTD.

(Depository Participant - NSDL) DP ID - IN302566

301/314, Pratap Chambers, Gurudwara Road, Karol Bagh, New Delhi-110 005  
Ph.: 011-45060600 (30 Lines), 28750370/0354 Fax : 011-45060666, 28759898  
E-mail:depository@mlbcapital.com • Website: www.mlbcapital.com

### ACKNOWLEDGEMENT

Accepted/Rejected the Application from Mr./Mrs.....as the sole/first holder alongwith.....and.....as the second and third holders respectively for opening of a depository account.Your Client Id will be intimated to you shortly on acceptance. Please quote the DP Id & Client Id allotted to you in all your future correspondence.

Date: .....

(11)

ParticipantS tamp&amp; S ignature

*This page is left blank intentionally*



# MLB CAPITAL PVT. LTD.

(Depository Participant - NSDL) DP ID - IN302566

301/314, Pratap Chambers, Gurudwara Road, Karol Bagh, New Delhi-110 005  
Ph.: 011-45060600 (30 Lines), 28750370/0354 Fax : 011-45060666, 28759898  
E-mail:depository@mlbcapital.com • Website: www.mlbcapital.com

## DP CHARGES

Revised Tariff for Beneficiary Accounts (with effect from March 1, 2022)

NATURE OF SERVICES	CHARGES (Please tick whichever applicable)		
	<input type="checkbox"/> Scheme N1	<input type="checkbox"/> Scheme N5	<input type="checkbox"/> Scheme NL
Account Maintenance Cycle	Four Quarter (One Year)	Twenty Quarter (Five Year)	Life Time
Maintenance Charges (Non-Corporate Account)	₹339/- for first Quarter Remaining three Quarters Free	₹999/- for first Quarter Remaining nineteen Quarters Free	₹1999/-
Maintenance Charges (Corporate Account)	₹1250/- for first Quarter Remaining three Quarters Free	Not Applicable	Not Applicable

## TRANSACTION CHARGES

Delivery	Market Transaction-Intra DP	₹11.50/-perinstruction
	Market Transaction-Inter DP	₹20/-perinstruction
	Off Market Transaction	₹25/-perinstruction
Pledge Creation/ Closure/ Invocation		₹50/- per instruction
Demat Charges		₹50/- for up to first thousand and after first hundred ₹10/- for every thousand securities or part thereof or a flat fee ₹10/- per certificate whichever is higher plus courier charges of ₹40/- for every 25 certificate and part there of.
Remat Charges		₹100/- for up to first hundred and after first hundred ₹30/- for every hundred securities or part there of or a flat fee ₹30/- per certificate whichever is higher
Mutual Funds (Demat / Redemption)		₹50/- per instruction plus courier charges
Instruction Booklet		₹2.5/- per leaf plus courier charges

Note:

- The Depository Participant shall reserve the right to revise the charges by giving not less than 30 days notice in writing to the client. • Modification in client detail, 40/- per instance. Maintenance charges will be charged in advance at the time of opening the account. • Rejection charges 50/- per rejection plus courier charges. Slip Rejection/Fail charges 20/- per rejection. Off-Market Instruction not received prior to 24 hours of execution will be received at client's risk. • Instruction for Pay-In of securities to transfer from client account to CM Pool account, Inter settlement instruction, CM Pool to CM Pool transfer and delivery instruction will be accepted up till 4:00 PM on working day prior to Pay-in date. Periodic statement free on Email and Rs 40 towards courier charges if sent physically. • Non-periodic statement shall be charged @5/-per page and postage/courier or actual charges whichever is higher. • In case of non-payment of bill/dues within 30 days of due date, interest shall be charged@1.5% per month on the outstanding dues. • Rs 100 will be charged to client in case of New Delivery Instruction Booklet is requested without requisition slip. • All charges are exclusive of GST.Taxes and other Government levies will be charged extra as applicable from time to time • Any other service not specified above shall be charged extra.Any charges debited by NSDL other than transaction charges or by the bank for activation/operation of ECS mandate shall be charged on actual basis.

**“AS per SEBI Circular No. CIR/MRD/DP/22/2012 dated 27th August 2012, all clients who are willing to hold only one demat account as first holder and DP holding valuation will be maintained below Rs. 2 Lac. is eligible to opt for BSDA (Basic Service Demat Account) subject to term and conditions mentioned by SEBI.” To opt BSDA scheme please sign a separate scheme sheet which can be obtained from our office.”**

### HOLDER'S SIGNATURES

(6)

First Holder Signature

SecondH older Signature

ThirdH older Signature

MLB Capital Pvt. Ltd.

(Authorised Signatory)

**FOR DP USE**

AT BRANCH

AT H.O.

Confirm that all the relevant documents are completely filled.

Open the Account

Verified by

Verified by

Authorised Signatory

Date

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

Authorised Signatory

Date

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



# MLB CAPITAL PVT. LTD.

CIN : U67120DL1996PTC079292

Depository Participant with NSDL

DP-ID-IN302566 DP SEBI Regn. No. IN-DP-264-2016

**In case of any grievances, kindly mail at : [mlbcaps@hotmail.com](mailto:mlbcaps@hotmail.com)**

301/314, Pratap Chambers, Gurudwara Road, Ph.: 91-11-45060600 (30 Lines), 28750370/0354  
Karol Bagh, New Delhi-110 005

Fax : 91-11-45060666, 28759898

E-mail: [depository@mlbcapital.com](mailto:depository@mlbcapital.com)

Website: [www.mlbcapital.com](http://www.mlbcapital.com)

May 2024