



www.mlbcapital.com

MLB CAPITAL PVT. LTD.

Value is what we give

CIN : U67120DL1996PTC079292

Depository Participant with NSDL

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

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

In case of any grievances, kindly mail at mlbcaps@hotmail.com

DEMAT ACCOUNT OPENING FORM

 **NON-INDIVIDUAL**

Depository Participant : NSDL

DP ID

I	N	3	0	2	5	6	6
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Client ID

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Note : Kindly read account opening instructions before filling the form.

Form No.:.....

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. All supporting documents should be self attested.
6. All supporting documents should be on A4 size paper.
7. No cutting/ over-writing/fluid will be allowed on KYC form.
8. Form should be complete in all respect.

CHECKLIST :

1. Copy of Pan Card.
2. Board Resolution for opening and operating demat account (format enclosed in form).
3. Photograph, Identity proof and Add Proof of Authorized Signatories (other than directors if any).
4. Address Proof of Registered & Correspondence Address
5. Form 32 & Form 18 with ROC Receipt / Challan
6. Copy of cancelled cheque
7. Payment by cheque/cash
8. Copy of Membership Certificate from exchange (only for CM)
9. Copy of Allotment of CM-ID letter issued by exchange(only for CM)

Additional documents to be obtained under KRA are as mentioned below:

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

WATCH OUTS / LAST MINUTES REVIEW

1. The A/c opening form is filled properly and do have :
 - a. Clients Signature at all the places where ⊗ marked.
 - b. Address - as it appears on the address proof. In case Permanent & Correspondence address are different, make sure to provide address proof for both of them.
 - c. N. A. Mentioned at all places not applicable to the client.
2. White ink is not allowed either on form or on agreement. All corrections to be countersigned with full signature.
3. All proofs, photographs and signature on the form should be clearly visible.
4. All proofs should be signed by Branch official and stamped with "VERIFIED AGAINST ORIGINAL."

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity / Other than Individuals



Important Instructions:

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

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

Application Type* New Update

KYC Number (Mandatory for KYC update request)

1. ENTITY DETAILS* (Please refer instruction A at the end)

Name*

Entity Constitution Type* Others (Specify) (Please refer instruction B at the end)

Date of Incorporation / Formation* DD - MM - YYYY Date of Commencement of Business DD - MM - YYYY

Place of Incorporation / Formation* Country of Incorporation / Formation* TIN or Equivalent Issuing Country

PAN* Form 60 furnished

TIN / GST Registration Number

2. PROOF OF IDENTITY (PoI)* (Please refer instruction B at the end)

Officially void document(s) in respect of person authorised to transact

Certificate of Incorporation / Formation Registration Certificate Regn. Certificate No.

Memorandum and Articles of Association Partnership Deed Trust Deed

Resolution of Board / Managing Committee Power or attorney granted to its manager, officers or employees to transact on its behalf

Activity Proof - 1 (For Sole Proprietorship Only) Activity Proof - 2 (For Sole Proprietorship Only)

3. ADDRESS* (Please refer instruction C at the end)

3.1 Registered Office Address / Place of Business*

Proof of Address* Certificate of Incorporation / Formation Registration Certificate Other Document

Line 1*

Line 2

Line 3 City / Town / Village*

District Pin / Post Code* State / U.T. Code* ISO 3166 Country Code*

3.2 Local Address in India (If different from Above)*

Line 1*

Line 2

Line 3 City / Town / Village*

District Pin / Post Code* State / U.T. Code* ISO 3166 Country Code*

4. CONTACT DETAILS (All communication will be sent to Mobile number / E-mail ID provided may be used) (Please refer instruction D at the end)

Tel. (Off) - FAX -

Mobile - Email ID

Mobile - Email ID

5. NUMBER OF RELATED PERSONS (Please refer instruction E at the end)

Annexure A2 | Legal Entity / Other than Individuals

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person



Important Instructions:

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

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

Application Type* New Update Delete

KYC Number (Mandatory for KYC update request)

1 DETAILS OF RELATED PERSON* (Please refer instruction E at the end)

Addition of Related Person Deletion of Related Person Update Related Person Details

KYC Number of Related Person (if available*) If KYC number is available, only 'Related Person Type' & 'Name' is mandatory

Related Person Type* Director Promoter Karta Trustee Partner Court Appointment Official Proprietor
 Beneficiary Authorised Signatory Beneficial Owner Power of Attorney Holder Other (Please specify)

DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS (Please refer instruction E at the end)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<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"/>
Mother Name	<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"/>
Gender*	<input type="checkbox"/> Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Nationality*	<input type="checkbox"/> IN-Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)		
PAN*	<input type="text"/>	Form 60 furnished		

1.2 PROOF OF IDENTITY AND ADDRESS* (Please refer instruction E at the end)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number
- B- Voter ID Card
- C- Driving Licence
- D- NREGA Job Card
- E- National Population Register Letter
- F- Proof of possession of Aadhaar

II E-KYC Authentication

III Offline verification of Aadhaar

PHOTO*

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T. Code* ISO 3166 Country Code*

1.3. CURRENT ADDRESS DETAILS (Please refer instruction E at the end)

Same as above mentioned address (in such cases address details as below need not be provided)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number
- B- Voter ID Card
- C- Driving Licence
- D- NREGA Job Card
- E- National Population Register Letter
- F- Proof of possession of Aadhaar

II E-KYC Authentication

III Offline verification of Aadhaar

IV Deemed PoA

V Self Declaration

Address

Line 1*
Line 2
Line 3 City / Town / Village*
District* Pin / Post Code* State / U.T. Code* ISO 3166 Country Code*

1.4. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email ID) (Please refer instruction **D** at the end)

Tel. (Off) - Tel. (Res) - Mobile -
FAX - Email ID

2. APPLICANT DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it.
- I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature / Thumb Impression]
Signature / Thumb Impression of Applicant

Date : - - Place :

3. ATTESTATION / FOR OFFICE USE ONLY

- Documents Received** Certified Copies E-KYC data received from UIDAI Data received from Offline verification
 Digital KYC process Equivalent e-document

KYC / IN-PERSON VERIFICATION CARRIED OUT BY

Date Place
Emp. Name
Emp. Code
Emp. Designation
Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name **MLB CAPITAL PVT. LTD.**
Code

[Institution Stamp]

Annexure A2 | Legal Entity / Other than Individuals

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person



Important Instructions:

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

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

Application Type* New Update Delete

KYC Number (Mandatory for KYC update request)

1 DETAILS OF RELATED PERSON* (Please refer instruction E at the end)

Addition of Related Person Deletion of Related Person Update Related Person Details

KYC Number of Related Person (if available*) If KYC number is available, only 'Related Person Type' & 'Name' is mandatory

Related Person Type* Director Promoter Karta Trustee Partner Court Appointment Official Proprietor

Beneficiary Authorised Signatory Beneficial Owner Power of Attorney Holder Other (Please specify)

DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS (Please refer instruction E at the end)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<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"/>
Mother Name	<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"/>
Gender*	<input type="checkbox"/> Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Nationality*	<input type="checkbox"/> IN-Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)		
PAN*	<input type="text"/>	Form 60 furnished		

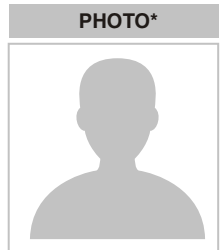
1.2 PROOF OF IDENTITY AND ADDRESS* (Please refer instruction E at the end)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number
- B- Voter ID Card
- C- Driving Licence
- D- NREGA Job Card
- E- National Population Register Letter
- F- Proof of possession of Aadhaar

II E-KYC Authentication

III Offline verification of Aadhaar



Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T. Code* ISO 3166 Country Code*

1.3. CURRENT ADDRESS DETAILS (Please refer instruction E at the end)

Same as above mentioned address (in such cases address details as below need not be provided)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number
- B- Voter ID Card
- C- Driving Licence
- D- NREGA Job Card
- E- National Population Register Letter
- F- Proof of possession of Aadhaar

II E-KYC Authentication

III Offline verification of Aadhaar

IV Deemed PoA

V Self Declaration

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T. Code* ISO 3166 Country Code*

1.4. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email ID) (Please refer instruction **D** at the end)

Tel. (Off) - Tel. (Res) - Mobile -

FAX - Email ID

2. APPLICANT DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it.
- I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Date : - - Place :

3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification

Digital KYC process Equivalent e-document

KYC / IN-PERSON VERIFICATION CARRIED OUT BY

Date Place

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name **MLB CAPITAL PVT. LTD.**

Code

[Institution Stamp]



MLB CAPITAL PVT. LTD.

(Depository Participant - NSDL) DP ID - IN302566

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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/- per instruction
	Market Transaction-Inter DP	₹20/- per instruction
	Off Market Transaction	₹25/- per instruction
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 thereof
Remat Charges		₹100/- for up to first hundred and after first hundred ₹30/- for every hundred securities or part thereof 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 charge@Rs.40 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."

(2)

(Sole / First Holder)

(Second Holder)

(Third Holder)

For MLB Capital Pvt. Ltd.

Authorised Signatory



(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 :

(7)

Participant Stamp & Signature

ANNEXURE TO ACCOUNT OPENING FORM FOR OPENING OF DEPOSITORY ACCOUNT

(As required vide SEBI circular No. CIR/MIRSD/64/2016 dated 12.07.2016)

To,

MLB Capital Pvt. Ltd.

Regd. Off.: 301, Pratap Chambers,
Gurudwara Road, Karol Bagh,
New Delhi - 110005

Dear Sir,

I/We hereby request you to kindly provide the following 'Standard' documents in

electronic or physical forms :

- 1) Rights & obligations of beneficial owner and depository participant as prescribed by SEBI and depositories;

I/We are also aware that the aforesaid documents are available on your website as well as website of the depositories for my/our reference.

Client Signature : (3)

Client Name :



MLB CAPITAL PVT. LTD.

(DP- NSDL) DP ID : IN 302566 • SEBI REGISTRATION NO.: IN-DP-264-2016
301/314, Pratap Chambers, Gurudwara Road, Karol Bagh, New Delhi-110 005
Ph.: 011-45060600 (30 Lines), 28750370/0354 • Fax : 011-45060666, 28759898

Serial No.

APPLICATION FORM FOR OPENING AN ACCOUNT (FOR NON-INDIVIDUALS ONLY)

Date :	Client ID (To be filled by MLB)																		
--------	------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

We request you to open a depository account in our name as per the following details :
(Please fill all the details in CAPITAL LETTERS only and tick the appropriate box)

Type of Account	
<input type="checkbox"/> Body Corporate	<input type="checkbox"/> FI
<input type="checkbox"/> Trust	<input type="checkbox"/> Bank
<input type="checkbox"/> FII	<input type="checkbox"/> CM
<input type="checkbox"/> Qualified Foreign Investor	<input type="checkbox"/> Others (Specify) _____
<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> HUF

Sole/First Holder's Details

Name of Corporate																			
Registered Office Address																			
											Pin Code								
Correspondence Address (If different from above. Mandatory for non-resident applicant to specify overseas address)																			
											Pin Code								
Telephone No.					Mobile					SMS Facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
Fax No.					E-mail ID														

Other Holder's Details

Second Holder Name																			
Name of Father/Husband																			
Address																			
											Pin Code								
Telephone/Fax No.					Mobile					SMS Facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
Occupation					E-mail ID														

Third Holder Name																			
Name of Father/Husband																			
Address																			
											Pin Code								
Telephone/Fax No.					Mobile					SMS Facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
Occupation					E-mail ID														

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

Name												PAN										
------	--	--	--	--	--	--	--	--	--	--	--	-----	--	--	--	--	--	--	--	--	--	--

In case of FIIs / Others (as may be applicable)

RBI Approval Reference No.					RBI Approval Date	D	D	M	M	Y	Y	Y	Y
SEBI Registration No. (for FIIs)													

Bank Details

Bank Sub-Type	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> Others (Pl. Specify)
Bank Account No.			
Bank Name			
Branch Address			Pin Code
9-Digit Code Number of the Bank and branch appearing on the MICR cheque book issued by the bank.			
IFSC Code			

Financial Details	P.A.N. No.	Brief Details
Sole/First Holder		
Second Holder		
Third Holder		

Income Details (Please Specify)

Income Range per annum (please tick any one) <input type="checkbox"/> Below Rs. 20 Lac <input type="checkbox"/> Rs. 20 Lac - 50 Lac <input type="checkbox"/> Rs. 50 Lac - 1 Crore <input type="checkbox"/> Above Rs. 1 Crore	and	Networth Amount Rs. _____ As on (Date) <table border="1" style="display: inline-table;"><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> (Networth should not be older than 1 year)	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			

Clearing Member Details (to be filled up by Clearing Members only)

1.	Name of Stock Exchange	
2.	Name of Clearing Corporation/Clearing House	
3.	Clearing Member ID	
4.	SEBI Registration Number	
5.	Trade Name	
6.	CM-BP-ID (to be filled up by Participant)	

Standing Instructions

We authorise you to receive credits automatically into our account	<input type="checkbox"/> Yes	<input type="checkbox"/> No.
Account to be operated through Power of Attorney (PoA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No.
Mode of Receiving Statement of Account (Tick any one)	<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form (Read Note 5 and ensure that correct email ID is provided)	
No download of email ID to Issuer/R&T Agent (Read Note 8)	<input type="checkbox"/>	

Please tick, if applicable, for any of your authorized signatores/ Promoters/Partners/Karta/Trustees/whole time directors :	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)
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INTRODUCTION

Introduction (By an existing account holder of MLB Capital Pvt. Ltd., DP-ID : IN302566) I confirm the identify and address of the applicant (s) Name _____ Client Id _____ Signature of Introducer _____ (To be verified by DP Official)	OR	Banker's Verification This is to certify that Mr./Ms. _____ whose signatures are attested below is maintaining a saving / current account no. _____ with us. _____ Signature of A/c Holder Auth. Signatory of Bank with Seal
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LIST OF FAMILY MEMBERS - For HUF Accounts only (Separate Annexure may be used in case number of member is higher)

Sr. No.	Name of Coparcener/ Member	Gender	Date of Birth (dd/mm/yyyy)	Relation with Karta	Whether Coparcener/ Member (Pl. Specify)
1.					
2.					
3.					
4.					
5.					
6.					

DECLARATION

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by us and we have understood the same and we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, we are aware that we may be held liable for it.

We acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

Please attach recent passport size photographs of Authorised Signatories of in the space provided below :

Sole/First Holder	Second Holder	Third Holder
<p>⊗ (4) Signature across Photograph</p>	<p>⊗ Signature across Photograph</p>	<p>⊗ Signature across Photograph</p>

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

Holder	Name	Signature
First Authorised Signatory/Karta of HUF		⊗ (5)
Second Authorised Signatory		⊗
Third Authorised Signatory		⊗

Other Holders

Second Holder		⊗
Third Holder		⊗

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

<input type="checkbox"/> Any one singly	
<input type="checkbox"/> Jointly by	
<input type="checkbox"/> As per resolution	
<input type="checkbox"/> Others (Pl. Specify)	

Notes:

1. In case of additional signatures, separate annexures should be attached to the application form.
2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
3. For receiving Statement of Account in electronic form:
 - I. Client must ensure the confidentiality of the password of the email account.
 - II. Client must promptly inform the Participant if the email address has changed.
 - III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
4. SMS Alert Facility : Mandatory if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form.
5. Decide how you want to receive the annual reports, notices, etc. from companies i.e. whether by email or in paper form by post/courier. You can register your email address in your demat account and choose whether to share the email address with the companies/Registrar & Transfer Agents. The default option is to share the email address with the companies/Registrar and Transfer Agents. If you want to register your email address in your demat account and still want to receive the annual reports, notices, etc. from companies in paper form, you can check to enable the option "No download of email ID to Issuer/R&T Agent".
6. Strike off whichever is not applicable.

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.



MLB CAPITAL PVT. LTD.

FATCA & CRS Declaration - Non-Individual

PAN Trading Code DP Code

Name

Place of Incorporation Country of Incorporation

Address Type Residential Business Residential / Business

Gross Annual Income Below Rs. 1 Lac Rs. 1 Lac to 5 Lac Rs. 5 Lac to 10 Lac
 Rs. 10 Lac to 25 Lac Rs. 25 Lac to 1 Crore > 1 Crore

Net Worth Amount Rs..... Net Worth as on
(Net worth should not be older than 1 year)

Please tick the applicable tax resident declaration -

I. Is "Entity" a tax resident of any country other than India Yes No

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

Sr. No.	Country	Tax Identification Number	Identification Type (TIN or Other*, please specify)
1.			
2.			
3.			

In case Tax Identification Number is not available, kindly provide its functional equivalent.
In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

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

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

1. We are a, Financial institution (Refer 1 Part of C) or Direct reporting NFE (Refer 3(vii) Part of C) (please tick as appropriate)

GIIN

Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below
Name of sponsoring entity _____

GIIN not available (please tick as applicable) **Applied for** Not obtained – Non-participating FI
 Not required to apply for - please specify 2 digits sub-category (Refer 1A Part of C)

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

1. Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2A Part of C) Yes No (If yes, please specify any one stock exchange on which the stock is regularly traded)
Name of stock exchange _____

2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2B of Part C) Yes No (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)
Name of listed company _____
Nature of relation: Subsidiary of the Listed Company or Controlled by a Listed Company
Name of stock exchange _____

3. Is the Entity an Active NFE ? Yes No Nature of Business _____
Please specify the sub-category code (Refer 2C Part of C)

4. Is the Entity a Passive NFE ? (Refer 3(ii) Part of C) Yes No Nature of Business _____

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category): Unlisted Company Partnership Firm Limited Liability Partnership Company
 Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust
 Others (please specify _____)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) Part of C)

Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3(iv) (A) Part of C)			
Country of Tax residency*			
PAN #			
Address	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Tax ID %			
Tax ID Type			
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Holding (%) ⁵			

* To include US, where controlling person is a US citizen or green card holder

[#] If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.

^{**} In case Tax Identification Number is not available, kindly provide functional equivalent

⁵ Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

CERTIFICATION

I/We have understood the information requirements of this form (read along with the FATCA & CRS instructions & definitions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and conditions below and hereby accept the same.

Name

Designation

Client Signature

 (6)

Date :

Place :

For Investor convenience, MLB Capital Pvt. Ltd. collecting this mandatory information for updating across all Group Companies of MLB Capital Pvt. Ltd. whether you are already an investor or would become an investor in future.

Please submit the form fully filled, signed, for all the holders, separately, and submit or dispatch the hard copy to

MLB Capital Pvt. Ltd.

301, Pratap Chambers, Gurudwara Road, Karol Bagh, New Delhi-110005, Ph.: 011-45060600

FATCA & CRS Terms & Conditions

Towards compliance with tax information sharing laws such as FATCA, we would required to seek additional personal, tax and beneficiary owner information and certain certification and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances we may be obliged to share information on your account with relevant tax authorities. If you have any question about your tax residency please contact your tax advisor. Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/tax authorities, we may also be constrained to withhold and pay out any sum 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.

If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.



UMRN

Date

Tick (✓)

Sponsor Bank Code

KKBKORTGSMI

Utility Code

CREATE
MODIFY
CANCEL

I/We hereby authorize

to debit (tick ✓)

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

Bank a/c number

with Bank

Name of customers bank

IFSC

or MICR

an amount of Rupees

₹

FREQUENCY Mthly Qtly H-Yrly Yrly As & when presentedDEBIT TYPE Fixed Amount Maximum Amount

Reference 1

Phone No.

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

Or Until Cancelled (7) Signature Primary Account holder Signature of Account holder Signature of Account holder

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 (✓)

Sponsor Bank Code

KKBKORTGSMI

Utility Code

CREATE
MODIFY
CANCEL

I/We hereby authorize

to debit (tick ✓)

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

Bank a/c number

with Bank

Name of customers bank

IFSC

or MICR

an amount of Rupees

₹

FREQUENCY Mthly Qtly H-Yrly Yrly As & when presentedDEBIT TYPE Fixed Amount Maximum Amount

Reference 1

Phone No.

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

Or Until Cancelled (8) Signature Primary Account holder Signature of Account holder Signature of Account holder

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.

FORMAT OF BOARD RESOLUTION IN CASE OF CORPORATE - For Trading and Depository Account

(To be obtained on pre-printed letterhead of the company)

CERTIFIED TRUE COPY OF RESOLUTION PASSED IN THE MEETING OF BOARD OF DIRECTORS OF M/s _____ HELD ON _____ DAY _____ OF _____ 20 _____ AT REGISTERED OFFICE OF THE COMPANY.

“RESOLVED THAT the company to do investment/trading in securities/derivatives market and to do all necessary acts, deeds and actions required in this regard.”

“RESOLVED FURTHER THAT a Beneficiary Account for dealing in the Depository / Electronic segment of NSDL and Trading Account for the purpose of dealing in Capital Market segment, Futures and Options segment in Equity Derivatives & Currency derivatives of NSE/BSE, to be opened with MLB Capital Pvt. Ltd. in the name and style of M/s _____.

“RESOLVED FURTHER THAT Mr. _____, and / or Mr. _____, director of the company be and are hereby authorised on behalf of the company to sign, execute and submit applications, undertakings, agreements and other requisite documents as may be deemed necessary to open and maintain trading account and depository account with MLB Capital Pvt. Ltd. and to complete KRA KYC registration, and are authorised to appoint own-self or any other person to sell, purchase, transfer, endorse and/or otherwise deal through MLB Capital Pvt. Ltd.

“RESOLVED FURTHER THAT this resolution be communicated to the MLB Capital Pvt. Ltd., and remain in force until notice in writing be given to the MLB Capital Pvt. Ltd.”

For _____

Chairman / Director

FORMAT OF BOARD RESOLUTION IN CASE OF CORPORATE - For Depository Account

(To be obtained on pre-printed letterhead of the company)

CERTIFIED TRUE COPY OF RESOLUTION PASSED IN THE MEETING OF BOARD OF DIRECTORS OF M/s _____ HELD ON _____ DAY _____ OF _____ 20 _____ AT REGISTERED OFFICE OF THE COMPANY.

“RESOLVED THAT the company to do investment in securities market and to do all necessary acts, deeds and actions required in this regard.”

“RESOLVED FURTHER THAT a Beneficiary Account for dealing in the Depository / Electronic segment of NSDL, to be opened with MLB Capital Pvt. Ltd. in the name and style of M/s _____.

“RESOLVED FURTHER THAT Mr. _____, and / or Mr. _____, director of the company be and are hereby authorised on behalf of the company to sign, execute and submit applications, undertakings, agreements and other requisite documents as may be deemed necessary to open and maintain depository account with MLB Capital Pvt. Ltd. and to complete KRA KYC registration, and are authorised to appoint own-self or any other person to transfer, endorse and/or otherwise deal through MLB Capital Pvt. Ltd.

“RESOLVED FURTHER THAT this resolution be communicated to the MLB Capital Pvt. Ltd., and remain in force until notice in writing be given to the MLB Capital Pvt. Ltd.”

For _____

Chairman / Director



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

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
Website : www.mlbcapital.com