

SR. NO. _____

WOODSTOCK BROKING PVT. LTD.

DEPOSITORY PARTICIPANT OF CENTRAL DEPOSITORY SERVICES (I) LTD.

CIN NO. U999999MH1994PTC108675

SEBI REGI NO.: IN-DP-458-2020

ACCOUNT OPENING FORM FOR INDIVIDUAL/NON-INDIVIDUAL

Account No. : 12093600

Name (1) : _____

Name (2) : _____

Name (3) : _____

DP Internal Ref. No. : _____

CORPORATE OFFICE: Office No. 71, 7th Floor, NCL Building, NCL Bandra Premises Co-Op. Society Ltd,
BKC, Bandra (East), Mumbai - 400 051.

Email ID: woodstock@wsspl.net • Tel.: 022-41686000 • Fax: 022-41686014

(F) **Association of Persons (AOP)**

- a) Object of the association. b) Powers of the Managing Committee. c) Copy of the Bye Laws.

(G) **Proprietary / Partnership Firms**

BO accounts in the name of the Proprietorship Concern or Partnership Firm cannot be opened in CDSL system. KYC application form / KRA details are to be obtained for proprietor / partners and partnership firm. For Partnership firm, Partnership deed is also to be obtained. The pan card details of the partnership firm / proprietor is to be updated in the CDSL system.
BO's Account can have a maximum of three names associated with it: the Sole/ First Account holder, the First Joint holder and the Second Joint holder. One passport-size photograph of each applicant shall be pasted on the form along with their signatures across the photograph and Account Opening Form.

(H) **Foreign Corporate**

A duly signed declaration that the corporate has complied with, and will continue to comply with, FEMA Regulations and other applicable laws.

(I) **Clearing Member (CM)**

- a) If CM is a corporate body: True copy of certificate of registration with SEBI, certified by Managing Director/Company Secretary / notarized.
b) If CM is a not a corporate body: • The CM account (CM Pool / CM Principal / 1 / Early Pay-in) may be opened in the CDSL system:
i)- either in the name of the partnership firm/entity as mentioned on the Certificate of Registration with SEBI, or ii)- in the name of the proprietor or partners (up to three partners). • Photocopy of Certificate of Registration with SEBI, duly notarized.
c) Asset Management Company (AMC) Pool Account: • This account is linked with a stock exchange.
Following document is to be submitted by the AMC for opening the pool account with any DP of CDSL for the purpose of settlement of mutual fund units:
• Letter / circular / instructions issued by the concerned Stock Exchange indicating the CM ID.

(J) **OCBs**

- a) Certified true copy of Board Resolution, certified by Managing Director/Company Secretary for persons authorized by the Board to act as authorized signatory (ies).
b) Names of the authorized signatory (ies), designation, photographs and their specimen signatures, certified by Managing Director/Company Secretary.
c) Memorandum and Articles of Association of the Company.
d) RBI Registration Certificate.
e) Declaration from the OCB that it meets with the guidelines issued by RBI / Ministry of Finance.
f) Certificate from overseas auditors in Form OAC or OAC – 1, as may be applicable.
g) Statement of account from the Bank.

(K) **Society**

Registered Society: The account shall be opened in the name of the society.
Unregistered Society: a) The account shall be opened in the names of the members under "Individual" category (maximum three account holders).
b) All the documents, as applicable for account opening under individual category, shall be obtained.

(L) **Trust**

Public Trust/ Charitable Trust and Trust capable of holding property in its name (Registered Trust /Public Trust):

- a) Account shall be opened in the name of the Trust.
b) Certificate of Registration of Trust under the Societies Registration Act/Public Trust Act, 1860 / Bombay Public Trust Act, 1950 / Public Trust Act, of relevant State.
c) Certified true copy of Board Resolution to open the demat account and specifying the persons authorized by the Board to act as Authorized signatory(ies) to operate the demat account.
d) Names of the authorized signatories, designation, and their specimen signatures duly verified by the Managing Trustee.

Private Trust:

- a) The Board of Trustees shall specify the names of the trustee/s who shall hold/ operate the demat account.
b) The account shall be opened in the names of the trustees under "Individual" category of the first named trustee (maximum three account holders).
Recognized Funds / Trusts/ Other similar entities.

The Funds/ Trusts/ Entities presently included under this category are as follows:

- a) Employees Provident Fund, which have been recognized by the Provident Fund Commissioner under Employee's Provident Funds & Miscellaneous Provisions Act, 1952.
b) Employees Gratuity Fund, which are formed under Payment of Gratuity Act, 1972.
c) Superannuation Fund which are formed under the guidelines issued by Income Tax Department.
d) Venture Capital Funds which are registered by SEBI.
(e) ESOP Trust formed pursuant to the guidelines issued by SEBI).

Accounts of the above Funds/ Trusts/ Entities shall be opened in the name of above Funds/ Trusts/ Entities as they are recognized either under the Income Tax Act or Securities & Exchange Board of India Act, etc.

Documents to be furnished by the above Funds/ Trusts/ Entities and other Funds/ Trusts/ Entities, which are similarly placed, are:

- Certificate of Registration, if any, issued by the authority recognizing the Fund / Trust / Entity as such; • Trust Deed and Rules and/or any document or charter defining their constitution and providing for management thereof; • List of Members on the Board of Trustees/Governing Body; • Certified true copy of the Resolution passed by the Board of Trustees/Governing Body to open the demat account and specifying the persons authorized by the Board to act as Authorized signatory(ies) to operate the demat account; • Names of the authorized signatories, designation, and their specimen signatures duly verified by the Managing Trustee;

(M) **Banks**

- a) Certified true copy of Board Resolution, or b) Letter on the letterhead of the bank, signed by the Chairman/MD authorizing opening of account and authority given to authorized signatories to open and operate the demat account.

(N) **Mutual Funds**

SEBI Registration Certificate clearly indicating the name of the Mutual Fund.

(O) **Escrow Account**

- KYC form / KRA details of entity that is opening the account (RTA / Clearing Member / Manager to the Issue). • The photographs of the authorized signatory (ies) who would be operating the account. • PAN card of both parties i.e. Corporate entity & Escrow Agent. The PAN details of the Corporate entity would have to be captured in the CDSL system.

Procedure for opening Escrow account.

- The escrow account shall be opened in the name and form of < Issuer name> - <Reason for opening the escrow account>-operated by-<Operator Name> for e.g. Infosys Technologies Ltd. – Buyback Account - Operated by – Karvy Consultants Ltd. • The photographs of authorized signatories who will be opening the account as well as who will be operating the account along with name, designation shall also be obtained. • The escrow account shall be active for the limited period of the activity for which it has been opened. Such period shall be as specified by SEBI / CDSL or any such regulating authority from time to time. After the specified period is over the account shall be closed by the DP irrespective of whether the closure instruction is received from the account holder or not.

(P) **Limited Liability Partnership Firm**

Demat Account for Limited Liability Partnership Firm [which is registered under the Limited Liability Partnership Act (2008)]

Such an account shall be opened as: <"Company Name" Limited Liability Partnership> or <"Company Name" LLP>. For example, if the company name is "ABC" then the demat account shall be opened in the name of <ABC Limited Liability Partnership> or <ABC LLP>.

The following documents shall be obtained :

- (i) Registration Certificate granted by the Registrar to the LLP under the LLP Act 2008. (ii) Declaration, on the letterhead of the LLP signed by all the designated partner/s clearly stating that the within named persons, who are designated partners of the LLP, have been nominated as authorized signatories to open and operate the said demat account on behalf of the LLP. (iii) The declaration shall specify the manner in which the account will be operated, that is: jointly or severally and shall give details of the names, addresses and DPIN [Designated Partner Identification Number allotted by the Registrar for each designated partner]/DIN [Directors Identification Number] along with their signatures and photographs. (iv) PAN Card details of the LLP are to be entered in the CDSL system. (v) The bank details in the name of the LLP, as sole / first holder in the bank account. (vi) PAN card of the authorized signatories to be kept on record. (vii) In case of change in registered office address of the LLP, the DP should take on record the notice of change of address filed by the LLP with the Registrar
• Joint holders in the demat account may be allowed. • Nomination in such demat accounts shall not be allowed. • Such demat accounts shall be opened under "Corporate" status in the CDSL system with the sub-status "Limited Liability Partnership".

MANAGING YOUR DEMAT ACCOUNT WITH CDSL

SIMPLE DOs and DON'Ts

1. Verify your transaction statement carefully for all debits and credits in your account. In case of any unauthorized debit or credit, inform your DP or CDSL.
2. Intimate any change of address or change in bank account details to your DP immediately.
3. While accepting the Delivery Instruction Slip (DIS) book from your DP, ensure that your BO ID is pre-stamped on all the pages along with the serial numbers.
4. Keep your DIS book safely and do not sign or issue blank or incomplete DIS slips.
5. Strike out the empty space, if any, in the DIS, before submitting to DP.
6. For market transactions, submit the DIS ahead of the deadline time. DIS can be issued with a future execution date.
7. The demat account has a nomination facility and it is advisable to appoint a nominee to facilitate your heirs in obtaining the securities in your demat account, on completion of the necessary procedures.
8. To open and operate your demat account, copy of PAN card of all account holders is to be submitted to the DP along with original PAN card, for verification.
9. Register for CDSL's SMART (SMS Alerts Related to Transactions) facility. If any unauthorized debit is noticed, the BO should immediately inform CDSL and the Main DP, in writing. An email may be sent to CDSL at complaints@cdslindia.com.
10. Register for CDSL's Internet based facility "easi" to monitor your demat account yourself. Contact your DP or visit CDSL's website: www.cdslindia.com for details.
11. In order to receive all the credits coming to your demat account automatically, you can give a one-time, standing instruction to your DP.
12. Before granting Power of Attorney to anyone, to operate your demat account, carefully examine the scope and implications of powers being granted.

INSTRUCTIONS TO THE APPLICANTS (BOS) FOR ACCOUNT OPENING

1. Signatures can be in English or Hindi or any of the other languages contained in the 8th Schedule of the Constitution of India. Thumb impressions and signatures other than the above mentioned languages must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate / Special Executive Officer under his/her official seal.
2. Signatures should be preferably in black ink.
3. Details of the Names, Address, Telephone Number(s), etc., of the Magistrate / Notary Public / Special Executive Magistrate / Special Executive Officer are to be provided in case of attestation done by them.
4. In case of additional signatures (for accounts other than individuals), separate annexures should be attached to the account opening form.
5. In case of applications containing a Power of Attorney, the relevant Power of Attorney or the self-certified copy thereof, must be lodged along with the application.
6. All correspondence / queries shall be addressed to the first / sole applicant.
7. Strike off whichever option, in the account opening form, is not applicable.

*Note that we will not accept any old delivery instruction slip on or after January 07, 2016 As per CDSL Circular no CDSL/OPS/DP/POLCY/4664 dated August 27, 2014.

*As per SEBI circular now onward mobile no and email ID of (Self/ spouse/ dependent children /dependent Parents) only consider, if you have single email id and contact detail to multiple account, kindly update Separate details (refer Annexure II

List of supporting document for individual	List of supporting document for Corporate
<ul style="list-style-type: none">• Copy of ITR Acknowledgement• Copy of Annual Accounts• In case of salary income - Salary Slip, Copy of Form 16• Net-worth certificate• Bank account statement for last 6 months• Copy of Holding statement of de-mat account• Any other relevant documents substantiating ownership of assets• Self declaration along with relevant supporting	<ul style="list-style-type: none">• Net-worth certificate• Annual financial statement (P&L, Balance sheet)

A Clarification / Guidelines on filling 'Personal Details' section

- 1 **Name:** The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 One the following is mandatory: **Mother's name, Spouse's name, Father's name.**

B Clarification / Guidelines on filling 'Current address details' section

- 1 In case of deemed POA such as utility bill, the document need not be uploaded on CKYCR
- 2 PoA to be submitted only if the submitted Pol does not have current address or address as per Pol is invalid or not in force.
- 3 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 4 In Section 2, one of I, II and III is to be selected. In case of online E-KYC authentication, II is to be selected.
- 5 In Section 3, one of I, II, III and IV is to be selected. In case of E-KYC authentication, II is to be selected.
- 6 List of documents for 'Deemed Proof of Address'.

Document Code	Description
---------------	-------------

- 01 Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
 - 02 Property or Municipal Tax receipt.
 - 03 Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
 - 04 Letter of allotment of accommodation from employer issued by State Government or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies and leave and license agreements with such employers allotting official accommodation.
- 7 Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.
 - 8 "Equivalent e-document" means an electronic equivalent of a document issued by the issuing authority of such document with its valid digital signature including issued to the digital locker account of the client as per rule 9 of the information Technology (Preservation and Retention of information by intermediaries Providing Digital Locker Facilities) Rules, 2016.
 - 9 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.

C Clarification / Guidelines on filling 'Contact details' section

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

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

- 1 Provide KYC number of related person, if available.

E Clarification on Minor

- 1 Guardian details are optional for minors above 10 years of age for opening of bank account only
- 2 However, in case guardian details are available for minor above 10 years of age, the same (or CKYCR number of guardian) is to be uploaded.

CENTRAL KYC REGISTRY - KNOW YOUR CLIENT (KYC) APPLICATION FORM - INDIVIDUAL

MANDATORY

Important Instructions:

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

(First Holder)
WOODSTOCK BROKING PVT. LTD.



For office use only Application Type* New Update

(To be filled by financial institution) KYC No. _____ (Mandatory for KYC update required)

Account Type* Normal Minor Aadhaar OTP based E-KYC (in non-face to face mode)

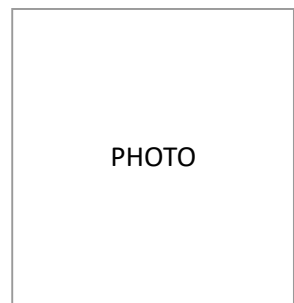
1. PERSONAL DETAILS (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	_____	_____	_____	_____
Maiden Name	_____	_____	_____	_____
Father / Spouse Name*	_____	_____	_____	_____
Mother Name*	_____	_____	_____	_____
Date of Birth*	____-____-____			
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
PAN*	_____	<input type="checkbox"/> Form 60 furnished		
Citizenship*	<input type="checkbox"/> IN-Indian	<input type="checkbox"/> Others (ISO 3166 Country Code _____)		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> NRI	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector)			
	<input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student)			

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

(Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (any one 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 X X X X X X X X _____
- E- KYC Authentication X X X X X X X X _____
- Offline verification of Aadhaar X X X X X X X X _____



Signature/Thumb impression

Address

Line 1* _____

Line 2 _____

Line 3 _____

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

3. CURRENT ADDRESS DETAILS (Please refer instruction B 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 _____

<input type="checkbox"/> F- Proof of Possession of Aadhaar	X X X X X X X X				
II <input type="checkbox"/> E- KYC Authentication	X X X X X X X X				
III <input type="checkbox"/> Offline verification of Aadhaar	X X X X X X X X				
IV <input type="checkbox"/> Deemed proof of Address - Document Type code					

Address

Line 1*

Line 2

Line 3

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

4. CONTACT DETAILS (All communications will be sent to Mobile no. / Email-ID) (Please refer instruction C at the end)

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

Email ID

5. REMARKS (If any)

6. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. Incase 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 hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date: ----- Place: **Signature / Thumb Impression of Applicant**

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies E-KYC data received from UDAI Data received from Offline verification Equivalent e-document

Pos Code:

KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Date: <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	Name WOODSTOCK BROKING PVT. LTD.
Emp. Name: <input type="text"/>	Code <input type="text"/>
Emp. Code: <input type="text"/>	[Institution Stamp]
Emp. Designation: <input type="text"/>	
Emp. Branch: <input type="text"/>	
[Employee Signature]	

CENTRAL KYC REGISTRY - KNOW YOUR CLIENT (KYC) APPLICATION FORM - INDIVIDUAL

MANDATORY

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
- B) Tick '✓' wherever applicable.
- C) Please fill the form in English and in BLOCK letters.
- D) Please fill the date in DD-MM-YYYY format.
- E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.

- F) Please read section wise detailed guidelines / instructions at the end. **(Second Holder)**
- G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- H) List of two character ISO 3166 country codes is available at the end.
- I) KYC number of applicant is mandatory for update application.
- J) The 'OPT based E-KYC' check box is to be checked for accounts opened using OTP based EKYC in non face to face mode.

WOODSTOCK BROKING PVT. LTD.



For office use only

Application Type* New Update

(To be filled by financial institution) KYC No. _____ (Mandatory for KYC update required)

Account Type* Normal Minor Aadhaar OTP based E-KYC (in non-face to face mode)

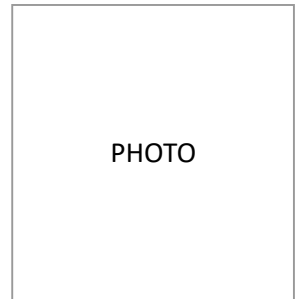
1. PERSONAL DETAILS (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	____	_____	_____	_____
Maiden Name	____	_____	_____	_____
Father / Spouse Name*	____	_____	_____	_____
Mother Name*	____	_____	_____	_____
Date of Birth*	____-____-____			
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
PAN*	_____		<input type="checkbox"/> Form 60 furnished	
Citizenship*	<input type="checkbox"/> IN-Indian	<input type="checkbox"/> Others (ISO 3166 Country Code ____)		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> NRI	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector)			
	<input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student)			

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

(Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (any one 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 X X X X X X X X _____
- E- KYC Authentication X X X X X X X X _____
- Offline verification of Aadhaar X X X X X X X X _____



Signature/Thumb impression

Address

Line 1* _____

Line 2 _____

Line 3 _____

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

3. CURRENT ADDRESS DETAILS (Please refer instruction B 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 _____

<input type="checkbox"/> F- Proof of Possession of Aadhaar	X	X	X	X	X	X	X	X						
II <input type="checkbox"/> E- KYC Authentication	X	X	X	X	X	X	X	X						
III <input type="checkbox"/> Offline verification of Aadhaar	X	X	X	X	X	X	X	X						
IV <input type="checkbox"/> Deemed proof of Address - Document Type code														

Address

Line 1*

--

Line 2

--

Line 3

--

District*

--

 PIN/Post Code*

--

 State /U. T. Code*

--

 ISO 3166 Country Code*

--

4. CONTACT DETAILS (All communications will be sent to Mobile no. / Email-ID) (Please refer instruction C at the end)

Tel. (Off)

--

 —

--

 Tel. (Res)

--

 —

--

 Mobile

--

 —

--

Email ID

--

5. REMARKS (If any)

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6. APPLICANT DECLARATION

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

Date:

DD	DD	YY	YY
----	----	----	----

 Place:

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Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies E-KYC data received from UDAI Data received from Offline verification Equivalent e-document

Pos Code:

--

KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS		
Date: <table border="1" style="width:100%; height:20px;"><tr><td></td></tr></table>		Name WOODSTOCK BROKING PVT. LTD.	
Emp. Name: <table border="1" style="width:100%; height:20px;"><tr><td></td></tr></table>		Code <table border="1" style="width:100%; height:20px;"><tr><td></td></tr></table>	
Emp. Code: <table border="1" style="width:100%; height:20px;"><tr><td></td></tr></table>		[Institution Stamp]	
Emp. Designation: <table border="1" style="width:100%; height:20px;"><tr><td></td></tr></table>			
Emp. Branch: <table border="1" style="width:100%; height:20px;"><tr><td></td></tr></table>			
[Employee Signature]			



A. Identity Details (please see guidelines overleaf)

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

2. Date of Incorporation / /
 Place of Incorporation [Grid for location entry]

3. Registration No. (e.g. CIN) [Grid for CIN entry]
 Date of commencement of business / /

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

5. Permanent Account Number (PAN) (MANDATORY) [Grid for PAN entry] Please enclose a duly attested copy of your PAN Card

B. Address Details (please see guidelines overleaf)

1. Address for Correspondence
 [Grid for address entry]
 City / Town / Village [Grid] Postal Code [Grid]
 State [Grid] Country [Grid]

2. Contact Details
 Tel. (Off.) (ISD) [Grid] (STD) [Grid] Tel. (Res.) (ISD) [Grid] (STD) [Grid]
 Mobile (ISD) [Grid] (STD) [Grid] Fax (ISD) [Grid] (STD) [Grid]
 Email Id. [Grid]

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
 *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Bank Account Statement Registered Lease / Sale Agreement of Office Premises
 Any other proof of address document (as listed overleaf). (Please specify) _____
 *Not more than 3 Months old. Validity/Expiry date of proof of address submitted / /

4. Registered Address (if different from above)
 [Grid for address entry]
 City / Town / Village [Grid] Postal Code [Grid]
 State [Grid] Country [Grid]

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
 *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Bank Account Statement Registered Lease / Sale Agreement of Office Premises
 Any other proof of address document (as listed overleaf). (Please specify) _____
 *Not more than 3 Months old. Validity/Expiry date of proof of address submitted / /

C. Other Details (please see guidelines overleaf)

1. Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees & whole time directors
 (Please use the Annexure to fill in the details)

2. a. DIN of whole time directors (Please use the Annexure to fill in the details)
 b. Aadhaar number (UID) of Promoters/Partners/Karta (Please use the Annexure to fill in the details)

DECLARATION

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

**NAME & SIGNATURE(S)
 OF AUTHORISED
 PERSON(S)**



Place: _____

Date: _____

FOR OFFICE USE ONLY

AMC/Intermediary name OR code
WOODSTOCK BROKING PVT. LTD.
 (Originals Verified) Self Certified Document copies received

FOR WOODSTOCK BROKING PVT. LTD.

Staff Name
 Designation

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/PIOCARD/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 NRIs, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
 10. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
 11. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.
- B. Proof of Identity (POI):** - List of documents admissible as Proof of Identity:
1. PAN card with photograph. This is a mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
 2. Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving license.
 3. Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.
- C. Proof of Address (POA):** - List of documents admissible as Proof of Address:
(*Documents having an expiry date should be valid on the date of submission.)
1. Passport/Voters Identity Card/Ration Card/Registered Lease or Sale Agreement of Residence/Driving License/Flat Maintenance bill/Insurance Copy.
- F. In case of Non-Individuals, additional documents to be obtained from non-individuals, over & above the POI & POA, as mentioned below:**

2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
3. Bank Account Statement/Passbook - Not more than 3 months old.
4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
6. Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc. to their Members.
7. For FI/sub account, Power of Attorney given by FI/sub-account to the Custodians (which are duly notarized and/or 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, FIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

E. List of people authorized to attest the documents:

1. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/ Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
2. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.

Types of entity	Documentary requirements
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.

Annexure

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

Name of Applicant: _____ PAN of the Applicant: _____

Sr. No.	PAN	Name	DIN (For Directors) / Aadhaar Number (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph

Name & Signature of the Authorised Signatory(ies)

Date _____

FATCA/CRS DETAILS

Client Code _____ Date: _____

The below information is required for all applicant(s) / guardian / PoA holder.




Sr. No.	Details	1st Holder	2nd Holder	3rd Holder
1	Are You a Tax Resident of Country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Is your Country of Birth/Citizenship other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	If your Residence address/Mailing address/Telephone No. other than in India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Is the POA holder/person to whom signatory authority is given, covered under any of the categories 1, 2 or 3 above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered YES to any of above, please provide the below details

Sr. No.	Details	1st Holder	2nd Holder	3rd Holder
1	Country of Residence			
2	Nationality			
3	Tax Identification No. or Reason for not providing TIN			
4	Identification Type (TIN or Other, please specify)			
5	Residence address for tax purposes (include City, State, Country & Pin code)			
6	Address Type	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Regd. Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Regd. Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Regd. Office
7	City of birth			
8	Country of birth			

Certification: I/We have understood the information requirements of this Form (read along with the FATCA/CRS Instructions), and hereby certify 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 and hereby accept the same.

I/We agree to indemnify **Woodstock Broking Pvt. Ltd.** in respect of any false, misleading, inaccurate and incomplete information regarding my/our "U.S. person" status for U.S. federal income tax purposes. or in respect of any other information as may be required under applicable tax laws.

	First / Guardian Applicant	Second Holder	Third Holder
Name			
Signature			
PAN			

FATCA-CRS Instruction

Details under FATCA/CRS/Foreign Tax Laws: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income Tax Rules 1962, which Rules require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In certain circumstances (including if we do not receive a valid self -certification from you) we may be obliged to share information on your account with relevant tax authorities/appointed agencies. If you have any questions about your tax residency, please contact your tax advisor. Should there be any **change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.** Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

WOODSTOCK BROKING PVT. LTD.

DEPOSITORY PARTICIPANT OF CENTRAL DEPOSITORY SERVICES (I) LTD.

DP ID - 93600 • SEBI REGN. NO.: IN-DP-458-2020

Corporate Office: Office No. 71, 7th Floor, NCL Building,
NCL Bandra Premises Co-Op. Society Ltd, BKC, Bandra (East), Mumbai - 400 051.
Email ID: woodstock@wsspl.net • Tel.: 022-41686000 • Fax: 022-41686014

Additional KYC Form for Opening a Demat Account (Individual)

Inperson Verification

Signature: _____
Name: _____
Date: _____
Place: _____

(To be filled by the Depository Participant)

Application No.											Date									
DP Internal Reference No.																				
DP ID	1	2	0	9	3	6	0	0	Client ID	0	0	0								

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

I / We request you to open a demat account in my / our name as per the following details: -

Holders Details

Sole / First Holder's Name											PAN									
											UID	X	X	X	X	X	X	X	X	
Exchange Name & ID											UCC									
Second Holder's Name											PAN									
											UID	X	X	X	X	X	X	X	X	
Third Holder's Name											PAN									
											UID	X	X	X	X	X	X	X	X	

Name*																			
-------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

Type of Account

(Please tick whichever is applicable)

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

Details of Guardian

(in case the account holder is minor)

Guardian's Name											PAN								
Relationship with the applicant																			

I / We instruct the DP to receive each and every credit in my / our account [Automatic Credit] (If not marked, the default option would be `Yes')	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end (If not marked, the default option would be `No')	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in Physical)	

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

Bank Details (Dividend Bank Details)		MICR code starting with 000 will not be eligible for ECS.									
Bank Code (9 digit MICR code)											
IFS Code (11 character)											
Account number											
Account type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify)										
Bank Name											
Branch Name											
Bank Branch Address											
City		State		Country		PIN					

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

OTHER DETAILS
1. Gross Annual Income Details (please specify): Income Range per annum: <input type="checkbox"/> Below Rs 1 Lac <input type="checkbox"/> 1-5 Lac <input type="checkbox"/> 5-10 Lac <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> > 25 Lacs Net-worth as on (date) _____ (_____) (Net worth should not be older than 1 year)
2. Occupation (please tick any one and give brief details): <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Specify) _____
3. Please tick, if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP)
4. Any other information: _____

SMS Alert Facility Refer to Terms & Conditions given as Annexure-2.4	<input type="checkbox"/> Yes MOBILE NO. +91 _____ [(Mandatory , if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).	<input type="checkbox"/> No
easi	<input type="checkbox"/> Yes. To register for easi, please visit our website www.cdslindia.com. Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.	<input type="checkbox"/> No

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

(Signatures should be preferably in black ink).

FOR WOODSTOCK BROKING PVT. LTD.

Director/Authorised Signatory

NOMINATION FORM

[Annexure A to SEBI circular No. SEBI/HO/MIRSD/RTAMB/CIR/P/2021/601 dated July 23, 2021 on Mandatory Nomination for Eligible Trading and Demat Accounts] (To be filled in by individual applying singly or jointly)

TM/DP Name & Address	WOODSTOCK BROKING PVT. LTD. Corp. Office: Office No. 71, 7th Floor, NCL Building, NCL Bandra Premises Co-Op. Society Ltd, BKC, Bandra (East), Mumbai - 400 051.										Nomination Registration No.				Dated															
Date	D	D	M	M	Y	Y	Y	Y	DP ID	1	2	0	9	3	6	0	0	Client ID	0	0										
I/We wish to make a nomination. [As per details given below]																		UCC												
Nomination Details																														
I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my/our account in the event of my/our death.																														
Nomination can be made upto three nominees in the							Details of 1st Nominee							Details of 2nd Nominee							Details of 3rd Nominee									
1. Applicant Name																														
Middle Name																														
Last Name																														
2. Share of each Nominee 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																														
State																														
Pin																														
Country																														
5. Mobile No./Tele. No. of nominee(s)																														
6. E-mail ID of nominee(s)																														
7. Nominee Identification details [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID																														
Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:																														
8. Date of Birth (in case of minor nominee(s))							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./Ms.) {in case of minor nominee(s)}																														

----- (Please Tear here) -----

Received nomination from:																		ACKNOWLEDGEMENT RECEIPT											
DP ID	1	2	0	9	3	6	0	0	Client ID	0	0							UCC											
Name																													
Address																													
Nomination in favour of																													
First Nominee																													
Second Nominee																													
Third Nominee																													
No Nomination <input type="checkbox"/> Does not wish to nominate																													
Registration No.																		Registered on				D	D	M	M	Y	Y	Y	Y

For **WOODSTOCK BROKING PVT. LTD.**

10. Address of the Guardian(s)			
City			
State & Country			
Pin			
11. Mobile/Tele. no. of Guardian			
12. E-mail ID of the Guardian			
13. Relationship of the Guardian with the Nominee			
14. Guardian Identification details [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			

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

Note: This nomination shall supersede any prior nomination made by the account holder(s), if any.

Declaration Form for opting out of nomination

[Annexure B to SEBI circular No. SEBI/HO/MIRSD/RTAMB/CIR/P/2021/601 dated July 23, 2021 on Mandatory Nomination for Eligible Trading and Demat Accounts]

To, TM/DP Name & Address	WOODSTOCK BROKING PVT. LTD. Office No. 71, 7th Floor, NCL Building, NCL Bandra Premises Co-Op. Society Ltd, BKC, Bandra (East), Mumbai - 400 051.
--------------------------------	---

Date	D	D	M	M	Y	Y	Y	Y	DP ID	1	2	0	9	3	6	0	0	Client ID							UCC
------	---	---	---	---	---	---	---	---	-------	---	---	---	---	---	---	---	---	-----------	--	--	--	--	--	--	-----

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.

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

Details of the Witness applicable for both Annexure A & B (Required only if the account holder affixes thumb impression, instead of signature)

Names of Witness	
Address of Witness	
Signature of Witness	

WOODSTOCK BROKING PVT. LTD.

DEPOSITORY PARTICIPANT OF CENTRAL DEPOSITORY SERVICES (I) LTD.

DP ID - 93600 • SEBI REGN. NO.: IN-DP-458-2020

Corporate Office: Office No. 71, 7th Floor, NCL Building,
NCL Bandra Premises Co-Op. Society Ltd, BKC, Bandra (East), Mumbai - 400 051.
Email ID: woodstock@wsspl.net • Tel.: 022-41686000 • Fax: 022-41686014

Inperson Verification

Signature: _____

Name: _____

Date: _____

Place: _____

Additional KYC Form for Opening a Demat Account (For entities other than Individuals)

(To be filled by the Depository Participant)

Application No.											Date									
DP Internal Reference No.																				
DP ID	1	2	0	9	3	6	0	0	Client ID	0	0	0								

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

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

Holders Details

Sole / First Holder's Name																				
Search Name											PAN									
Exchange Name & ID											UCC									
Second Holder's Name											PAN									
											UID	X	X	X	X	X	X	X	X	
Third Holder's Name											PAN									
											UID	X	X	X	X	X	X	X	X	

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

Type of Account

(Please tick whichever is applicable)

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

I / We instruct the DP to receive each and every credit in my / our account [Automatic Credit] (If not marked, the default option would be `Yes`)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end (If not marked, the default option would be `No`)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in Physical)	

Clearing Member Details (To be filled by CMs only)

Name of Stock Exchange																				
Name of CC / CH																				
Clearing Member Id											Trading member ID									

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

Bank Details (Dividend Bank Details)

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

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

MICR code starting with 000 will not be eligible for ECS.

OTHER DETAILS	
1. Gross Annual Income Details (please specify): Income Range per annum: <input type="checkbox"/> Below Rs 1 Lac <input type="checkbox"/> 1-5 Lac <input type="checkbox"/> 5-10 Lac <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> 25 Lacs -1 Crore <input type="checkbox"/> > 1 Crore	
2. Net-worth as on (date) _____ (_____) (Net worth should not be older than 1 year)	
3. Please tick If any of the authorized signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors is either Politically Exposed Person (PEP) or Related to Politically Exposed Person (RPEP) <input type="checkbox"/> . Please provide details as per Annexure 2.2 A.	
4. Any other information: _____	

SMS Alert Facility Refer to Terms & Conditions given as Annexure-2.4	<input type="checkbox"/> Yes MOBILE NO. +91 _____ [[Mandatory , if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).	<input type="checkbox"/> No
easi	<input type="checkbox"/> Yes. To register for easi, please visit our website www.cdslindia.com. Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.	<input type="checkbox"/> No

I/We have received and read the document of 'Rights and Obligation of BO-DP' (DP-CM agreement for BSE Clearing Member Accounts) including the schedules thereto and the terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

	First/Sole Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Designation			
Signature			

(Signatures should be preferably in black ink).

For WOODSTOCK BROKING PVT. LTD.

Director/Authorised Signatory

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



First/Sole Holder



Second Joint Holder



Third Joint Holder

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.



First/Sole Holder



Second Joint Holder



Third Joint Holder

Terms and Conditions-cum-Registration / Modification Form for receiving SMS Alerts from CDSL

Definitions:

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

1. "Depository" means Central Depository Services (India) Limited a company incorporated in India under the Companies Act 1956 and having its registered office at 17th Floor, P.J. Towers, Dalal Street, Fort, Mumbai 400001 and all its branch offices and includes its successors and assigns.
2. 'DP' means Depository Participant of CDSL. The term covers all types of DPs who are allowed to open demat accounts for investors.
3. 'BO' means an entity that has opened a demat account with the depository. The term covers all types of demat accounts, which can be opened with a depository as specified by the depository from time to time.
4. SMS means "Short Messaging Service"
5. "Alerts" means a customized SMS sent to the BO over the said mobile phone number.
6. "Service Provider" means a cellular service provider(s) with whom the depository has entered / will be entering into an arrangement for providing the SMS alerts to the BO.
7. "Service" means the service of providing SMS alerts to the BO on best effort basis as per these terms and conditions.

Availability:

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

Receiving Alerts:

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

Fees:

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

Disclaimer:

The depository shall make reasonable efforts to ensure that the BO's personal information is kept confidential. The depository does not warranty the confidentiality or security of the SMS alerts transmitted through a service provider. Further, the depository makes no warranty or representation of any kind in relation to the system and the network or their function or their performance or for any loss or damage whenever

and howsoever suffered or incurred by the BO or by any person resulting from or in connection with availing of SMS alerts facility. The Depository gives no warranty with respect to the quality of the service provided by the service provider. The Depository will not be liable for any unauthorized use or access to the information and/ or SMS alert sent on the mobile phone number of the BO or for fraudulent, duplicate or erroneous use/ misuse of such information by any third person.

Liability and Indemnity:

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

Amendments:

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

Governing Law and Jurisdiction:

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

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

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

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

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

I/We provide the following information for the purpose of REGISTRATION / MODIFICATION

BOID	1	2	0	9	3	6	0	0		0	0	0				
	(Please write your 8 digit DPID)								(Please write your 8 digit Client ID)							

Sole / First Holder's Name : _____

Second Holder's Name : _____

Third Holder's Name : _____




Mobile Number on which messages are to be sent	+91															
--	-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

(Existing users registered for SMS alerts:- New mobile number will be updated for SMS alert also.)

The mobile number is registered in the name of: _____

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

 _____  _____  _____
 Signatures Sole / First Holder Second holder Third Holder

Place: _____ Date: _____

DEBIT AUTHORIZATION LETTER

From: _____

Date: _____

To
WOODSTOCK BROKING PVT. LTD.
Office No. 71, 7th Floor, NCL Building, NCL Bandra Premises Co-Op. Society Ltd, BKC, Bandra (East), Mumbai - 400 051.
Dear Sir,

SUB: LETTER OF DEBIT AUTHORISATION:

I am client of WOODSTOCK BROKING PVT. LTD. having client code _____
& I hereby willfully & unconditionally issue following debit authorisation:-
I am agreeable and authorise you to debit my client code _____ towards DP Charges.




Thanking you,
Yours Faithfully,



Signature
(please sign with stamp of the firm if applicable)

FEMA DECLARATION FORM

Dear Sir/Madam,
With reference to my/our application for opening of Demat account with you, I/we hereby confirm that I am/we are non-resident Indian/s foreign national/s Individual /s. I/we also confirm that I/we have complied with FEMA Regulations and I/we would continue to comply with FEMA (FERA) regulations.

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

Date:
Place:
Form No.:

(*To be signed only if second and/or third holder/s is/are NRI/s or FN/s. Not to be signed if second and/or third holder/s is/are resident Indian/s)

DECLARATION BY KARTA

Date

To,

WOODSTOCK BROKING PVT. LTD.

Office No. 71, 7th Floor, NCL Building,
NCL Bandra Premises Co-Op. Society Ltd,
BKC, Bandra (East), Mumbai - 400 051.

Subject: Our HUF and all co - parceners details for DP account with your company

Dear Sir,

Details of our HUF and all its co - parceners are stated as under;

Name	Date of birth	Relationship	Gender	Signature
1. _____		Karta		
2. _____				
3. _____				
4. _____				
5. _____				

I hereby, state that details mentioned as above are true and any change in them would be intimated to you in writing.

Thanking you,

Yours faithfully,



(Name & Signature of Karta with the appropriate Karta stamp)

===== (Please Tear here) =====

Application No.:

ACKNOWLEDGEMENT RECEIPT

Date:

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

Name of the Sole / First Holder	
Name of Second Holder	
Name of Third Holder	

For **WOODSTOCK BROKING PVT. LTD.**

(Authorised Signatory)

ELECTRONIC STATEMENT OF ACCOUNT MANDATE

To,
WOODSTOCK BROKING PVT. LTD.
Office No. 71, 7th Floor, NCL Building, NCL Bandra Premises Co-Op. Society Ltd, BKC, Bandra (East), Mumbai - 400 051.

Re: - Beneficial Owner (BO) Account No. _____

I/We confirm having opted to receive the statement of accounts pertaining to the above mentioned BO account in electronic mode in lieu of physical copy of the statement of account.




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

(Email address: _____)

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

Yours Faithfully,

Name/s of the Beneficial Owner/s

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

TARIFF STRUCTURE

ACCOUNT OPENING CHARGES	NIL
AMC (INDIVIDUAL/CORPORATE)	FOR CORPORATE AND CLIENT MARGIN PLEDGE A/C RS.750 FOR INDIVIDUAL RS.250
TRANSACTION CHARGES (DEBIT)	10
DEMAT CHARGES	NIL
REMAT CHARGES	20
PLEDGE CREATION	10
PLEDGE CLOSURE	15
MARGIN PLEDGE/UNPLEDGE CHARGES/MARGIN PLEDGE INVOCATION	10
MARGIN REPLEDGE,RELEASE OF MARGIN REPLEDGE	5

Note:

- A. Holding statement will be provided once in a month if any transaction done, statement will be sent on quaterly basis.
B. Bill for transaction charges will be raised for monthly.

*GST and other taxes would be extra on actual basis



First/Sole Holder



Second Joint Holder

25



Third Joint Holder

Family Declaration - Email/Mobile Updation in Family Codes

(Compulsory in case having common email & mobile in more than one account in WOODSTOCK BROKING PVT. LTD.)

To,
WOODSTOCK BROKING PVT. LTD.

Date: _____

Office No. 71, 7th Floor, NCL Building,
NCL Bandra Premises Co-Op. Society Ltd,
BKC, Bandra (East), Mumbai - 400 051.

Dear Sir/Madam,

Subject: Family Declaration for registering common Mobile/Email details

I request you to register the following mobile number and/or email id in my demat and/or trading account(s) to be opened with you.

Mobile No.: _____ Email ID: _____

I and my family members hereby request that mobile number and email id, as mentioned above shall be considered in your records for the purpose of receiving communication from Woodstock Broking Pvt. Ltd. or Stock Exchanges/ Depositories with regard to trading/demat transactions executed by me/us through Woodstock Broking Pvt. Ltd.

This facility shall be provided to me/us as an additional, for my/our convenience of receiving transaction details at a single mobile number and e-mail id. I/We understand that this facility is availed only by the family members where "family" means self, spouse, dependent children and dependent parents. (As per the SEBI Guidelines).

Sr. No.	Client Name	Client ID/DP ID	Relationship	Signature
1.			Self	
2.			Dependent Parent - Mother	
3.			Dependent Parent - Father	
4.			Spouse	
5.			Dependent Daughter	
6.			Dependent Son	

Thanking You,







(Sole/First older)

(Second Holder)

(Third Holder)

(in case of demat account having joint holders, all holders need to sign)

OPTION FORM FOR ISSUE OF DIS BOOKLET

Date: _____

DP ID	1	2	0	9	3	6	0	0	Client ID	0	0	0					
-------	---	---	---	---	---	---	---	---	-----------	---	---	---	--	--	--	--	--

To,
WOODSTOCK BROKING PVT. LTD.
 Office No. 71, 7th Floor, NCL Building,
 NCL Bandra Premises Co-Op. Society Ltd,
 BKC, Bandra (East), Mumbai - 400 051.

Dear Sir / Madam,

I / We hereby state that: [Select one of the options given below]




OPTION 1:

I / We require you to issue Delivery Instruction Slip (DIS) booklet to me / us immediately on opening my / our CDSL account though I / we have issued a Power of Attorney (POA) / executed PMS agreement in favour of / with _____ (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through such Clearing Member / by PMS manager.

OPTION 2:

I / We do not require the Delivery Instruction Slip (DIS) for the time being, since I / We have issued a POA / executed PMS agreement in favour of / with _____ (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through such Clearing Member / by PMS manager. However, the Delivery Instruction Slip (DIS) booklet should be issued to me / us immediately on my / our request at any later date.

Yours faithfully,

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

BSDA DECLARATION

To,
WOODSTOCK BROKING PVT. LTD.
 Office No. 71, 7th Floor, NCL Building,
 NCL Bandra Premises Co-Op. Society Ltd,
 BKC, Bandra (East), Mumbai - 400 051.

Date: _____

Dear Sir / Madam,

I / We do not want to avail the BSDA (Basic Services Demat Account) facility in respect of my /our below mentioned demat account with you.

I / We wish to avail the BSDA facility for the new account for which we have submitted my / our account opening form



I / We wish to avail the BSDA facility for my / our below mentioned demat account number

DP ID	1	2	0	9	3	6	0	0	Client ID	0	0	0					
-------	---	---	---	---	---	---	---	---	-----------	---	---	---	--	--	--	--	--

	Name	PAN							
Sole/First Holder									
Second Holder									
Third Holder									

I/We have read and understood the regulatory (SEBI) guidelines for opening a Basic Services Demat Account and undertake to comply with the aforesaid guidelines from time to time. I/we also undertake to comply with the guidelines issued by any such authority for BSDA facility from time to time. I/We also agree that in case our demat account opened under BSDA facility does not meet the eligibility for BSDA facility as per guideline issued by SEBI or any such authority at any point of time, my / our BSDA account will be converted to regular demat account without further reference to me/us and will be levied charges as applicable to regular accounts as informed by the DP.

I, the first / Sole holder also hereby declare that I do not have / propose to have any other demat account across depositories as a first / sole holder.

	Signature
Sole/First Holder	
Second Holder	
Third Holder	