



Acknowledgement

SALASAR STOCK BROKING LTD.

Regd. Office : Mukti Chambers, 4A, Clive Row, Kolkata - 700 001
Phone : 4012-6700, Fax : (033) 4012-6767, E.mail : ssbl@vsnl.net
CIN : U67120WB1994PLC067002

Investors' Grievances Redressal E.mail : investor.ssbl@gmail.com

SEBI REGN. NO. : IN-DP-249-2016 ❖ DP ID : IN302412

Serial No. :

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

For **SALASAR STOCK BROKING LTD.**

Seal and Signature

Date :

D	D	M	M	Y	Y	Y	Y
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Authorised Signatory

Acknowledgement Receipt

Received Nomination Form from :

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

For **SALASAR STOCK BROKING LTD.**

Seal and Signature

Authorised Signatory

Acknowledgement Receipt

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

DP ID	I	N	3	0	2	4	1	2	Client ID								
Name of the Sole / First Holder																	
Name of Second joint Holder																	
Name of Third joint Holder																	

For **SALASAR STOCK BROKING LTD.**

Seal and Signature

Authorised Signatory

PART II - ACCOUNT OPENING FORM (FOR INDIVIDUALS)



SALASAR STOCK BROKING LTD.

Regd. Office : Mukti Chambers, 4A, Clive Row, Kolkata - 700 001
Phone : 4012-6700, Fax : (033) 4012-6767, E.mail : ssbl@vsnl.net

CIN : U67120WB1994PLC067002

SEBI REGN. NO. : IN-DP-249-2016 ❖ DP ID : IN302412

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

F) BANK DETAILS :													
Bank A/c Type	<input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify)_____												
Bank A/c No.													
Bank Name													
Branch Address													
City/town/village								Pin Code					
State								Country					
MICR Code								IFSC					
G) Please tick, if applicable <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)													
H) STANDING INSTRUCTIONS :													
I/We authorise you to receive credits automatically into my/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					
SMS Alert facility : [Mandatory if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form]													
Sole/First Holder	<input type="checkbox"/> Yes <input type="checkbox"/> No		Second Holder	<input type="checkbox"/> Yes <input type="checkbox"/> No		Third Holder	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Mode of receiving the standard document - Rights and Obligations of Beneficial Owner and Depository Participant (Tick any one)													
							<input type="checkbox"/> Physical Form		<input type="checkbox"/> Electronic Form				
Mode of receiving Statement of Account (Tick any one)							<input type="checkbox"/> Physical Form		<input type="checkbox"/> Electronic Form				
<i>(Read Note 4 and ensure that email ID is provided in KYC Application Form)</i>													
I) Guardian Details (where sole holder is a minor) : [For account of a minor, two KYC Application Forms must be filled i.e. one for the guardian and another for the minor (to be signed by guardian)]													
Guardian Name								PAN					
Relationship of guardian with minor													

DECLARATION

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/we hereby declare that the details furnished above are true and correct to the best of my /our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/ we are aware that I/we may be held liable for it. In case non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

	Name(s) of holder(s)	Signature(s) of holder
Sole/First Holder/Guardian (in case sole holder is minor) (Mr./Ms.)		✓
Second Holder (Mr./Ms.)		✓
Third Holder (Mr./Ms.)		✓

NOTES :

1. All communication shall be sent at the address of the Sole/First holder only.
2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
3. Instructions related to nomination, are as below:
 - I. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non- individuals including society, trust, body corporate, partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly all joint holders will sign the nomination form.
 - II. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
 - III. The Nominee shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
 - IV. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
 - V. Transfer of securities in favour of a Nominee shall be valid discharge by the depository and the Participant against the legal heir.
 - VI. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non- individuals including society, trust, body corporate, partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
 - VII. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee.
4. For receiving Statement of Account in electronic form:
 - I. Client must ensure the confidentiality of the password of the email account.
 - II. Client must promptly inform the Participant if the email address has changed.
 - III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
5. Strike off whichever is not applicable.

NOTES :

1. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non- individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly, all joint holders will sign the nomination form.
2. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
3. The Nominee(s) shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
4. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
5. Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.
6. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non- individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
7. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee(s).
8. Nomination can be made upto three nominees in a demat account. In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total upto hundred percent. In the event of the beneficiary owner not indicating any percentage of allocation/share for each of the nominees, the default option shall be to settle the claims equally amongst all the nominees.
9. On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned in the FORM 10 at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.
10. Copy of any proof of identity must be accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure D.
11. Savings bank account details shall only be considered if the account is maintained with the same participant.
12. DP ID and client ID shall be provided where demat details is required to be provided.

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



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 Phone : 4012-6700, Fax : (033) 4012-6767, E.mail : ssbl@vsnl.net
 CIN : U67120WB1994PLC067002

SEBI REGN. NO. : IN-DP-249-2016 ❖ DP ID : IN302412

CLIENT ID		Date	D	D	M	M	Y	Y	Y	Y	
(To be filled by Participant)											
We request you to open a depository account in our name as per the following details :											
(Please fill all the details in CAPITAL LETTERS only)											
A) DETAILS OF ACCOUNT HOLDER(S) :											
	Name				PAN						
Sole/ First Holder											
Second Holder											
Third Holder											
B) Type of account	<input type="checkbox"/> Body Corporate <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> Qualified Foreign Investor <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Trust <input type="checkbox"/> Bank <input type="checkbox"/> CM <input type="checkbox"/> Others (Please specify) _____										
C) For HUF, Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., although the account is opened in the name of the karta, partner(s), trustee(es) etc., the name & PAN of the HUF, Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., should be mentioned below :											
Name					PAN						
D) Income Details (please specify) - Income Range per annum											
<input type="checkbox"/> Below ₹ 20 Lac <input type="checkbox"/> ₹ 20 - 50 Lac <input type="checkbox"/> ₹ 50 Lac - 1 Crore <input type="checkbox"/> Above ₹ 1 Crore, and											
Networth Amount ₹					as on (Date)	D	D	M	M	Y	Y
(Net worth should not be older than 1 year)											
E) In case of FIIs/Others (as may be applicable)											
RBI Approval Reference No.					RBI Approval date	D	D	M	M	Y	Y
SEBI Registration Number (for FIIs)											

F) BANK DETAILS :														
Bank A/c Type	<input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify)_____													
Bank A/c No.														
Bank Name														
Branch Address														
City/town/village							Pin Code							
State							Country							
MICR Code							IFSC							
G) Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:							<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)							
H) Clearing Member Details (to be filled up by Clearing Members only)														
Name of Stock Exchange														
Name of Clearing Corporation/ Clearing House														
Clearing Member ID														
SEBI Registration Number														
Trade Name														
CM-BP-ID (to be filled up by Participant)														
I) STANDING INSTRUCTIONS :														
1. We authorise you to receive credits automatically into our account								<input type="checkbox"/> Yes <input type="checkbox"/> No						
2. Account to be operated through Power of Attorney (PoA)								<input type="checkbox"/> Yes <input type="checkbox"/> No						
3. SMS Alert facility :														
Sole/First Holder	<input type="checkbox"/> Yes <input type="checkbox"/> No		Second Holder	<input type="checkbox"/> Yes <input type="checkbox"/> No		Third Holder	<input type="checkbox"/> Yes <input type="checkbox"/> No							
4. Mode of receiving the standard document - Rights and Obligations of Beneficial Owner and Depository Participant (Tick any one)														
							<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form							
5. Mode of receiving Statement of Account (Tick any one)														
							<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form							
<i>(Read Note 3 and ensure that email ID is provided in KYC Application Form)</i>														

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

Authorised Signatories (Enclose a Board Resolution for Authorised Signatories)

Sole/First Holder	Name	Signature(s)
First Signatory		
Second Signatory		
Third Signatory		
Other Holders		
Second Holder		
Third Holder		
Mode of Operation for Sole/First Holder (In case of joint holdings, all the holders must sign)		
<input type="checkbox"/> Any one singly		
<input type="checkbox"/> Jointly by		
<input type="checkbox"/> As per resolution		
<input type="checkbox"/> Others (please specify)		

NOTES:

1. In case of additional signatures, separate 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. Strike off whichever is not applicable.

Option for issuance of DIS booklet alongwith account opening

(to be filled by persons seeking to open a depository account who have given Power of Attorney to operate the depository account to a stock broker/Participant/Portfolio Manager and do not intend to open a Basic Services Demat Account)



SALASAR STOCK BROKING LTD.

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CIN : U67120WB1994PLC067002
SEBI REGN. NO. : IN-DP-249-2016 ❖ DP ID : IN302412

Name(s) of account holder(s)	
Sole / First Holder	
Second Holder	
Third Holder	

Option for Issue of DIS booklet (please tick any one)

Option 1

I/We wish to receive the Delivery Instruction Slip (DIS) booklet with account opening.

Option 2

I/We do not wish to receive the DIS booklet with account opening. However, the DIS booklet should be issued to me/ us immediately on my/ our request at any later date.

<u>Beneficial Owner</u>	<u>Name</u>	<u>Signature with date</u>
Sole/First Holder		
Second Holder		
Third Holder		

SPECIMEN RESOLUTION FOR OPENING AN ACCOUNT **(only for Corporates/Clearing Members)** **To be submitted on Company's Letter Head**

“RESOLVED that a Corporate Beneficiary / Clearing Member depository account of the company be opened with SALASAR STOCK BROKING LTD., having its Regd. Office at Mukti Chambers, 4A, Clive Row, Kolkata - 700 001 and Mr. / Mrs. _____
and Mr. / Mrs. _____ Directors, and Mr. / Mrs. _____
and Mr. / Mrs. _____ authorised signatories are hereby singly/
jointly authorised to complete all account opening formalities, issue receipt / delivery instructions,
demat / remat requests, intersettlement transfer, account closure / shifting / freeze / defreeze requests,
pledge instructions; cancellations of the aforesaid and all other acts as may be necessary for operations
of the account and a copy of this resolution be delivered to SALASAR STOCK BROKING LTD.”

Option to receive Annual Reports, AGM notice and other communication from issuer in physical form

To
SALASAR STOCK BROKING LTD.
DP ID : IN302412
 Mukti Chambers, 4A, Clive Row
 Kolkata - 700 001

CLIENT ID												Date	D	D	M	M	Y	Y	Y	Y
Sole / First Holder Name																				
Second Holder Name																				
Third Holder Name																				

(Please tick any one)

- I / We hereby inform you that I/we wish to receive financial statements (i.e. annual reports), AGM notice and other communications from Issuers in physical form.
- I / We hereby inform you that I/we had earlier opted to receive the financial statements (i.e. annual reports), AGM notice and other communications from Issuers in physical form and now intend to remove the said option so that I/we can receive the same in electronic form.

 <hr/> Signature of Sole / First Holder / Authorised Signatory	 <hr/> Signature of 2nd Holder / Authorised Signatory	 <hr/> Signature of 3rd Holder / Authorised Signatory
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DECLARATION IN CASE OF SAME MOBILE NUMBER AND / OR E.MAIL ID FOR DIFFERENT CLIENTS

[Please tick (✓) wherever applicable]

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



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CIN : U67120WB1994PLC067002



SEBI REGN. NO. : IN-DP-249-2016 ❖ DP ID : IN302412

SCHEDULE A (For Beneficiary Account)

Account Maintenance	₹ 25/- per month for Regular Client (Payable upfront for 12 months) NIL for BSDA Client
Custody fees	NIL
Transaction	
All Deliveries	₹ 17/- flat for all deliveries
All Receipts	NIL
Demat Request	₹ 1/- per Certificate (Minimum ₹ 20/- per request)
Remat Request	(a) ₹ 20/- for every 100 security or part thereof, subject to a maximum fee of ₹ 5 lacs (b) a flat fee of ₹ 50/- per certificate, whichever is higher
Pledge	
Creation	₹ 35/- per instruction
Closure	₹ 5/- per instruction
Invocation	₹ 25/- per invocation
Same Day Instruction - Normal	NIL (Before 4 P.M. except Saturday)
Same Day Instruction - At Client Risk	₹ 50/- (After 4 P.M. except Saturday)
Cheque Dishonour Charges	₹ 50/- per instance
Instruction Failure	₹ 10/- per instruction
Demat Rejection	₹ 50/- per DRF
Delayed Payment	Interest @2% per month or part thereof

- ❖ The above schedule shall be effective from 1st January, 2017 for new clients.
- ❖ The Rates depend upon existing NSDL Charges and may be revised on prior intimation.
- ❖ The value will be calculated as per NSDL formula.
- ❖ Service Tax will be charged as per rate applicable.
- ❖ The value of securities held in the BSDA shall not exceed ₹ 2 lakhs at any point of time. If the value of holding exceeds ₹ 2 lakhs, the charges as applicable to Regular Demat Account will be levied.

Sole (First) Holder' Signature

Second Holder' Signature

Third Holder' Signature

POWER OF ATTORNEY (FOR AUTO PAY-IN & MARGIN OBLIGATION)

IN FAVOUR OF SALASAR STOCK BROKING LIMITED FOR OPERATION OF MY / OUR DEMAT ACCOUNT

I / We _____, having residence / office at _____,

Whereas I/We hold a Beneficiary Account No. _____ (BO-ID) with National Securities Depository Limited, through SALASAR STOCK BROKING LIMITED bearing DP-ID IN302412 .

And whereas I/We am/are an individual / body corporate investor engaged in buying and selling of shares and securities in Capital Market Segment and Futures & Options Segment through SALASAR STOCK BROKING LIMITED, a member of National Stock Exchange of India Ltd. and BSE Limited bearing SEBI Regn. No. INB230752635, INF230752635, INB010752633 and INF010752633 respectively. The transfer of shares is only limited to SALASAR STOCK BROKING LIMITED NSE Pool A/c, i. e. CMBP ID : IN559659 / Client ID : 10000014, for BSE Pool A/c, i.e. CMBP ID : IN630449 / Client ID : 10000336 & towards margin purpose in Client ID : 1000039 & Client ID : 10000047. My/ Our Client Code (Trading Code) is _____.

And whereas due to exigency and paucity of time, I/We am/are desirous of appointing an attorney to operate the aforesaid beneficiary account on my/our behalf for a limited purpose in the manner hereinafter appearing.

Now know I/we all and these presents witnesseth that I/We the above named do hereby nominate, constitute/and appoint SALASAR STOCK BROKING LIMITED, the trading and clearing member of National Stock Exchange of India Ltd. and BSE Limited (hereinafter referred to as the "Attorney") for me/our and on my behalf and in my/our name to instruct the aforesaid Depository Participant SALASAR STOCK BROKING LIMITED to debit securities and/or to transfer securities from the aforesaid account for the purpose of delivering the same to the pool account of the said SALASAR STOCK BROKING LIMITED or to the clearing house of the recognized Stock Exchange directly, whichever deems fit, towards any segment in respect of securities sold by me/us through them under contract note issued by SALASAR STOCK BROKING LIMITED in its capacity as a National Stock Exchange of India Ltd. and BSE Limited Member.

Further this authority is restricted to the following :

- I. Transfer of securities held in my/our name towards stock exchange related margin / delivery obligations arising out of trades executed by me/us on the Stock Exchanges through SALASAR STOCK BROKING LIMITED.
- II. Pledge of securities in your favour for the limited purpose of meeting the margin requirements of mine in connection with the trades executed by me on the stock exchanges through you.
- III. Applying for various products like Mutual Funds, Public Issues (shares as well as debentures), rights, Offer of Shares, tendering shares in Open Offer etc. pursuant to the instructions given by me.

My / our attorney SALASAR STOCK BROKING LIMITED shall not be liable for any loss that may result from failure / inability in electronic connectivity.

And I/We do hereby understand that SALASAR STOCK BROKING LIMITED would return the security that may have been received by them erroneously or those securities that they are not entitled to receive from me.

I/We undertake to pay such demat charges / fees and such other charges incurred by SALASAR STOCK BROKING LIMITED under this POA and I / We further authorize the said attorney to debit my trading account in this respect.

I / We further agree and confirm that the powers and authorities conferred by this Power of Attorney shall be revocable at anytime without notice in writing.

Place : Kolkata

Date : _____

SIGNED AND DELIVERED

By the with in named beneficial owner

1. _____ Signature : _____
(Name of Sole/First Holder)

2. _____ Signature : _____
(Name of Second Holder)

3. _____ Signature : _____
(Name of Third Holder)

The presence of witnesses

(1) Name & Address :

Signature : _____

(2) Name & Address :

Signature : _____

**REQUEST FOR NON-CONVERSION OF REGULAR DEMAT ACCOUNT
INTO BASIC SERVICES DEMAT ACCOUNT (BSDA)**

From :

Date : _____

To
SALASAR STOCK BROKING LTD.
DP ID : IN302412
Mukti Chambers, 4A, Clive Row
Kolkata - 700 001

Dear Sir,

With reference to my/our application for opening a Demat Account with you as per the following details,

	Name	PAN
Sole/First Holder	_____	_____
Second Holder	_____	_____
Third Holder	_____	_____

Please note that I/We have read and understood the SEBI Guidelines for facility for a BSDA. I/We hereby declare that I/we am/are do not wish to open a Depository Account as a BSDA holder and undertake to comply with the requirements specified by SEBI or any such Authority for such facility from time to time. Further, at any point of time in future, even if my/our account do meet the eligibility of a BSDA, my/our aforesaid Account should always be a Regular Account & never be converted into BSDA Account.

Thanking you,

Yours faithfully,

Sole (First) Holder

Second Holder

Third Holder

Dated : _____

From :

To
SALASAR STOCK BROKING LTD.
DP ID : IN302412
Mukti Chambers, 4A, Clive Row
Kolkata - 700 001

Ref. : Acknowledgement for the receipt of documents

Dear Sir,

This is to acknowledge the receipt of the following documents viz.,

- Copy of KYC Form
- Copy of Power of Attorney
- Charge Structure
- Copy of the "Rights and Obligations of Beneficial Owner and Depository Participant" as prescribed by SEBI and Depositories
- Client Master Report

I/we hereby declare that I/we have the full intimation of the Client ID allotted to me/us.

Thanking you,

Yours truly,

✓ _____

Signature of the Client

Client Code _____