

Annexure – K

PART I - KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Non-Individuals)

[Name and address of intermediary (pre-printed)]

Photograph
Please affix the recent passport size photograph and sign across it

Please fill this form in ENGLISH and in BLOCK LETTERS

A. IDENTITY DETAILS

1	Name of the Applicant																
2	Date of incorporation	D	D	M	M	Y	Y	Y	Y	Place of incorporation							
3	Date of commencement of business									D	D	M	M	Y	Y	Y	Y
4	a) PAN									b) Registration No. (e.g. CIN)							
5	Status (please tick any one):																
	<input type="checkbox"/> Private Limited Co.		<input type="checkbox"/> Bank		<input type="checkbox"/> Partnership												
	<input type="checkbox"/> Public Ltd. Co.		<input type="checkbox"/> Government Body		<input type="checkbox"/> FI												
	<input type="checkbox"/> Body Corporate		<input type="checkbox"/> Non Government Organization		<input type="checkbox"/> FII												
	<input type="checkbox"/> Trust		<input type="checkbox"/> Defense Establishment		<input type="checkbox"/> HUF												
	<input type="checkbox"/> Charities		<input type="checkbox"/> Society		<input type="checkbox"/> AOP												
	<input type="checkbox"/> NGO's		<input type="checkbox"/> LLP		<input type="checkbox"/> BOI												
	<input type="checkbox"/> Others (please specify)																

B. ADDRESS DETAILS

1	Correspondence Address																
		City/town/village					PIN Code										
		State					Country										
2	Specify the proof of address submitted for correspondence address																
3	Contact Details	Tel. (Off.)					Tel. (Res.)										
		Fax No.					Mobile No.										
		Email ID															
4	Registered Address (if different from above):																
		City/town/village					PIN Code										
		State					Country										
5	Specify the proof of address submitted for registered address																

C. OTHER DETAILS

1 Gross Annual Income Details (please specify): Income Range per annum

- Below ₹ 1 lac
 ₹ 1- 5 lac
 ₹ 5- 10 lac

- ₹ 10- 25 lac
 ₹ 25 lac- 1 crore
 More than ₹ 1 crore

2 Networth

Amount (₹) _____

As on (date)

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

(Networth should not be older than 1 year)

3 Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:

If space is insufficient, enclose these details separately

[Illustrative format enclosed]

4 DIN/UID of Promoters/Partners/Karta and whole time directors:

5 Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:

- Politically Exposed Person (PEP)
 Related to a Politically Exposed Person (PEP)

6 Any other information

D. 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 of the Authorised Signatory(ies)

Date

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

FOR OFFICE USE ONLY

- (Originals verified) True copies of documents received
 (Self-Attested) Self Certified Document copies received

Signature of the Authorised Signatory

Date

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

Seal/Stamp of the intermediary

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

Sr. No.	Name	Relationship with Applicant (i.e. promoters, whole time directors etc.)	PAN	Residential / Registered Address	DIN/UID	Photograph
1						
2						
3						
4						
5						

Name & Signature of the Authorised Signatory(ies)

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



ORTEM SECURITIES LIMITED

59, Bentinck Street, 1st Floor, Kolkata - 700 069

Phone : 2236-0866 / 0740 / 7725 / 7726, 2237-0591 / 9619

Fax No.: 033-22378026

E-mail : ortem@vsnl.com Website : www.ortemsecurities.com

DP ID : IN 300693

SEBI Regn. No. IN-DP-NSDL-70-98

APPLICATION FOR OPENING AN ACCOUNT

(For Corporates / Clearing Members Only)

Date :	Client - ID (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)							Date	D	D	M	M	Y	Y	Y	Y
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"/> Other (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 :															
a) Name							b) PAN								
D) Income Details (please specify)															
Income Range per annum							and								
<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															
E) In case of Fills / Others (as may be applicable)															
RBI Approval Reference Number															
RBI Approval date							D	D	M	M	Y	Y	Y	Y	
SEBI Registration Number (for Fills)															
F) Bank details															
1	Bank account type <input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify) _____														
2	Bank Account Number														
3	Bank Name														
4	Branch Address														
							City / Town / Village				PIN Code				
							State				Country				

5	MICR Code																				
6	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 a Politically Exposed Person (PEP)																				
H)	Clearing Member Details (to be filled up by Clearing Members only)																				
1	Name of Stock Exchange																				
2	Name of Clearing Corporation / Clearing House																				
3	Clearing Member ID																				
4	SEBI Registration Number																				
5	Trade Name																				
6	CM/BP-ID (to be filled up by Participant)																				
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 Powr of Attorney (PoA)															<input type="checkbox"/> Yes <input type="checkbox"/> No					
3	SMS Alert facility																				
	Sr. No.		Holder															Yes		No	
	1		Sold / First Holder															<input type="checkbox"/>		<input type="checkbox"/>	
	2		Second Holder															<input type="checkbox"/>		<input type="checkbox"/>	
	3		Third Holder															<input type="checkbox"/>		<input type="checkbox"/>	
4	Mode of receiving Statement of Account [Tick any one]		<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form [Read Note 3 and ensure that email ID is provided in KYC Application Form]																		

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".

Sole / First Holder	Name	Signature (s)
First Signatory		X
Second Signatory		X
Third Signatory		X

Other Holders	Name	Signature (s)
Second Holder		X
Third Holder		X

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"/> Joint by	
<input type="checkbox"/> As per resolution	
<input type="checkbox"/> Others (please specify)	

Notes :

- In case of additional signatures, separate annexures should be attached to the application form.
- 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.
- For receiving Statement of Account in electronic form :
 - Client must ensure the confidentiality of the password of the email account.
 - Client must promptly inform the Participant if the email address has changed.
 - 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.
- Strike off whichever is not applicable.

Board resolution (only) for corporates (as per format below) on company letterhead & duly certified to be true.

"Resolved that a depository account of the company be opened with ORTEM SECURITIES LTD. 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, inter settlement transfers, account closure / shifting / freeze / defreeze requests, pledge instructions, cancellation 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 "ORTEM SECURITIES LTD."

"Resolve that the following address be taken on record by Ortem Securities Ltd., Depository Participant as Correspondence address & the DP may send all the statement, bills & other correspondence at that address."

To be signed by at least two directors.

This directors must be different from the authorised directors, in case the Company has more than two directors.

Acknowledgement

ORTEM SECURITIES LIMITED

59, Bentinck Street, 1st Floor, Kolkata - 700 069

DP ID : IN 300693

Received the application from 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.

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

Participant Stamp & Signature

Schedule A of Depository Service Charges for Beneficiary Account		
	Scheme A	Scheme B
Account Opening Charges	Nil	Nil
Annual Maintenance Charges (Payable Upfront Quarterly)	1000/-	Nil
Transaction Charges (On Sale / Out Going Only)	0.02% Per Debit Instruction (Subject to a minimum of Rs. 20/-)	Nil
Demat Request (Per Certificate)	Rs. 3/-	
Repurchase / Remat Request (Per Certificate)	<ul style="list-style-type: none"> • Fee of Rs. 15/- for every hundred Securities or part there of : <li style="text-align: center;">OR • Flat Fee of Rs. 15/- per certificate: whichever is higher 	
Demat / Remat / Repurchase Mailing (Per Request)	Rs. 30/-	
Pledge Creation / Closure (Per Request)	Rs. 50/-	

SCHEMES DETAILS AS UNDER :-

- I. SCHEME "A" IS APPLICABLE TO "NON ORTEM TRADING CLIENTS" AND "OFF MARKET TRANSACTION"
- II. SCHEME "B" IS ONLY APPLICABLE TO "ORTEM TRADING CLIENTS".
 1. The above rate chart schedule is effective w.e.f. 01.04.2013.
 2. The rates are subject to revision of charges by N.S.D.L.
 3. Same day instruction at clients risk at a payment of Rs. 50/- per instruction upfront.
 4. Interest will be charged @ 2% per month on delayed payemnt.
 5. Cheque Dishonour Rs. 50/- per instance.
 6. View online statement of Holding / Transaction at our site at www.ortemsecurities.com
 7. Delivery instruction slips will be accepted upto 5.30 P.M. on weekdays and upto 2.00 P.M. on Saturdays and other holidays. Same day instructions upto 4.30 P.M. on weekdays & 1.00 P.M. Saturdays and other holidays.
 8. NOTE : PLEASE NOTE THAT SHARES TO BE SUBMITTED FOR DEMATERIALISATION WILL NOT BE ACCEPTED ON SATURDAYS

I / We intend to Receive Rights & Obligation Documents in Physical / Electronic Form

With reference to my / our application for opening a depository account, I/We acknowledge the receipt of copy of the document. "Rights and Obligations of the Beneficial Owner and Depository Participant."

FOR CORPORATES

- A) PAN CARD, ADDRESS PROOF OTHER THAN BANK PASS BOOK (COMPANY)
- B) FROM 18, FROM 32,
- C) CANCELLED CHEQUE
- D) IT RETURN COPY LAST SUBMITTED
- E) LAST TWO YEARS BALANCE SHEET
- F) BOAD RESOLUTION (AS PER ENCLOSED FORMAT)
- G) LIST OF DIRECTORS.
- H) COMPANY SHARE HOLDING PATTERN
- I) DECLARATION OF PMLA
- J) PAN CARD, RECENT PASSPORT SIZE COLOUR PHOTOGRAPH & ADDRESS PROOF EACH OF AUTHORIZED DIRECTOR'S / SIGNATORIES
- K) MEMORANDUM & ARTICLES OF ASSOCIATION
- L) A CHEQUE OF RS. 1000/- + GST IN FAVOUR OF "ORTEM SECURITIES LTD."



.....
Signed & delivered by Client (all holders)



.....
Signed & delivered by Client (all holders)



.....
Signed & delivered by Client (all holders)

NOTE : ALL THE AFORESAID DOCUMENTS SHOULD BE SELF ATTESTED