

“One set of each document”	
1.	- “BOARD RESOLUTION” on company letter head for opening DP/Trading Account - (Format Enclosed)
2.	- “List of Authorized Signatories” on company letter head – (Format Enclosed)
3.	- “List of All Directors” on company letter head – (Format Enclosed)
4.	- 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 – (Format Enclosed) Note: a) If share holder is corporate entity and holding more than 10% , than provided share holding pattern of the holding
5.	- Copy of Company PAN Card
6.	- Proof of Address of the Company (Any One of the following) a) Bank Statement / Passbook with latest transaction details for 3 months b) Electricity bill (Not more than 3 months old) c) MTNL/BSNL landline telephone bill (Not more than 3 months old) d) Copy of Form 18
7.	- Copy of PAN Card & Copy of AADHAAR Card of Individual Director(s)/Authorized Signatory(s) (Minimum two directors details are mandatory to be submit)
8.	- Proof of Address of Individual Director(s)/Authorized Signatory(s) duly self attested by him/her self (Any One of the following) - (Minimum two directors details are mandatory to be submit) a) a) Passport (Validity period to be checked) b) Voter ID Card c) Driving License (Validity period to be checked) d) AADHAAR Card
9.	- Proof of Bank account of the Company (Any One of the following) a) Cancelled Cheque (With client name and A/c no. pre-printed) b) Latest Bank Statement/Passbook with MICR & IFSC code printed (Not more than 3 months old)
10.	Copy of the “Balance Sheet” for the last 2 financial years (to be submitted every year)
11.	Memorandum (MOA) and Articles of Association (AOA) - Including latest certificate of incorporation
12.	Incase of Registered office address changed - Provide FORM-18
13.	Incase Current directors name not available in MOA/AOA - Provide FORM-32
14.	Rs.1000/- cheque in the name of “Emkay Global Financial Services Limited” - Account opening charges
15.	Escrow agent pan & Escrow agreement copy
16.	Copy of escrow advertisement
17.	GST Declaration with proof
18.	Account Closure Form
19.	Account Modification Form (In case if any Modification required further), Freeze-unfreeze form Note : a) All company documents should be certified by authorized director(s)/signatory(s) with company seal b) IPV (In Person Verification) would be done by concern Branch/Franchisee/RM/BM. c) Register office address is mandatory to be field in KYC form
20.	MSME registration certificate Require. (UDYAM REGISTRATION CERTIFICATE) Note : d) All company documents should be certified by authorized director(s)/signatory(s) with company seal e) IPV (In Person Verification) would be done by concern Branch/Franchisee/RM/BM. f) Register office address is mandatory to be field in KYC form

EMKAY GLOBAL FINANCIAL SERVICES LIMITED, Paragon Center, C-06, Ground floor, P B Marg, Worli, Mumbai - 400013; Tel: 91 22 6617 5454/ 6629 9299;
Fax: 91 22 66175434, E-mail: dp@emkayglobal.com, Website: www.emkayglobal.com

Board Resolution - On Letter Head

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED IN THE MEETING OF THE BOARD OF DIRECTORS OF (Company Name) _____ HAVING ITS REGISTERED OFFICE
AT _____
HELD ON..... DAY OF 20AT

Resolved that as Demat escrow agreement dated (Agreement) executed between 1. (Company Name) 2 Emkay Global Financial Services Ltd (Depository participant) 3..... (Merchant Banker) the company do agree to open / close a trading and / or Demat Escrow account under the name of with M/s. Emkay Global Financial Services Ltd.(EGFSL), Member of the National Stock Exchange of India Ltd. (NSE), Bombay Stock Exchange, Ltd (BSE) MCX Stock Exchange Ltd (MCX-SX) and Depository Participant with Central Depository Services (India) Limited (CDSL) and Comtrack Participant with National Commodity, NERL (National E-Repository), CCRL (CDSL Commodity Repository Limited) & Derivatives Exchange Ltd (NCDEX), for the purpose of dealing in Capital Market/Cash segment/Futures & Options /Currency Derivatives segment, Commodity segment or any other segment that may be introduced at a later stage by NSE/BSE/MCX-SX, CDSL, NCDEX-Comtrack, NERL, CCRL or any other segments, Exchange or Depositories in future.

Resolved that the said Member(s) be and is/are hereby authorized to honour instructions, oral/written or electronic, given on behalf of the company by any of the under noted authorized signatories:-

Sr no.	Name	Designation	Specimen Signature
1.			
2.			
3.			

Who is/are **Singly/Jointly/Severally** authorized to sell, purchase, endorse, transfer, negotiate and/or otherwise deal through M/s. Emkay Global Financial Services Ltd., on behalf of the Company.

RESOLVED FURTHER to designate company Email id _____ to receive all the electronic communications on behalf of company & also Authorize Mr./Ms. _____ Director/Authorized Signatory of the company having mobile no. _____ to receive all the electronic communications & SMS communications on behalf of company, all the communications sent to us on this email-id shall be legal and binding upon us.

RESOLVED FURTHER THAT Mr./Mrs _____ Director/Authorized Signatory, and/or Mr./Mrs _____ Director/Authorized Signatory and/or Mr./Mrs _____ Director/Authorized Signatory of the company be and hereby **Singly/Jointly/severally** authorized to sign, execute and submit such applications, undertakings, agreements and other requisite documents, writings and deeds as may be deemed necessary or expedient to open account and give effect to this resolution.

AND RESOLVED FURTHER THAT, the common seal of the company is affixed, wherever necessary, in the presence of any directors or of any one director and Company Secretary, who shall sign the same in token of the presence

For.....

Mr./Mrs. _____
Managing Director

Mr./Mrs. _____
Director

Mr./Mrs. _____
Director

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On Letter Head

List of Authorized Signatories

Sr. no.	Name	Photo	Specimen Signature with company stamp
1.			
2.			
3.			

For _____

Mr./Mrs. _____
Managing Director

Mr./Mrs. _____
Director

Mr./Mrs. _____
Director

On Letter Head

List of Directors as on _____

Sr. no.	Name	Designation
1.		Director
2.		Director
3.		Director
4.		Director

For _____

Mr./Mrs. _____
Managing Director

Mr./Mrs. _____
Director

Mr./Mrs. _____
Director

On Letter Head

Share Holding Pattern

Share holding pattern of M/s. _____ as on dated _____

Paid up capital Rs. _____ Face value of each equity share (or any other instrument) : Rs _____

Sr. no.	Share Holder Name	No. of Shares	% (Percentage)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
Total			

For _____

Mr./Mrs. _____
Managing Director

Mr./Mrs. _____
Director

Mr./Mrs. _____
Director



	Existing Details	New Details
POA	<input type="checkbox"/> Enable <input type="checkbox"/> Disable	<input type="checkbox"/> Enable <input type="checkbox"/> Disable
Financial Details	<input type="checkbox"/> upto 1,00,000 <input type="checkbox"/> 1,00,001 to 5,00,000 <input type="checkbox"/> 5,00,001 to 10,00,000 <input type="checkbox"/> 10,00,001 to 25,00,000	<input type="checkbox"/> upto 1,00,000 <input type="checkbox"/> 1,00,001 to 5,00,000 <input type="checkbox"/> 5,00,001 to 10,00,000 <input type="checkbox"/> 10,00,001 to 25,00,000
Segment	<input type="checkbox"/> BSE Cash <input type="checkbox"/> NSE Cash <input type="checkbox"/> NSE F&O <input type="checkbox"/> NSE CD <input type="checkbox"/> MCX-SX	<input type="checkbox"/> BSE Cash <input type="checkbox"/> NSE Cash <input type="checkbox"/> NSE F&O* <input type="checkbox"/> NSE CD <input type="checkbox"/> MCX-SX

Occupation	<input type="checkbox"/> Business <input type="checkbox"/> Housewife <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Farmer <input type="checkbox"/> Private sector <input type="checkbox"/> Public sector <input type="checkbox"/> Govt. service <input type="checkbox"/> Others _____ (Please specify)	<input type="checkbox"/> Business <input type="checkbox"/> Housewife <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Farmer <input type="checkbox"/> Private sector <input type="checkbox"/> Public sector <input type="checkbox"/> Govt. service <input type="checkbox"/> Others _____ (Please specify)
Status	<input type="checkbox"/> Private Ltd. Co. <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust / Charities / NGOs <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> bank <input type="checkbox"/> Govt. Body <input type="checkbox"/> NGO <input type="checkbox"/> Defence establishment	<input type="checkbox"/> Private Ltd. Co. <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust / Charities / NGOs <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> bank <input type="checkbox"/> Govt. Body <input type="checkbox"/> NGO <input type="checkbox"/> Defence establishment
Others		

To activate in F&O segment, please submit your income proof (not older than 6 months)

*Note: Proof required to be self attested from all the holders.

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 writing. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/ We may be held liable for it.

@First / Sole
Holder

@Second
Holder

@Third Holder

Acknowledgment Receipt

Trading Code: _____ DP ID

1	2	0	2	3	0	0	0
---	---	---	---	---	---	---	---

 Client ID

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

 Date: _____

We hereby acknowledge the receipt of your instruction for modification of the follwing account subject to verification:

	First/Sole Holder	Second Holder	Third Holder
Name			

Modification request for (specify reason): _____

For **Emkay Global Financial Services Limited**

(DP / KYC Seal & Signature)



CDSL DP ID: 23000

Application No					Date	D	D	M	M	Y	Y	Y	Y
Closure Initiated by	oBO	oDP	oCDSL	oStock Broker									

I/We the sole Holder/Joint Holders/Guardian (In case of Minor) /Clearing Member request you to close my /our oTrading and oDemat account with you from the date of this application. The details of my /our account are given below:

Account Holder's Details:

DP ID	1	2	0	2	3	0	0	0	Client ID								Trading a/c no.:			
Name of the First/Sole Holder																				
Name of the Second Holder																				
Name of the Third Holder																				
Address for correspondence																				
City					State					Country				PIN						

Details of remaining security balances in the account (if any):

Reasons for closing the Account :																															
Balance remaining in the Trading account (if any) through : oCheque oNEFT oRTGS																															
Balance remaining in the account (if any)to be :																															
oPartly rematerialized and partly transferred										oRematerialized																					
oTransferred to another account (Number given below)										oNot Applicable																					
DP ID																	Client ID														
Balance present in account for (To be filled by DP, If applicable)										oEar-marked					oPledged																
										oPending for Dematerialization					oFrozen																
										oPending for Rematerialisation					oLock-In																

Declaration: In case of Account Closure due to SHIFTING OF ACCOUNT:

I/We declare and confirm that all the transactions in my /our trading & demat account are true /authentic.

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature*			

* if Stock Broker / DP or CDSL initiates account closure ,Signature (s) of account holder(s) not required.

Acknowledgement Receipt

Application No. _____

Date: _____

We hereby acknowledge receipt of your instruction for closing the following Account subject to verification.

DP ID	1	2	0	2	3	0	0	0	Client ID								Trading a/c no.:
Name of the First/Sole Holder																	
Name of the Second Holder																	
Name of the Third Holder																	
Reason for Closure																	

Emkay Global Financials Services Limited

<p>Instruction to Account Holder(s)</p> <ul style="list-style-type: none"> ■ Submit a duly – filled RRF id the balances are to be rematerialized. ■ Submit a duly –filled Delivery Instruction Slip [DIS] (off market instruction slip) if the balances are to be transferred to another Account. This requirement is not applicable in the case of “SHIFTING OF ACCOUNT”

INSTRUCTIONS/CHECK LIST FOR FILLING MODIFICATION FORM

1. Self attested copy of PAN card is mandatory for all clients in all type of change request.
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 authorised for attesting the documents, as per the below mention list.
3. If any proof of address is in other language, then translation into English is required.
4. Name & address of the applicant mentioned on the Modification form, should match with documentary proof submitted.
5. Documents having an expiry date should be valid on the date of submission.
6. Account modification form duly signed by all the account holders.
7. DP should obtain proof of address of the first holder.
8. The following Government Proof is consider as a address proof while giving for modifying address details:
 - a) Central/State Government and its Departments
 - b) Statutory / Regulatory Authorities
 - c) Public Sector Undertakings
 - d) Scheduled Commercial Banks
 - e) Public Financial Institutions
 - f) Colleges affiliated to universities
 - g) Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their members.
9. The following modification details mentioned in Other Details option:
 - (I) New Marital
 - (ii) New Nationality
 - (iii) New Status (Resident Individual/Non Resident)
 - (iv) Net-worth
 - (v) Name, PAN, DIN / UID, residential address and photographs of Promoters / Partners / Karta / Trustees / whole time directors (Please use the annexure to fill in the details)