



HARIHAR SECURITIES PVT. LTD.

DEPOSITORY PARTICIPANT OF NATIONAL SECURITIES DEPOSITORY LIMITED
SEBI REGN. NO. : IN-DP-NSDL-308-2017
DP ID : IN 304029

NSDL - Demat Account Opening Kit

Regd. Office : 268A B. B. Ganguly Street, 4th Floor, Kolkata-700 012
Phone : 2262-4001/4002, **Fax :** (033) 2262-4007, **Email :** info@hariharsecurities.com
Website : www.hariharsecurites.com, **CIN :** U51109WB1997PTCC083137
Email ID for Investor Complaint : grievance@hariharsecurities.com

CLIENT ID : _____
INTERNAL REF. NO. : _____
HOLDER'S NAME : _____
BRANCH CODE & NAME : _____

KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Individuals)

HARIHAR SECURITIES PVT. LTD.

PHOTOGRAPH
Please affix your recent passport size photograph. Signature across photograph.

Please fill this form in **ENGLISH** and in **BLOCK LETTERS**

IDENTITY DETAILS																													
Name of the Applicant																													
Father's / Husband's Name																													
Gender			<input type="checkbox"/> Male			<input type="checkbox"/> Female			Marital Status			<input type="checkbox"/> Single			<input type="checkbox"/> Married														
Date of Birth (dd/mm/yyyy)						PAN																							
Nationality												<input type="checkbox"/> Indian						<input type="checkbox"/> Other (Please specify _____)											
Status												<input type="checkbox"/> Resident Individual						<input type="checkbox"/> Non Resident						<input type="checkbox"/> Foreign National					
Aadhaar Number, if any																													
Specify the proof of Identity submitted												<input type="checkbox"/> PAN Card <input type="checkbox"/> Any other																	
												(Please specify _____)																	
ADDRESS DETAILS																													
Residence / Correspondence Address																													
City/town/village												PIN Code																	
State												Country																	
Specify the proof of address submitted for Residence/correspondence address																													
Contact Details																													
Tel. (Off.)				Tel. (Res.)				Fax No.																					
Mobile No.				Email ID																									
Permanent Address*																													
City/town/village												PIN Code																	
State												Country																	

*(if different from above. Mandatory for Non-Resident Applicant to specify overseas address.)

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.

Signature of the Applicant

Date: _____ (dd/mm/yyyy)

FOR OFFICE USE ONLY

Originals verified and Self-Attested Document copies received

In-Person-Verification (IPV) details:

- a) Name of the person doing IPV _____
 b) Designation _____ c) Name of Organization : **HARIHAR SECURITIES PVT. LTD.**
 d) Signature _____ e) Date _____

Name & Signature of the Authorised Signatory

Date : _____

Seal/Stamp of the intermediary



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

HARIHAR SECURITIES PVT. LTD.

Please fill this form in ENGLISH and in BLOCK LETTERS

IDENTITY DETAILS																				
Name of the Applicant																				
Date of Incorporation			D	D	M	M	Y	Y	Y	Y	Place of Incorporation									
Date of commencement of business			D	D	M	M	Y	Y	Y	Y	PAN									
Registration No. (e.g. CIN)																				
Status (Please tick any one)					<input type="checkbox"/> Private Limited Co. <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Trust <input type="checkbox"/> Charities <input type="checkbox"/> NGO's <input type="checkbox"/> Bank <input type="checkbox"/> Government Body <input type="checkbox"/> Non-Government Organization <input type="checkbox"/> Defence Establishment <input type="checkbox"/> Society <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> BOI <input type="checkbox"/> Others (please specify) _____															
ADDRESS DETAILS																				
Correspondence Address																				
City/town/village					PIN Code															
State					Country															
Specify the proof of address submitted for correspondence address																				
Contact Details																				
Tel. (Off.)					Tel. (Res.)															
Fax No.					Mobile No.															
Email id																				
Registered Address (if different from above)																				
City/town/village					PIN Code															
State					Country															
OTHER DETAILS																				
Name, PAN, residential address and photographs of Promoters / Partners / Karta / Trustees and whole time directors							as per ANNEXURE													
DIN of whole time directors							as per ANNEXURE													
Aadhaar number of Promoters / Partners / Karta							as per ANNEXURE													

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 : _____ (dd/mm/yyyy)

FOR OFFICE USE ONLY

Originals verified and Self-Attested Document copies received

Name & Signature of the Authorised Signatory
 Date : _____

Seal/Stamp of the intermediary

DETAIL OF PROMOTERS / PARTNERS / KARTA / TRUSTEES AND WHOLE TIME DIRECTORS

Particulars	1st	2nd	3rd
Name			
Designation			
PAN			
Proof of Identity submitted			
Proof of Address submitted			
DIN of whole time directors			
Aadhaar number of Promoters / Partners / Karta			
Residential Address			
Photograph	<p align="center">PHOTOGRAPH</p> <p align="center">Please affix the recent passport size photograph and sign across it</p>	<p align="center">PHOTOGRAPH</p> <p align="center">Please affix the recent passport size photograph and sign across it</p>	<p align="center">PHOTOGRAPH</p> <p align="center">Please affix the recent passport size photograph and sign across it</p>

Use additional sheet, if required.

In Person Verification (IPV) Details :

Name of the person who has done the IPV : _____

Designation : _____

Employee ID : _____

Name of the Organization : _____

Date of IPV : _____

Signature of the person who has done the IPV : _____

Seal/Stamp of the intermediary : _____

SMS Alert facility: [Mandatory if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form]							
13	Sr. No.	Holder	Yes	No			
	1	Sole/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 & Annual Reports. [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]				
5.	Mode of receiving the document specifying "Rights and Obligations of the Beneficial Owner and DP" [Tick any one]		<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form				
6.	I wish to avail BSDA		<input type="checkbox"/> Yes		<input type="checkbox"/> No		
7.	Standing Instruction Indicator for Auto Pledge Confirmation		<input type="checkbox"/> Yes		<input type="checkbox"/> No		
8.	Receive Annual Reports, AGM notices & other communications from Issuers		<input type="checkbox"/> Yes		<input type="checkbox"/> No		
DP ID	IN304029	Client ID		UCC Code		Date	
Name of 1st Account Holder							
Mobile Number							
Email ID							
I hereby declare that the aforesaid mobile number of Email ID belongs to me or My family (Spouse, dependents children or dependents parents)							
Signature of Account Holder							
Name of Account Holder							

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 of non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations.

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 :

- All communication shall be sent at the address of the Sole/First holder only.
- 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 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.



**Harihar Securities
Pvt. Ltd.**

FORM 10

FORM FOR NOMINATION/ CANCELLATION OF NOMINATION
(To be filled in by individual applying singly or jointly)



NSDL
Technology, Trust & Reach

Date _____ DP ID I N 3 0 4 0 2 9 Client ID _____

- I/We wish to make a nomination. [As per details given below]
- I/We wish to cancel the nomination made by me/ us earlier and consequently all rights and liabilities in respect of beneficiary ownership in the securities held by me / us in the said account shall vest in me/ us. [Strike off the nomination details below]

Nomination Details

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all securities held in the Depository by me / us in the said beneficiary owner account in the event of my / our death.

Nomination can be made upto three nominees in the account.		Details of 1 st Nominee	Details of 2 nd Nominee	Details of 3 rd Nominee
1	Name of the nominee(s) (Mr./Ms.)			
2	Share of each Nominee Equally <input type="checkbox"/> [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) PIN Code			
5	Mobile/Telephone No. of nominee(s)			
6	Email 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)}			
9	Name of Guardian (Mr./Ms.) {in case of minor nominee(s)}			
10	Address of Guardian(s) PIN Code			
11	Mobile/Telephone no. of Guardian			
12	Email ID of Guardian			
13	Relationship of Guardian with 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			

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

Signature of Witness for Nomination		
Name of the Witness	Address	Signature of witness
		Date D D M M Y Y Y Y

PART II - ACCOUNT OPENING FORM (For Non - Individuals)

HARIHAR SECURITIES PVT. LTD.

Regd. Office : 268A, B. B. Ganguly Street, 4th Floor, Kolkata-700012

Phone : 2262-4001/4002, Fax : 033 2262 4007, Email : info@hariharsecurities.com

Website : www.hariharsecurities.com, CIN : U51109WB1997PTC083137

CLIENT ID		Date			
(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 Person (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)			
(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			
SEBI Registered Number (For FIIs)					

Bank Details											
Bank A/C Type	Savings Account			Current Account			Others (Please Specify) _____				
Bank A/C No.											
Bank Name											
Branch Address											
City/Twon/Village						PIN Code					
State						Country					
MICR Code					IFSC						
G) Please tick, if applicable for any of your authorized signatories/Promoters/Partners/Karta/Trustee/whole time directions :											
H) Clearing Member Details (to be filled by up Clearing Members only)											
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 INSTRUCTION :											
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 Statement of Account (Tick any one)						<input type="checkbox"/> Physical Form <input type="checkbox"/> Electric 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 tha 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, "Right and Obligations of 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.

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 Harihar Securities Pvt. Ltd., having its Regd. Office at ~~Mission Court, 3rd Floor, 25, R. N. Mukherjee Road, 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 Harihar Securities Pvt. Ltd."

* 268A, B.B. GANGULY STREET, 4TH FLOOR
KOLKATA - 700012

HARIHAR SECURITIES PVT. LTD.

Regd. Office : 268A B. B. Ganguly Street, 4th Floor, Kolkata - 700 012

Phone : 2262-4001/4002, Fax : (033) 2262-4007, E.mail : info@hariharsecurities.com

Website : www.hariharsecurities.com, CIN : U51109WB1997PTC0831 37

SEBI REGN. NO.: IN-DP-NSDL-308-2017 □ DP ID : IN 304029

SCHEDULE OF CHARGES FOR BENEFICIARY ACCOUNTS		
Client Categories	Demat+Trading A/C	Demat without Trading A/C
Account Opening Charges	NIL	NIL
Annual Maintenance Charges		
- For Corporate Account	₹ 900/-	₹ 900/-
- For Individual Account	₹ 300/-	₹ 360/-
Documents & Other Charges	₹ 50/-	₹ 50/-
Transaction & Interdepository Charges		
- For-Market Transaction	₹11/-	₹14/-
- For- Off-Market Transaction	₹ 20/- or 0.025%, whichever is higher?	₹25/- or 0.025%, whichever is higher
Pledge Charges - Creation?	₹30/-	₹30/-
- Closure	₹ 5/-	₹5/-
- Invocation	₹ 30/-	₹ 30/-
Demat Request Charges	₹ 3/-per certificate subject to minimum of ₹ 50/-per request	
Demat Rejection	₹ 40/- per rejection	
Remat Request Charges	₹ 10 per 100 shares subject to minimum of ₹ 30 per request	
Instruction Failure or non executed	NIL	₹ 15/-
Remat Rejection Charges	NIL	NIL
Same Day DIS for Same Day Pay- In (up to 10 a.m. at clients own risk & on a "best efforts basis")	₹ 60/- per transaction	
Cheque Dishonour Charges	₹ 80/-	
Annual Maintenance Charge (AMC)	₹ 100/- (Holding value from ₹ 50001 - ₹ 2 Lakh)	
Holding Statement	₹ 50/- per request in addition to once free in a year	
For B S D A Clients	AMC	Nil (Holding upto ₹ 10000)
		₹ 100 (Holding from ₹ 50000-₹ 2000001
	Transaction	₹ 100 Per Instruction for market transaction. ₹ 150 Per instrument for old market.

Notes

- Service Tax and other statutory charges, if applicable would be levied.
- HSPL reserves right to revise the structure from time to time giving 30 days notice.
- Value of the transaction will be in accordance with rates provided by depository.
- Charges quoted above are for the services listed. Any service not quoted will be charged separately.
- Operating instruction for the joint accounts must be signed by all the holders.
- For Market Trade: instructions received after 4 p.m. on T+1 day will be executed on a "best efforts basis" at client risk.
- Stamp charges for execution of agreement will be charged separately at actual.
- Bills will be payable monthly with 24% interest p.a. or part thereof for payment after due date. In case of delay in the payment of charges, the demat account will be frozen for all operations till such time all dues are cleared.

Sole 1st Holder Signature

2nd Holder Signature

3rd Holder Signature

**AUTHORISATION FOR PROVIDING DP TRANSACTION STATEMENT
BY E.MAIL OR ON WEBSITE**

To

HARIHAR SECURITIES PVT. LTD.

268A, B. B. Ganguly Street, 4th Floor

Kolkata - 700 0012

Dear Sir,

As per clause 6 of DP Client agreement you are required to provide me/us transaction statement including statement of account.

1. I/We understand that, I/We have the option to receive transaction statement by email or on website, in pursuance of the same, I/We hereby opt for receipt of transaction statement (including but not limited to statement of account holding statement or any other communication) through e.mail _____ or on website.
2. I/We am/are aware that I/We will not receive the transaction statement in paper form.
3. I/We will take all the necessary means to ensure confidentiality and secrecy of the login name and password of the internet/email account.
4. I/We am/are aware that the transaction statement may be accessed by other entities in case the confidentiality/secrecy of the login name and password is compromised, in which case I/we shall not hold you responsible in any manner.
5. I/We shall immediately inform the DP about change in email address if any, in case transaction statements are sent by e.mail.
6. I/We or You will have the right to terminate this service by giving a 10 days written notice in advance.

Thanking you,
Yours faithfully,

Sole (First) Holder

Second Holder

Third Holder

Place :

Date :

For Official Use Only:

Signature Verified By:

Name : **Signature :**

Date: ___ / ___ / ___

From

To

Harihar Securities Private Limited
268A, B. B. Ganguly Street, 4th Floor
KOLKATA-700 0012

Acknowledgement for the receipt of documents

As per SEBI Circular on the subject "Simplification of Account Opening Kit" This is to acknowledge the receipt of the following documents as under either in electronic/physical mode as per your preference.

Please indicate (Tick) your Preference for receiving the following standard documents forming part of the account opening process:

"I hereby authorize and indemnify the M/s Harihar Securities Private Limited to send me/us mention below standard documents to me as per my mention below choice."

- 1) Rights & obligation (Exchange & DP) Including Rights & obligation in case of Internet / Wireless Trading).
- 2) Uniform Risk Disclosure documents.
- 3) Guidance note on Dos & Don'ts.
- 4) Client Master List
- 5) Charge Structure
- 6) Welcome Letter

Documents to be send to me/us

Physical: []
Electronic: []

Name of the Client _____

UCC of the Client _____

Email ID _____

Signature of the Client _____

Acknowledgement

Harihar Securities Private Limited,
268A, B. B. Ganguly Street, 4th Floor, KOLKATA-700 0012
DP ID: IN304029

Received the application from Mr/Ms _____ 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 in all your future correspondence.

Date: _____

Participant Stamp & Signature