

Name :.....

Client ID:

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Application Form No.....

**APPLICATION FORM FOR OPENING
BENEFICIARY ACCOUNT WITH
DEPOSITORY PARTICIPANT**

**FOR
INDIVIDUAL
AND
CORPORATES /CLEARING MEMBERS**

FRONTLINE CAPITAL SERVICES LTD, DP ID-IN300564

IN PERSON VERIFICATION BY

NAME.....SIGN.....

DATE.....PLACE.....

APPLICANT SIGNATURE

1.....2).....3).....

FRONTLINE CAPITAL SERVICES LTD

**DP ID : IN300564
MAPIN ID: 100023671**

Regd. Off: M-6, 2nd Floor, M-Block Market, GK-2, New Delhi-110048
Corporate office: B-22 Sector-4, Noida (UP) – 201301
Tel No. 0120-2534066 to 068, Fax: 0120-2534111
Email: fcsl@fsltechnologies.com Web Site: www.fcslindia.com
Grievances: fcsl_grievance@fsltechnologies.com

Member: National Stock Exchange of India Limited SEBI Regn No. INB230792430
Member: Bombay Stock Exchange of India Limited SEBI Regn No INB010792431
Member: The Delhi Stock Exchange Assn. Ltd. SEBI Regn. No. INB050792432
Depository Participant: NSDL (DP ID-IN300564) SEBI Regn. No.IN-DP-NSDL-56-98

INSTRUCTION FOR OPENING A DEPOSITORY ACCOUNT

Notes :

A: Incase of Application for opening an account (for individual only)

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. As per NSDL Circular No. NSDL/PI/2004/1622 dated September 7, 2004 pursuant to SEBI Circular No. MRD/DoP/Dep/Cir-29/2004 dated August 24, 2004 a copy of any one of the following documents may be accepted as proof of identity(POI) / proof of address(POA) (local/correspondence/foreign address as the case may be):

Proof of Identity(POI): Passport, Voter ID Card, Driving license, PAN card with photograph, Identity card/document with applicant's Photo, issued by 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, (the scan can be treated as valid only till the time applicant is a student); g) Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and h) Credit cards/Debit cards issued by Banks.

Proof of Address(POA): Ration card, Passport, Voter ID Card, Driving license, Bank passbook, verified copies of a) Electricity bills (not more than two months old), b) Residence Telephone bills (not more than two months old), c) Lease and License agreement / Agreement for sale, Self-declaration by High Court & Supreme Court judges, giving the new address in respect of their own accounts, Identity card/document with address, issued by 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; (the scan can be treated as valid only till the time applicant is a student) and g) Professional Bodies such as ICAI, ICWAI, Bar Council etc., to their Members.

Participants must verify the copy of the document with the original.

4. Strike off whichever is not applicable.

B: In case of application for opening an account (For Corporates /Clearing Members only)

1. In case of additional signatures, separate annexures should be attached to the application form.
2. As per NSDL Circular No. NSDL/PI/2002/1319 dated August 8, 2002, following documents may be accepted as proof of identity / proof of address:
 - a) Memorandum & Articles of Association (MOA & AOA), board resolution for opening and operating demat account, the list of authorised signatories along with their specimen signatures, photographs, etc.
 - b) Introduction by an existing account holder or by the applicant's bank.
 - c) Proof of address of the corporate evidenced by the document registered with Registrar of Companies (ROC) or an acknowledged copy of Income Tax Return or Bank Statement or Lease and License agreement/Agreement for sale or Telephone bill or Electricity Bill (not more than two months old) in the name of body-corporate.
3. 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.
4. Strike off whichever is not applicable.

General Instructions

1. Account opening Form must be fully completed by every Client and must be accompanied by supporting documents mentioned herein / some other place in the form.
2. Please ensure that all the details are filled in Capital letters
3. Original documents should be produced for verification at the time of submitting / filling the Account opening Form
4. In case of joint holders, POI and POA documents should be submitted in respect of all the account holders
5. The DP official will verify the photocopies of the documents submitted with their corresponding original before accepting the same as valid.
6. In- person verification of the applicant (s) at the time of opening of depository account will be carried out by the DP official.
7. Copy of PAN card for the person (s) seeking to open the account and verification of the same with the original PAN card by DP Official is mandatory.
8. Account Opening for HUF
 Depository account will be opened in the name of karta of the HUF, Proof of Identity, Proof of Address and photograph of karta should be submitted as mentioned herein above. The DP official will verify the photocopies of the documents submitted their corresponding original before accepting the same as valid.
 Copy of PAN Card of the HUF should be submitted along with original PAN card for verification by DP Official.
9. Account Opening for HUF
 Account in the name of Minor should not have joint holders(s), Proof of Identity, Proof of Address and photograph of Guardian should be submitted as mentioned herein above. The DP official will verify the photocopies of the documents submitted their corresponding original before accepting the same as valid.
 Copy of PAN Card of the Minor should be submitted along with original PAN card for verification by DP Official
10. Account Opening for Corporate / Clearing Members
 In addition the note given herein before, Proof of Identity, Proof of Address and photograph of AUTHORISED signatories should be submitted as mentioned herein above. The DP official will verify the photocopies of the documents submitted their corresponding original before accepting the same as valid.
11. Following Relevant Form / Agreement (s) will be applicable for various categories of clients as the case may be apart the other documents that may be

S. No	Description	Page No.
A.	Application for opening an account (For Individual Only)	
B	Nomination Form	
C	Declaration by HUF	
D	Other Information	
E	Application for opening an account For Corporate / Clearing Members Only	
F	Agreement between the Depository Participant and the person seeking to open an account with the Depository Participant	
G	Schedule of Charges	
H	Specimen Board Resolution to be typed on Letter Head	
I	Fax Identity	
J	Power of Attorney	

12. Please sign at the Place making with indicate ⊗ in case of signature in photograph please sign across the photograph.

FRONTLINE CAPITAL SERVICES LIMITED

DP ID : IN300564

Registered office: M-6 2nd Floor, M Block Market Greater Kailash-II New Delhi -110048
Corporate Office: B-22, Sector-4, Noida-201301, Ph:- 0120-2534066/ 67/68 , Fax: 0120-2534111

ANNEXURE J APPLICATION FOR OPENING AN ACCOUNT (For Individuals Only)

Date :	Client -Id (To be filled by Participant)								
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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)

Type of Account

<input type="checkbox"/> Ordinary Resident	<input type="checkbox"/> NRI-Repatriable	<input type="checkbox"/> Margin	<input type="checkbox"/> Promoter
<input type="checkbox"/> HUF	<input type="checkbox"/> NRI-Non-Repatriable	<input type="checkbox"/> Others (please specify)	

Sole/First Holder's Details

Name (Mr./Ms.)							
Name of Father/Husband							
Local / Permanent Address						Pin Code	
Correspondence Address						Pin Code	
Telephone No.	Mobile No.	SMS facility		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Fax Number	E-mail ID:						
Occupation							

Other Holder Details

Second Holder							
Name (Mr./Ms.)							
Name of Father/Husband							
Address						Pin Code	
Telephone No.	Mobile No.	SMS facility		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Fax Number	E-mail ID:						
Occupation							
Third Holder							
Name (Mr./Ms.)							
Name of Father/Husband							
Address						Pin Code	
Telephone No.	Mobile No.	SMS facility		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Fax Number	E-mail ID:						
Occupation							
Address for communication / Corporate Benefits (Default option is Local Address)		Local / Permanent Address				<input type="checkbox"/>	
		Correspondence Address / Foreign Address				<input type="checkbox"/>	

1st Holder

2nd Holder

3rd Holder

Guardian Details (In case the Sole Holder is a minor)

Name (Mr./Ms.)								
Relationship (if any)								
Address								
	Pin Code							
Date of Birth (of minor)								
	D	D	M	M	Y	Y	Y	Y

In Case of NRIs

Foreign Address									
RBI Reference No.					RBI Approval Date				
					D	D	M	M	Y
					Y	Y	Y	Y	

Bank Details

Bank Sub-type	Savings Account <input type="checkbox"/>	Current Account <input type="checkbox"/>
Bank Account No.		
Bank Name		
Branch Address		
	Pin Code	
9-Digit Code Number of the Bank and branch appearing on the MICR cheque issued by the Bank		

Financial Details

	<i>P.A.N.</i>								<i>IT Circle / Ward / District No.</i>			
Sole/First Holder												
Second Holder												
Third Holder												
Guardian (In case of minor)												

Additional Financial Details

Financial Status (Annual Income)	<input type="checkbox"/> < Rs.5 Lakh	<input type="checkbox"/> Rs.5 – 10 Lakh	<input type="checkbox"/> Rs.10 – 15 Lakh	<input type="checkbox"/> > Rs.15 Lakh
Nature of Business				



(Sole/First Holder)



(Second Holder)



(Third Holder)

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

Please attach recent passport size photographs in the space provided below:

Sole/First Holder	Second Holder	Third Holder
Signature across Photograph	Signature across Photograph	Signature across Photograph

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 also declare that the particulars given by me/us are true to the best of my/our knowledge as on the date of making such application. I/We further agree that any false / misleading information given by me or suppression of any material fact will render my account liable for termination and further action.

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

NOMINATION

I/We wish to make a nomination and do hereby nominate the following person in whom all rights and / or amount payable in respect of securities held in the Depository by me / us in the said beneficiary owner account shall vest in the event of my / our death.											
Name of the Nominee (Mr./Ms.)											
Relationship with the Applicant (if any)											
Address of Nominee	Pin Code <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
Date of Birth (in case of minor)	<table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> Signature of <input checked="" type="checkbox"/> of Nominee <input checked="" type="checkbox"/>	D	D	M	M	Y	Y	Y	Y		
D	D	M	M	Y	Y	Y	Y				
Name of Guardian (Mr./Ms.) (in case Nominee is a minor)											
Address of Guardian	Pin Code <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
Signature of Guardian											

Photograph of Nominee
Signature of Nominee across Photograph

Photograph of Guardian (in case of minor)
Signature of Guardian across Photograph

Signature of two Witnesses

Name	Address	Signature with date
1.		
2.		

(To be signed by the applicant only in case of nomination)

(Sole/First Holder)
 (Second Holder)
 (Third Holder)

- I. 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 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.

Declaration by HUF

Please fill in for a HUF

As our HUF firm wishes to an account with your DP in the said name _____

We beg to say that the first signatory to this letter, i.e _____ is the karta of the joint Family and other signatories are the adult co- parceners of said family.

We further confirm that the business of said joint family is carried on mainly by the said karta as also by the other signatories hereto in the interest and for the benefit of entire body of co-parcener of the joint family. We all undertake that claims due to the DP from the said family shall be recoverable personally from all or any of us and also for the entire family properties of which the first signatory is the karta, INCULDING THE SHARE OF MINOR CO-PARCENERS.

In view of the fact that ours is not firm governed by the Indian Partnership Act of 1932, we have not got our said firm registered under the said Act.

We hereby undertake to inform you the death or birth of a co-parceners or of any change occurring at any time in the membership of our joint family during the currency of the account.

Name & Signature of Karta

Name & Signature of Adult co-parceners (Use Annexure for additional Members)

1.....(Name).....(Sign)

2.....(Name).....(Sign)

3.....(Name).....(Sign)

4..... (Name).....(Sign)

OTHER INFORMATION SOLE / FIRST HOLDER'S

PERSONAL DETAILS Age Date of Birth Working in Designation..... Qualification..... <input type="checkbox"/> Graduate <input type="checkbox"/> Post-Graduate <input type="checkbox"/> Professional Gross Income per Month..... Reference / Introduced by	MY PRESENT OCCUPATION EMPLOYED Govt. Pvt. MNC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SELF-EMPLOYED Professional Corporate Proprietor <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER Retired Housewife Student <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	MY PREFERRED INVESTMENT AREAS ARE <input type="checkbox"/> Bank Deop. <input type="checkbox"/> Com. Deposit <input type="checkbox"/> Sound/Deb <input type="checkbox"/> Mutu. Funds <input type="checkbox"/> NSC <input type="checkbox"/> Equity Shares <input type="checkbox"/> Property <input type="checkbox"/> Gold/Jewellery <input type="checkbox"/> Insurance Preferred <input type="checkbox"/> Less than 1 yrs. <input type="checkbox"/> 1-3 Years Tenure <input type="checkbox"/> 3-5 Years <input type="checkbox"/> 5 Years & above INVESTMENT CRITERION IS <input type="checkbox"/> Safety <input type="checkbox"/> Liquidity <input type="checkbox"/> Returns <input type="checkbox"/> Tax- Benefits <input type="checkbox"/> Capital Abberciation <input type="checkbox"/> Other (Specify).....
CONSULT ON INVESTMENT/LOAN/MATTERS WITH <input type="checkbox"/> Auditor <input type="checkbox"/> Investment Consultants <input type="checkbox"/> Friends & Relatives <input type="checkbox"/> Family Members		

Acknowledgement

FRONTLINE CAPITAL SERVICES LIMITED

DP ID : IN300564

Registered office: M-6 2nd Floor, M Block Market Greater Kailash-II New Delhi -110048

Corporate Office: B-22, Sector-4, Noida-201301, Ph:- 0120-2534066/ 67/68 , Fax: 0120-2534111

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. Your Client Id will be intimated to you shortly. Please quote the DP Id & Client Id allotted to you in all your future correspondence.

Date: _____

Participant Stamp & Signature

FRONTLINE CAPITAL SERVICES LIMITED

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Corporate Office: B-22, Sector-4, Noida-201301, Ph:- 0120-2534066/ 67/68 , Fax: 0120-2534111

ANNEXURE K APPLICATION FOR OPENING AN ACCOUNT (For Corporates /Clearing Members only)

Date :	Client -Id (To be filled by Participant)								
--------	---	--	--	--	--	--	--	--	--

I/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)

Type of Account

<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Bank	<input type="checkbox"/> Trust	<input type="checkbox"/> FI
<input type="checkbox"/> FII	<input type="checkbox"/> OCB	<input type="checkbox"/> Others (please specify)	

Name of Corporate (Sole/First Holder)					
Registered Office Address					Pin Code
Correspondence Address (if different)					Pin Code
Telephone No.		Mobile No.		SMS facility	yes <input type="checkbox"/> no <input type="checkbox"/>
Fax Number					<input type="checkbox"/> <input type="checkbox"/>
E-mail ID:					

Client Details

Other Holder Details

Second Holder Name					
Name of Father/Husband					Pin Code
Address					Pin Code
Telephone No.		Mobile No.		SMS facility	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fax Number		E-mail ID:			
Occupation					
Third Holder Name					
Name of Father/Husband					Pin Code
Address					Pin Code
Telephone No.		Mobile No.		SMS facility	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fax Number		E-mail ID:			
Occupation					

⊗ 1st Holder

⊗ 2nd Holder

⊗ 3rd Holder

In Case of FIIs/OCBs/Others (as may be applicable)

Foreign Address	
RBI Reference No.	
RBI Approval Date	
SEBI Registration No. (for FIIs)	

Address for communication / Corporate Benefits (Default option is Registered office Address)	Registered / Permanent Address <input type="checkbox"/>
	Correspondence Address / Foreign Address <input type="checkbox"/>

Bank Details

Bank Sub-type	Savings Account <input type="checkbox"/>	Current Account <input type="checkbox"/>
Bank Account No.		
Bank Name		
Branch Address		
	Pin Code	<input type="text"/>
9-Digit Code Number of the Bank and branch appearing on the MICR cheque issued by the Bank	<input type="text"/>	<input type="text"/>

Financial Details

	<i>P.A.N.</i>	<i>IT Circle / Ward / District No.</i>
Sole/First Holder		
Second Holder		
Third Holder		

Additional Financial Details

Financial Status	
Nature of Business	

 (Sole/First Holder)

 (Second Holder)

 (Third Holder)

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

Introduction	
(by an existing account holder / applicant's bank)	
DP ID: _____	Client ID: _____ (Incase of existing account holder)
I confirm the identity and address of the applicant(s)	
Name: _____	Signature of Introducer / Signature and Seal incase of Bank
(To be verified by DP official)	

Clearing Member Details (to be filled up by Clearing Members only)



Name of Stock Exchange	
Name of Clearing Corporation	
Clearing Member Id	
SEBI Registration No.	
Trade Name	
CM-BP-Id (to be filled up by Participant)	

Please attach recent passport size photographs in the space provided below:

Sole/ First Holder	Second Holder	Third Holder
Signature Across Photograph	Signature Across Photograph	Signature Across Photograph

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 also declare that the particulars given by us are true to the best of our knowledge as on the date of making such application. We further agree that any false / misleading information given by us or suppression of any material fact will render our account liable for termination and further action.

 **1st Holder**
 **2nd Holder**
 **3rd Holder**

**AGREEMENT BETWEEN THE DEPOSITORY PARTICIPANT AND THE PERSON
SEEKING TO OPEN AN ACCOUNT WITH THE DEPOSITORY PARTICIPANT**

This agreement made and entered into this _____ day of _____ between _____

Situated at _____ (herein after called the "CLIENT" and Frontline capital Services Ltd ,situated at M 6, 2nd Floor, M Block Market Greater kailash-II New Delhi 110048 (herein after called the "Depository Participant")

WITNESSETH

Whereas the client has furnished to the Depository Participants the duly filled in application form requesting there in to open an account with the Depository Participant.

NOW THEREFORE in consideration of the Depository Participant having agreed to open an account for the client, both the parties to the agreement hereby covenant and agree as follows:

1. The client shall pay such charges to the Depository Participant for the purpose of opening and maintaining his account, for carrying out the instructions of the client and for rendering such other services as may be agreed to from time to time between the Depository Participant and the client as set out in Schedule A. The Depository Participant shall reserve the right to revise the charges by giving not less than thirty days notice in writing to the client.
2. The client shall have the right to get the securities which have been admitted on the depository dematerialized in the form and manner laid down under the Bye Laws and Business Rules. The depository Participant further undertake that it shall not create or permit to subsist any mortgage, charge or other encumbrance over all or any of such securities submitted for dematerialization except on the instruction of the client.
3. The Depository Participant hereby undertakes that it shall maintain a separate account of its own securities held in dematerialized form with the depository and shall not commingle the same with the securities held in dematerialized form on behalf of the Client.
4. The Depository Participant undertakes that a transfer to and from the accounts of the client shall be made only on the basis of an order, instructions, directions or mandate duly authorized by the client and that the depository Participant shall maintain adequate audit trail of such authorization.
5. The Depository Participant agrees that the client may give standing instruction with regard to the crediting of securities in his account and the depository participant shall act according to such instruction.
6. The Depository Participant undertakes to provide a transaction statement including statement of accounts, if any, to the Client at monthly intervals unless the Depository Participant and the Client have agreed for provision of such statements at shorter intervals. However, if there is no transaction in the account, then the Depository Participant shall provide such statement to the Client at least once a quarter.
7. The Depository Participant shall have the right to terminate this agreement for any reasons whatsoever, provided the depository participant has given a notice in writing of not less than thirty days to the Client as well as to the Depository. Similarly, the client shall have the right to terminate this agreement and close his account held with the depository participant provided no charges are payable by him to the depository participant. In such an event, the client shall specify whether the balances in its account should be transferred to another account of the client held with another depository participant or to rematerialize the security balances held. Based on the instruction of the client the depository participant shall initiate the procedure for transferring such security balances or rematerialize such security balance within a period of thirty days, as per the procedure laid down in the bye laws and Business rules. Provided further, termination of this agreement shall not affect the right, liabilities and obligation of either party and shall continue to bind the parties to their satisfactory completion shall have the right to discontinue the depository services till such time he make the payment along with interest, if any, after giving two days notice to the client.
8. On the failure of the client to pay the charges as laid out in clause (1) of this agreement within a period of thirty days from the date of demand Depository participant shall terminate this agreement and close the account of the client by requiring it to specify whether the balances in its account be transferred to the account of the client held with another Participant or be rematerialized in the manner specified in the bye laws and business rules.

 1st Holder Signature

 2nd Holder Signature

 3rd Holder Signature

3rd Holder Signatu



2nd Holder Signature



1st Holder Signature



9. The client further agrees that in the event of the client committing a default in the payment of any of the amount provided in clause(1) within a period of thirty days from the date of demand, without prejudice to the right of the depository participant to close the account of the client, the depository participant may charge interest @ not more than 24% p.a. or such other rate as may be specified by the Executive committee from time to time for the period of such default in case the client has failed to make the payment of any of the amount as provided in clause (1) to this agreement the depository participant along with interest, with any ,after giving two days notice to the client.
10. The depository participant shall have a right to provide such information related to the client's account as may be requested by NSDL from time to time.
11. The client shall have the right to create a pledge of the securities held in the dematerialized form with the depository participant only in accordance with the procedure and subject to the restrictions laid down under the bye laws and business rules.
12. The depository shall not be liable to the client in any manner towards losses, liabilities and expenses arising from the claims of third parties and from taxes and other government charges in respect of securities credited to the clients account.
13. The client may exercise the right to freeze his account maintained with the depository participant so as to lock the securities held with the depository participant in accordance with the procedure prescribe in the bye laws and business rules.
14. The client may exercise the right to defreeze his accounts maintained with the depository participant in accordance with the procedure and subject to the restrictions laid down under the bye laws and business rules.
15. The client shall notify the depository participant within seven days, of any change in the details set out in the application form submitted to the depository participant at the time, of opening the account or furnished to the depository participant from time to time.
16. The depository participant undertakes to resolve all legitimate grievances of the client against the depository participant with a period of thirty days.
17. The depository participant and the client shall abide by the arbitration and conciliation procedure prescribed under the bye laws of NSDL and such procedure shall be applicable to any dispute between the depository participant and the client.
18. The depository participant and the client further agree that all claims, differences and dispute, arising out of or in relation to dealings on the depository including any transaction made subject to the bye laws or business rules of the depository or with reference to anything incidental thereto or in pursuance thereof or relating to their validity, construction, interpretation, fulfillment or the right, obligation and liabilities of the parties thereto and including any question of whether such dealing, transactions have been entered into or not, shall be subject to the exclusive jurisdiction of the courts at Mumbai only.

In witness whereof the client and the depository participant has caused these presents to be executed as of the day and year first above written.

Signed and delivered by

(Witness)

(Sin.).....

Name.....

Address.....

.....

1st Holder signature 2nd Holder Signature 3rd Holder Signature
(for and on behalf of the client)

(Witness)

(Sign.).....

Name.....

Address.....

.....

(for and on behalf of the Frontline Capital Services Ltd.)

FRONTLINE CAPITAL SERVICES LTD**DP ID – IN300564**

Corporate Off :- B-22 Sector – 4, NOIDA -201 301, Tel No. 0120-2534066 – 68

Regd Off :- M-6, 3rd Floor, M-Block Market, G K – II, New Delhi – 110048 Tel No. 011-29216309/29212610

email :- fcs1@fsltechnologies.com, Website : www.fcsindia.com

Schedule**Schedule of DP Charges w.e.f 01st Jan 2011.**

S.No	Details of Services	Charges	
1.	Statutory Charges	As applicable	
2.	Annual Maintenance Charges	As applicable	
	Every year ended 31 st March or part thereof	Individual	Corporate
	Holding Value	Amount (Rs.)	Amount (Rs.)
	Up to 25 Lac	250 P.A	1000 P.A
	>25 Lac to 50 Lac	500 P.A	1000 P.A
	>50 Lac to 100 Lac	1000 P.A	1000 P.A
	>100 Lac to 5 Crore	2500 P.A	2500 P.A
	>5 Crore to 25 Crore	5000 P.A	5000 P.A
	>25 Crore to 100 Crore	10000 P.A	10000 P.A
	>100 Crore to 1000 Crore	25000 P.A	25000 P.A
	>1000 Crore	50000 P.A	50000 P.A
3.	POA holders Market Sale (per entry)	Rs. 25/-	
4.	Non POA holders Market Sale (per entry)	Rs. 40/-	
5.	Off Market Transactions (per entry)	Rs. 40/-	
6.	Pledge (creation/confirmation) (per entry)	RS. 100/-	
7.	Pledge (Closure/invocation) (per entry)	Rs. 50/-	
8.	Dematerialisation	Rs. 10/- per certificate + Rs. 100/- per Demat Request	
9.	Rematerialisation	Rs. 50/- per certificate + Rs 100/- per Request	
10.	Delivery Instruction Book	Rs. 50/-	
11.	Late receipt of Instructions Slips	Rs 100/-	

Note :

- Value of Holding will be taken at 31st March of preceding year
- In case of new account minimum charge will be applicable
- All charges referred above are subject to higher of actual or Rs. 250/- per financial year.
- All charges are subject to change at the sole discretion of Frontline Capital Services Ltd with prior notice of 30 days as per the clause 1 of DP Client Agreement
- No Refund of annual charges, whenever the account is closed.
- Non-execution of delivery instruction due to any problem/error-courier charges Rs. 30/- per communication/dispatch.
- Modification in Client Master Rs. 25/- per instruction.
- Charges of Delivery instruction accepted at client's sole risk on or with in 24 hours of execution.
- Non-periodic statement and other communication shall be charged @ Rs.5/- per page and postage charges @ Rs 30/- per mail.
- In Case of Demat Slip rejected, the rejection postage shall be charged @ Rs.60/-per Demat rejection..
- The Depository Services are liable to discontinuation or closure of account if DP is unable to recover the charges from the client for any reason whatsoever, as per the clause 8 of DP Client Agreement. There will be charge of Rs. 200/- for resumption of services in such cases
- Services Charges, Taxes and other Government levies extra as applicable for time to time.

Declaration

- I/we have read and understood the above terms & conditions & accept the same.
- I/we hereby authorize the Depository participant to recover DP charges by debiting my/our Account with Frontline Capital Services Limited to the credit of my account related to DP charges.

⊗ 1st Holder Signature⊗ 2nd Holder Signature⊗ 3rd Holder Signature

To be Typed on letter Head of the Company

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED IN THE MEETING OF THE BOARD OF DIRECTOR OF THE COMPANY M/s _____ HAVING ITS REGISTERED OFFICE AT _____ HELD ON DATED ____ AT ____AM.

RESOLVED THAT a Depository account be opened with M/s Frontline Capital Services Ltd. In The name of the company M/s _____

RESOLVED THAT Mr. _____ Director / Authorised Signatory of the company be and is hereby authorized severally to sign the application and other documents to open the demat account.

RSOLVED FURTHER THAT THE Mr. _____ Director /Authorised Signatory and /or Mr. _____ Director/ Authorised Signatory of the Company be and or hereby severally/ jointly authorized to sign all types of instruction slips, Dilivery Slips, Receipts slips, Demat forms, Remat Forms, Instructions to Pledge or De-Pledge, etc, for & on behalf of the company and to do any other act, deeds, things or give any other instructions to give effects to above resolution.

CERTIFIED TRUE COPY

FOR.....

DIRECTOR

PLACE:.....

DATE:.....

Document enclosed: INDIVIDUAL/HUF

S. No.	Particulars	Document Attached	Remarks
1	PAN CARD		
2	ADDRESS PROOF		
3	BANK DETAIL		
4	NOMINATION		
5	POA		
6	PHOTOGRAPH		
7	HUF DECLARATION		
8	OTHER		

Document enclosed: CORPORATES

S. No.	Particulars	Document Attached	Remarks
1	PAN CARD/COMPANY & DIRECTOR		
2	ADDRESS PROOF/ CO. AUTH. SIGN		
3	BANK DETAIL		
4	POA		
5	BOARD RESOLUTION		
6	LIST OF AUTH. SIGN.		
7	LIST OF DIRECTOR		
8	MEMORANDUM & ARTICLES		
9	PHOTOGRAPH		
10	OTHERS		