



**Eastern Financiers Ltd.**

*Give us your worries... Take home the returns*

**DP ID : IN303181**

**CLIENT ID :**

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**DEMAT ACCOUNT OPENING FORM**

**For National Securities Depository Limited**

**FOR INDIVIDUALS**

**Eastern Financiers Limited (EF)** was incorporated in the year 1967 and is the oldest Investment Strategist in Eastern India.

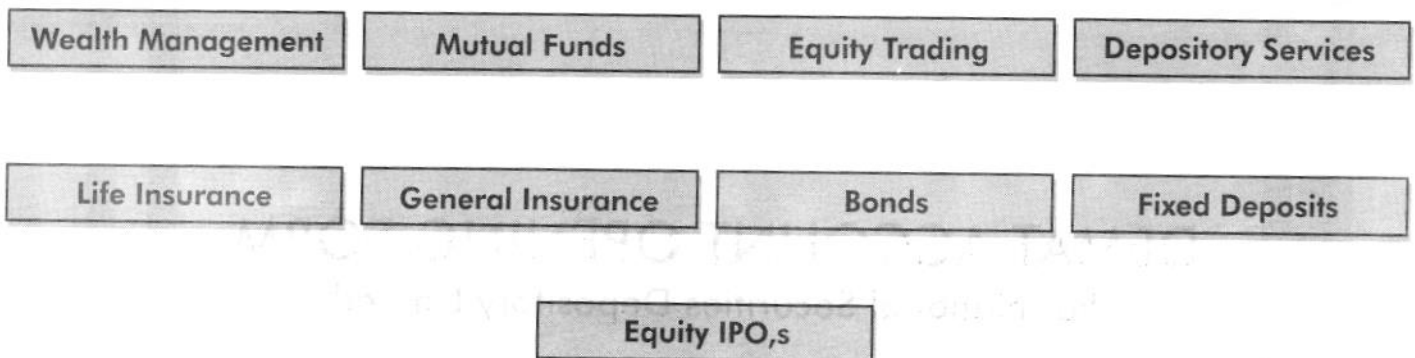
**The foundations of our Business ....**

- One of the largest and most trusted Investment Consultants in India.
- 40 years of un-biased, client-specific investment solutions.
- Team of experienced professionals and sound Investment Strategists to help you reach your financial goals.
- Choice of a wide variety of instruments 'under one roof'.
- Personalised services from EF - the trust of over 3 lakh investors.
- Prompt post-investment services.

**Our Service motto :**

*"Give us your worries...Take home the returns"*

**Financial Planning Solutions comprising of :**



An ISO 9001:2015 certified company

**CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual**

**Important Instructions:**

- A) Fields marked with "\*" are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



**For office use only** Application Type\*  New  Update  
 (To be filled by financial institution) KYC Number  (Mandatory for KYC update request)  
 Account Type\*  Normal  Simplified (for low risk customers)  Small

**1. PERSONAL DETAILS** (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> )		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector	
	<input type="checkbox"/> O-Others ( <input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student)	
	<input type="checkbox"/> B-Business			
	<input type="checkbox"/> X- Not Categorised			

**PHOTO**

**2. TICK IF APPLICABLE**  RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED\* (Mandatory only if section 2 is ticked)  
 ISO 3166 Country Code of Jurisdiction of Residence\*   
 Tax Identification Number or equivalent (If issued by jurisdiction)\*   
 Place / City of Birth\*  ISO 3166 Country Code of Birth\*

**3. PROOF OF IDENTITY (PoI)\*** (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> D- Driving Licence	<input type="text"/>		
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input type="text"/>

**4. PROOF OF ADDRESS (PoA)\***

**4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS** (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type\*  Residential / Business  Residential  Business  Registered Office  Unspecified

Proof of Address\*  Passport  Driving Licence  UID (Aadhaar)

Voter Identity Card  NREGA Job Card  Others

Simplified Measures Account - Document Type code

**Address**

Line 1\*

Line 2

Line 3

District\*  Pin / Post Code\*  State / U.T Code\*  City / Town / Village\*  ISO 3166 Country Code\*



**Form - 9**  
**PART II – ACCOUNT OPENING FORM**  
**(FOR INDIVIDUALS)**

<b>EASTERN FINANCIERS LIMITED</b> "LORDS" SUITE NOS. : 102 & 104 AND 205A 7/1, LORD SINHA ROAD, KOLKATA - 700 071 <b>DP ID : IN303181</b>	<b>Client –ID</b> (To be filled by Participant) <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>								

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)*

<b>A)</b>	<b>Details of Account holder(s):</b>									
	Account holder(s)	Sole/ First Holder			Second Holder			Third Holder		
	Name									
	PAN									
	Occupation <i>(please tick any one and give brief details)</i>	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist			
<input type="checkbox"/> Public Sector		<input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired				
<input type="checkbox"/> Government Service		<input type="checkbox"/> Housewife	<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife	<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife				
<input type="checkbox"/> Business		<input type="checkbox"/> Student	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Business	<input type="checkbox"/> Student				
<input type="checkbox"/> Professional		<input type="checkbox"/> Others (Please specify; _____)	<input type="checkbox"/> Professional	<input type="checkbox"/> Others (Please specify; _____)	<input type="checkbox"/> Professional	<input type="checkbox"/> Others (Please specify; _____)				
	Brief details:									

<b>B)</b>	For 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 Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below:										
	a) Name					b) PAN					

<b>C)</b>	<b>Type of account</b>									
	<input type="checkbox"/> Ordinary Resident	<input type="checkbox"/> NRI-Repatriable	<input type="checkbox"/> NRI-Non Repatriable							
	<input type="checkbox"/> Qualified Foreign Investor	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Promoter							
	<input type="checkbox"/> Margin	<input type="checkbox"/> Others (Please specify) _____								

<b>D)</b>	<b>Gross Annual Income Details</b>									
	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 lac								

<b>E)</b>	<b>In case of NRIs/ Foreign Nationals</b>									
	RBI Approval Reference Number									
	RBI Approval date									

<b>F)</b>	<b>Bank details</b>									
	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:  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)

H) **Standing Instructions**

1	I/We authorise you to receive credits automatically into my/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	<b>SMS Alert facility:</b> [Mandatory if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form]		
	<b>Sr. No.</b>	<b>Holder</b>	
	1	Sole/First Holder	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2	Second Holder	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3	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"/> Electronic Form [Read Note 4 and ensure that email ID is provided in KYC Application Form].	

5 I / We wish to avail BSDA Facility  Yes  No

6 I/We wish to receive Annual Reports, AGM, Notices and other communications from Issuers & RTAs in  Physical Form  Email.

7 I / We would like to receive Rights & Obligation Documents in  Physical Form  Electronic Form

8 Standing Instruction Indicator for Auto Pledge Confirmation  Yes  No

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											

J) Option to POA Clients to receive DIS Book alongwith account opening or subsequently.

a) I/We wish to receive the DIS Book at the time of account opening itself

b) I/We wish to receive the DIS Book at any later date on request

K) **Nomination Option**

<input type="checkbox"/> I/We wish to make a nomination. [Details are provided at FORM 10]	<input type="checkbox"/> I/We do not wish to make a nomination.
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**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 these 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 up to 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 FORM10 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 AnnexureD.
11. Savings bank account details shall only be considered if the account is maintained with the same participant.
12. DPID and client ID shall be provided where demat details is required to be provided.

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**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.)	X
Second Holder (Mr./Ms.)	X
Third Holder (Mr./Ms.)	X

**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 8<sup>th</sup> 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.



# FAMILY FLAG DECLARATION OF CLIENTS

## Format of Request

[Please tick (✓) wherever applicable]

### FIRST HOLDER

DP ID		Client ID		Date	
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Name of account holder

Mobile Number

Email ID

I hereby declare that the aforesaid mobile number or E-mail ID belongs to  Me or  My family (spouse, dependent children and dependent parents).

Signature of account holder

Name of account holder

### SECOND HOLDER

DP ID		Client ID		Date	
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Name of account holder

Mobile Number

Email ID

I hereby declare that the aforesaid mobile number or E-mail ID belongs to  Me or  My family (spouse, dependent children and dependent parents).

Signature of account holder

Name of account holder

### THIRD HOLDER

DP ID		Client ID		Date	
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Name of account holder

Mobile Number

Email ID

I hereby declare that the aforesaid mobile number or E-mail ID belongs to  Me or  My family (spouse, dependent children and dependent parents).

Signature of account holder

Name of account holder

**FATCA/CRS Declaration Form**

To: Eastern Financiers Limited (EFL)

Date: \_\_\_\_\_

Client ID:	Residential Status: <input type="checkbox"/> Resident <input type="checkbox"/> Non Resident
Client Name:	

**Part I Please fill in the country for each of the following (Applicable for all customers):**

<b>1</b>	Country of:	
	a) Birth:	
	b) Citizenship:	
	c) Residence for Tax Purposes	
	d) Current Residence (Overseas Country for NRI)	
<b>2</b>	US Person (Yes / No) Refer definition on page 2	

**Part II Please note:**  
**a.** If in all fields above, the country mentioned by you is India (except in case of seafarers) and if you do not have US person status, please proceed to **Part III** for signature.  
**b.** If for any of the above field, the country mentioned by you is not India and/or if your US person status is Yes, please provide the Tax Payer Identification Number (TIN) or Functional equivalent as issued in the specific country in the table below:

<b>i)</b>	<input type="checkbox"/> TIN or	
	<input type="checkbox"/> Functional equivalent (please specify name & Number)	
	Country of Issue	
<b>ii)</b>	<input type="checkbox"/> TIN or	
	<input type="checkbox"/> Functional equivalent (please specify name & Number)	
	Country of Issue	
<b>iii)</b>	<input type="checkbox"/> TIN or	
	<input type="checkbox"/> Functional equivalent (please specify name & Number)	
	Country of Issue	

**c.** If you satisfy the criteria mentioned in II (b) above but do not have Taxpayer Identification Number/functional equivalent, please tick the reason for the same as given below:

- I am a person resident out of India with (choose only if applicable):**
- Country not issuing TIN/Functional equivalent \_\_\_\_\_ (mention  VISA /  Residence /  Work permit number)
  - Dependent visa \_\_\_\_\_ (mention dependent visa number)
  - Student visa \_\_\_\_\_ (mention student visa number)
  - Seafarer status \_\_\_\_\_ (mention CDC/visa number)
  - Going to the country of residence for first time \_\_\_\_\_ (mention visa number. TIN/functional equivalent to be communicated to ESSBSL within 90 days, else account will get closed).

**OR**

- I am a person resident in India as well as resident for tax purposes in India (Please also fill Part IV self certification)**

**d.** In case you are declaring US person status as 'No' but your Country of Birth is US, please provide document evidencing Relinquishment of Citizenship. If not available provide reason/s for not having relinquishment certificate \_\_\_\_\_. Please also fill **Part IV** Self Certification.

**- Part III Customer Declaration (Applicable for all customers)**

- i. Under penalty of perjury, I certify that:
  - 1. The applicant is (i) an applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof. **(This clause is applicable only if the account holder is identified as a US person) or**
  - 2. The applicant is taxable as a tax resident under the laws of country outside India. **(This clause is applicable only if the account holder is a tax resident outside of India)**
- ii. I understand that EFL is relying on this information for the purpose of determining my status in compliance with FATCA/CRS. EFL is not able to offer any tax advice on FATCA/CRS or its impact. I shall seek advice from professional tax advisor for any tax questions.
- iii. I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- iv. I agree that as may be required by domestic regulators/tax authorities EFL may also be required to inform reportable details to **CBDT** or close or suspend my account.
- v. I certify that I provide the information on this form and to the best of my knowledge and belief the certification is true, correct, and complete including the taxpayer identification number / functional equivalent number of the applicant.

Name:	Signature:	Date:

**Part IV  Self Certification (Not Applicable for NRI customers except for point (b) below):**  
 To be filled only if   
 (a) Any of the indicia parameters is outside India and TIN or functional equivalent is not available since not a resident for tax purpose outside India, or  
 (b) Country of Birth is US and US person is mentioned as "No" in Part I

I confirm that I am not a US person or a resident for Tax purpose in any country other than India, though one or more parameters suggest my relation with the country outside India. Therefore, I am providing the following document as proof of my citizenship and / or residency.

Signature

**Document Proof submitted (Please tick document being submitted)**

Passport
  Election Id Card
  PAN Card
  Driving License
  UIDAI Letter
  NREGA Job Card
  Govt. Issued ID Card

**Note:**

**The term United States person means:**

- a) An individual, being a citizen or resident of the United States of America;
- b) Partnership or corporation organized in the United States of America or under the laws of the United States of America or any State thereof;
- c) A trust if: (i) a court within the United States of America would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust; and (ii) one or more U.S. persons have the authority to control all substantial decisions of the trust;
- d) An estate of a decedent who was a citizen or resident of the United States of America.

**Functional Equivalent of TIN includes the following:**

A social security/insurance number, citizen/personal identification/services code/national identification number, a resident / population registration number, Alien card number, etc.

**Beneficiary & Corporate Charge Schedule for Depository Services - NSDL**

Sr. No.	Charge Head	Charges	Minimum
1	Account Opening	NIL	----
2	Account Closing	NIL (Closing is subject to clearing of all O/S dues)	----
3	Account Maintenance	Rs.. 1000/- per annum for Corporate & Rs. 400/- for other than Corporates + Service Tax / GST as applicable for the current Financial Year.	----
4	Dematerialisation	Rs. 5/- per Certificate + Rs. 40/- for Courier Charges per D'Mat Request	----
5	Rematerialisation	Rs. 15/- for every 100 shares or part thereof OR Rs. 15/- per certificate whichever is higher + Mailing charges at Actual	Rs. 15.00
6	Equity Transaction – Sell	0.02% of the value of the transaction for clients trading with EASTERN FINANCIERS LTD.  0.04% of the value of the transaction for outside clients	Rs. 15.00  Rs. 20.00
7	Equity Transaction – Buy	NIL	----
8	Pledge Services	0.04% of the value of the shares	Rs. 50.00
9	Cheque Dishonour Charges	Rs. 100/- per instance.	Rs. 100/-
10	CAS Charges	For Courier – Rs. 8/- per month For E-mail – Rs. 0.75 per month	Rs. 8/- per month Rs. 0.75 per month
11	For BSDA Clients	For Holding Valuation form Re. 1/- to Rs. 50000/- Rs. 50001 – Rs. 200000/- Above Rs. 200001/- <b>Transaction Charges Minimum – Rs. 25.00</b>	NIL Rs. 100/- per annum Rs. 400/- per annum + GST 18% p.a.
12	IDEAS & SPEED-e Charges	IDEAS for CM – Actual to NSDL Billing IDEAS for Individual IDEAS for Corporate Speed-e for Password Based Speed-e for Corporate User with e-Token	- - - NIL Rs. 375/- per Quarter

**Conditions :**

**Options for the recovery of the demat service charges**

**Option :**

- Customers who have only a depository relationship with us will be required to pay an advance fee of Rs. 1000/- for each demat account which will be adjusted against service charges. The customer will also undertake to replenish the balances immediately when it falls below Rs. 400/-.
- In case we are unable to recover the service charges due to non-maintenance of inadequate advance fees, OR the demand raised by the DP within 30 (thirty) days from the date of demand, Depository Participant will stop processing the instructions as per Clause 19 & 20 of the **Rights and Obligations** document. Any request to resume the services will be charged Rs. 100/- and the services will be resumed in a minimum of one working day from the date of receipt of request at Eastern Financiers Ltd. – CPU, Lords Branch, Calcutta.

**Common Clauses :**

- The above charges are exclusive of Service Tax / GST which is currently @18.00% per annum and other levies levied by Government bodies / statutory authority from time to time.
- Charges / service standards are subject to revision at the Eastern Financiers Ltd.'s sole discretion and as informed by circulars sent by ordinary post.
- Account Maintenance Charges are levied upfront for a period of one year at the beginning of the period.
- Transaction charges will be payable within 10<sup>th</sup> day of the succeeding month. Charges quoted above are for the services listed. Any service not quoted above will be charged separately.
- Pledge services will include individually pledge creation request, closure requisition, pledge invocation receipt, pledge invocation delivery favouring other counterparties only.
- All instructions for transfer must be received at the designated branch of Eastern Financiers Ltd.

Signature of First Holder

Signature of Second Holder

Signature of Third Holder

**POWER OF ATTORNEY**  
**(FOR AUTO PAY-IN OF SECURITIES IN FAVOUR OF EASTERN FINANCIERS LIMITED)**

TO ALL TO WHOM THESE PRESENTS SHALL COME,

I/WE.....

residing at.....

hereby send greetings:

WHEREAS I/we wish to avail various services offered (hereinafter referred to as "services") by Eastern Financiers Limited having its Corporate Office address at "LORDS", Suite Nos. : 102 & 104 and 205A, 7/1, Lord Sinha Road, Kolkata - 700071 (hereinafter referred to as 'EFL') with/without Online Trading/E-broking & Web based facilities and/or services through its website or any other website used for offering Services.

WHEREAS EFL is providing various securities related services which inter alia include but not limited to transactions in connection with purchase or sale of securities, scripts, stocks, bonds, debentures, mutual fund units or any other financial instruments, or subscription to any offer or public issue of shares, mutual funds, including initial public offering (IPO) thereof, buyback of shares or any other such transactions relating to securities and financial instruments within the guidelines and purview of SEBI.

WHEREAS I/we in this connection have Beneficiary Account No..... (BO-ID)/will open Beneficiary Account(s) with NSDL, through EFL bearing DP ID : IN303181 and my Client Identification Number (Trading Code) is ..... AND WHEREAS as consideration for availing said services as well as a prerequisite for fulfilling the various preconditions and requirements so as to avail of the services by EFL, I/we am/are desirous of appointing an attorney and confer upon it powers hereinafter stated.

NOW THESE PRESENTS WITNESS that I/we, do hereby, jointly and severally nominate, constitute and appoint EFL acting through any of its directors and/or officers, as my/our true and lawful Constituted Attorney (hereinafter referred to as the said Attorney) for me/us, in my/our name and on my/our behalf and at my/our risk and costs to do, exercise and perform all or any of the following acts, deeds and things:

- To operate the specified Beneficiary Account and to transfer the securities held in my/our beneficiary account(s) towards pool/client collateral account of EFL to the extent of shares sold through EFL for pay in obligation as well as for margins towards any Stock Exchange in all segments.
- To pledge the securities in favour of **CLIENT SECURITIES MARGIN PLEDGE ACCOUNT** of EFL for the limited purpose of meeting margin requirements in connection with the trades executed by me/us on EFL and **no complete title transfer is allowed.**
- Pursuant to my/our instruction or instruction of my/our Authorised Representative (applicable only case of non-individual client), to make application various products like Mutual Funds, Public Issues (shares as well as debentures), rights, offer of shares, tendering shares in open offers, etc.
- Pursuant to my/our instruction or instruction of my/our Authorised Representative to do all such acts and things as may be necessary to effect the subscription/purchase/redemption or any other transaction for mutual funds/online Mutual Fund or otherwise of initial public offer/follow on public offer/right issue/or any other like issues and/or Investment Product for which services are availed from EFL.
- To authorize EFL to send trades and accounts related information and also consolidated summary of scrip wise buy and sell positions taken with average rates by way of SMS/e-mail on a regular basis.
- In case mutual fund units wrongly/erroneously subscribed and delivered in my/our account, EFL is authorised to automatically transfer the units in their pool/ client collateral account without my consent.
- The demat account details of EFL where shares can be transferred for the above purpose is mentioned below :

NSE CM A/C	IN563921	Mutual Fund NSE CM A/C	IN565576
BSE CM A/C	IN631618	Mutual Fund BSE CM A/C	IN640016
Client Securities Margin Pledge A/c	10103119		

maintained with EFL having DP ID : IN303181.

- The POA shall not facilitate any Off-market trades between parties other than the related parties as mentioned in the POA.

- To do all such other acts or deeds which EFL in its discretion considers necessary in this connection in order to complete the transaction(s); so, however, that nothing herein shall preclude me from operating the designated Beneficiary Account, subject always to powers granted herein to EFL for the purposes of the Member Client relationship.
- My / Our Attorney Eastern Financiers Limited shall not be liable for any loss that may result from failure / inability in electronic connectivity.
- Further the said Attorney is not liable for not executing my/our debit instructions due to insufficient securities balance before pay-in day with regards to sale obligation and outstanding debit balance in my demat account.
- I / We undertake to pay such demat charges / fees and such other charges incurred by EASTERN FINANCIERS LIMITED under this POA and I / We further authorize the said Attorney to debit my Trading Account in this respect.
- In case, the client does not pay for such securities which received in pay-out in the Client's Code, the my TM/CM EFL shall be entitled to retain those securities upto 5 trading days after pay-out. Further, where the client fails to meet its fund pay-in obligation within 5 trading days from pay-out day, my Attorney TM/CM EFL shall liquidate the securities in the market to recover the dues. Under no circumstances, shall the securities of the clients received in pay-out be retained by the TM/CM beyond 5 trading days and be used for any other purpose.

AND I/we hereby agree that EFL shall exercise such powers and authorities conferred under the above Power of Attorney pursuant only to the instructions in that behalf given by me/us or my/our Authorised Representative, which may be given orally over the telephone, through the internet, electronically or in any other manner acceptable by EFL and such instruction shall be deemed to have been given by me/us and shall be conclusive and binding on me/us and if necessary it may be ratified by me/us on the instruction of the said attorney.

Subject only to the satisfaction of all amounts/dues payable by me/us to EFL in respect of any services/facilities provided in connection with this Power of Attorney, the Member Client relationship or any other document(s) executed between the pares this Power of Attorney is revocable by me at any time without notice.

Provided always that EFL would return to me/us the securities or fund that may have been received by it erroneously or those securities or fund that it was not entitled to receive from me/us.

I DO HEREBY for myself, my heirs, executors and administrators agree to ratify, confirm and validate all and whatsoever my said Attorney shall do or purport to do or cause to be done by virtue of these presents.

This Power of Attorney shall be subjected to the jurisdiction of the Courts in Kolkata.

In WITNESS WHEREOF I/we have executed this Power of Attorney on the day, date and year herein below mentioned.

Signed for and on behalf of	Signature	Name of Authorised Signatory	Title / Designation
1 <sup>st</sup> Holder			
2 <sup>nd</sup> Holder			
3 <sup>rd</sup> Holder			
The Participant	<b>For Eastern Financiers Limited</b>		
	<b>Director</b>		
Place		Date	
	Witness-1	Witness-2	
Name			
Address			
Signature			



# Eastern Financiers Ltd.

Give us your worries... Take home the returns

## For Office Use only Exceptions / Rejection Found

### 1. Application Form

- Name of the Company
- Address not readable
- Pincode number required
- Photograph of directors
- Correction / Cancellation require holder's initial

### 2. Introduction Documents

- Proof of Identity required
- Proof of Address Required
- Attestation of Documents required
- MOA
- Board Resolution
- IT Return
- List of Directors on Letter Head

### 3. Bank Details (Dividend Purpose)

- SB/Current OD A/c. No. required
- Name and Address of the Bank required
- Name and Address of the Bank not clear
- NRI Dividend Bank details can't be used for Ordinary Demat A/c.
- SB/Current account holders sign required
- Signature Mismatch with cheque

### 4. Depository Agreement

- Date of agreement is prior to date of issue stamp paper
- Correction / Cancellation requires holder/s initial
- Signature of holder/s required

### 5. Tariff Sheet

- Signature of holder/s required
- Tariff sheet required
- Old tariff sheet attached

### 6. Power of attorney

- PoA holder signature required on PoA copy
- Attestation of PoA copy required

### 7. Others Specify

- a. ....
- b. ....
- Rectify Clear Point No. ....

Note : Any Correction / Alteration / Cancellation Requires Holder's Authentication

**Corporate Office**

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Fax : (033) 2282 2052

**Registered Office**

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(2nd Floor)  
Kolkata - 700 001  
Ph : (033) 4010 4242  
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website : [www.easternfin.com](http://www.easternfin.com)