

New Change Request

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

(Please tick the box on left margin of appropriate row where the CHANGE/CORRECTION is required and provide the details in the corresponding row)

A. IDENTITY DETAILS

- 1. Name of the Applicant:
- 2. Father's/Spouse's Name:
- 3. A. Gender: Male Female
 B. Marital Status: Single Married
 C. Date of Birth: //
- 4. Nationality: Indian Other (Please Specify)
 Status: Resident Individual Non Resident
 Foreign National (Passport Copy Mandatory)
- 5. A. PAN
 B. (UID)/Aadhaar, if any:
- 6. Proof of Identity Submitted



B. ADDRESS DETAILS

- 1. Residence/Correspondence Address :
 City/Town/Village: PIN Code:
 State: Country:
- 2. Specify Proof of Address submitted for Residence/Correspondence Address : Other _____
 Validity/Expiry date of proof of address submitted __/__/__.
- 3. Contact Details
 a. Mobile Number b. EMAIL ID: c. Tel. (Office):
 d. Tel. (Residence): e. FAX:
- 4. Permanent Address if different from above or overseas address, (mandatory for Non-Resident Applicant)
 Residence/Correspondence Address :
 City/Town/Village: PIN Code:
 State: Country:
- 5. Specify Proof of Address submitted for Permanent Address : Other _____
 Validity/Expiry date of proof of address submitted __/__/__.
- 6. Any other Information : _____

C. 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.

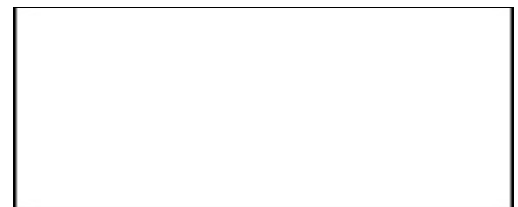
Date : __/__/____
 Place _____



Signature of Applicant

FOR OFFICE USE ONLY

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 person who has done IPV: _____



Seal/Stamp

Originals Verified and Self Attested Document Copies Received:

Attested True copies of documents received

Main Intermediary:

POS Code: _____

Date: __ / __ / ____



Signature of Authorized Signatory

New Change Request

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

(Please tick the box on left margin of appropriate row where the CHANGE/CORRECTION is required and provide the details in the corresponding row)

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- 1. Name of the Applicant:
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- Status: Resident Individual Non Resident
- Foreign National (Passport Copy Mandatory)
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- B. (UID)/Aadhaar, if any:
- 6. Proof of Identity Submitted



B. ADDRESS DETAILS

- 1. Residence/Correspondence Address :
 - City/Town/Village: _____ PIN Code: _____
 - State: _____ Country: _____
- 2. Specify Proof of Address submitted for Residence/Correspondence Address : Other _____
 Validity/Expiry date of proof of address submitted __/__/__.
- 3. Contact Details
 - a. Mobile Number _____ b. EMAIL ID: _____ c. Tel. (Office): _____
 - d. Tel. (Residence): _____ e. FAX: _____
- 4. Permanent Address if different from above or overseas address, (mandatory for Non-Resident Applicant)
 - Residence/Correspondence Address : _____
 - City/Town/Village: _____ PIN Code: _____
 - State: _____ Country: _____
- 5. Specify Proof of Address submitted for Permanent Address : Other _____
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- 6. Any other Information : _____

C. 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.

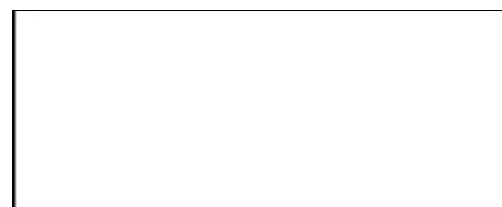
Date : __/__/____
 Place _____



3. Signature of Applicant

FOR OFFICE USE ONLY

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 person who has done IPV: _____



Seal/Stamp

Originals Verified and Self Attested Document Copies Received:

Attested True copies of documents received

Main Intermediary:

POS Code: _____

Date: __ / __ / ____



Signature of Authorized Signatory

Details of Guardian (in case the account holder is minor)	
Guardian's Name : _____	PAN : _____
Relationship with the applicant : _____	
I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes')	[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end (If not marked, the default option would be 'No')	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Requirement <input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in Physical)	
I / We wish to receive dividend / interest directly in to my bank account as given below through ECS. (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	<input type="checkbox"/> Yes <input type="checkbox"/> No

Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR code)	_____
IFS Code (11 character)	_____
Account number	_____
Account type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify) _____
Bank Name	_____
Branch Name	_____
Bank Branch Address : _____	
City : _____ State : _____ Country : _____ PIN code : _____	

(i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)

(ii) Photocopy of the Bank Statement having name and address of the BO

(iii) Photocopy of the Passbook having name and address of the BO, (or)

(iv) Letter from the Bank.

✉ In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

Other Details

Gross Annual Income Details	Income Range per annum: Gross Annual Income range(In Lakh Rs.): Below 1 <input type="checkbox"/> 1-5 <input type="checkbox"/> 1-10 <input type="checkbox"/> 10-25 <input type="checkbox"/> Above 25 <input type="checkbox"/>		
	Net worth as on (Date)	_____	Rs: _____
[Net worth should not be older than 1 year]			

Occupation	_____
Please tick , if applicable:	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)
Any other information:	_____

SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4	MOBILE NO. +91 _____ [(Mandatory , if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).									
Transactions Using Secured Texting Facility (TRUST). Refer to Terms and Conditions Annexure – 2.6	I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for the same. <input type="checkbox"/> Yes <input type="checkbox"/> No I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST <table border="1" style="width: 100%;"> <thead> <tr> <th>Stock Exchange Name/ID</th> <th>Clearing Member Name</th> <th>Clearing Member Id (Optional)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Stock Exchange Name/ID	Clearing Member Name	Clearing Member Id (Optional)						
Stock Exchange Name/ID	Clearing Member Name	Clearing Member Id (Optional)								
Easi	To register for easi, please visit our website www.cdslindia.com . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.									

Nomination Details

Nomination Registration No.	Dated

- I /We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:
- I/We **do not wish to nominate any one for this demat account.**
- I/We **nominate** the following person who is entitled to receive security balances lying in my/our Demat account, particulars whereof are given below, in the event of my / our death.

Full Name of the Nominee : _____	
Address _____	
City _____	State _____ Country _____ PIN code _____
Telephone No. _____	Fax No. _____
PAN _____	UID _____
E-mail ID _____	_____
Relationship with BO (If any) _____	_____
Date of birth (mandatory If nominee is a minor) _____	_____

As the nominee is a minor as on date, to receive the securities in this account on behalf of the nominee in the event of the death of the Sole holder / all Joint holders, I/We appoint following person to act as **Guardian**:

Full name of Guardian of Nominee : _____	
Address _____	
City _____	State _____ Country _____ PIN code _____
Telephone No. _____	Fax No. _____
Email Id. _____	Relationship of Guardian with Nominee _____

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

Note: Two witnesses shall attest signature(s) / thumb impression(s)

Details of the Witness

	First Witness	Second Witness
Name of witness		
Address of witness		
Signature of witness		

I / We have received and read the Rights and Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application.

I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form.

I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

**First/Sole Holder or
Guardian (in case of Minor)**

Second Holder

Third Holder

Name _____

Signatures



POWER OF ATTORNEY

To all to whom these presents shall come I/ we _____, (name of the beneficial owner/s), residing at/ having its registered office at _____, send greetings.

Whereas I/ we hold beneficial owner account number 12054200_____ with Central Depository Services (India) Limited (CDSL), through **Samco Securities Ltd** (name of the depository participant) registered with Securities and Exchange Board of India (SEBI) Bearing **DP-ID 54200**.

And Whereas I/ we am/ are desirous to buy and sell securities through **Samco Securities Ltd** a member of Bombay Stock Exchange Ltd., bearing SEBI registration No **BSE, NSE, & MCX-SX in Cash, F&O, CDS Segments** bearing SEBI registration No. **INZ000002535** and as a member of any other stock exchange/ platform that the stock broker may join in future.

And Whereas I/ we am/ are desirous of appointing **Samco Securities Ltd** as my/our constituted attorney to operate my/ our beneficial owner account on my/ our behalf for a limited purpose in the manner hereinafter appearing and subject to conditions as provided herein.

Now know you all and these presents witness that I/ we do hereby nominate, constitute and appoint **Samco Securities Ltd** (hereinafter referred to as "the stock broker") as my true and lawful attorney and authorize it to perform the following functions on my behalf:

1. to transfer securities held in my/our aforementioned beneficial owner account(s) or any other account informed by me in writing to the stock broker from time to time to the demat account nos as per given below:

EXCHANGE & SEGMENTS	TYPE OF A/C	NSDL	CDSL
BSE CASH	POOL A/C	IN609351	1205420000002307
BSE CASH	PRINCIPLE A/C	IN609351	1205420000001278
BSE CASH	CLIENT BEN A/C		1205420000000050
BSE CASH	MARGIN A/C		1205420000000050
BSE F&O	MARGIN A/C		1205420000006261
NSE CASH	POOL A/C	IN560708	1205420000002691
NSE CASH	CLIENT BEN A/C		1205420000008497
NSE CASH	MARGIN A/C		1205420000008497
NSE F&O	MARGIN A/C		1205420000008503
NSE CURRENCY	MARGIN A/C		1205420000008653
MCX-SX CASH	POOL A/C	IN471327	1205420000009171
MCX-SX CASH	CLIENT BEN A/C		1205420000009165
MCX-SX CASH	MARGIN A/C		1205420000009165
MCX-SX F&O	MARGIN A/C		1205420000009150
MCX-SX CURRENCY	MARGIN A/C		1205420000008649

Above mentioned accounts of the stock broker maintained for the purpose of settlement of trades and margin obligations arising out of trades executed by me/us on any recognized stock exchange through the stock broker. However, the said power will be restricted to only transfer of securities to the Clearing Member ID allotted to the stock broker by any existing or future exchange that the stock broker has joined/ will join as a member or to any demat accounts linked to the said Clearing Member ID; provided that I/we have executed a Client Registration with the stock broker for such exchanges.

2. to pledge the securities in favor of the stock broker for the limited purpose of meeting my/our margin requirements in connection with the trades executed by me/us on any recognized stock exchange through the stock broker.

3. to return to me/us, the securities or funds that may have been received by the stock broker erroneously or those securities or funds that the stock broker was not entitled to receive from me/us;

4. to send consolidated summary of my/our scrip-wise buy and sell positions taken with average rates to me/us by way of SMS/ email on a daily basis, notwithstanding any other document to be disseminated as specified by SEBI from time to time.

I/We ratify the instructions given by the aforesaid stock broker to the depository participant named hereinabove in the manner specified herein.

I/We further agree and confirm that the powers and authorities conferred by this Power of Attorney shall continue until it is revoked (without notice)

.in writing by me and that the said revocation shall be effective from the date on which the revocation notice is received by the stock broker in his office at **66, SAMRUDDHI HOUSE, BHAUDAJI CROSS LANE, OPP. SOUTH INDIAN GYMKHANA, MATUNGA (CR), MUMBAI- 400 019**.

Signed and delivered By the within named Beneficial Owner/s

First/Sole Holder or Guardian (in case of Minor)

Second Holder

Third Holder

Name _____

Signatures







In the presence of _____

(Signature, Name and Address of two witness) _____

We Accept

For **SAMCO SECURITIES LTD**

Authorized Signatories

REGD. OFFICE: 66 ,Samruddhi House, Bhaudaji Cross Lane,
Opp. South Indian Gymkhana, Matunga (C.R.), Mumbai-400019

3

Signature of 1st Holders

Signature of 2nd Holders

Signature of 3rd Holders

Voluntary Authorization Letter

To,
SAMCO SECURITIES LIMITED
66, Samruddhi House, Bhaudaji Cross Lane
Opp. South Indian Gymkhana, Matunga(C.R), Mumbai-400019

Dear Sir,

Sub: Voluntary Authorization Letter

BO ID: 12054200 Client code :

SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4	MOBILE NO. +91 _____ [(Mandatory , if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).									
Transactions Using Secured Texting Facility (TRUST). Refer to Terms and Conditions Annexure – 2.6	I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for the same. <input type="checkbox"/> Yes <input type="checkbox"/> No I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST <table border="1" data-bbox="400 656 1251 786"> <thead> <tr> <th>Stock Exchange Name/ID</th> <th>Clearing Member Name</th> <th>Clearing Member Id (Optional)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Stock Exchange Name/ID	Clearing Member Name	Clearing Member Id (Optional)						
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Easi	To register for easi, please visit our website www.cdslindia.com . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.									

2) Authorisation to debit trading account for the demat account charges

I/We have opened/have a beneficiary account with your CDSL depository along with a trading account for investment and trading purpose. It would be difficult for me/us to keep issuing separate cheques against your depository bills. I/We therefore authorise you to debit the charges payable towards operations of the above account. I/We are aware of the charges for operating the said account. Any such sum debited to my trading account shall be binding on me/us.

3) Option form for issue of DIS Booklet (Voluntary)

I/We hereby state that: [select one of the option given below]

OPTION 1: I / We require you to issue Delivery Instruction Slip (DIS) booklet to me / us immediately on opening my / our CDSL account though I/ We have issued a power of Attorney (POA) in favour of **SAMCO Securities Limited** for executing delivery instructions for settling stock exchange trades [Settlement related transactions] effected through such Clearing Member.

OR

OPTION 2: I / We do not require the delivery Instruction Slip(DIS)for the time being, Since I/We have issued a POA in favour of **SAMCO Securities Limited** for executing the delivery instructions for settling stock exchange trades [settlement related transaction]effected through such Clearing Member. However, the Delivery Instruction Slip (DIS)booklet should be issued to me / us immediately on my / our request at any later date.

I We here by select **OPTION 1** **OPTION 2**

4) Request for bill/transaction/holding statement through email.


I/We request you to send me/us bill, transaction and holding statement of my CDSL Demat account no. **12054200** _____ at following email address:


I/We fully agree and are aware of following Terms and Conditions mentioned below.


- (a) that I/We will not receive the bill, transaction and holding statements in paper form.
- (b) that I/We will take all the necessary steps to ensure confidentiality and secrecy of the login name and password of the internet/email account.
- (c) that I/We am/are aware that the bill, transaction and holding statements may be accessed by other entities in case the confidentiality / secrecy of the login name and password is compromised.
- (d) that I/We in case bill, transaction and holding statements are sent by email, I/We will immediately inform the SAMCO SECURITIES LIMITED. about change in email address, if any.

In case, the SAMCO Securities Limited is not able to provide bill/transaction statement to its Clients by email or on website due to any reason (including bounced emails), SAMCO Securities Limited will ensure that the transaction statement is provided to me/us in paper form as per the time schedule stipulated in the Bye Laws & Business Rules of CDSL.

I/We hereby request you to sent the statements: daily fortnightly weekly monthly

11. 
Signature of 1st Holders


Signature of 2nd Holders


Signature of 3rd Holders

Sole Holder or Guardian (in case of minor)

Date: _____

SAMCO TARIFF SHEET

To,
 SAMCO SECURITIES LIMITED
 66, Samruddhi House, Bhaudaji Cross Lane
 Opp. South Indian Gymkhana, Matunga(C.R), Mumbai-400019

Charges for SAMCO Trading Services

I/ We agree to pay the charges as per following charges structure for our Trading account with SAMCO effective _____

Client ID _____ Client Name _____

Equity Intraday	Futures	Options*	Currency Futures	Currency Options*
Rs 20 per executed order or 0.02% of Turnover whichever is lower				

Charge Head	Brokerage / Charges
Equity Delivery	Rs 20 per executed order or 0.2% of Turnover whichever is lower

*Turnover for Options is calculated as (Strike + Premium) *Lot Size

In addition to the brokerage charge the following charges will also be levied

Schedule of Charges:

1. Turnover Charges
2. Securities Transaction Tax
3. GST
4. Stamp Duty: State-wise stamp duty as applicable will be levied
5. Clearing Member charges (on actual basis)
6. SEBI Turnover Fees
7. Call N Trade Charges for Broker assisted trades
8. Demat Charges
9. Payment gateway charges will be applicable.
10. Any additional service request would be charged as per the applicable rates.


Detailed explanation of the Schedule of Charges is available online at https://samco.in/charge_list

DEMAT CHARGES

Sr No.	Services	Corporate	Individual
1	Account Maintenance	Rs.800/- plus GST	Rs.400/- plus GST
2	Deliveries/Debit (Market & Off Market) 1. Within SAMCO DP 2. Outside SAMCO DP (Charges are inclusive of CDSL tariff)	Rs.10/- plus GST per transaction 0.02% on transaction value subject to min. Rs.25/- per transaction plus GST	Rs.10/- plus GST per transaction 0.02% on transaction value subject to min. Rs.25/- per transaction plus GST
3	Pledge (Creation/Closure/Invocation)	Rs.25/- per ISIN plus GST	Rs.25/- per ISIN plus GST
4	Dematerialisation	Rs.10/- per certification plus Rs.50/- per request towards postal charges plus GST	Rs.10/- per certification plus Rs.50/- per request towards postal charges plus GST
	Rematerialization	Actual CDSL charges plus Rs.50/- per request towards postal charges plus GST	Actual CDSL charges plus Rs.50/- per request towards postal charges plus GST

- All charges mentioned above are inclusive of CDSL Charges.
- Any service, which is not mentioned above, will be charged separately as per the rates applicable from time to time.
- SAMCO reserves the right to revise the tariff structure from time to time with a notice of 30 days.
- Billing will be made on monthly basis.
- In addition to the above, all other statutory / regulatory levies such as GST etc. are recovered at the applicable rates from time to time.
- All instruction for transfer must be received at the DP at least 3.30 p.m. for the same day execution date & 5.00 p.m. for next day execution date on the pay in date accepted only at client's risk.
- Operation instruction for the joint account must be signed by all the holders.

6. 
 Signature of 1st Holders


 Signature of 2nd Holders


 Signature of 3rd Holders

Client Signature

Date: _____

Name of the Applicant