

[Letterhead of Company/LLP]

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED AT THE MEETING OF THE BOARD OF DIRECTORS OF

_____ (Company/
LLP name) **HELD AT THE REGISTERED OFFICE OF THE COMPANY AT**
_____ (Registered office address)
ON _____ (Date), _____ (Month), _____
(Year) **at** _____ (Time).

“RESOLVED THAT, _____ [“Company/LLP Name”] is authorized to invest into shares, mutual funds, stocks, bonds and securities.”

“RESOLVED THAT, _____ [“Company/LLP Name”] shall be registered as a client and open a trading account with N.D. Shares & Securities, being a member of BSE Ltd. (Membership no. 6350), and having SEBI registration number INZ000282418.”

“RESOLVED FURTHER THAT N. D. Shares & Securities are hereby authorized to honor instructions, oral or written; given on behalf of the Company by any of the under noted Authorized Signatories who is/are authorized to sell, purchase, transfer, endorse, negotiate documents and/or otherwise deal in securities and/or derivatives and/or commodities jointly or severally.

S.No.	Name of Authorized Signatory	Specimen Signature (Please do not put seal)
1		
2		
3		

“RESOLVED FURTHER THAT, the above named Authorized Signatories are hereby authorized severally or jointly, to sign, execute and submit all such forms, applications, undertakings, instructions, authorizations and other requisite documents, writings and deeds as may be deemed necessary or expedient to open, close and operate the said account and give effect to this resolution.”

“RESOLVED FURTHER THAT, the above named Authorized Signatories shall be, severally or jointly, authorized to submit, sign and execute all such forms, applications, undertakings, authorizations and documents deemed necessary for the KYC application with an appropriate KRA.”

“RESOLVED FURTHER THAT the above named Authorized Signatories be and are hereby authorized jointly or severally to furnish the certified true copy of the extract of the Board Resolution N. D. Shares & Securities or wherever required.”

“RESOLVED FURTHER THAT the above named Authorized Signatories can issue cheques or authorize payments from the bank account of The Company to credit money into the trading, paccount of the Company held with N.D. Shares & Securities, the trading member/'s, even though his/her signature('s) may not be available on the records of N.D.Shares & Securities.

For _____ [“*Company Name/LLP*”]

Signature:

Signature:

Name:

Name:

Designation:

Designation:

***Note: At least 2 Directors/Partners should sign this Board Resolution for approval of the same**

[LETTERHEAD OF THE COMPANY]
ANNEXURE A: LIST OF ALL DIRECTORS OF THE COMPANY WITH PHOTOGRAHS AND SIGNATURES

1. Name : _____
Designation: _____ (Specimen signature with seal)



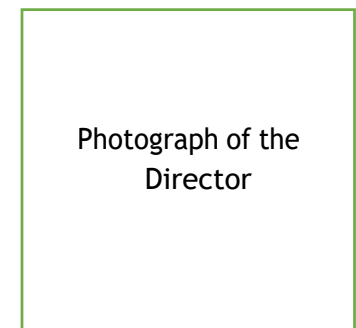
2. Name : _____
Designation: _____ (Specimen signature with seal)



3. Name : _____
Designation: _____ (Specimen signature with seal)



4. Name : _____
Designation: _____ (Specimen signature with seal)



NOTE: Should contain photographs of all Directors of the Company (Please add or request for more space/pages for more Directors, if required)

Annexure 2 – Controlling Person Self certification

Controlling Person Type:	
<input type="checkbox"/> Legal Persons	<input type="checkbox"/> Ownership <input type="checkbox"/> Other means <input type="checkbox"/> Senior Managing Official
<input type="checkbox"/> Legal Arrangement	Trust: <input type="checkbox"/> Settlor <input type="checkbox"/> Trustee <input type="checkbox"/> Protector <input type="checkbox"/> beneficiary <input type="checkbox"/> Others
	Others: beneficiary equivalent
Unknown	
	<input type="checkbox"/> Settlor equivalent <input type="checkbox"/> Trustee equivalent <input type="checkbox"/> Protector equivalent <input type="checkbox"/> Others equivalent
Name of Controlling Person : <input type="checkbox"/>	
Father's name :	
PAN :	Aadhar Number :
Identification Type (tick and provide as proof of identity):	Driving License <input type="checkbox"/> Not categorised <input type="checkbox"/> Passport <input type="checkbox"/> Election Id Card <input type="checkbox"/> PAN Card <input type="checkbox"/> ID Card <input type="checkbox"/> <input type="checkbox"/> UIDAI letter <input type="checkbox"/> NREGA job card <input type="checkbox"/> Others <input type="checkbox"/>
Identification Number (mentioned in the Identification Document):	
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/> Not Categorised
Gender : M – Male F – Female O - Others	Status : Resident Individual Non Resident Individual Foreign National
Nationality : <input type="checkbox"/> Indian <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Other (Please specify the name of country) : <input type="checkbox"/>
Date of Birth <input type="checkbox"/>	Place of Birth(City) :
Country of Birth : <input type="checkbox"/>	Country of Residence as per tax laws:
Phone No(s) :	Mobile No(s) :
Email Id(s) :	
Other Contact Number :	

Address Type : <input type="checkbox"/> Residential Or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified							
Complete Address :							
City/ Town :				State :			
Country :				Postal Code:			
Declaration of Tax Residency							
Please indicate the Country of tax residence (if resident in more than one country please detail all countries and associated tax identification number and TIN issuing country).							

Country/countries of tax residency	Tax Identification number (TIN)/ functional equivalent number	TIN / Functional Equivalent Issuing Country	Documentary Evidence enclosed for country of tax residence or TIN or others	Date upto which the documentary evidence is valid

Declaration and Undertakings

I / We certify that:

- the information provided in the Form is in accordance with Section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income-tax Rules, 1962.
- the information provided by me/us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete and that I/we have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- I/We permit/authorise the Company to collect, store, communicate and process information relating to the Account and all transactions therein, by the Company and any of its affiliates wherever situated including

sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.

- d) I / We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by us or if any certification becomes incorrect and to provide fresh self-certification alongwith documentary evidence.
- e) I / We also agree that our failure to disclose any material fact known to us, now or in future, may invalidate our application and the Company would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India (GOI) /Reserve Bank of India for the purpose or take any other action as may be deemed appropriate by the Company if the deficiency is not remedied by us within the stipulated period.
- f) I / We hereby accept and acknowledge that the Company shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me / us to the Company.
- g) It shall be my / our responsibilities to educate myself /ourselves and to comply at all times with all relevant laws relating to reporting under Section 285BA of the Act read with the Rules thereunder.
- h) I/We also agree to furnish such information and/or documents as the Company may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- i) I/We shall indemnify the Company for any loss that may arise to the Bank on account of providing incorrect or incomplete information.

*Signature _____

(Ultimate Beneficial owner)

Instructions:

1. All the information mentioned above have to be mandatorily provided.

Annexure 2 should be filled separately by each Controlling Person for all Accounts

Information on the terms used in the Annexure to the Account opening form:

Terms in the Annexure:

- Reporting financial institution means a custodial institution, a depository institution, an investment entity, or a specified insurance company which is registered with US IRS and obtained a Global Intermediary Identification Number (GIIN).
- “custodial institution” means any entity that holds, as a substantial portion of its business, financial assets for the account of others
- “depository institution” means any entity that accepts deposits in the ordinary course of a banking or similar business;
- “investment entity” means any entity,-

[Letterhead of Company]

Date: _____

Latest Shareholding of the Company

S. No.	Name of Shareholder	No. of Equity shares (A)	Face Value of each share (B)	Total Value (A) + (B)	Percentage (%) of Holding
1					
2					
3					
4					
5					

NOTE: **If any Company is a shareholder** of the applicant, having more than 25% of shareholding or capital or profits of the applicant, it should identify itself as an ultimate beneficiary and is required to be verified by obtaining self-attested copies of the KYC documents of the Whole Time Director/ Individual Promoters of such a Company.

On Behalf of _____ [Name of Company]

(Sign & Seal of the Company)

(Name of Director: _____)

(Designation: _____)

ON COMPANY LETTERHEAD

Date: _____

TO WHOMSOEVER IT MAY CONCERN

This is to declare that__(Company Name)_____ has not yet filed the IT returns for the Financial Year_____. Copy of the returns will be submitted to N. D. Shares & Securities once their returns are filed.

For (Company Name)

Authorised Signatory

[Letterhead of Company]

Date: _____

List of Directors

S. No.	Name of Director	Designation	Date of Birth	PAN	DIN
1					
2					
3					
4					
5					

On Behalf of _____ [Name of Company]

(Sign & Seal of the Company)

(Name of Director: _____)

(Designation: _____)