

**ORBIS DOCUMENT PACK
NSDL DEMAT ACCOUNT DOCUMENTS: NON-INDIVIDUAL CLIENT**

**Version 2.1
January 31 2018**

CHECK LIST

Check List for On-Boarding of Non – Individuals Clients

S. No.	Particulars	Remarks	Specific Instructions
1	Know Your Client (KYC) Form		
1.1	Know Your Client (KYC) Form	No. of pages - 3 No. of signatures – 1	- To be printed on plain paper - Name & signature on page no. 8 - To be signed by authorized signatories as per BR
1.2	Client Consent Form [Attached separately]	No. of pages - 1 No. of signatures – 1	- To be printed on plain paper - To be signed by authorised signatories as per BR - In case of joint account, to be provided separately by all account holders
2	Orbis Account Opening Documents		
2.1	Master Power of Attorney	No. of pages - 4 No. of signatures – 4	- Blanks, if any, to be filled & initialed - Stamp paper / Franking of Rs.100 in Orbis' name - Name & signatures of Auth Signatory on page no 9, 10, 11 & 12 - To be signed by authorized signatories as per BR
2.2	NSDL Demat Account Opening Form	No. of pages – 4 No. of signatures – 1	- To be printed on plain paper - Name & signatures of Auth Signatory on page no 16 - To be signed by authorized signatories as per BR
2.3	Tariff Sheet	No. of pages – 1 No. of signatures – 1	- To be printed on plain paper - Name & signatures of Auth Signatory on page no 17 - To be signed by authorized signatories as per BR
2.5	Terms and Conditions and letter from Client for providing the Transaction Statement through Internet	No. of pages – 2 No. of signatures – 2	- Page no. 19 to be printed on plain paper - Page no. 20 to be printed on letter head - Name & signatures of Auth Signatory on page no 18, 19 - To be signed by authorized signatories as per BR
2.7	Declaration under the Prevention of Money Laundering Act, 2002	No. of pages – 1 No. of signatures – 1	- To be printed on letter head - Name & signatures of Auth Signatory on page no 20 - To be signed by authorized signatories as per BR
2.8	Format of Board Resolution & List of Authorized Signatories	No. of pages – 2 No. of signatures – 2	- To be printed on letter head - Please fill name & designation of person signing BR on page no 21 - To be signed by Company Secretary/ Directors / Partners /Trustees /Karta/ Member

3	<u>KYC Documents</u>	
S. No	Particulars	Instructions
3.1	Copy of Audited Annual Accounts for latest 2 Financial Years	• BS, P&L & last page of the accounts to be signed by Company Secretary/ Directors / Partners /Trustees /Karta/ Member
3.2	Latest shareholding pattern showing details of those holding control, either directly or indirectly, in the company	• Refer Annexure 1 (page 23) • To be printed on company letterhead • To be signed by Company Secretary/ Directors / Partners /Trustees /Karta/ Member
3.3	Copy of Certificate of Incorporation	• To be signed by Company Secretary/ Directors / Partners /Trustees /Karta/ Member
3.4	Copy of Memorandum and Articles of Association	• To be signed by Company Secretary/ Directors / Partners /Trustees /Karta/ Member
3.5	Copy of PAN Card	• To be signed by Company Secretary/ Directors / Partners /Trustees /Karta/ Member
3.6	Copy of Bank Statement (not later than 3 months old)	• To be signed by Company Secretary/ Directors / Partners /Trustees /Karta/ Member
3.7	Details of Individual Promoters holding control, either directly or indirectly, in the company	• Refer Annexure 2 (page 24) • To be printed on company letterhead • To be signed by Company Secretary/ Directors / Partners /Trustees /Karta/ Member
3.8	Proof of Identity & Proof of Address of Individual Promoters	• ID Proof - Self attested copy of PAN Card • Address Proof - Self attested copy of Passport / DL / Adhaar Card / Bank Statement / Utility Bill (not older than 3 months)
3.9	List of signatories authorised by the Board, their details, photographs and specimen signatures	• Refer List of Authorised Signatories (page 22) • To be printed on company letterhead • To be signed by Company Secretary/ Directors / Partners /Trustees /Karta/ Member
3.10	Proof of Identity & Proof of Address of Authorized Signatories	• ID Proof - Self attested copy of PAN Card • Address Proof - Self attested copy of Passport / DL / Adhaar Card / Bank Statement / Utility Bill (not older than 3 months)
3.11	Details of Directors (Applicable only for Company)	• Refer Annexure 3 (page 25) • To be printed on company letterhead • To be signed by Company Secretary / Director

3.12	Details of Partners / Trustees / Committee Members / Coparceners (Applicable only for Firm/Trust/Societies/HUF)	• Refer Annexure 3 (page 26) • To be printed on company letterhead • To be signed by Company Secretary/ Directors / Partners /Trustees /Karta/ Member
3.13	Details of Whole Time Directors / Managing Director / Directors in-charge of day to day operations	• Refer Annexure 4 (page 27) • To be printed on company letterhead • To be signed by the Company Secretary / Managing Director / WTD
3.14	Proof of Identity & Proof of Address of Whole Time Directors / Managing Director / Directors in-charge of day to day operations	• ID Proof - Self attested copy of PAN Card • Address Proof - Self attested copy of Passport / DL / Adhaar Card / Bank Statement / Utility Bill (not older than 3 months)
3.15	Declaration for PEP / RPEP	• To be printed on letter head • Name & signatures of Auth Signatory on page no 28
3.16	Aadhaar Card	Self attested copy of Aadhaar card of the following: - a). Manager, Officers or Employees holding attorneys to transact on company's behalf [Where the client is a Company] b). Person holding attorney to transact on firm's behalf [Where the client is a partnership firm] c). Person holding attorney to transact on Trust's behalf [Where the client is a trust] d). Person holding attorney to transact on its behalf [Where the client is an unincorporated association or a body of individuals]

Signature Types:

-  Signature of Client
-  Signature of Witness
-  Signature of Orbis

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KNOW YOUR CLIENT (“KYC”) FORM



Orbis Financial Corporation Limited
4A, Ocus Technopolis
Sector 54, Golf Club Road
Gurgaon – 122 002

Please fill this form in English and BLOCK Letters.
KNOW YOUR CLIENT (KYC) FORM –
Non – Individuals



Recent Passport size photograph of
Authorized Signatory (ies) to
be signed across

Identity Details																																							
Name of the Applicant																																							
PAN										Date of Incorporation										D D M M Y Y Y Y																			
Place of Incorporation																																							
Date of Commencement of Business															D D M M Y Y Y Y																								
Registration No. (e.g. CIN)																																							
Status (please tick one)																																							
☐ Private Ltd Co ☐ Trust ☐ HUF ☐ FI ☐ LLP										☐ Public Ltd Co ☐ Charitable Organization ☐ AOP ☐ FII ☐ Others (Specify) _____										☐ Body Corporate ☐ NGO ☐ Bank ☐ BOI										☐ Partnership ☐ Defense Establishment ☐ Government Body ☐ Society									
Confirm that self attested copy of Applicant's PAN Card attached																									☐ Yes					☐ No					☐ NA				
Confirm that List of all Authorized Signatories + their self attested PAN Card copy attached																									☐ Yes					☐ No					☐ NA				
Address Details																																							
Correspondence Address																																							
City / Town / Village															State																								
Country															Pin code																								
Telephone - Office										Country Code										STD Code																			
Telephone – Residence										Country Code										STD Code																			
FAX										Country Code										STD Code																			
Mobile / Hand phone										Country Code																													
Email ID																																							
Specify the proof of Correspondence / Registered address submitted																																							
Registered Address (If different from above)																																							
City / Town / Village															State																								
Country															Pin code																								

This non-judicial stamp paper forms an integral part of
the Power of Attorney (POA) dated _____
_____, _____ given by

(Client) to

Orbis Financial Corporation Limited (Attorney)

Client



Signature

Name

Attorney

Orbis Financial Corporation Ltd

Signature



Name

MASTER POWER OF ATTORNEY

_____, a _____
registered under the _____, having its registered
office at _____
(hereinafter referred to as the “**Client**” and which expression shall, unless contrary to the context hereof,
include all its heirs, successors, nominees and permitted assigns)

WHEREAS Orbis Financial Corporation Limited, a company incorporated under the Indian Companies Act, 1956 having its registered office at 4A, Technopolis, Sector 54, Golf Club Road, Gurgaon 122002, Haryana, India are registered with the Securities Exchange Board of India as a Custodian, Clearing members on the Clearing houses of the Bombay Stock Exchange, the National Stock Exchange and the Metropolitan Stock Exchange and Depository Participants / DDP on the NSDL and CDSL.

WHEREAS the Client is desirous of investing in the financial markets in India as permitted under the laws and regulations from time to time.

For the purpose of this document:

- (a) "Securities" shall mean any shares, stocks, debentures, bonds, notes, warrants, derivatives, options, futures, securities as defined under the Securities Contracts (Regulation) Act, 1956 and permitted by the regulators, depository receipts, commercial papers, repos, foreign exchange, swaps, certificate of deposits, participatory notes, commodities, interests in any collective investment vehicles (whether in corporate, unit trust or any other legal form), units or any other such instrument issued under any mutual fund scheme or other similar property (including evidence of securities or title thereto and all rights in respect thereof, whether represented by a certificate or by an entry in the books or other permanent records of an issuer, a trustee or other fiduciary thereof or in any Securities System); and
- (b) "Instructions" shall mean instructions given to the Attorney directly by the Client or through an authorized person which (i) contains all material information required by the Attorney to enable it to carry out the instructions; (ii) are received by the Attorney via telephone, telex, facsimile, short messaging service (SMS), Straight Through Processing (STP), Real Time Gross Settlement (RTGS), National Electronics Funds Transfer System (NEFT) or other teleprocesses, the Attorney's electronic instruction system or such other means as are for the time being agreed by and between the Client and the Attorney; and (iii) are transmitted with such testing or authentication or which comply with such procedures for verification of origination of instructions as the Attorney may specify.

Accordingly, the Client hereby nominates, constitutes and appoints Orbis Financial Corporation Limited acting through its officers as its lawful Attorney (hereinafter referred to as "**Attorney**") to do all or any of the following acts, deeds and things in relation to and concerning its financial investments in India:

Client



Signature

Attorney

Orbis Financial Corporation Ltd

Signature



1. To operate the bank account with _____, having its branch office at _____ (the "**Bank**"), in connection with the investments of the Client made in India in compliance with laws and regulations as prevalent from time to time ("**Bank Account**"). The Bank Account shall be operated only by the authorized signatories appointed by the Attorney from time to time.
2. To prepare, sign and submit all necessary documents and instructions as may be required by the Bank with respect to the operations of the Bank Account.
3. To prepare, sign and submit the "Know Your Client" (KYC) form on behalf of Client and submit the same to KYC Registration Agency or otherwise as may be necessary to do the same.
4. To operate, deposit and withdraw sums from the Bank Account through electronic banking or otherwise for settlement of trades on relevant stock exchanges, settlement/payment towards margins on these stock exchanges, payment of brokerage/fee to relevant service providers including Custodian charges, payment of commissions and expenses including out of pocket expenses, making remittances to the Client's designated bank account, to apply for the IPO, FPO, Right Issues, etc, to settle Client's trades under Delivery V/s Payment (DVP) mechanism, to invest money in money market products including liquid mutual funds and such other transactions as may be necessary/expedient within the regulatory parameters as prevalent from time to time.
5. To operate a depository account with the NSDL/CDSL and to issue instructions relating to freezing of accounts, to block and/or debit the account, give delivery/receipt instructions, pledge instructions, pledge closure instructions, lending and borrowing instructions, enabling corporate actions, voluntary or otherwise and other actions necessary in the course of business relating to the operation of the depository account in accordance with applicable laws and regulations.
6. To undertake all necessary acts to subscribe, purchase, sell, transfer, redeem, renounce, assign, tender or endorse Securities as permitted by the regulatory provisions prevalent from time to time under the instructions of the Client and/or its authorized financial advisor.
7. To invest interim/temporary surplus funds into liquid mutual funds or such other schemes / avenues as available from time to time pursuant to the Instructions of the Client and / or its authorized financial advisor.
8. To open and operate such accounts as may be designated by the Client for the purpose of giving effect to the Custodial Agreement between the Attorney and the Client.
9. To attend, vote and act as the attorney/proxy of the Client at corporate meetings of the members /creditors pursuant to the Instructions of the Client.
10. To sign contracts, agreements, transfers, acceptances, receipts or other instruments to accept and carry out correspondence with such person(s) or authorities and to do all lawful activities which may be necessary for effecting the activities envisaged herein.
11. To execute and affix signatures as Client's Agent on affidavits, indemnities, declarations, legal documents, deeds and writings in legal/statutory matters as per requirement and under Client's Instructions.
12. The Attorney is authorized to submit copies of this Power of Attorney to relevant entities in India including, but not limited to, banks, depositories, clearing houses, stock exchanges, regulatory and other governmental bodies, stock brokers and financial advisors in regard to the investments/financial interests of the Client in India, as may be required from time to time.

Client



Signature

Attorney



Orbis Financial Corporation Ltd

Signature

13. This Power of Attorney is revocable by the Client at any point of time through a written notice of revocation to the Attorney.
14. This Power of Attorney shall not be affected by lapse of time and shall continue in full force and effect until a written notice of revocation, signed and executed by the Client is submitted to the Attorney and such revocation or termination in no way shall affect the validity of this Power of Attorney with reference to any transaction initiated by the Attorney prior to actual receipt of notice of such revocation or termination.
15. Any third party, including bank, after receiving a certified/notarized true copy of this Power of Attorney shall act upon it and that revocation or termination hereof shall be ineffective as to such third party, including bank, unless and until actual notice or knowledge of such revocation or termination shall have been received by such third party or bank.
16. The Attorney shall have the power to do, execute and perform any act(s), deed(s) or matters which in the opinion of the Attorney are necessary and ought to be done keeping in mind the best interest of the Client. Further, the Client shall not at any time act in a manner which has the effect of diluting, nullifying or vitiating the powers given to the Attorney whilst this Power of Attorney is subsisting.
17. Since the Attorney is a body corporate, the powers granted pursuant to this Power of Attorney may be exercised by any of its agents or employees to whom the Attorney may delegate any of the aforesaid powers. Further, the Attorney may appoint and remove any agent or employee from time to time as it may consider appropriate.
18. This Power of Attorney shall be interpreted as per the laws of India and shall be subject to the jurisdiction of the courts of Mumbai, India.

IN WITNESS WHEREOF the Client, has/have caused this Power of Attorney to be executed on this _____ day of _____ 20__.

Client



Signature

Name

Custodian Orbis Financial Corporation Ltd

Signature

Name

Designation

Witness:	Name / Address	Signatures
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1. ☒

2. ☒

Executing before Notary Public /Oath Commissioner
Seal & Signature



DEMAT ACCOUNT OPENING FORM

ORBIS FINANCIAL CORPORATION LIMITED
4A, TECHNOLIS, SECTOR 54, GOLF CLUB ROAD, GURGAON 122 022

CUSTODIAN SEBI REGISTRATION NO: IN/CUS/020
DP REGISTRATION NO. IN-DP-NSDL- 300 -2008
DP ID: IN303622

Application No															
-----------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NSDL Depository Details:

Date	D	D	M	M	Y	Y	Y	Y	DP Internal Reference No
------	---	---	---	---	---	---	---	---	--------------------------

Client ID															
-----------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

We request you to open a depository account in our name as per the following details: *(Please fill all the details in CAPITAL LETTERS only)*

A) Details of Account holder (s):

Holders	Name	PAN
Sole/ First Holder		
Second Holder		
Third Holder		

B) Type of account

☐ Body Corporate	☐ FI	☐ FII	☐ HUF
☐ Qualified Foreign Investor	☐ Mutual Fund	☐ Trust	
☐ Bank	☐ CM	☐ Other (Please specify) _____	

C) For Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., although the account is opened in the name of the partner(s), trustee(es) etc., the name & PAN of the Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., should be mentioned below:

a) Name		b) PAN	
---------	--	--------	--

D) In case of FIIs/Others (as may be applicable)

RBI Approval Reference No	
RBI Approval Date	
SEBI Registration	

E) Bank details

1	Bank account type	☐ Savings ☐ Current ☐ Other (please specify) _____
2	Bank Account Number	
3	Bank Name	
4	Bank Branch Address	
	City	PIN
	State	Country
5	MICR	6. IFSC

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

1	Name of Stock Exchange	
2	Name of Clearing Corporation/ Clearing House	
3	Clearing Member ID	
4	SEBI Registration Number	
5	Trade Name	
6	CM-BP-ID (to be filled up by Participant)	
G)	Standing Instructions	
1	We authorize you to receive credits automatically into our account.	☐ Yes ☐ No
2	No Download of E-mail ID to issuer / RTA	☐ Yes ☐ No
3	Account to be operated through Power of Attorney (PoA)	☐ Yes ☐ No
	I / We have issued a Power of Attorney (POA) in favour of Orbis Financial Corporation Limited for Executing delivery instructions for settling stock exchange trades effected through clearing member, margin obligations etc.	☐ Option 1: I / We require you to issue Delivery Instruction Slip Booklet to me / us though we have issued POA. ☐ Option 2: I / We do not require the Delivery Instruction Slip for the time being.
4	I / We request you to send Electronic Transaction-cum-Holding Statement at Sole / First Holders Email ID stated in the Account Opening Form (kindly refer terms and conditions at page no....	☐ Yes ☐ No
	I / We would like to receive the 'Rights and Obligations of Beneficial Owner and Depository Participant'	☐ Physical ☐ Electronic (Tick the applicable box)
5	SMS Alert facility	
S.No	Holder	
1	Sole/First Holder	☐ Yes ☐ No
2	Second Holder	☐ Yes ☐ No
3	Third Holder	☐ Yes ☐ No
H)	Mode of receiving Statement of Account [Tick any one] ☐ Physical Form ☐ Electronic Form	
I)	Others Details	
1	Gross Annual Income (Rs.) ☐ < 1 Lacs ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ 25 Lacs – 1 crore ☐ > 1 crore	
2	Net Worth as on _____ (dd/mm/yyyy) (Should not be older than 1 year)	
3	Nature of Business	Manufacturing ☐ Service Provider ☐ Retailer ☐ Import / Export ☐ Trading ☐ Other_____
4	Type of Industry	Automobiles o Agriculture o Call Centers/ BPO o Casinos o Charities/ NPO/ NGO o Entertainment/ Media o Government Bodies o Medical/ Healthcare o Power/ Electricity Telecom o Education/ School o IT Services o Travel & Tourism o Construction/ Real Estate o Textile o Professionals (CA/ Lawyer/ Doctor)/ Consulting/ HR) o Stock broking/ Share Brokers/ Share Commodity Traders o Banking/ Financial Services o Others (pls. specify) _____

5	Please tick if applicable, for any authorized signatories/Promoters/Karta/trustees/whole time directors: ☐ Politically Exposed Person (PEP) / ☐ Related Political Exposed Person ☐ Not Applicable					
J	List of family members (Separate Annexure maybe used in case number of members is higher)					
	Sr No.	Name of Coparcener/Member	Gender	Date of Birth	Relation with Karta	Whether Coparcener/Member (please specify)

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".

Authorized Signatories (Enclose a Board Resolution for Authorized Signatories. In case of HUF details of Karta to be given)

Authorized Signatories ➡ ⁷	Name	Signature(s)
First Signatory/Karta of HUF		
Second Signatory		
Third Signatory		

Other Holder(s)

Second Holder		
Third Holder		

Mode of Operation for Sole/First Holder (In case of joint holdings, all the holders must sign. In case of HUF this is not applicable)

☐ Any one singly	
☐ Jointly by	
☐ As per Resolution	

NSDL Depository Charges for Beneficiary Account

S. No	Parameters	Beneficiary Account
1	A/c Opening Charges	NIL
2	Agreement& Stamp Paper charges	Actual
3	Annual Maintenance Charges	Rs. PA for Non - Individual
4	Transaction Fees a. Off-market transfers b. Market transfer	INR /- per ISIN on Debit Transaction
5	Dematerialization	NIL
6	Rematerialisation	NIL
7	Pledge Setup/ Removal/ Confirmation/ Invocation.	NIL
8	Out of Pocket Expenses (Courier charges, Tax Certificate fee, Tax Consultant's fee or such other costs, etc)	Pass through costs
9	Billing Cycle	Monthly
10	Validity	Good till mutually agreed upon

Client

 ⁸ First Holder

 ⁸ Second Holder

 ⁸ Third Holder

Signature

Name

Depository Participant Orbis Financial Corporation Ltd

Signature



Name

Designation

Terms & Conditions between the Participant and the Client for providing the Transaction Statement through Internet

- a. The Client(s) is/are aware that it will not receive the transaction statements in paper form.
- b. The Client(s) will take all the necessary steps to ensure confidentiality and secrecy of the login name and password of the internet/email account.
- c. The Client(s) is/are aware that the transaction statement may be accessed by other entities in case the confidentiality/secrecy of the login name and password is compromised.
- d. In case transaction statements are sent by email, the Client(s) shall immediately inform the DP about change in email address, if any.
- e. DPs and Client(s) shall have the right to terminate such service provided a written notice is given atleast 10 days in advance to the other party.

Signed and delivered by

Client



**Authorized
Signatories**

1.

2.

3.

**Name
Place**

Declaration under the Prevention of Money Laundering Act, 2002

I /We _____ , jointly with _____ and _____
hereby declare that:

1. The Investments made by me in India have been derived from legally declared and assessed sources of income.
2. I understand that Orbis has the right to peruse my financial profile and also agree that Orbis has the right to terminate my agreement with it in case I am found guilty of violating the provisions of any Law, directly or indirectly, by any Competent Court of Law, having relation to the laws governing prevention of money laundering in the country.

Client

 **11** First Holder

 **11** Second Holder

 **11** Third Holder

Signature

Name

(To be printed on letter head – Applicable for Societies / Firm / HUF / Trust)

Annexure - 3

Details of Partners / Karta / Trustees / Coparceners / Committee Members

Name of Entity: _____

S.No	Name and Designation	Residential Address	Contact Number	PAN /DIN	Whether Politically Exposed Person (PEP) / Related to Politically Exposed Person (RPEP) (please tick)	Photographs with across signatures
1				PAN	☐ PEP ☐ RPEP ☐ No	
				DIN		
2				PAN	☐ PEP ☐ RPEP ☐ No	
				DIN		
3				PAN	☐ PEP ☐ RPEP ☐ No	
				DIN		
4				PAN	☐ PEP ☐ RPEP ☐ No	
				DIN		

For _____

Signature ➡¹⁷

Partners / Trustees / Karta/ Members Name:

Rubber Stamp

Date: _____ Place _____