

When the Karta of the HUF has expired then the following simplifications.

1. The demat account remain same ,subject to compliances of followings.
  - a) Covering Letter for Changes of Karta.
  - b) Account Modification Form for change in Signature
  - c) Appointment of & Authorisation to Karta
  - d) New HUF declaration from Karta
  - e) Notarized Copy of Death Certificate of Expired Karta
  - f) Copy of PAN Card & Address proof of New Karta.



**From:**

To,  
The Manager,  
**Relitrade Stock Broking Pvt Ltd**  
Relitrade House, 2nd Floor,  
O Block, Mondeal Retail Park,  
Near Rajpath Club, S.G. Highway,  
Ahmedabad-380059

Date:

Ref. :DPA/cNo.:12088400 000\_\_\_\_\_

Name:\_\_\_\_\_

**Sub. :Change of Karta**

Respected Sir,

With reference to above, I would like to inform you that my\_\_\_\_\_ (relation) Mr. \_\_\_\_\_Karta, having the aforesaid DP A/c. with you under the type of HUF. On death of karta Mr. \_\_\_\_\_,now ,I have been appointed as Karta of the said HUF.

In this regard I submit the following documents

- 1) Notarized Date Certificate of deceased Karta.
- 2) Account modification Form for Changes in Signature.
- 3) HUF Declaration duly signed by the family members.
- 4) Copy of PAN Card &Address Proof of new Karta (With Original for Verification.)

Further you are requested to kindly update my signature in the records. My specimen signature is as follows.

(Signature under the HUF's Stamp)	(Photograph ,stamp & Sign)
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Yours faithfully,

\_\_\_\_\_  
Place:

**From:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To,  
The Manager,  
**Relitrade Stock Broking Pvt Ltd**  
Relitrade House, 2nd Floor,  
O Block, Mondeal Retail Park,  
Near Rajpath Club, S.G. Highway,  
Ahmedabad-380059

**Date:**

Ref. :DP A/c No.:12088400 000\_\_\_\_\_

Name:\_\_\_\_\_

**Declaration**

This is reference to aforesaid Demat Account of HUF; I would like to inform I Mr.  
\_\_\_\_\_ Is the karta of the HUF & the following persons are the  
members of said HUF.

(Signature with stamp)

Place:

Sr. No.	Names of Karta & co-parceners members	Date of Birth	Relations with Karta	Male/Female	Signature
1					
2					
3					
4					
5					
6					

**From:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To,  
The Manager,  
**Relitrade Stock Broking Pvt Ltd**  
Relitrade House, 2nd Floor,  
O Block, Mondeal Retail Park,  
Near Rajpath Club, S.G. Highway,  
Ahmedabad-380059

**Date:**

Ref. :DP A/c No.:12088400 000\_\_\_\_\_

Name:\_\_\_\_\_

**Sub.: Appointment of & Authorisation to Karta**

We, the following signatories hereby declare that we are the members of the \_\_\_\_\_  
HUF.

We the members of HUF here by also declare that , since the Mr.\_\_\_\_\_had  
expired on\_\_\_\_\_, we hereby appointed Mr.\_\_\_\_\_, son of Mr.  
\_\_\_\_\_.As a karta of \_\_\_\_\_HUF & we have no  
objection for his appointment.

Further, we here by authorized Mr.\_\_\_\_\_to act as a Karta of the said HUF, operate  
the aforesaid Demat account, give the instructions for transfer of demat shares,& to sign the required  
documents from time to time,on our behalf of the members of said HUF.

Place:

Sr. No.	Names of Karta &co-parceners members	Date of Birth	Relations with Karta	Male/Female	Signature
1					
2					
3					
4					
5					
6					

**Note:**

The new karta is one of the member of HUF& hence his name is also required in the letter of  
“Appointment of & Authorisation to Karta”

**Know Your Client (KYC)****Application Form (For Non- Individuals Only)**

Please fill the form in ENGLISH and in BLOCK letters

Fields marked \* are mandatory

Fields marked \* are pertaining to CKYC and mandatory only if processing CKYC also

**CDSL VENTURES LIMITED**

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Application Number: \_\_\_\_\_

Application Type\*:  New KYC  Modification KYC**1. Entity Details** (please refer guidelines)

PAN\* \_\_\_\_\_

Please enclose a duly attested copy of your PAN Card

Name\* (same as ID proof) \_\_\_\_\_

Date of Incorporation\* \_\_\_\_\_

Place of Incorporation\* \_\_\_\_\_

Date of Commencement\* \_\_\_\_\_

Registration Number\* \_\_\_\_\_

Entity Type\*

 Private Ltd. Co. Public Ltd. Co. Body Corporate Partnership

Please Tick (✓)

 Trust/Charity/NGO HUF FPI Category I FPI Category II AOP Bank Government Body Defence Establishment Body of Individuals Society LLP Non-Government Organization Others \_\_\_\_\_**2. Proof of Identity\*** (please refer the guidelines) Officially Valid Document(s) in respect of person authorized to transact Certificate of Incorporation/Formation \_\_\_\_\_ Registration Certificate \_\_\_\_\_ Memorandum of Articles and Association Partnership Deed Trust Deed Board Resolution Power of attorney granted to its manager, office, employees to transact on its behalf Activity Proof -1\* (For Sole Proprietorship Only) Activity Proof -2\* (For Sole Proprietorship Only)**3. Address Details\*** (please refer the guidelines)**A. Registered Address\***

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_

District\* \_\_\_\_\_

Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_

Country\* \_\_\_\_\_

**B. Correspondence/Local Address in India** (if different from above)\*

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_

District\* \_\_\_\_\_

Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_

Country\* \_\_\_\_\_

Applicant Digital Signature (DSC)

**Proof of Address\*** (attested copy of any one POA to be submitted—\*Not more than 3 months old)

<input type="checkbox"/> Certificate of Incorporation/Formation	<input type="checkbox"/> Registration Certificate	<input type="checkbox"/> Other document _____
<input type="checkbox"/> Latest Telephone Bill* (Landline only)	<input type="checkbox"/> Latest Electricity Bill*	<input type="checkbox"/> Latest Bank Account Statement*
<input type="checkbox"/> Registered Lease/ Sale Agreement of Office Premises	<b>Validity/Expiry Date of POA</b> (Expiry Date) _____	
<input type="checkbox"/> Any other proof of address document (as listed overleaf) _____		

**4. Contact Details**

Email ID _____	Mobile No. _____
Email ID _____	Mobile No. _____
Tel (off) _____	Fax _____

**5. Annexures Submitted**Number of Related Persons - **6. Remarks / Additional Information****7. Applicant Declaration**

I hereby declare that the details furnished above are true and correct to the best of my/our 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/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.


DATE: \_\_\_\_ \_\_\_\_ \_\_\_\_ (DD-MM-YYYY)

PLACE: \_\_\_\_\_

Applicant Digital Signature (DSC)

Applicant Wet Signature

**8. For Office Use Only**

KYC carried out by*	Intermediary Details*
KYC Date _____ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input type="checkbox"/> Self certified document copies received (Originals Verified) <input type="checkbox"/> True Copies of documents received (Attested) AMC / Intermediary Name OR Code: _____
Employee Signature and Stamp	Employee Signature and Stamp 

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**Know Your Client (KYC)**  
**Annexure (For Non- Individuals Only)**



**CDSL VENTURES LIMITED**  
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Please fill the form in ENGLISH and in BLOCK letters

Fields marked \* are mandatory

Fields marked \* are pertaining to CKYC and mandatory only if processing CKYC also

Application Number: \_\_\_\_\_

Application Type\*:  New KYC  Modification KYC

**1. Identity Details of Related Person (please refer guidelines overleaf)**

PAN\* \_\_\_\_\_ Please enclose a duly attested copy of your PAN Card

Name\* (same as ID proof) \_\_\_\_\_

Maiden Name\* (if any) \_\_\_\_\_

Fathers/Spouse's Name\* \_\_\_\_\_

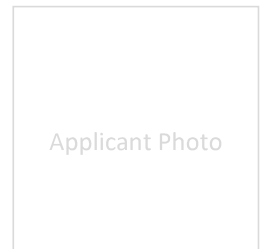
Date of Birth\* \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender\*  Male  Female  Transgender

Nationality\*  Indian  Other \_\_\_\_\_

**Related Person Type\***

- Director  Promoter  Karta  Trustee  Partner  Court Appointed Official Proprietor  
 Beneficiary  Authorized Signatory  Beneficial Owner  Power of Attorney Holder  
 Others \_\_\_\_\_ (please specify) DIN: \_\_\_\_\_ (mandatory if the related person is Director)



**Proof of Identity (POI) submitted for PAN exempted cases (Please tick)**

- A — Aadhaar Card XXXX XXXX \_\_\_\_/\_\_\_\_/\_\_\_\_
- B — Passport Number \_\_\_\_\_ (Expiry Date) \_\_\_\_/\_\_\_\_/\_\_\_\_
- C — Voter ID Card \_\_\_\_\_
- D — Driving License \_\_\_\_\_ (Expiry Date) \_\_\_\_/\_\_\_\_/\_\_\_\_
- E — NREGA Job Card \_\_\_\_\_
- F — NPR \_\_\_\_\_
- Z — Others \_\_\_\_\_ (any document notified by Central Government)
- Identification Number \_\_\_\_\_

**2. Address Details\* (please refer guidelines overleaf)**

**A. Correspondence/ Local Address\***

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

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

\_\_\_\_\_

Applicant e-SIGN

\_\_\_\_\_

**B. Permanent residence address of applicant, if different from above A / Overseas Address\* (Mandatory for NRI Applicant)**

Line 1\* \_\_\_\_\_  
 Line 2 \_\_\_\_\_  
 Line3 \_\_\_\_\_  
 City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_  
 State\* \_\_\_\_\_ Country\* \_\_\_\_\_  
 Address Type\*  Residential/Business  Residential  Business  Registered Office  Unspecified

**Proof of Address\*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

A — Aadhaar Card XXXX XXXX \_\_\_\_ \_  
 B — Passport Number \_\_\_\_\_ (Expiry Date) \_\_\_\_ \_  
 C — Voter ID Card \_\_\_\_\_  
 D —Driving License \_\_\_\_\_ (Expiry Date) \_\_\_\_ \_  
 E —NREGA Job Card \_\_\_\_\_  
 F — NPR Letter \_\_\_\_\_  
 Z—Others \_\_\_\_\_ (any document notified by Central Government)  
 Identification Number \_\_\_\_\_

**3. Contact Details**

Email ID \_\_\_\_\_  
 Mobile No. \_\_\_\_\_  
 Tel (Off) \_\_\_\_\_ Tel (Res) \_\_\_\_\_

**4. Applicant Declaration**

I hereby declare that the details furnished above are true and correct to the best of my/our 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/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: \_\_\_\_ \_ (DD-MM-YYYY)

PLACE: \_\_\_\_\_

Applicant e-SIGN

Applicant Wet Signature

**5. For Office Use Only**

KYC carried out by*	Intermediary Details*
KYC Date ____ _ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested)  <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Employee Signature and Stamp	Institution Name and Stamp 