



**Electronic Access to Securities Information & Execution of Secure Transactions (easiest)**  
**Registration Form-Beneficial Owner (BO)/Clearing Member (CM)**

Name of the Beneficial Owner(s) /Clearing Member (CM)	1.	
	2.	
	3.	
<b>DP ID</b>		<b>Client ID</b>
12087500		
Login id		
DP Name	KEDIA CAPITAL SERVICES PRIVATE LIMITED	
DP Address	OFFICE NO 1,1ST FLR, TULIP FLOWER VALLEY KHADAKPADA CIRCLE,KALYAN W MUMBAI 421301 MAHARASHTRA INDIA	
Email Address of the BO/CM		
Tel. No.	N/A	
Mobile No.		
Transfer Option	Trusted A/c	<input type="checkbox"/> Y <input type="checkbox"/> Account of choice <input type="checkbox"/>
Details of Trusted A/c ( Submit the under taking from Trusted a/c holders as per format attached, applicable only if Trusted A/c option is selected)		
Sr. No.	DPID	Client ID

I/We would like to register above-mentioned account for the easiest service. I/We hereby agree to the terms and conditions I/we have read earlier for availing the said service.

Date \_\_\_\_\_

Place \_\_\_\_\_

Signature(s)

First Holder	Second Holder	Third Holder

(To be filled up by the DP)

This is to certify that

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

are maintaining BO A/c no.12087500 with us. We have verified the signatures of the said account holders and they match with the specimen signatures as per our records.

Date \_\_\_\_\_

Place \_\_\_\_\_

Signature \_\_\_\_\_

(Authorized Signatory & Stamp of DP)