



Centrum Finverse Limited

POLICY ON INACTIVE TRADING ACCOUNTS

Version: 1.0

(Internal)

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The Policy is framed in terms of circulars issued by NSE & BSE on October 25, 2024

This document outlines the policy & minimum procedures for classification and re-activation of inactive accounts for non-institutional clients. This does not apply to institutional clients.

1. Definition of Inactive Trading Accounts:

In a trading account, an inactive account refers to an account wherein none of the activities below have been carried out in the last 24 (Twenty-Four) months.

- Trading or participation in OFS/buy-back/Open Offer across any of the exchanges/segments* of the exchanges through Centrum Finverse Limited (CFL) or

*Cash/Equity Derivative/ Currency Derivative/ Commodities Derivative/EGR /Debt/Online Bond Platform/ Execution Only Platform /Any other segment as may be allowed by SEBI/stock exchanges from time to time.
- Transaction in nature of applying/subscribing IPOs (where the IPO bid is successful & not cancelled)/SGBs/Mutual Funds (Lumpsum investment or investments through successful SIP instalment payments) on the Mutual Fund platform of the stock exchanges through CFL.
- Modification/update of e-mail ID/Mobile Number/Address in the KYC record of the client through CFL, and the same has been uploaded to KRA to ensure Validated/Registered status.
- Once an inactive trading account is re-activated as per the procedure prescribed in point no. 3 mentioned above, the computation of the next 24 months to identify the client as inactive in the subsequent period shall be considered from the date of the last reactivation of the trading account
- Inactive NSE/BSE UCC Files to upload in Exchange

If a client has not carried out any of the activities as mentioned above at least once after signing up, for a period of 24 months, such client accounts shall be categorized as inactive accounts. Such accounts will be flagged as “Inactive” in the back office and in the exchange’s UCC database.

Once the account is deactivated, the client cannot carry out any of the activities as mentioned above.

Communication/notification shall be sent to the clients before flagging their trading account as inactive. However, such communication/notification shall not ask the clients to trade to prevent their accounts from being flagged as inactive.

2. Reactivation of inactive Accounts

The client, whose account was inactivated and is coming for reactivation after a period of 24 months from being flagged as inactive then the client needs to submit:

i. If there is no change in KYC details

1. Fresh documentation (self-attested address proof and self-attested PAN card) along with reactivation form (Annexure-1 Account Activation Form)

ii. If there is a change in KYC details

1. The client had to submit a duly signed modification form along with self-attested supporting documentation (self-attested address proof and self-attested PAN card) and submit the reactivation form (Annexure 1 - Account Activation Form, Annexure J - KYC application KRA Update, Annexure 11.3 DP account Update request)
2. IPV needs to be done by the employee of CFL

Illustration: Suppose a client's account was made inactive on 1st January 2025 and is coming for reactivation on or after 2nd January 2027, then he needs to follow the aforesaid process.

EKYC Activation: Instead of submitting the physical documentation, the clients can opt for the eKYC module for reactivation.

Once an inactive trading account is re-activated as per the procedure prescribed in point no. 2 mentioned above, the computation of the next 24 months for the purpose of identifying the client as inactive in the subsequent period shall be considered from the date of last reactivation of the trading account.

3. Transactions in Inactive Account

Any activities mentioned in point no. 1 mentioned above in the inactive account are subject to a penalty from the regulator. Therefore, the concerned employee involved in such transactions will be appropriately penalized.

4. Closure of Inactive accounts

Account Closure may be initiated when the Company receives a specific request from the client to close their trading account and undertakes to clear all outstanding dues. Alternatively, the company may initiate voluntary closure by giving the client a notice of 30 days and proceed to recover outstanding dues, if any, from the client towards the settlement of any outstanding obligations.

IMPLEMENTATION AND REVIEW OF POLICY:

This policy shall come into effect from the date of approval of the Board of Directors of the company for its implementation and that the same will be reviewed on periodic basis or as and when there are any changes introduced by any Regulatory Authority or as and when it is found necessary to change on account of Business needs.

ANNEXURE - 1

CENTRUM

CENTRUM FINVERSE LIMITED

CENTRUM HOUSE CST ROAD, VIDYA NAGARI MARG KALINA, SANTACRUZ (E) MUMBAI - 400098

TEL:- +91-22-69559000/1800-123-313131 Email id:- kyc@centrum.co.in

ACCOUNT ACTIVATION FORM

(Format for re-activation of Trading Account after being flagged as Inactive)

(To Be Filled by Client received in and activated in physical mode)

Client Code

I would like to inform you that I have not carried out any of the following activities in my account for more than 24 months since my account was flagged as Inactive.

1. Trading or participation in OFS/buy-back/Open Offer across any of the exchanges/segments* of the exchanges through the same Member or Cash/Equity Derivative/ Currency Derivative/ Commodities Derivative/EGR /Debt/Online Bond Platform/ Execution Only Platform /Any other segment as may be allowed by SEBI/stock exchanges from time to time.
2. Transaction in nature of applying/subscribing IPOs (where the IPO bid is successful & not cancelled)/SGBs/Mutual Funds (lump sum investment or investments through successful SIP installment payments) on the Mutual Fund platform of the stock exchanges through the same Member or
3. Modification/updation of e-mail ID/Mobile Number/Address in KYC record of client through the same Member, and the same has been uploaded to KRA to ensure Validated/Registered status.

I hereby request you to re-activate my aforementioned trading code after carrying out the following changes in my KYC details:

(Tick the appropriate box)

☐ KYC details remain unchanged ☐ Address ☐ Bank account ☐ Mobile no ☐ Email id ☐ Income

The modification form mentioning the above changes, along with requisite supporting self-attested document/s, is attached herewith.

Signature and Name of
the client: Date:

Place:

For Office Use Only

In-person verification done by _____, Employee Code _____

(Name of Employee)

Designation of Employee _____

I confirm his identity with the proof submitted & personally verified his/her address & identity proofs with the Original.

For Centrum Finverse Limited

(RM)

Annexure J – Individual

CENTRUM

Know Your Client (KYC) Application Form-for Individuals

Please fill this form in English and BLOCK Letters

A. Identity details

| | |
|---|--|
| 1. Name (Same as ID Proof) | |
| 2. Father / Spouse Name | |
| 2a. Mother Name | |
| 3.a Gender - <input type="checkbox"/> Male <input type="checkbox"/> Female, <input type="checkbox"/> Transgender 3.b. DOB: DD/MM/YYYY | |
| 3.c. Marital status: _____ 4. Nationality: <input type="checkbox"/> Indian <input type="checkbox"/> Others _____ | |
| 5. Residential status: <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Individual | |
| 6. PAN _____ 7. Aadhaar no: XXXX XXXX _____ | |

Photograph
Please affix your recent passport size photograph and sign across it

F1



B. Contact details

| | |
|------------------------------|---------------|
| Mobile No: ISD code + Number | Telephone no: |
| Email ID: | |

C. Correspondence Address (specify proof submitted):

| | | |
|---------|------------|-------|
| Address | | |
| City : | District : | Pin : |
| State : | Country : | |

D. Permanent Address (specify proof submitted):

| | | |
|---------|------------|-------|
| Address | | |
| City : | District : | Pin : |
| State : | Country : | |

E. Jurisdiction Address -applicant is taxing paying outside India. (specify proof submitted):

| | | |
|---------|------------|-------|
| Address | | |
| City : | District : | Pin : |
| State : | Country : | |

F. Declaration

I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take to inform you of any changes therein, immediately. In case any of the above information is found to be false, untrue, misleading, or misrepresenting, I am/We are aware that I/We may be held liable for it. I am aware of other modes of KYC, which are available, and I have chosen Aadhaar based method voluntarily. My Aadhaar record can be used by KRA & CKYC only for the specific purpose of validating / maintaining / sharing my KYC record and as an audit evidence. I will have an option to request for deletion of my Aadhaar record. I/We hereby consent to receiving information from KRA & CKYC through SMS/Email on the above registered number/Email address. I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA & CKYC and other Intermediaries with whom I have a business relationship for KYC purposes only.

| | | | |
|---------|------------|--|-------------------|
| Place : | | F2 Wet Signature  | Digital Signature |
| Date : | DD/MM/YYYY | | |

FOR OFFICE USE ONLY

Signature of Person

Originals Verified Documents and In-Person verification details:

Name and Emp Id: _____

Designation: _____

Place: _____ Date : DD/MM/YYYY


Name of the Organisation:

Annexur J – Non Individual



Know Your Client (KYC) Application Form for Non Individuals

Please fill this form in English and BLOCK Letters

| | |
|--|---------------|
| A. ENTITY DETAILS | |
| Name | |
| Entity/Constitution Type | |
| PAN | |
| Date of Incorporation / Formation : DD/MM/YYYY Date of Commencement : DD/MM/YYYY | |
| Place of Incorporation : _____ Country of Incorporation : _____ | |
| TIN/GST reg no : _____ CIN : _____ | |
| B. Contact details | |
| Mobile No: | Telephone no: |
| Email ID: | |
| C. Registered Office Address / Place of Business (specify proof submitted): | |
| Address | |
| City : _____ .District : _____ Pin : _____ | |
| State : _____ Country : _____ | |
| D. Correspondence Address (specify proof submitted): | |
| Address | |
| City : _____ .District : _____ Pin : _____ | |
| State : _____ Country : _____ | |
| E. NUMBER OF RELATED PERSONS : | |
| F. REMARKS (if any) : | |
| G. Declaration | |
| 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 change there in, 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 Central KYC registry through SMS/email on the above registered number/email address. | |
| Place : | |
| Date : | DD/MM/YYYY |
| AS1 Signature of Authorised Signatory  | |
| FOR OFFICE USE ONLY | |
| Originals Verified Documents and In-Person verification details: | |
| Name and Emp Id: | |
| Designation: _____ | |
| Place: _____ Date : DD/MM/YYYY | |
| Name of the Organisation: | |

Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC)
Application Form for Non-Individuals

| | |
|--|--|
| Full Name*(Same as ID proof) _____ Maiden Name _____ DOB* _____ (DD/MM/YYYY) Father/ Spouse name _____ Mother Name _____ Gender* _____ PAN* _____ Aadhaar no _____ Nationality* _____ Address* _____ City* _____ District* _____ State* _____ Country* _____ Pin code* _____ DIN* _____ (Mandatory for Director) Related Person Type* <input type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Court appointment official <input type="checkbox"/> Proprietor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Beneficial owner <input type="checkbox"/> POA holder <input type="checkbox"/> Other (specify) _____ Proof of ID submitted _____ Proof of Address submitted _____ Mobile no _____ Email id _____ | PHOTOGRAPH Please affixed your recent passport size photograph |
| Full Name*(Same as ID proof) _____ Maiden Name _____ DOB* _____ (DD/MM/YYYY) Father/ Spouse name _____ Mother Name _____ Gender* _____ PAN* _____ Aadhaar no _____ Nationality* _____ Address* _____ City* _____ District* _____ State* _____ Country* _____ Pin code* _____ DIN* _____ (Mandatory for Director) Related Person Type* <input type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Court appointment official <input type="checkbox"/> Proprietor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Beneficial owner <input type="checkbox"/> POA holder <input type="checkbox"/> Other (specify) _____ Proof of ID submitted _____ Proof of Address submitted _____ Mobile no _____ Email id _____ | PHOTOGRAPH Please affixed your recent passport size photograph |
| Full Name*(Same as ID proof) _____ Maiden Name _____ DOB* _____ (DD/MM/YYYY) Father/ Spouse name _____ Mother Name _____ Gender* _____ PAN* _____ Aadhaar no _____ Nationality* _____ Address* _____ City* _____ District* _____ State* _____ Country* _____ Pin code* _____ DIN* _____ (Mandatory for Director) Related Person Type* <input type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Court appointment official <input type="checkbox"/> Proprietor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Beneficial owner <input type="checkbox"/> POA holder <input type="checkbox"/> Other (specify) _____ Proof of ID submitted _____ Proof of Address submitted _____ Mobile no _____ Email id _____ | PHOTOGRAPH Please affixed your recent passport size photograph |
| Full Name*(Same as ID proof) _____ Maiden Name _____ DOB* _____ (DD/MM/YYYY) Father/ Spouse name _____ Mother Name _____ Gender* _____ PAN* _____ Aadhaar no _____ Nationality* _____ Address* _____ City* _____ District* _____ State* _____ Country* _____ Pin code* _____ DIN* _____ (Mandatory for Director) Related Person Type* <input type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Court appointment official <input type="checkbox"/> Proprietor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Beneficial owner <input type="checkbox"/> POA holder <input type="checkbox"/> Other (specify) _____ Proof of ID submitted _____ Proof of Address submitted _____ Mobile no _____ Email id _____ | PHOTOGRAPH Please affixed your recent passport size photograph |

AS2



Name and Signature of Authorised signatory
(With Entity Seal/ Stamp)

Date: _____

Annexure 11.3

Account Details Addition / Modification / Deletion Request Form

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| CENTRUM FINVERSE LIMITED CENTRUM HOUSE CST ROAD, VIDYA NAGARI MARG KALINA, SANTACRUZ (E) TEL :- 67249000 FAX :- 67249355. | | | | | | | | | |
| Modification in (Please tick) Trading () Demat () Both () | | | | | | | | | |

| | | | | | | | | | |
|--------------|--|------|--|--|--|--|--|--|--|
| Trading Code | | Date | | | | | | | |
|--------------|--|------|--|--|--|--|--|--|--|

Please fill all the details in Block Letters in English

| | | | | | | | | | | | | | | | | | |
|-------|---|---|---|---|---|---|---|---|-----------|---|---|--|--|--|--|--|--|
| DP ID | 1 | 2 | 0 | 1 | 2 | 2 | 0 | 0 | Client ID | 0 | 0 | | | | | | |
|-------|---|---|---|---|---|---|---|---|-----------|---|---|--|--|--|--|--|--|

| | |
|---------------------------------|--|
| Account Holder's Details | |
| Name of First / Sole Holder | |
| Name of Second Holder | |
| Name of Third Holder | |

☐ I/We request to carry out the change of **address / signature in the demat account**
☐ I/We request to carry out the change of **address / signature in the KRA and demat account**

I/We request you to make the following additions / modifications / deletions to my/our account in your records.

| Details (Please specify change of address, bank details, telephone number etc.) | Addition / Modification / Deletion (Please specify) | Existing Details | New Details |
|--|--|------------------|-------------|
| | | | |

Attach an Annexure (with signature(s)) if the space above is found insufficient.

| | First/Sole Holder | Second Holder | Third Holder |
|-----------|-------------------|---------------|--------------|
| Name | | | |
| Signature | | | |

===== (Please Tear Here) =====
Acknowledgement Receipt

Received Account Details Addition / Modification / Deletions request as per details given below :

| | | | | | | | | | |
|---|---|------|---|---|---|---|---|---|-----------|
| Application No. | | Date | | | | | | | |
| DP ID | 1 | 2 | 0 | 1 | 2 | 2 | 0 | 0 | Client ID |
| Name of the Sole / First Holder | | | | | | | | | |
| Name of Second joint Holder | | | | | | | | | |
| Name of Third joint Holder | | | | | | | | | |
| Modification requested for: [Specify reason] | | | | | | | | | |

Depository Participant Seal and Signature