

National Securities Depository Ltd.



Participant Interface Circular

Circular No.: NSDL/POLICY/2012/0087

Date September 4, 2012

Sub: Procedure to be followed in case Client is not able to sign due to reasons such as paralysis, parkinsons, hemiplegia, old age, etc.

Participants are requesting for procedure to be followed in case their Clients who are unable to sign the instructions for operating the depository account for various reasons such as paralysis, parkinsonism, hemiplegia, old age, etc. Accordingly, Participants are hereby informed that they may follow the procedure given below for such cases:

1. Ascertain that the Client himself/ herself has given the request and that the Client retains the capacity to contract. For this purpose, the Participant can take the following steps:
 - 1.1 Advise the Client to provide a written request stating that the Client is unable to sign specifying the reason therein. The Client need to affix his/ her thumb impression on the written request. A Magistrate, a Notary Public or a Special Executive Magistrate must attest Thumb impression of the Client.
 - 1.2 Advise the Client to provide a medical certificate issued by an appropriately qualified doctor which clearly states that the Client is unable to sign, the reason for the same and period since the Client is unable to sign.
 - 1.3 Arrange for a meeting with the Client by a responsible Participant staff to ascertain the following and obtain the thumb impression of account holder who is unable to sign on written request provided by Client in the presence of the responsible Participant staff:
 - 1.3.1 whether the Client himself/ herself has provided the request (*the photograph on the KYC Application Form/ Account Opening Form must be matched with the Client*).
 - 1.3.2 whether the Client retains the capacity to contract i.e. if the Client cannot put his/her signature, then is he/she in a position to put his/her thumb impression on his/her own without the assistance of any other person and understand the consequence of putting his/ her thumb impression on a document to facilitate a transaction or authorize some other person to carry out the transaction on his/ her behalf.
 - 1.4 Make an independent verification by another responsible Participant staff that the Client himself/ herself has provided the request (*by making a call at the telephone*



number recorded at the depository account or by visiting the Client at the address recorded in the depository account or such other means as deemed suitable by the Participant).

- 1.5 The responsible Participant staff who has ascertained the aforesaid *[point 1.3 above]*, must put his name, signature and suitable remarks to the effect that **“Thumb impression affixed in my presence”** on the written request of the Client.
 - 1.6 The responsible Participant staff who has made an independent verification as mentioned at point 1.4 above must put his name, signature and suitable remarks to the effect that **“Verified independently that the Client himself/herself has made the request”** on the written request of the Client.
 - 1.7 Make such other checks/verifications as may be deemed appropriate by the Participant.
2. After it is ascertained that the Client himself/herself has given the request and that the Client retains the capacity to contract, the following steps must be taken:
- 2.1 Internal note (*Illustrative format enclosed*) to be approved by the Managing Director or Compliance Officer or any other officer designated in writing for this purpose by the Participant.
 - 2.2 Participant may facilitate operation of the depository account on receipt of the instruction forms/ any request with the thumb impression in the presence of the official of the Participant. The official of the Participant must identify the Client by verifying the photograph submitted by the Client. The official of the Participant should then put his/her signature and remarks **“Thumb impression affixed in my presence”** on the instruction form/ request.
 - 2.3 If the Client desires, Participant may facilitate operation of the depository account by the Power of Attorney (POA) Holder after ensuring compliance with the procedure mentioned at point no. (5) of Master Circular No. NSDL/POLICY/2012/0018 dated February 9, 2012.
3. If Client does not retain the capacity to contract (*i.e. he/she is not able to understand the implication of his/her actions*) for various reasons such as Client is on ventilator, in Coma, unconscious, etc., any of the nearest relative of the Client would have to obtain court order



to act as a Legal Guardian and thereafter obtain an authority from the court/court order to operate the depository account and transfer securities for the benefit of the account holder.

For and on behalf of
National Securities Depository Limited

Prashant Vagal
Vice President

Encl.: a/a

FORTHCOMING COMPLIANCE				
Sr. No.	Particulars	Deadline	Manner of sending	Reference
1	Investor Grievance Report (Monthly)	By 10 th of the following month.	By email at dp_igreport@nsdl.co.in . Alternatively, by hard copy to the Investor Relationship Cell.	Circular No. NSDL/PI/98/500 dated October 6, 1998 and Circular No. NSDL/PI/2004/1688 dated September 16, 2004.
2	Networth Certificate and Audited Financial Statements.	September 30 th every year.	By hard copy to Participant Interface Department.	Circular No. NSDL/PI/98/414 dated September 1, 1998.

<Name of Participant>

Ref. No.: _____

Date: _____, _____

OPERATION OF DEPOSITORY ACCOUNT IN CASE CLIENT IS UNABLE TO SIGN

Sr. No.	Particulars	Details
1	DP ID & Client ID	
2	Name of account holder	Sole/ First holder
		Second holder
		Third holder
3	Name of the account holder who is not able to sign	
4	Value of Holding (in Rs.)	
5	Written request received from Client	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Thumb impression of Client on written requested is attested by a Magistrate, a Notary Public or a Special Executive Magistrate	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	Medical Certificate issued by an appropriately qualified doctor stating that Client is unable to sign	Yes <input type="checkbox"/> No <input type="checkbox"/>
8	Reason as per Medical Certificate for not able to sign	
9	Period since the Client is not able to sign	
10	Name, Designation and Employee code of responsible Participant staff who had met the Client	
11	Client retains the capacity to contract	Yes <input type="checkbox"/> No <input type="checkbox"/>
12	Name, Designation and Employee code of another responsible Participant staff who had carried out independent verification	
13	Written request is received from Client itself	Yes <input type="checkbox"/> No <input type="checkbox"/>
14	Other Checks carried out by Participant	
15	Remarks	
16	Action to be taken (please tick):	Operation of depository account through thumb impression
		Operation of depository account by Legal Guardian appointed by Court
		Any other action (please specify) : _____

Submitted for Approval,

**Name & Signature
(Maker)**

**Name & Signature
(Checker)**

**Name & Signature
(Authorised person to approve)**