



Central Depository Services (India) Limited

Convenient # Dependable # Secure

COMMUNIQUE TO DEPOSITORY PARTICIPANTS

CDSL/OPS/DP/POLCY/2020/141

March 16, 2020

MAPPING OF UNIQUE CLIENT CODE WITH DEMAT ACCOUNTS OF THE CLIENTS

DPs are advised to refer to CDSL communiqué no. CDSL/OPS/DP/POLCY/2019/580 dated November 18, 2019 regarding SEBI Circular on **Mapping of Unique Client Code (UCC) with demat account of the clients.**

Exchanges are providing UCC details based on 1st holder's PAN (mapped against their trading account) on daily basis as per the agreed format to the depositories.

Account Opening

DPs are required to obtain UCC from their clients at the time of account opening. Operational modalities for mapping of UCC with the new demat account are mentioned below:

1. DPs are required to obtain UCC details along with corresponding exchange ID at the time of demat account opening from their clients (refer **Annexure A**).
2. Provision is made in the Demat Account Opening form to mention the UCC details of the sole / first holder of Demat Account. Refer Annexure 2.1 in case of Individual account and Annexure 2.2 in case of Non- Individual account.

Account Modification

1. In case of active demat accounts, DP can Add/Delete the UCC details of sole / first Account holder based on the request received from the BO as per the format prescribed in Annexure- A
2. BO can also opt to map the UCC details to all his demat accounts based on the first holder PAN or he can specify the BOID to which the UCC details is required to be mapped

Validations

1. When the DP maps a UCC to a BOID and if the said details are not present in UCC data provided by exchanges then that UCC will remain in "To be verified" status until exchange provides the data to the depositories.
2. In case a DP sets-up a deletion request of UCC mapping on T-day then the same will be deleted on T+3 day at Start of Day [SOD] and DPs can add / delink multiple UCC for a single BO / PAN.



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Upload

1. For capturing UCC details, by way of upload DP needs to enter line greater than 7 with purpose code 22 in the BO Setup/Modify Upload files. Multiple entries with purpose code 22 are allowed.
2. DPs are required to note that the above mentioned UCC mapping facility under purpose code 22 is optional.

Client master reports DPB9 / DPS8 /DPS9 are modified to capture Authorized signatory Middle Name and Last / Search Name in addition to the changes mentioned above.

DPs are advised to refer to the revised Annexures for uploading the UCC details.

Annexure 2.1 Additional KYC Form for Opening a Demat Account for Individuals

Annexure 2.2 Additional KYC Form for Opening a Demat Account for Non-individuals

Annexure – A for UCC Addition / Deletion Request Form

Annexure – B for BO setup upload with UCC details

Annexure – C for BO modification with UCC details.

Annexure – D DPB9_Client master report

Annexure – D DPS9_Client master report

Annexure – D DPS8_Client master report

Further DPs are advised to note that DPs will be able to update the UCC only for CDSL demat accounts

DPs are advised to note that said functionality will be released on **April 17, 2020**. DPs are advised to take note of the same and incorporate necessary changes in their back-office software, if any.

Queries regarding this communiqué may be addressed to **CDSL – Helpdesk**: on telephone numbers (022) 2305-8624, 2305-8639, 2305-8642, 2305-8663, 2305-8640, 2300-2041 or 2300-2033. Emails may be sent to: helpdesk@cdslindia.com.

sd/-

Ashish Bhatt
Vice President - Operations

Additional KYC Form for Opening a Demat Account

For Individuals 5

Depository Participant Name/Address
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(To be filled by the Depository Participant)

Application No.		Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.										
DP ID										
	Client ID									

(To be filled by the applicant in **BLOCK LETTERS** in English)

I/We request you to open a demat account in my/ our name as per following details:-

Holders Details

Sole / First Holder's Name		PAN												
		UID												
		UCC												
		Exchange Name & ID												
Second Holder's Name		PAN												
		UID												
Third Holder's Name		PAN												
		UID												

Name *	
<p>*In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.</p>	

Type of Account (Please tick whichever is applicable)

Status	Sub – Status	
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Individual Margin Trading A/C (MANTRA)	<input type="checkbox"/> Individual-Director <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Minor <input type="checkbox"/> Others(specify) _____
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Repatriable Promoter <input type="checkbox"/> NRI – Depository Receipts	<input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> NRI Non-Repatriable Promoter <input type="checkbox"/> Others (specify) _____
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National - Depository Receipts <input type="checkbox"/> Others (specify)_____	

Details of Guardian (in case the account holder is minor)

Guardian's Name	PAN
Relationship with the applicant	
I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes')	[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end (If not marked, the default option would be 'No')	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in Physical)	

I/ We wish to receive dividend / interest directly in to my bank account as given below through ECS (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR code)														
IFS Code (11 character)														
Account number														

Account type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify) _____									
Bank Name	_____									
Branch Name	_____									
Bank Branch Address	_____									
City	_____	State	_____	Country	_____	PIN code	_____	_____	_____	_____

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
(ii) Photocopy of the Bank Statement having name and address of the BO
(iii) Photocopy of the Passbook having name and address of the BO, (or)
(iv) Letter from the Bank.
➤ In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

Other Details Gross Annual Income Details	Income Range per annum: <input type="checkbox"/> Up to Rs.1,00,000 <input type="checkbox"/> Rs 1,00,000 to Rs 5,00,000 <input type="checkbox"/> Rs 5,00,000 to ₹ 10,00,000 <input type="checkbox"/> Rs 10,00,000 to Rs 25,00,000 <input type="checkbox"/> More than Rs 25,00,000									
	Net worth as on (Date)	D	D	M	M	Y	Y	Y	Y	Rs
	<i>[Net worth should not be older than 1 year]</i>									
Occupation	<input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Specify) _____									
Please tick , if applicable:	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)									
Any other information:	_____									

SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4	MOBILE NO. +91 _____ [(Mandatory , if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).	
<i>Easi</i>	To register for <i>easi</i> , please visit our website www.cdslindia.com . <i>Easi</i> allows a BO to view his ISIN balances, transactions and value of the portfolio online.	

Nomination Details

Nomination Registration No.	Dated

- I /We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:
 I/We **do not wish to nominate any one for this demat account.**
 I/We **nominate** the following persons who is/**are** entitled to receive security balances lying in my/our account, particulars where of are given below, in the event of my / our death.

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name :			
*First Name:
Middle Name:
*Last Name
Nomination Details	Nominee 1	Nominee 2	Nominee 3
*Address:			
*City			
*State			
*Pin			
*Country			
Telephone No.			
FAX No.			
PAN No.			
UID			

Email ID			
*Relationship with the BO:			
Date of birth (mandatory if Nominee is a minor) dd-mm-yyyy			
Name of the Guardian of Nominee (if nominee is a minor) *First Name: Middle Name: *Last Name
*Address of the guardian of nominee:			
*City			
*State			
*Country			
*PIN			
Age			
Telephone			
Fax No.			
Email ID			
*Relationship of the Guardian with the Nominee			
*Percentage of allocation of securities			
*Residual Securities [please tick any one nominee. If tick not marked default will be first nominee]:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note : Residual securities: in case of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be marked as nominee entitled for residual shares, if any.

*** Marked is Mandatory field**

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

Note: **One witness** shall attest signature(s) / thumb impression(s)

Details of the Witness	
	First Witness
Name of witness	
Address of witness	
Signature of witness	

I / We have received and read the Rights and Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signatures			

(Signatures should be preferably in blue ink).

===== (Please Tear Here) =====

Acknowledgement Receipt

Application No.:

Date:

We hereby acknowledge the receipt of the Account Opening Application Form:

Name of the Sole / First Holder	
Name of Second Holder	
Name of Third Holder	

Depository Participant Seal and Signature

===== (Please Tear Here) =====

Additional KYC Form for Opening a Demat Account**For Non-individuals**

Depository Participant Name / Address / DP ID
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(To be filled by the Depository Participant)

Application No.	Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.									
DP ID	Client ID								

(To be filled by the applicant in **BLOCK LETTERS** in English)

I/We request you to open a demat account in my/ our name as per following details:-

Holders Details

Sole / First Holder's Name	Search Name	PAN																	
		UCC																	
		Exchange Name & ID																	
		PAN																	
Second Holder's Name		UID																	
		PAN																	
Third Holder's Name		UID																	

***Exchange ID**

Name *	_____
*In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.	

Type of Account (Please tick whichever is applicable)										
Status							Sub – Status			
<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Banks	<input type="checkbox"/> Trust	<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> OCB	<input type="checkbox"/> FII	To be filled by the DP				
<input type="checkbox"/> CM	<input type="checkbox"/> FI	<input type="checkbox"/> Clearing House	<input type="checkbox"/> Other (Specify)							
SEBI Registration No. (If Applicable)		SEBI Registration date	D	D	M	M	Y	Y	Y	Y
RBI Registration No. (If Applicable)		RBI Approval date	D	D	M	M	Y	Y	Y	Y
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) _____									

I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be `Yes')	[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end (If not marked, the default option would be 'No')	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be Physical)	

Clearing Member Details (To be filled by CMs only)

Name of Stock Exchange			
Name of CC / CH			
Clearing Member Id	Trading member ID		

I / We wish to receive dividend / interest directly in to my bank account given below through ECS (if not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR code)																				
IFS Code (11 character)																				
Account number																				
Account type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify) _____																			
Bank Name																				
Branch Name																				
Bank Branch Address																				
City		State		Country		PIN code														

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
- (ii) Photocopy of the Bank Statement having name and address of the BO
- (iii) Photocopy of the Passbook having name and address of the BO, (or)
- (iv) Letter from the Bank.
 - In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

Other Details	
Gross Annual Income Details	Income Range per annum: <input type="checkbox"/> Up to Rs 1,00,000 <input type="checkbox"/> Rs 1,00,000 to Rs.5,00,000 <input type="checkbox"/> Rs.5,00,000 to Rs. 10,00,000 <input type="checkbox"/> Rs. 10,00,000 to Rs. 25,00,000 <input type="checkbox"/> Rs.25,00,000 to Rs. 1,00,00,000 <input type="checkbox"/> More than Rs.1,00,00,000
	Net worth as on (Date) <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Rs <i>[Net worth should not be older than 1 year]</i>
Please tick If any of the authorized signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors is either Politically Exposed Person (PEP) or Related to Politically Exposed Person (RPEP) <input type="checkbox"/> . Please provide details as per Annexure 2.2 A.	
Any other information:	

SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4	MOBILE NO. +91 _____ [(Mandatory , if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).	
<i>Easi</i>	To register for <i>easi</i> , please visit our website www.cdslindia.com . <i>Easi</i> allows a BO to view his ISIN balances, transactions and value of the portfolio online.	

I/We have received and read the document of 'Rights and Obligation of BO-DP' (DP-CM agreement for BSE Clearing Member Accounts) including the schedules thereto and the terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

	Sole / First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Designation			
Signature			

(In case of more authorised signatories, please add annexure)

(Signatures should be preferably in black ink).

===== (Please Tear Here) =====

Acknowledgement Receipt

Application No.:

Date:

We hereby acknowledge the receipt of the Account Opening Application Form:

Name of the Sole / First Holder	
Name of Second Holder	
Name of Third Holder	

Depository Participant Seal and Signature

===== (Please Tear Here) =====

Unique Client Code (UCC) Details Addition / Modification / Deletion Request Form**Depository Participant Name / Address**

Application No.		Date	D	D	M	M	Y	Y	Y	Y
-----------------	--	------	---	---	---	---	---	---	---	---

Please fill all the details in **Block Letters in English**

DP ID												Client ID									
-------	--	--	--	--	--	--	--	--	--	--	--	-----------	--	--	--	--	--	--	--	--	--

Permanent Account Number (PAN) of First / Sole Holder																				
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Holder's Details

Name of First / Sole Holder	
Name of Second Holder	
Name of Third Holder	

 I/We request to add Unique Client Code (UCC)

Unique Client Code (UCC)											Exch ID	Segment ID	CM ID	TM ID

 I/We request to delink the Unique Client Code (UCC)

Unique Client Code (UCC)											Exch ID	Segment ID	CM ID	TM ID

 I/We like to delink / add the Unique Client Code (UCC) with all beneficial owner's (BOID) linked with above mentioned Permanent Account Number (PAN). I/We like to delink / add the Unique Client Code (UCC) with below mentioned beneficial owner's (BOID).

DP ID											Client ID									
DP ID											Client ID									
DP ID											Client ID									

(If additional beneficial owner's need to be added, please continue in same format)

Reason for Add/Modify/Delete Unique Client Code (UCC):

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

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

Received Unique Client Code (UCC) Details Addition / Modification / Deletions request as per details given below :

Application No.																			
DP ID																			
Date										D	D	M	M	Y	Y	Y	Y		
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

FILE FORMAT: BO SET UP UPLOAD

File Name: <08><DPID>.<3 to 5 digits running serial number>

Input Type: Mandatory / Optional

Header Record: This record will contain:

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
DPID	NUMBER	6	M
OPERATOR ID	CHAR	6	M
TOTAL NO. OF RECORDS	NUMBER	5	M

Details Records: This record will contain following lines:

First Line

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
01	NUMBER	2	M (Line Number of the record)
SERIAL NO (Unique)	NUMBER	4	M
BO ID	NUMBER	16	O
BO REQUEST RECEIVE DATE	DATE	14	M

Second Line (First Account Holder):

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
02	NUMBER	2	M (Line Number of the record)
PRODUCT NUMBER	NUMBER	4	M
BO NAME	CHAR	100	M
BO MIDDLE NAME	CHAR	20	O
LAST / SEARCH NAME	CHAR	20	M
BO TITLE	CHAR	10	O
BO SUFFIX	CHAR	10	O
FATHER / HUSBAND NAME	CHAR	50	O
CUST ADDR 1	CHAR	55	M
CUST ADDR 2	CHAR	55	O
CUST ADDR 3	CHAR	55	O
CUST ADDR CNTRY CODE	CHAR	02	M ISO 3166-1 alpha-2 Format
CUST ADDR ZIP	CHAR	10	M
CUST ADDR STATE CODE	CHAR	06	M Mandatory if Country code IN (India). Value to be in ISO 3166-2 Format
CUST ADDR STATE	CHAR	25	M Mandatory if Country code

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
			other than IN Else will be ignored
CUST ADDR CITY	CHAR	25	M
CITY SEQUENCE NUMBER	NUMBER	2	M If country code is IN then mandatory. Default value will be 00
SMART REGISTRATION INDICATOR	CHAR	1	O Y – SMART REGISTRATION Blank – No SMART Registration
PRIMARY MOBILE NO ISD CODE	NUMBER	6	O MANDATORY IF PRIMARY MOBILE NO PRESENT
PRIMARY MOBILE NO	CHAR	17	O MANDATORY IF PRIMARY MOBILE NO ISD CODE PRESENT
SECONDARY ISD CODE	NUMBER	6	O MANDATORY IF SECONDARY MOBILE /PHONE ISD CODE PRESENT
SECONDARY MOBILE / PHONE	CHAR	17	O MANDATORY IF SECONDARY MOBILE / PHONE ISD CODE PRESENT
SECONDARY EMAIL	CHAR	100	O ONLY 1 EMAIL TO BE ENTERED
CUST FAX	CHAR	17	O
INCOME TAX PAN	CHAR	10	M
UID	CHAR	16	O / M Mandatory if UID verification flag is present
UID VERIFICATION FLAG	CHAR	1	O UID VERIFICATION FLAG 0 – UID NOT VERIFIED 2 – UID VERIFIED BY DP
POA Type Flag	CHAR	1	O (C / R) Mandatory for POA Master Creation If POA Type Flag is 'C', then Purpose Code 21 details will be mandatory for CM POA.

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
			If POA Type Flag is 'R', then it will be considered as a Regular POA
FILLER1	CHAR	2	Should be blank space
IT CIRCLE	CHAR	15	O
PRIMARY EMAIL	CHAR	100	O ONLY 1 EMAIL SHOULD BE ENTERED
USER TEXT 1	CHAR	50	O
USER TEXT 2	CHAR	50	O
USER FIELD 3	NUMBER	4	O
USER FIELD 4 (PAN Exemption Code)	CHAR	4	O 1 st character – 1 st Holder PAN Exemption Code 2 nd character – 2 nd Holder PAN Exemption Code 3 rd character – 3 rd Holder PAN Exemption Code
USER FIELD5 (PAN Verification Flag)	NUMBER 1 st character – 1 st Holder PAN Verification Code 2 nd character – 2 nd Holder PAN Verification Code 3 rd character – 3 rd Holder PAN Verification Code	4	O PAN Verification flag 0 – PAN Not Verified 1 – PAN verified 2 –PAN verification reversed
SIGNATURE FILE FLAG	CHAR	1	O (Y/N)
FILLER	CHAR	16	Should be blank space
FILLER	CHAR	72	Should be blank space
FILLER	CHAR	1	Should be blank space
FILLER	CHAR	1	Should be blank space
FILLER	CHAR	10	Should be blank space

Third Line (Second Account holder):

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
03	NUMBER	2	M (Line Number of the record)
BO NAME	CHAR	100	M
BO MIDDLE NAME	CHAR	20	O

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
LAST / SEARCH NAME	CHAR	20	M
BO TITLE	CHAR	10	O
BO SUFFIX	CHAR	10	O
FATHER / HUSBAND NAME	CHAR	50	O
INCOME TAX PAN	CHAR	10	M
UID	CHAR	16	O / M Mandatory if UID verification flag is present
UID Verification flag	CHAR	1	O UID verification flag 0 – UID Not Verified 2 – UID verified by DP
Filler	CHAR	2	O Special characters are not allowed
IT CIRCLE	CHAR	15	O
MOBILE / PHONE ISD CODE	NUMBER	6	O MANDATORY IF MOBILE / PHONE NO PRESENT
MOBILE NUMBER / PHONE NUMBER	CHAR	17	O MANDATORY IF MOBILE / PHONE ISD CODE PRESENT
EMAIL	CHAR	100	O ONLY 1 EMAIL SHOULD BE ENTERED
FILLER	CHAR	16	Should be blank space
FILLER	CHAR	72	Should be blank space
FILLER	CHAR	1	Should be blank space
FILLER	CHAR	1	Should be blank space
FILLER	CHAR	10	Should be blank space

Fourth Line (Third Account Holder)

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
04	NUMBER	2	M (Line Number of the record)
BO NAME	CHAR	100	M
BO MIDDLE NAME	CHAR	20	O
CUST SEARCH NAME	CHAR	20	M
BO TITLE	CHAR	10	O
BO SUFFIX	CHAR	10	O
HLDR FATHER HUSBAND NAME	CHAR	50	O
INCOME TAX PAN	CHAR	10	M
UID	CHAR	16	O / M Mandatory if UID verification flag

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
			is present
UID Verification flag	CHAR	1	0 UID verification flag 0 – UID Not Verified 2 – UID verified by DP
Filler	CHAR	2	0 Special characters are not allowed
IT CIRCLE	CHAR	15	0
MOBILE / PHONE ISD CODE	NUMBER	6	0 MANDATORY IF MOBILE / PHONE NO PRESENT
MOBILE / PHONE NUMBER	CHAR	17	0 MANDATORY IF MOBILE / PHONE ISD CODE PRESENT
EMAIL	CHAR	100	0 ONLY 1 EMAIL SHOULD BE ENTERED
FILLER	CHAR	16	Should be blank space
FILLER	CHAR	72	Should be blank space
FILLER	CHAR	1	Should be blank space
FILLER	CHAR	1	Should be blank space
FILLER	CHAR	10	Should be blank space

Fifth Line (Product Details):

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
05	NUMBER	2	M (LINE NUMBER OF THE RECORD)
DATE OF MATURITY	DATE	DATE	0
DP INTERNAL REF NUMBER	CHAR	10	0
DATE OF BIRTH/ORIGIN	DATE	DATE	0
SEX CODE	CHAR	1	0 (FEMALE/MALE)
OCCUPATION	CHAR	4	0
LIFE STYLE	CHAR	4	0
GEOGRAPHICAL CODE	CHAR	4	0
EDUCATION/DEGREE	CHAR	4	0
ANNUAL INCOME CODE	NUMBER	4	0
NATIONALITY CODE	CHAR	3	0
LEGAL STATUS CODE	NUMBER	2	0
BO FEE TYPE	NUMBER	2	0
LANGUAGE CODE	NUMBER	2	0
CATEGORY 4 CODE	NUMBER	2	0
BANK OPTION 5	NUMBER	2	0

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
STAFF / RELATIVE	CHAR	1	O (STAFF/RELATIVE/NONE)
STAFF CODE	CHAR	10	O
25 BYTE ALPHANUMERIC CODE 1 USER TEXT 1	CHAR	38	O
BONAFIDE FLAG	CHAR	1	O VALUES CAN BE 'P' OR 'E'
FAMILY ACCOUNT FLAG	CHAR	1	O (Y /N) By default it will be 'N'
EMAIL STATEMENT FLAG	CHAR	1	O (Y/N) IF EMAIL STATEMENT FLAG IS Y, FIRST HOLDER EMAIL IS MANDATORY BY DEFAULT IT WILL BE 'N'
CAS MODE	CHAR	2	O NO: CAS NOT REQUIRED PH: PHYSICAL CAS REQUIRED
MENTAL DISABILITY	CHAR	1	O (Y/N) IF MENTAL DISABILITY IS Y , GUARDIAN DETAILS IS MANDATORY BY DEFAULT IT WILL BE 'N'
FILLER 1	CHAR	1	O Should be blank space
RGESS FLAG	CHAR	1	O
ANNUAL REPORT FLAG	CHAR	1	O
PLEDGE STANDING INSTRUCTION FLAG	CHAR	1	O
EMAIL RTA DOWNLOAD FLAG	CHAR	1	O
BSDA FLAG	CHAR	1	O Y : BSDA N : Non BSDA O : Opted Out (IF NO VALUE ENTERED, THEN DEFAULT VALUE SHALL BE 'N')
25 BYTE ALPHANUMERIC CODE 2 USER TEXT 2	CHAR	50	O
NUMERIC 4 (DUMMY)	NUMBER	4	O
NUMERIC 4 (DUMMY)	NUMBER	4	O
NUMERIC 4 (DUMMY)	NUMBER	4	O
SECURITY ACCESS CODE	NUMBER	2	O
BO CATEGORY	NUMBER	2	M
BO SETTLEMENT PLANNING FLAG	CHAR	1	M

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
DIVIDEND BANK IFSC CODE	CHAR	15	O
RBI REFERENCE NUMBER	CHAR	30	O
RBI APPROVAL DATE	DATE	DATE	O
SEBI REGISTRATION NUMBER	CHAR	24	O
BENEFICIARY TAX DEDUCTION STATUS	NUMBER	2	O
SMART CARD REQUIRED	CHAR	1	O (Y / N)
SMART CARD NUMBER	CHAR	20	O
SMART CARD PIN	NUMBER	10	O
ECS/MANDATE	CHAR	1	O
ELECTRONIC CONFIRMATION	CHAR	1	O (Y / N)
DIVIDEND CURRENCY	NUMBER	6	O
GROUP CODE	CHAR	8	O
BO SUB STATUS	NUMBER	4	M
CLEARING CORPORATION ID	NUMBER	4	O
CLEARING MEMBER ID	CHAR	8	O
STOCK EXCHANGE	NUMBER	2	O
CONFIRMATION WAIVED	CHAR	1	O
TRADING ID	CHAR	8	O
BO STATEMENT CYCLE CODE	CHAR	2	M
CUSTODIAN / PMS EMAIL ID	CHAR	50	O ONLY 1 EMAIL SHOULD BE ENTERED
DIVND BANK ACCT TYPE	CHAR	12	M
DIVND BANK CODE	CHAR	12	M
DIVND ACCT NUMB	CHAR	20	M
DIVND BANK CCY	NUMBER	6	M

Annual Report Flag can have following values:

1	Physical Annual Report
2	Electronic Annual Report
3	Both Physical and Electronic Annual Report

Sixth Line (POA Link details):

Separate line to link POA for each holder with purpose code 0001, 0002, 0003 or single line to link POA for all holders with purpose code 0004.

This line can be repeated multiple times as 1st, 2nd and 3rd Holders can have multiple POA's.

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
06	NUMBER	2	M (LINE NUMBER OF THE

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
			RECORD)
POA ID (POA REGISTRATION NO.)	CHAR	16	M
SETUP DATE	DATE	DATE	M
POA TO OPERATE A/C	CHAR	1	O (Y / N)
GPA/BPA FLAG	CHAR	1	M (B / G)
EFFECTIVE FROM DATE	DATE	DATE	M
EFFECTIVE TO DATE	DATE	DATE	O
USER FIELD 1	NUMBER	4	O
USER FIELD 2	NUMBER	4	O
CA CHARFLD (REMARK)	CHAR	50	O
FILLER 1	CHAR	100	O
FILLER 2	CHAR	20	O
FILLER 3	CHAR	20	O
FILLER 4	CHAR	10	O
FILLER 5	CHAR	10	O
FILLER 6	CHAR	50	O
FILLER 7	CHAR	30	O
FILLER 8	CHAR	30	O
FILLER 9	CHAR	30	O
FILLER 10	CHAR	25	O
FILLER 11	CHAR	25	O
FILLER 12	CHAR	25	O
FILLER 13	CHAR	10	O
FILLER 14	CHAR	1	O
FILLER 15	CHAR	17	O
FILLER 16	CHAR	1	O
FILLER 17	CHAR	17	O
FILLER 18	CHAR	100	O
FILLER 19	CHAR	17	O
FILLER 20	CHAR	10	O
FILLER 21	CHAR	15	O
FILLER 22	CHAR	15	O
FILLER 23	CHAR	50	O
USER TEXT 1 POA Master ID (16 digit)	CHAR	50	M
FILLER 24	CHAR	50	O
USER FIELD 3 (POA LINK PURPOSE CODE)	NUMBER	4	M
FILLER 25	NUMBER	4	O

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
FILLER 26	NUMBER	4	O
FILLER 27	CHAR	1	O

Seventh Line is for Permanent Address Details purpose code should be 12

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
N WHERE N = 7	NUMBER	2	M (LINE NUMBER OF THE RECORD)
PURPOSE CODE (12)	NUMBER	2	M
BO NAME	CHAR	100	M
BO MIDDLE NAME	CHAR	20	O
LAST / SEARCH NAME	CHAR	20	M
BO TITLE	CHAR	10	O
BO SUFFIX	CHAR	10	O
FATHER / HUSBAND NAME	CHAR	50	O
CUST ADDR 1	CHAR	55	M
CUST ADDR 2	CHAR	55	O
CUST ADDR 3	CHAR	55	O
CUST ADDR CNTRY CODE	CHAR	02	M ISO 3166-1 alpha-2 Format
CUST ADDR ZIP	CHAR	10	M
CUST ADDR STATE CODE	CHAR	06	M Mandatory if Country code IN (India). Value to be in ISO 3166-2 Format
CUST ADDR STATE	CHAR	25	M Mandatory if Country code other than IN Else will be ignored
CUST ADDR CITY	CHAR	25	M
CITY SEQUENCE NUMBER	NUMBER	2	M If country code is IN then mandatory. Default value will be 00
FAX	CHAR	17	O
INCOME TAX PAN	CHAR	25	O
IT CIRCLE	CHAR	15	O
USER TEXT 1	CHAR	50	O
USER TEXT 2	CHAR	50	O
USER FIELD 3	NUMBER	4	O
USER FIELD 4	NUMBER	4	O
USER FIELD 5	NUMBER	4	O
FILLER	CHAR	100	O (It should be blank space)

Eight line onwards lines can be added to enter Additional Name and Address for following purpose codes

- Purpose Code 06 – Nominee Name and address
- Purpose Code 07 – Guardian Name and address
- Purpose Code 08 – Nominee's Guardian Name and address
- Purpose Code 18 – Authorized Signatory

This line is mandatory for Corporate / HUF / Bank / FI / Trust type of accounts.

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
N WHERE N > 7	NUMBER	2	M (LINE NUMBER OF THE RECORD)
PURPOSE CODE	NUMBER	2	M
BO NAME	CHAR	100	M
BO MIDDLE NAME	CHAR	20	O
LAST / SEARCH NAME	CHAR	20	M
BO TITLE	CHAR	10	O
BO SUFFIX	CHAR	10	O
FATHER HUSBAND NAME	CHAR	50	O
CUST ADDR 1	CHAR	55	M
CUST ADDR 2	CHAR	55	O
CUST ADDR 3	CHAR	55	O
CUST ADDR CNTRY CODE	CHAR	02	M ISO 3166-1 alpha-2 Format
CUST ADDR ZIP	CHAR	10	M
CUST ADDR STATE CODE	CHAR	06	M Mandatory if Country code IN (India). Value to be in ISO 3166-2 Format
CUST ADDR STATE	CHAR	25	M Mandatory if Country code other than IN Else will be ignored
CUST ADDR CITY	CHAR	25	M
CITY SEQUENCE NUMBER	NUMBER	2	M If country code is IN then mandatory. Default value will be 00
PRIMARY MOBILE NO ISD CODE	NUMBER	6	O MANDATORY IF PRIMARY MOBILE NO PRESENT
PRIMARY MOBILE NO	CHAR	17	O MANDATORY IF PRIMARY MOBILE NO ISD CODE PRESENT
DATE OF BIRTH	DATE	DATE	O

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
FAX	CHAR	17	O
INCOME TAX PAN	CHAR	10	O
UID	CHAR	16	O / M Mandatory if UID verification flag is present
UID Verification flag	CHAR	1	O For purpose code 18 UID verification flag 0 – UID Not Verified 2 – UID verified by DP
IT CIRCLE	CHAR	15	O
E-MAIL	CHAR	100	O
USER TEXT 1	CHAR AS REMARKS	50 AS REMARKS	O Authorized Signatory Remarks
USER TEXT 2	CHAR	50	O
USER FIELD 3	NUMBER	4	O
USER FIELD 4	NUMBER	4	O
USER FIELD5	NUMBER	4	O
NOMINEE SERIAL NUMBER	NUMBER	2	M (For Purpose code 6 and 8) Values: 01– First nominee 02 – Second Nominee 03 – Third Nominee O – Other than Purpose code 6 & 8
RELATIONSHIP WITH BO	NUMBER	2	M (For Purpose code 6,7,8) O – other than Purpose code 6,7,8 Values can Be: 01 – Spouse 02 – Son 03 – Daughter 04 – Father 05 – Mother 06 – Brother 07 – Sister 08 – Grand-Son 09 – Grand-Daughter 10 – Grand-Father 11 – Grand-Mother 12 – Not Provided (if the relationship is not provided on nomination form) 13 – Others

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
PERCENTAGE OF SHARES	NUMBER	(5,2)	M (For Purpose code 6) O – Optional for other than Purpose code 6 with default value "00000" The file should have value like 10000(100%), 09725(97.25%), 05000(50%) etc
RESIDUAL SECURITIES FLAG	CHAR	1	M (For Purpose code 6) Values: Y- Yes N- No Default value is "N" O (For Purpose code 7,8,18- it should be space)
FILLER	CHAR	16	O Should be blank space
FILLER	CHAR	72	O Should be blank space
FILLER	CHAR	1	O Should be blank space
FILLER	CHAR	1	O Should be blank space
FILLER	CHAR	10	O Should be blank space

The following line is added to the File format for Mapping of CM Accounts With CM POA Master.

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
N WHERE N > 7	NUMBER	2	M (LINE NUMBER OF THE RECORD)
PURPOSE CODE 21 Mapping of CM Accounts With CM POA Master.	NUMBER	2	M
MAPPING UNMAPPING FLAG	NUMBER	1	M 1 - MAP 3 - MAP ALL CM ACCOUNTS)
EX ID	NUMBER	2	O
CM ID	CHAR	8	O
CM Account To Be Mapped	CHAR	16	O Mandatory if MAPPING UNMAPPING FLAG = 1

The following line is added for capturing BO-UCC Link (Unique Client Code) details.

<i>FIELD DESCRIPTION</i>	<i>FIELD TYPE</i>	<i>FIELD SIZE</i>	<i>INPUT TYPE</i>
<i>N WHERE N > 7</i>	<i>NUMBER</i>	<i>2</i>	<i>M (LINE NUMBER OF THE RECORD)</i>
<i>PURPOSE CODE 22 BO-UCC Link Details</i>	<i>NUMBER</i>	<i>2</i>	<i>M</i>
<i>BO-UCC Link Add/Delete Flag</i>	<i>CHAR</i>	<i>1</i>	<i>M (A – Add Only allowed)</i>
<i>Consent Flag</i>	<i>NUMBER</i>	<i>2</i>	<i>M 1 – BO - UCC Linking will be done only for the BOID setup in this upload file 2 – BO - UCC Linking will be done for all BO accounts with same 1st Holder PAN</i>
<i>Exchange ID</i>	<i>Number</i>	<i>2</i>	<i>M</i>
<i>UCC (Unique Client Code)</i>	<i>CHAR</i>	<i>11</i>	<i>M</i>
<i>Segment Code (Settlement type code)</i>	<i>CHAR</i>	<i>2</i>	<i>M</i>
<i>CM ID (Clearing Member Code)</i>	<i>CHAR</i>	<i>16</i>	<i>M</i>
<i>TM Code (Trading Member Code)</i>	<i>CHAR</i>	<i>8</i>	<i>M</i>

NOTES:

- No field separators should be used.
- Spaces should be used in case if a field does not have a value.
- All numeric fields should be right justified with zero padding.
- All alphanumeric fields should be left justified with padding as spaces.
- For BO setup, every detail record will contain the following lines. If a line contains no data, then that line will not be written. Line numbers 01, 02, 05 and 07 are mandatory.
- For POA setup, every detail record mandatory Line Numbers are 01 , 02 , 05 only
- For PAN verification flag value is
 - For Only first Holder - 1000
 - For first and second holder - 1100
 - For All Holders - 1110
 - For second and third Holder - 0110
- For Minor account
 - Guardian details are mandatory
 - Minor account should have only first holder

- For Mantra Accounts
 - POA link for all holder details are mandatory
 - In 06 line for POA link details, effective to date should be '0000000'
- POA Link Details
 - Purpose code for POA link are -
 - 0001 for First Holder
 - 0002 for Second Holder
 - 0003 for Third Holder
 - 0004 for All Holders
 - 16 Digit POA Master ID will be entered in User text 1 field
 - Purpose code specify in user field 3
- Product Details
 - ECS/Mandate flag is 'Y' then must specify correct Dividend bank details
- The additional name and address record line is not mandatory except for Corporate / HUF / CM / Minor and there can be one or more additional lines
- For Authorized signatory, in BO name specify Authorized signatory Name and in User Text 1 specify remarks. Other Field details not required for Authorized signatory
- Authorized signatory details mandatory for Corporate / HUF type of accounts / CM
- Signature File Details
 - If Signature file flag is 'N' then signature file is not required. If the signature flag is 'Y', then the signature file should be present in same folder. The signature file in image file extension can be -
*.jpg / *.gif / *.tif / *.jpeg / *.tiff / *.pic / *.pnj / *.png
 - The naming convention of signature file should be as below
 - b + file extension + serial number + IMAGE FILENAME. file extension
 - For BO bxxxxyyyfilename.jpg
 - Where xxx is 3-digit file extension
 - yyyy is 4-digit serial number of the Bo record
 - e.g. DP is uploading file with 2 signatures with filename as 08010601.0123 and signature flag is 'Y' in second line (first account holder details of the first record), then naming convention for signature will be as follows
 - b0123<0001><filename1><image Filename>.jpg (or any valid extension)
 - b0123<0001><filename2>><image Filename>.jpg (or any valid extension)
- the signature image file should exist in the same path where the data file exists
- the name of the folder in which files exist should be a single word without any spaces and folder name length should be less than or equal to '8'
- The name of the folder can be "botest" and not as "bo test".

- For BSDA account, SMS registration is mandatory.
- The PAN of the first holder of the proposed BSDA account is not existing as the PAN of first holder in another CDSL account with status 'Active/to be closed'.
- If annual report flag is '2' (Electronic) or 3 'Both Physical And Electronic' , first holder email id should exists
- If Mental Disability Flag is 'Y', then the Guardian Details will be mandatory.
- If Email Statement Flag is 'Y' and CAS mode is blank, then CAS Mode will be updated to EC (eCAS).
- BO REQUEST RECEIVE DATE- Date (with time) on which request received from BO.
- Mapping of CM Accounts With CM POA Master
 - The purpose code 21 can be repeated for mapping of multiple CM Accounts with CM POA Master, but the line number should be in incremental order.
- The Family Account Flag will be applicable only for BO and not for POA. Default value for the Family Account Flag will be 'N'.
- The Custodian Email ID will be applicable only for BO and not for POA
- UID will be mandatory only if UID verification flag is present.
- UID verification flag is not applicable for Guardian, Nominee and Nominees guardian.

FILE FORMAT: BO MODIFY UPLOAD

File Name : <11><DP ID 6 DIGIT>.<3 to 5 digits running serial number>

Input Type : [M] = Mandatory

[O] = Optional

[N] = Non-Modifiable

Header Record: This record will contain following fields:

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
DP ID	NUMBER	6	M
OPERATOR ID	CHAR	6	M
TOTAL NO. OF RECORDS	NUMBER	5	M

Detail Record: Every detail record will contain following lines. If a line contains no data then that line will not be written. Only Line number 01 is mandatory.

First Line

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
01	NUMBER	2	M (Line Number of the record)
BOID	NUMBER	16	M
BO REQUEST RECEIVE DATE	DATE	14	M

Second Line (First Account Holder)

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
02	NUMBER	2	M (Line Number of the record)
PRODUCT NUMBER	NUMBER	4	O (From product 1 to 3 or vice versa)
BO NAME	CHAR	100	O
BO MIDDLE NAME	CHAR	20	O
LAST / SEARCH NAME	CHAR	20	O
BO TITLE	CHAR	10	O
BO SUFFIX	CHAR	10	O
FATHER / HUSBAND NAME	CHAR	50	O
ADDRESS 1	CHAR	55	O
ADDRESS 2	CHAR	55	O
ADDRESS 3	CHAR	55	O
COUNTRY CODE	CHAR	02	O ISO 3166-1 alpha-2 Format
ZIP CODE	CHAR	10	O
STATE CODE	CHAR	06	O IF COUNTRY CODE IS IN(INDIA) THEN STATE CODE IS MANDATORY IN ISO 3166-2 FORMAT
STATE	CHAR	25	O IF COUNTRY CODE IS

			IN(INDIA) THIS FIELD WILL BE IGNORED ELSE IT IS MANDATORY
CITY	CHAR	25	O
CITY SEQUENCE NO	NUMBER	2	O If country code is IN then mandatory. Default value will be 00
SMART REGISTRATION	CHAR	1	O Y – SMART REGISTRATION N – SMART DEREGISTRATION
PRIMARY MOBILE NUMBER ISD CODE	NUMBER	6	O MANDATORY IF PRIMARY MOBILE NUMBER PRESENT
PRIMARY MOBILE NUMBER	CHAR	17	O MANDATORY IF PRIMARY MOBILE NUMBER ISD CODE PRESENT
SECONDARY MOBILE / TELEPHONE NO ISD CODE	NUMBER	6	O MANDATORY IF SECONDARY MOBILE / TELEPHONE NUMBER PRESENT
SECONDARY MOBILE / TELEPHONE NUMBER	CHAR	17	O MANDATORY IF SECONDARY MOBILE / TELEPHONE NUMBER ISD CODE PRESENT
SECONDARY EMAIL	CHAR	100	O ONLY ONE EMAIL ID SHOULD BE ENTERED
FAX	CHAR	17	O
INCOME TAX PAN	CHAR	10	O
UID	CHAR	16	O
UID VERIFICATION FLAG	CHAR	1	O 0 – NOT VERIFIED 2 – VERIFIED BY DP
POA Type Flag	CHAR	1	O (C / R) Mandatory for POA Master Creation If POA Type Flag is 'C', then Purpose Code 21 details will be mandatory for CM POA. If POA Type Flag is 'R', then it will be considered as a Regular POA
NAME CHANGE REASON CODE	CHAR	2	O (Mandatory if BO NAME is changed)

BO MODIFY UPLOAD

Annexure C

IT CIRCLE	CHAR	15	O
PRIMARY E-MAIL	CHAR	100	O ONLY ONE EMAIL ID SHOULD BE ENTERED
USER TEXT 1	CHAR	50	O
USER TEXT 2	CHAR	50	O
USER FIELD 3	NUMBER	4	O
PAN EXEMPTION CODE	CHAR	4	O 1 st character – 1 st Holder PAN Exemption Code 2 nd character – 2 nd Holder PAN Exemption Code 3 rd character – 3 rd Holder PAN Exemption Code
PAN VERIFICATION FLAG	NUMBER	4	O 1 st character – 1 st Holder PAN Verification Code 2 nd character – 2 nd Holder PAN Verification Code 3 rd character – 3 rd Holder PAN Verification Code
SIGNATURE FILE FLAG	CHAR	1	N (Not Modifiable)
FILLER	CHAR	16	Should be blank space
FILLER	CHAR	72	Should be blank space
FILLER	CHAR	1	Should be blank space
FILLER	CHAR	1	Should be blank space
FILLER	CHAR	10	Should be blank space

Third Line (Second Account Holder)

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
03	NUMBER	2	M (Line Number of the record)
NAME	CHAR	100	O
MIDDLE NAME	CHAR	20	O
LAST / SEARCH NAME	CHAR	20	O
TITLE	CHAR	10	O
SUFFIX	CHAR	10	O
FATHER / HUSBAND NAME	CHAR	50	O
INCOME TAX PAN	CHAR	10	O
UID	CHAR	16	O
UID VERIFICATION FLAG	CHAR	1	O 0 – NOT VERIFIED 2 – VERIFIED BY DP
NAME CHANGE REASON CODE	CHAR	2	O (Mandatory if BO name is changed)
IT CIRCLE	CHAR	15	O

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
MOBILE NUMBER ISD CODE	NUMBER	6	0 MANDATORY IF MOBILE NUMBER IS PRESENT
MOBILE NUMBER	CHAR	17	0 MANDATORY IF MOBILE NUMBER ISD CODE IS PRESENT
EMAIL	CHAR	100	0 ONLY ONE EMAIL ID SHOULD BE ENTERED
FILLER	CHAR	16	Should be blank space
FILLER	CHAR	72	Should be blank space
FILLER	CHAR	1	Should be blank space
FILLER	CHAR	1	Should be blank space
FILLER	CHAR	10	Should be blank space

Fourth Line (Third Account Holder)

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
04	NUMBER	2	M (Line Number of the record)
NAME	CHAR	100	0
MIDDLE NAME	CHAR	20	0
LAST/ SEARCH NAME	CHAR	20	0
TITLE	CHAR	10	0
SUFFIX	CHAR	10	0
FATHER / HUSBAND NAME	CHAR	50	0
INCOME TAX PAN	CHAR	10	0
UID	CHAR	16	0
UID VERIFICATION FLAG	CHAR	1	0 0 – NOT VERIFIED 2 – VERIFIED BY DP
NAME CHANGE REASONS CODE	CHAR	2	0 (Mandatory if BO name is changed)
IT CIRCLE	CHAR	15	0
MOBILE NUMBER ISD CODE	NUMBER	6	0 MANDATORY IF MOBILE NUMBER IS PRESENT
MOBILE NUMBER	CHAR	17	0 MANDATORY IF MOBILE NUMBER ISD CODE IS PRESENT
EMAIL	CHAR	100	0 ONLY ONE EMAIL ID SHOULD BE ENTERED
FILLER	CHAR	16	Should be blank space
FILLER	CHAR	72	Should be blank space
FILLER	CHAR	1	Should be blank space
FILLER	CHAR	1	Should be blank space

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
FILLER	CHAR	10	Should be blank space

Fifth Line (Product details) –

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
05	NUMBER	2	M (LINE NUMBER OF THE RECORD)
DATE OF MATURITY	DATE	8	N (NOT MODIFIABLE)
DP INTERNAL REF NUMBER	CHAR	10	O
DATE OF BIRTH/ORIGIN	DATE		O (MODIFIABLE)
SEX CODE	CHAR	1	O (FEMALE/MALE)
OCCUPATION	CHAR	4	O
LIFE STYLE	CHAR	4	N (NOT MODIFIABLE)
GEOGRAPHICAL CODE	CHAR	4	O
EDUCATION/DEGREE	CHAR	4	O
ANNUAL INCOME CODE	NUMBER	4	O
NATIONALITY CODE	CHAR	3	O
LEGAL STATUS CODE	NUMBER	2	N (NOT MODIFIABLE)
BO FEE TYPE	NUMBER	2	N (NOT MODIFIABLE)
LANGUAGE CODE	NUMBER	2	O
CATEGORY 4 CODE	NUMBER	2	N (NOT MODIFIABLE)
BANK OPTION 5	NUMBER	2	N (NOT MODIFIABLE)
STAFF / RELATIVE	CHAR	1	O (STAFF / RELATIVE)
STAFF CODE	CHAR	10	O
25 BYTE ALPHANUMERIC CODE 1 USER TEXT 1	CHAR	38	N (NOT MODIFIABLE)
BONAFIDE FLAG	CHAR	1	O VALUES CAN BE 'P' OR 'E'
FAMILY ACCOUNT FLAG	CHAR	1	O (Y / N) By default it will be 'N'
Email Statement Flag	Char	1	O (Y/N) By default it will be 'N'
CAS Mode	Char	2	O NO: CAS not required PH: Physical CAS required By default it will be 'PH'
Mental Disability	Char	1	O Y/N If Mental Disability is Y , Guardian details is mandatory By default it will be 'N'

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
Preferred Depository Flag For CAS	Char	1	C:CDSL- CDSL only can update flag to 'C' only if CAS flag is 'DN' N: NSDL (DP/CDSL can update flag to 'N' only if CAS flag is 'DC') By default it will be NULL(if not indicated by BO)
RGESS FLAG	CHAR	1	O
ANNUAL REPORT FLAG	CHAR	1	O
PLEDGE STANDING INSTRUCTION FLAG	CHAR	1	O
EMAIL RTA DOWNLOAD FLAG	CHAR	1	O
BSDA FLAG	CHAR	1	O Y : BSDA N : Non BSDA O : Opted Out
25 BYTE ALPHANUMERIC CODE 2 USER TEXT 2	CHAR	50	N (NOT MODIFIABLE)
NUMERIC 4 (DUMMY)	NUMBER	4	N (NOT MODIFIABLE)
NUMERIC 4 (DUMMY)	NUMBER	4	N (NOT MODIFIABLE)
NUMERIC 4 (DUMMY)	NUMBER	4	N (NOT MODIFIABLE)
SECURITY ACCESS CODE	NUMBER	2	O
BO CATEGORY	NUMBER	2	N (NOT MODIFIABLE)
BO SETTLEMENT PLANNING FLAG	CHAR	1	O
DIVIDEND BANK IFS CODE	CHAR	15	O
RBI REFERENCE NUMBER	CHAR	30	O
RBI APPROVAL DATE	DATE	8	O
SEBI REGISTRATION NUMBER	CHAR	24	O
BENEFICIARY TAX DEDUCTION STATUS	NUMBER	2	O
SMART CARD REQUIRED	CHAR	1	N (NOT MODIFIABLE)
SMART CARD NUMBER	CHAR	20	N (NOT MODIFIABLE)
SMART CARD PIN	NUMBER	10	N (NOT MODIFIABLE)
ECS/MANDATE	CHAR	1	O (MODIFIABLE)
ELECTRONIC CONFIRMATION	CHAR	1	O (Y /N)
DIVIDEND CURRENCY	NUMBER	6	O
GROUP CODE	CHAR	8	O
BO SUB STATUS	NUMBER	4	O
CLEARING	NUMBER	4	N (NOT MODIFIABLE)

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
CORPORATION ID			
CLEARING MEMBER ID	CHAR	8	N (NOT MODIFIABLE)
STOCK EXCHANGE	NUMBER	2	N (NOT MODIFIABLE)
CONFIRMATION WAIVED	CHAR	1	O
TRADING ID	CHAR	8	N (NOT MODIFIABLE)
BO STATEMENT CYCLE CODE	CHAR	2	O
CUSTODIAN / PMS EMAIL ID	CHAR	50	O
DIVIDEND BANK ACCT TYPE	CHAR	12	O
DIVIDEND BANK CODE	CHAR	12	O
ACCOUNT NUMBER	CHAR	20	O
ACCOUNT CURRENCY	NUMBER	6	O

Sixth Line (POA Link details): Separate Line to link POA for each holder with Purpose code 0001, 0002 & 0003 or single line to link POA for All holders with purpose code 0004.

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
06	NUMBER	2	M (Line Number of the record)
POA Register Number	CHAR	16	N Not Modifiable
SETUP DATE	DATE	8	N Not Modifiable
POA to OPERATE A/C	CHAR	1	O (Y / N)
GPA/BPA FLAG	CHAR	1	O (B/ G)
EFFECTIVE FROM DATE	DATE	8	O
EFFECTIVE TO DATE	DATE	8	O
USER FIELD 1	NUMBER	4	O
USER FIELD 2	NUMBER	4	O
REMARKS	CHAR	50	O
FILLER 1	CHAR	100	O
FILLER 2	CHAR	20	O
FILLER 3	CHAR	20	O
FILLER 4	CHAR	10	O
FILLER 5	CHAR	10	O
FILLER 6	CHAR	50	O
FILLER 7	CHAR	30	O
FILLER 8	CHAR	30	O
FILLER 9	CHAR	30	O
FILLER 10	CHAR	25	O
FILLER 11	CHAR	25	O
FILLER 12	CHAR	25	O
FILLER 13	CHAR	10	O
FILLER 14	CHAR	1	O
FILLER 15	CHAR	17	O
FILLER 16	CHAR	1	O

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
FILLER 17	CHAR	17	O
FILLER 18	CHAR	100	O
FILLER 19	CHAR	17	O
FILLER 20	CHAR	25	O
FILLER 21	CHAR	15	O
FILLER 22	CHAR	50	O
16 Digit POA Master ID	CHAR	16	M
User Text 1	CHAR	34	O
FILLER 23	CHAR	50	O
Purpose Code	NUMBER	4	M
Transaction Type	CHAR	4	M Transaction Type Identifier S-Setup M-Modify D-delete
FILLER 24	NUMBER	4	O
SIGNATURE FILE FLAG	CHAR	1	N (Not Modifiable)

Seventh Line: For permanent address

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
N WHERE N = 7	NUMBER	2	M (LINE NUMBER OF THE RECORD)
PURPOSE CODE	NUMBER	2	M PURPOSE CODE = 12
NAME	CHAR	100	N (Not Modifiable)
MIDDLE NAME	CHAR	20	N (Not Modifiable)
LAST / SEARCH NAME	CHAR	20	N (Not Modifiable)
TITLE	CHAR	10	O
SUFFIX	CHAR	10	O
FATHER / HUSBAND NAME	CHAR	50	O
ADDRESS 1	CHAR	55	O
ADDRESS 2	CHAR	55	O
ADDRESS 3	CHAR	55	O
COUNTRY CODE	CHAR	02	O ISO 3166-1 alpha-2 Format
ZIP CODE	CHAR	10	O
STATE CODE	CHAR	6	O IF COUNTRY CODE IS IN(INDIA) THEN STATE CODE IS MANDATORY IN ISO 3166-2 FORMAT
STATE	CHAR	25	O
CITY	CHAR	25	O
CITY SEQUENCE NO	NUMBER	2	O If country code is IN then

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
			mandatory. Default value will be 00
FAX	CHAR	17	0
INCOME TAX PAN	CHAR	25	0
IT CIRCLE	CHAR	15	0
USER TEXT 1	CHAR	50	0
USER TEXT 2	CHAR	50	0
USER FIELD 3	NUMBER	4	0
USER FIELD 4	CHAR	4	0 Transaction Type Identifier S-Setup M-Modify
USER FIELD5	NUMBER	4	0
FILLER	CHAR	100	0

Eight line onwards lines can be added to enter Additional Name and Address for following purpose codes

- Purpose Code 06 – Nominee Name and address
- Purpose Code 07 – Guardian Name and address
- Purpose Code 08 – Nominee's Guardian Name and address
- Purpose Code 18 – Authorized Signatory

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
N WHERE N > 7	NUMBER	2	M (LINE NUMBER OF THE RECORD)
PURPOSE CODE	NUMBER	2	M
NAME	CHAR	100	0
MIDDLE NAME	CHAR	20	0
LAST / SEARCH NAME	CHAR	20	0
TITLE	CHAR	10	0
SUFFIX	CHAR	10	0
FATHER / HUSBAND NAME	CHAR	50	0
ADDRESS 1	CHAR	55	0
ADDRESS 2	CHAR	55	0
ADDRESS 3	CHAR	55	0
COUNTRY CODE	CHAR	02	0 ISO 3166-1 alpha-2 Format
ZIP CODE	CHAR	10	0
STATE CODE	CHAR	6	0 IF COUNTRY CODE IS IN(INDIA) THEN STATE CODE IS MANDATORY IN ISO 3166-2 FORMAT

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
STATE	CHAR	25	0
CITY	CHAR	25	0
CITY SEQUENCE NO	NUMBER	2	0 If country code is IN then mandatory. Default value will be 00
MOBILE / TELEPHONE ISD CODE	CHAR	6	0 MANDATORY IF MOBILE NUMBER IS PRESENT
MOBILE / TELEPHONE NUMBER	CHAR	17	0 MANDATORY IF MOBILE NUMBER ISD CODE IS PRESENT
DATE OF BIRTH	DATE	8	0
FAX	CHAR	17	0
INCOME TAX PAN	CHAR	10	0
UID	CHAR	16	0
UID VERIFICATION FLAG	CHAR	1	0 0 – NOT VERIFIED 2 – VERIFIED BY DP
NAME CHANGE REASON CODE	CHAR	2	0 (Mandatory if NAME is changed)
IT CIRCLE	CHAR	15	0
PRIMARY E-MAIL	CHAR	100	0
USER TEXT 1 (AS Remarks)	CHAR	50	0 Authorised Signatory Remarks
USER TEXT 2	CHAR	50	0
USER FIELD 3	NUMBER	4	0
USER FIELD 4	CHAR	4	M Transaction type identifier S-setup M-modify D-delete
USER FIELD5	NUMBER	4	0 For AS Na Seq numb of AS
NOMINEE SERIAL NUMBER	NUMBER	2	M (For Purpose code 6 and 8) Values: 01– First nominee 02 – Second Nominee 03 – Third Nominee 0 – Other than Purpose code 6 & 8
RELATIONSHIP WITH BO	NUMBER	2	M (For Purpose code 6,7,8) 0 – other than Purpose code 6,7,8

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
			Values can Be: 01 – Spouse 02 – Son 03 – Daughter 04 – Father 05 – Mother 06 – Brother 07 – Sister 08 – Grand-Son 09 – Grand-Daughter 10 – Grand-Father 11 – Grand-Mother 12 – Not Provided (if the relationship is not provided on nomination form) 13 – Others
PERCENTAGE OF SHARES	NUMBER	(5,2)	M (For Purpose code 6) O – Optional for other than Purpose code 6 with default value “00000” The file should have value like 10000(100%), 09725(97.25%), 05000(50%) etc
RESIDUAL SECURITIES FLAG	CHAR	1	M (For Purpose code 6) Values: Y- Yes N- No Default value is “N” O (For Purpose code 7,8,18- it should be space)
FILLER	CHAR	16	O Should be blank space
FILLER	CHAR	72	O Should be blank space
FILLER	CHAR	1	O Should be blank space
FILLER	CHAR	1	O Should be blank space
FILLER	CHAR	10	O Should be blank space

For Mapping of CM Accounts With CM POA Master.

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
N WHERE N > 7	NUMBER	2	M (LINE NUMBER OF THE RECORD)
PURPOSE CODE 21 Mapping of CM Accounts With CM POA	NUMBER	2	M

Master.			
MAPPING UNMAPPING FLAG	NUMBER	1	1- Mapping 2-Unmapping 3- Map All CM Accounts
EX ID	NUMBER	2	0
CM ID	CHAR	8	0
CM Account To Be Mapped	CHAR	16	0 Mandatory if MAPPING UNMAPPING FLAG is 1 or 2

The following line is added for capturing BO-UCC Linking / Delinking (Unique Client Code) details.

FIELD DESCRIPTION	FIELD TYPE	FIELD SIZE	INPUT TYPE
<i>N WHERE N > 7</i>	<i>NUMBER</i>	<i>2</i>	<i>M (LINE NUMBER OF THE RECORD)</i>
<i>PURPOSE CODE 22 BO-UCC Linking / Delinking Details</i>	<i>NUMBER</i>	<i>2</i>	<i>M</i>
<i>BO-UCC Link Add/Delete Flag</i>	<i>CHAR</i>	<i>1</i>	<i>M (A-Add and D-Delete. In Both cases all details are mandatory)</i>
<i>Consent Flag</i>	<i>NUMBER</i>	<i>2</i>	<i>M 1-BO-UCC Linking/ Delinking will be done only for the Boid provided in line 01 2- BO-UCC Linking/ Delinking will be done for all BO accounts with same 1st Holder PAN</i>
<i>Exchange ID</i>	<i>Number</i>	<i>2</i>	<i>M</i>
<i>UCC (Unique Client Code)</i>	<i>CHAR</i>	<i>11</i>	<i>M</i>
<i>Segment Code (Settlement type code)</i>	<i>CHAR</i>	<i>2</i>	<i>M</i>
<i>CM ID (Clearing Member Code)</i>	<i>CHAR</i>	<i>16</i>	<i>M</i>
<i>TM Code (Trading Member Code)</i>	<i>CHAR</i>	<i>8</i>	<i>M</i>

NOTES:

- No field separators should be used.

- Spaces should be used in case if a field does not have a value.
- All numeric fields should be right justified with zero padding.
- All alphanumeric fields should be left-justified with padding as spaces.
- Only the fields to be modified should be entered in the file.
- The Non-Modifiable fields should be entered as spaces.
- If any field is to be modified to blank or zeroes, then @ should be entered.
- For e.g. if the BO Title is to be modified to blanks, then @ should be entered 10 times as the length of the field is 10. @@@@@@@@@@
- DP is allowed to modify PAN, PAN Exemption Code and PAN Verification Code when PAN verification code is '0'
- If PAN Exemption Code is 'C', then only DP is allowed to change PAN, PAN Exemption Code and PAN Verification Code.
- For Permanent address modification User Field 4 is M or blank
- Purpose code for POA link are -
 1. 0001 for First Holder
 2. 0002 for Second Holder
 3. 0003 for Third Holder
 4. 0004 for All Holders – only for POA link setup
- For POA Master ID name and address modify through second line.
- For Mantra accounts, in 06 line for POA link, Effective To Date should be 00000000
- For deletion of POA Link details Specify holder purpose code and POA Master id only for active POA Link
- For modification of PAN for 2nd or 3rd holder, the PAN Verification Flag to be given in Line "02" (second line).
- Product Details
 - ECS Mandate flag is 'Y' then must specify correct Dividend bank details
- For minor to major bo sub status
 - Specify major BO sub status
 - Specify delete guardian details
- Changes for CAS and Mental Disability Flag
 - If Mental Disability Flag is 'Y', then the Guardian Details will be mandatory
 - For Preferred Depository Flag for CAS, it has the below 2 conditions:
 - C: CDSL- (CDSL only can update flag to 'C' only if CAS flag is 'DN')
 - N: NSDL (DP/CDSL can update flag to 'N' only if CAS flag is 'DC')
 - By default it will be NULL (if not indicated by BO)
- BO REQUEST RECEIVE DATE- Date (with time) on which request received from BO.
- Mapping of CM Accounts With CM POA Master

- The purpose code 21 can be repeated for mapping of multiple CM Accounts with CM POA Master, but the line number should be in incremental order.
- The Family Account Flag will be applicable only for BO and not for POA.
- The Custodian Email ID will be applicable only for BO and not for POA

Report Documentation

Report ID : **DPB9**
Report Description : **BO DETAILS**
Module : **BO**
File Naming Convention: If BO Id is specified: 08DPB9U.<BO Id>.<Event No>
 Else: 08DPB9U. <Event No>

Purpose Code	Description
0	BO ID
1	Name, Correspondence Address, PAN details of first / sole Holder and other details applicable for the product & present in line 5 of BO upload
2	Name, PAN details of second holder
3	Name, PAN details of third holder
4	BO level Freeze Details. If multiple BO level freeze requests are present for the account multiple records will appear
5	POA link details – Multiple lines will be present if the account is linked with more than one POA
6	Nominee Name and Address details
7	Guardian Name and Address details
8	Nominee's Guardian Name and Address details
12	Permanent address of First / Sole holder
18	<i>Name of Authorized Signatory for Corporate / HUF accounts. Multiple lines will be present if multiple signatories are present in the account</i>
19	Signature Setup / Modify
21	CM POA Account Mapping Details
22	<i>UCC BO Linking /Delinking Details</i>

The report will contain details of following types of transactions

Code	Description
1	Setup
2	Modify / Freeze SOD Activation / Signature Replace
3	Delete / Closure / Unfreeze / SMS Deregistration for Portfolio Valuation Through EASI / Activation of Closed Accounts
4	POA Expiry /SMS Deregistration / Freeze Expiry / Closure Approval
5	Setup Closure / Blocking SMS Alerts for Portfolio Valuation By DP
6	Closure Approval Days Limit Passed Unblocking SMS Deregistration for Portfolio Valuation Through EASI

Transaction Source Can Have Following Values

Code	Description
1	ONLINE THROUGH CDAS
2	UPLOAD THROUGH CDAS
3	EOD / SOD
4	EASI

Header Record: -

Field Description	Field Type	Field Length	Value
IDENTIFIER	CHARACTER	1	H
DP ID	NUMBER	6	
TYPE OF DOWNLOAD	CHARACTER	1	I – Incremental F – Full H – History E - Last file of incremental files R – EOD Request Report BO Details O - Online Report BO Details
BUSINESS DATE/HISTORY FROM DATE	DATE	8	DDMMYYYY
SEQUENCE NUMBER	CHARACTER	3	For 'I' and 'E' -3 digit sequence number For 'F' – 'EOD' For 'H' – 'HST' For 'R' – REQ For 'O' - ONL
SYSTEM DATE AND TIME/HISTORY TO DATE	CHARACTER	14	DDMMYYYYHH24MISS

Purpose Code – 0 BO ID

Field Description	Field Type	Field Length
PURPOSE CODE	NUMBER	2

BO ID	CHARACTER	16
BUSINESS DATE OF THE TRANSACTION	DATE	8
SOURCE DP	NUMBER	6
OPERATOR ID	CHARACTER	6
SOURCE OF THE TRANSACTION	NUMBER	2
TRANSACTION SYSTEM DATE	DATE	14

Purpose Code – 1 - BO ID, Name, Address, PAN details of first / sole Holder and other details applicable for the product and present in line 5 of BO upload

Field Description	Field Type	Field Length
PURPOSE CODE	NUMBER	2
TYPE OF TRANSACTION 1 - SETUP 2 - MODIFY 3 - CLOSURE/ACTIVATION OF CLOSED ACCOUNT 4 - CLOSURE APPROVAL 5 - SETUP CLOSURE	NUMBER	3
TITLE	CHARACTER	10
NAME	CHARACTER	100
MIDDLE NAME	CHARACTER	20
LAST/SEARCH NAME	CHARACTER	20
SUFFIX	CHARACTER	10
FATHER/HUSBAND NAME	CHARACTER	50
ADDRESS LINE 1	CHARACTER	55
ADDRESS LINE 2	CHARACTER	55
ADDRESS LINE 3	CHARACTER	55
CITY	CHARACTER	25
STATE CODE	CHARACTER	6
STATE	CHARACTER	25
COUNTRY CODE	CHARACTER	2
COUNTRY	CHARACTER	25
PIN CODE	CHARACTER	10
SMART REGISTRATION FLAG	CHARACTER	1
PRIMARY PHONE NUMBER ISD CODE	CHARACTER	6
PRIMARY PHONE NUMBER	CHARACTER	17
SECONDARY PHONE ISD CODE	CHARACTER	6
SECONDARY PHONE NUMBER	CHARACTER	17

PRIMARY EMAIL	CHARACTER	100
FAX	CHARACTER	17
PAN EXEMPTION CODE	CHARACTER	1
PAN/GIR	CHARACTER	25
PAN VERIFICATION CODE	CHARACTER	1
IT CIRCLE /WARD/DISTRICT	CHARACTER	15
SECONDARY E-MAIL ID	CHARACTER	100
USER TEXT 1	CHARACTER	50
USER TEXT 2	CHARACTER	50
USER FIELD 3	NUMBER	4
BO ACCOUNT STATUS	NUMBER	1
FREEZE SUSPENSION FLAG	NUMBER	1
BO CATEGORY	NUMBER	2
BO CUST TYPE	NUMBER	2
BO SUB STATUS	NUMBER	4
PRODUCT CODE	NUMBER	4
CLEARING CORPORATION ID	NUMBER	4
CLEARING MEMBER ID	CHARACTER	8
STOCK EXCHANGE	NUMBER	2
TRADING ID	CHARACTER	8
BO STATEMENT CYCLE CODE	CHARACTER	2
ACCOUNT CREATION DATE	DATE	8
DP INTERNAL REFERENCE NUMBER	CHARACTER	10
CONFIRMATION WAIVED	CHARACTER	1
DATE OF BIRTH/ORIGIN	DATE	8
BO ACTIVATION DATE	DATE	8
ELECTRONIC CONFIRMATION	CHARACTER	1
ECS / MANDATE	CHARACTER	1
DIVIDEND BANK ACCOUNT NO	CHARACTER	20
DIVIDEND BANK CODE	CHARACTER	12
DIVIDEND IFS CODE	CHARACTER	11
DIVIDEND BANK CURRENCY	NUMBER	6
DIVIDEND ACCOUNT TYPE	NUMBER	2
ANNUAL INCOME CODE	NUMBER	4
BENEFICIARY TAX DEDUCTION STATUS	NUMBER	2
BO SETTLEMENT PLANNING FLAG	CHARACTER	1

EDUCATION/DEGREE	CHARACTER	4
GEOGRAPHICAL CODE	CHARACTER	4
GROUP CODE	CHARACTER	8
LANGUAGE CODE	NUMBER	3
NATIONALITY CODE	CHARACTER	3
OCCUPATION	CHARACTER	4
SECURITY ACCESS CODE	NUMBER	2
SEX CODE	CHARACTER	1
STAFF/RELATIVE	CHARACTER	1
STAFF CODE	CHARACTER	10
RBI REFERENCE NUMBER	CHARACTER	30
RBI APPROVAL DATE	DATE	8
SEBI REGISTRATION NUMBER	CHARACTER	24
CLOSURE APPROVED DATE	DATE	8
CLOSURE DATE	DATE	8
TRANSFER BO ID	CHARACTER	16
BALANCE TRANSFER	CHARACTER	1
CLOSURE REASON CODE	NUMBER	2
CLOSURE INITIATED BY	CHARACTER	1
CLOSURE REMARK	CHARACTER	100
UNIQUE IDENTIFICATION NUMBER	CHARACTER	16
NAME CHANGE REASON CODE	CHARACTER	25
EMAIL STATEMENT FLAG	CHARACTER	1
CAS MODE	CHARACTER	2
PREFERRED DEPOSITORY FLAG	CHARACTER	1
TRUST REGISTER	CHARACTER	1
RGESS FLAG	CHARACTER	1
ANNUAL REPORT FLAG	CHARACTER	1
PLEDGE STANDING INSTRUCTION FLAG	CHARACTER	1
EMAIL RTA DOWNLOAD	CHARACTER	1
BASIC SERVICES DEMAT A/C	CHARACTER	1
MASTER POA TYPE FLAG	CHARACTER	1
FAMILY ACCOUNT FLAG	CHARACTER	1
CUSTODIAN/PMS EMAIL ID	CHARACTER	100
UID VERIFICATION FLAG	NUMBER	1
FILLER	CHARACTER	16

FILLER	CHARACTER	72
FILLER	CHARACTER	1
FILLER	CHARACTER	1
FILLER	CHARACTER	10
FILLER	CHARACTER	25
FILLER	CHARACTER	25
FILLER	CHARACTER	4
FILLER	CHARACTER	4

Purpose Code – 2, 3 Name, PAN details of second, third holder

Field Description	Field Type	Field Length
PURPOSE CODE	NUMBER	2
TYPE OF TRANSACTION 1 - SETUP 2 - MODIFY	NUMBER	3
TITLE	CHARACTER	10
NAME	CHARACTER	100
MIDDLE NAME	CHARACTER	20
LAST/SEARCH NAME	CHARACTER	20
SUFFIX	CHARACTER	10
FATHER/HUSBAND NAME	CHARACTER	50
PAN EXEMPTION CODE	CHARACTER	1
PAN/GIR	CHARACTER	25
PAN VERIFICATION CODE	CHARACTER	1
IT CIRCLE/WARD/DIST /WARD/DISTRICT	CHARACTER	15
ADDRESS LINE 1	CHARACTER	55
ADDRESS LINE 2	CHARACTER	55
ADDRESS LINE 3	CHARACTER	55
CITY	CHARACTER	25
STATE	CHARACTER	25
COUNTRY	CHARACTER	25
PIN CODE	CHARACTER	10
SETUP DATE	DATE	8
DATE OF BIRTH SECOND HOLDER	DATE	8
PRIMARY EMAIL	CHARACTER	100
UNIQUE IDENTIFICATION NUMBER	CHARACTER	16
NAME CHANGE REASON CODE	CHARACTER	25

PRIMARY PHONE NUMBER ISD CODE	CHARACTER	6
PRIMARY PHONE NUMBER	CHARACTER	17
UID VERIFICATION FLAG	NUMBER	1
FILLER	CHARACTER	16
FILLER	CHARACTER	72
FILLER	CHARACTER	1
FILLER	CHARACTER	1
FILLER	CHARACTER	10
FILLER	CHARACTER	25
FILLER	CHARACTER	25
FILLER	CHARACTER	1
FILLER	CHARACTER	1
FILLER	CHARACTER	1
FILLER	CHARACTER	1
FILLER	CHARACTER	1

Purpose Code – 4 BO level Freeze Details. If multiple BO level freeze requests are present for the account, multiple records will display

Field Description	Field Type	Field Length
PURPOSE CODE	NUMBER	2
TYPE OF TRANSACTION 1 – SETUP 2 – FREEZE SOD ACTIVATION 3 - UNFREEZE 4 – FREEZE EXPIRY	NUMBER	3
FREEZE ID	NUMBER	8
FREEZE INITIATION DATE	DATE	8
FREEZE ACTIVATION DATE	DATE	8
FREEZE EXPIRY DATE	DATE	8
FREEZE INITIATED BY	NUMBER	1
FROZEN FOR	NUMBER	1
FREEZE REASON CODE	NUMBER	2
FREEZE STATUS	CHARACTER	1
FREEZE ACTIVATION TYPE	NUMBER	1
FREEZE SUB OPTION	NUMBER	1
FREEZE REMARKS	CHARACTER	100

Purpose Code – 5 POA link details – Multiple lines will be present, if the account is linked with more than one POA

Field Description	Field Type	Field Length
PURPOSE CODE	NUMBER	2
TYPE OF TRANSACTION 1 - SETUP 2 – MODIFY 3 - DELETE 4 - EXPIRY	NUMBER	3
MASTER POA ID	CHARACTER	16
POA REGISTRAR NUMBER	CHARACTER	16
SETUP DATE	DATE	8
GPA /BPA FLAG	CHARACTER	1
EFFECTIVE FORM DATE	DATE	8
EFFECTIVE TO DATE	DATE	8
REMARKS	CHARACTER	50
HOLDER NUMBER	NUMBER	1
POA STATUS	CHARACTER	1

Purpose Code – 6 Nominee Name and Address details

Purpose Code – 7 Guardian Name and Address details

Purpose Code – 8 Nominee's Guardian Name and Address details

Field Description	Field Type	Field Length
PURPOSE CODE	NUMBER	2
TYPE OF TRANSACTION 1 - SETUP 2 – MODIFY 3 - DELETE	NUMBER	3
TITLE	CHARACTER	10
NAME	CHARACTER	100
MIDDLE NAME	CHARACTER	20
LAST/SEARCH NAME	CHARACTER	20
SUFFIX	CHARACTER	10
FATHER/HUSBAND NAME	CHARACTER	50
ADDRESS LINE 1	CHARACTER	55
ADDRESS LINE 2	CHARACTER	55
ADDRESS LINE 3	CHARACTER	55

CITY	CHARACTER	25
STATE CODE	CHARACTER	6
STATE	CHARACTER	25
COUNTRY CODE	CHARACTER	2
COUNTRY	CHARACTER	25
PIN CODE	CHARACTER	10
PRIMARY PHONE NUMBER ISD CODE	CHARACTER	6
PRIMARY PHONE NUMBER	CHARACTER	17
FILLER	CHARACTER	1
FILLER	CHARACTER	17
FILLER	CHARACTER	92
FAX	CHARACTER	17
PAN/GIR	CHARACTER	25
IT CIRCLE /WARD/DISTRICT	CHARACTER	15
PRIMARY E-MAIL ID	CHARACTER	100
DATE OF BIRTH/ORIGIN	DATE	8
DATE OF BIRTH	DATE	8
USER TEXT 1	CHARACTER	50
USER TEXT 2	CHARACTER	50
USER FIELD 3	NUMBER	4
FILLER	CHARACTER	50
UNIQUE IDENTIFICATION NUMBER	CHARACTER	16
NAME CHANGE REASON CODE	CHAR	2
FILLER	CHARACTER	25
FILLER	CHARACTER	25
FILLER	CHARACTER	25
FILLER	CHARACTER	25
FILLER	CHARACTER	25
FILLER	CHARACTER	1
FILLER	CHARACTER	1
FILLER	CHARACTER	1
FILLER	CHARACTER	1
RESIDUAL SECURITIES FLAG	CHARACTER	1
NOMINEE SERIAL NUMBER	NUMBER	2
RELATIONSHIP WITH BO	NUMBER	2
PERCENTAGE OF SHARES	NUMBER	(5,2)

FILLER	CHARACTER	16
FILLER	CHARACTER	72
FILLER	CHARACTER	1
FILLER	CHARACTER	1
FILLER	CHARACTER	10

Purpose Code – 12 Permanent address of First / Sole holder

Field Description	Data Type	Field Length
PURPOSE CODE	NUMBER	2
TYPE OF TRANSACTION 1 - SETUP 2 – MODIFY	NUMBER	3
ADDRESS LINE 1	CHARACTER	55
ADDRESS LINE 2	CHARACTER	55
ADDRESS LINE 3	CHARACTER	55
CITY	CHARACTER	25
STATE CODE	CHARACTER	6
STATE	CHARACTER	25
COUNTRY CODE	CHARACTER	2
COUNTRY	CHARACTER	25
PIN CODE	CHARACTER	10
FILLER	CHARACTER	17
FAX	CHARACTER	17
FILLER	CHARACTER	50

Purpose Code – 18 Authorized Signatory for Corporate / HUF accounts/ CM
Multiple lines will be present, if Authorized signatories are multiple in the account.

Field Description	Field Type	Field Length
PURPOSE CODE	NUMBER	2
TYPE OF TRANSACTION 1 - SETUP 2 – MODIFY 3 - DELETE	NUMBER	3
NA SEQUENCE NUMBER	NUMBER	4
BO NAME	CHARACTER	100
MIDDLE NAME	CHARACTER	20

<i>LAST/ SEARCH NAME</i>	<i>CHARACTER</i>	<i>20</i>
REMARKS	CHARACTER	50
NAME CHANGE REASON CODE	CHARACTER	2
MOBILE NO ISD CODE	CHARACTER	6
MOBILE NUMBER	CHARACTER	17
EMAIL-ID	CHARACTER	100
UNIQUE IDENTIFICATION NUMBER	CHARACTER	16
UID VERIFICATION FLAG	Character	1
FILLER	CHARACTER	16
FILLER	CHARACTER	72
FILLER	CHARACTER	1
FILLER	CHARACTER	1
FILLER	CHARACTER	10

Purpose Code – 19 Signatures

FIELD DESCRIPTION	FIELD TYPE	FIELD LENGTH
PURPOSE CODE	NUMBER	2
TYPE OF TRANSACTION 1 - SETUP 2 - DELETE	NUMBER	3
IMAGE FILE NAME	VARCHAR2	20
SIGNATURE SETUP DATE	DATE	8

Purpose Code – 21 – CM POA Account Mapping details

FIELD DESCRIPTION	FIELD TYPE	FIELD LENGTH
PURPOSE CODE	NUMBER	2
MAPPING UNMAPPING FLAG (1 - Mapped 2 - Unmapped)	NUMBER	1
Ex id	NUMBER	2
CM ID	CHARACTER	8
CM Account To Be Mapped	CHARACTER	16

Line no. 21 will be repeated for each CM POA Account Mapping combination

Purpose Code – 22 – BO–UCC Linking/ Delinking details

FIELD DESCRIPTION	FIELD TYPE	FIELD LENGTH
PURPOSE CODE	NUMBER	2
ADD/DELETE FLAG	CHARACTER	1
LINK STATUS	CHARACTER	1
CONSENT FLAG	NUMBER	2
EXCHANGE ID	NUMBER	2
UCC	CHARACTER	11
SEGMENT CODE	CHARACTER	2
CM ID	CHARACTER	16
TM CODE	CHARACTER	8

Line no. 22 will be repeated for each UCC - CM – TM – EXID – SEGMENT – BOID combination

Summary Record: -

Field Description	Field Type	Field Length	Value
IDENTIFIER	CHARACTER	1	T
TOTAL NUMBER OF RECORDS	NUMBER	9	
BUSINESS DATE	DATE	8	(8) -DDMMYYYY
SYSTEM DATE AND TIME	CHARACTER	14	DDMMYYYYHH24MISS

Note: - For BO Common Download

- 1) For a BO, Purpose Code 0 and only the changed purpose code lines will be printed.
For e.g.
 - a. When BO is setup, all applicable purpose codes will be printed.
 - b. After activation, Purpose Code 0 and all fields of Purpose Code 1 will be printed (including modified Account Status as well as non-modified fields of Purpose Code 1).
(Removed. It will be printed as part of above setup record)
 - c. Subsequently, if nominee is modified, Purpose Code 0 and all fields of Purpose Code 6 will be printed (including modified fields and non-modified fields of nominee).
 - d. If address details of all joint holders are modified, Purpose Codes 0 and all fields of Purpose Code 1, 2 and 3 will be printed. (including modified address fields and non-modified fields of all joint holders)

Note: -

For a BO, LINE Code 0 and only the changed LINE code lines will be printed. For e.g.

- 1) When BO is setup, all applicable Line codes will be printed.

- 2) After activation, Line Code 0 and all fields of Line Code 1 will be printed (including modified Account Status as well as non-modified fields of Line Code 1).
- 3) Subsequently, if nominee is modified, Line Code 0 and all fields of Line Code 6 will be printed (including modified fields and non-modified fields of nominee).
- 4) If address details of any joint holders are modified, Line Codes 0 and all fields of relevant Line (corresponding to the joint holder) Code 1, 2 and 3 will be printed. (including modified address fields and non-modified fields of that joint holder)

FILE NAMING CONVENTIONS:

Report Name	Header Record	Type of Download
08DPB9U.<DDMMYYYY(Business Date)>.001	H<DPID(6)>I<DDMMYYYY(Business Date)>001<ddmmyyyyHHMiSS(Generation Date & Time)>	I - Incremental
08DPB9U.<DDMMYYYY(Business Date)>.002	H<DPID(6)>I<DDMMYYYY(Business Date)>002<ddmmyyyyHHMiSS(Generation Date & Time)>	I - Incremental
08DPB9U.<DDMMYYYY(Business Date)>.003	H<DPID(6)>E<DDMMYYYY(Business Date)>003<ddmmyyyyHHMiSS(Generation Date & Time)>	E - Last file of incremental files
08DPB9U.<DDMMYYYY(Business Date)>.EOD	H<DPID(6)>F<DDMMYYYY(Business Date)>EOD<ddmmyyyy(Business Date)>000000	F – Full
08DPB9U.<DDMMYYYY(Business Date)>.HST.<EVENT ID>	H<DPID(6)>H<DDMMYYYY(From Date)>HST<DDMMYYYY(To Date)>000000	H – History
08DPB9U.<DDMMYYYY(Business Date)>.ONL.<EVENT ID>	H<DPID(6)>O<DDMMYYYY(Business Date)>ONL<DDMMYYYY(Business Date)>000000	O - Online

Report Documentation

Report ID : **DPS9**
Report Description : **BO DETAILS**
File Naming Convention: If BO Id is specified: 08DPS9U.<BO Id>.<Event No>
Else: 08DPS9U.<Event No>

Purpose Code	Description
0	BO ID
1	Name, Correspondence Address, PAN details of first / sole Holder and other details applicable for the product & present in line 5 of BO upload
2	Name, PAN details of second holder
3	Name, PAN details of third holder
4	BO level Freeze Details. If multiple BO level freeze requests are present for the account multiple records will appear
5	POA link details – Multiple lines will be present if the account is linked with more than one POA
6	Nominee Name and Address details
7	Guardian Name and Address details
8	Nominee's Guardian Name and Address details
12	Permanent address of First / Sole holder
18	<i>Name of Authorized Signatory for Corporate / HUF accounts. Multiple lines will be present if multiple signatories are present in the account</i>
19	Signature Setup / Modify
21	CM POA Account Mapping Details
22	<i>UCC BO LINKING /DELINKING DETAILS</i>

Gaps in the purpose code numbering, given above, are deliberate.

Header Record: -

Description	Data Type	Length	Value
IDENTIFIER	CHARACTER	1	H

DP ID	NUMBER	6	DP ID
FILLER			
BUSINESS DATE/HISTORY FROM DATE	DATE	8	DDMMYYYY
FILLER			
SYSTEM DATE AND TIME/HISTORY TO DATE	CHARACTER	14	DDMMYYYYHH24MISS

Purpose Code – 0 BO ID

Field Description	Field Type	Field Length
PURPOSE CODE	NUMBER	2
BO ID	CHARACTER	16
BUSINESS DATE	DATE	8
SOURCE DP	NUMBER	6
FILLER		
FILLER		
FILLER		

Purpose Code – 1 (Line 01) BO ID, Name, Address, PAN details of first / sole Holder and other details applicable for the product and present in line 5 of BO upload

Field Description	Field Type	Field Length
PURPOSE CODE	NUMBER	2
FILLER		
TITLE	CHARACTER	10
NAME	CHARACTER	100
MIDDLE NAME	CHARACTER	20
LAST/SEARCH NAME	CHARACTER	20
SUFFIX	CHARACTER	10
FATHER/HUSBAND NAME	CHARACTER	50
ADDRESS LINE 1	CHARACTER	55
ADDRESS LINE 2	CHARACTER	55
ADDRESS LINE 3	CHARACTER	55
CITY	CHARACTER	25
STATE CODE	CHARACTER	6

STATE	CHARACTER	25
COUNTRY CODE	CHARACTER	2
COUNTRY	CHARACTER	25
PIN CODE	CHARACTER	10
SMART REGISTRATION FLAG	CHARACTER	1
PRIMARY PHONE NUMBER ISD CODE	CHARACTER	6
PRIMARY PHONE NUMBER	CHARACTER	17
SECONDARY PHONE ISD CODE	CHARACTER	6
SECONDARY PHONE NUMBER	CHARACTER	17
SECONDARY EMAIL	CHARACTER	100
FAX	CHARACTER	17
PAN EXEMPTION CODE	CHARACTER	1
PAN/GIR	CHARACTER	25
PAN VERIFICATION CODE	CHARACTER	1
IT CIRCLE /WARD/DISTRICT	CHARACTER	15
PRIMARY E-MAIL ID	CHARACTER	100
USER TEXT 1	CHARACTER	50
USER TEXT 2	CHARACTER	50
USER FIELD 3	NUMBER	4
BO ACCOUNT STATUS	NUMBER	1
FREEZE SUSPENSION FLAG	NUMBER	1
BO CATEGORY	NUMBER	2
BO CUST TYPE	NUMBER	2
BO SUB STATUS	NUMBER	4
PRODUCT CODE	NUMBER	4
CLEARING CORPORATION ID	NUMBER	4
CLEARING MEMBER ID	CHARACTER	8
STOCK EXCHANGE	NUMBER	2
TRADING ID	CHARACTER	8
BO STATEMENT CYCLE CODE	CHARACTER	2
ACCOUNT CREATION DATE	DATE	8
DP INTERNAL REFERENCE NUMBER	CHARACTER	10
CONFIRMATION WAIVED	CHARACTER	1
DATE OF BIRTH/ORIGIN	DATE	8

BO ACTIVATION DATE	DATE	8
ELECTRONIC CONFIRMATION	CHARACTER	1
ECS / MANDATE	CHARACTER	1
DIVIDEND BANK ACCOUNT NO	CHARACTER	20
DIVIDEND BANK CODE	CHARACTER	12
DIVIDEND IFS CODE	CHARACTER	11
DIVIDEND BANK CURRENCY	NUMBER	6
DIVIDEND ACCOUNT TYPE	NUMBER	2
ANNUAL INCOME CODE	NUMBER	4
BENEFICIARY TAX DEDUCTION STATUS	NUMBER	2
BO SETTLEMENT PLANNING FLAG	CHARACTER	1
EDUCATION/DEGREE	CHARACTER	4
GEOGRAPHICAL CODE	CHARACTER	4
GROUP CODE	CHARACTER	8
LANGUAGE CODE	NUMBER	3
NATIONALITY CODE	CHARACTER	3
OCCUPATION	CHARACTER	4
SECURITY ACCESS CODE	NUMBER	2
SEX CODE	CHARACTER	1
STAFF/RELATIVE	CHARACTER	1
STAFF CODE	CHARACTER	10
RBI REFERENCE NUMBER	CHARACTER	30
RBI APPROVAL DATE	DATE	8
SEBI REGISTRATION NUMBER	CHARACTER	24
CLOSURE APPROVED DATE	DATE	8
CLOSURE DATE	DATE	8
TRANSFER BO ID	CHARACTER	16
BALANCE TRANSFER	CHARACTER	1
CLOSURE REASON CODE	NUMBER	2
CLOSURE INITIATED BY	CHARACTER	1
CLOSURE REMARK	CHARACTER	100
UNIQUE IDENTIFICATION NUMBER	CHARACTER	16
NAME CHANGE REASON CODE	CHARACTER	25
EMAIL STATEMENT FLAG	CHARACTER	1

CAS MODE	CHARACTER	2
PREFERRED DEPOSITORY FLAG	CHARACTER	1
TRUST REGISTER	CHARACTER	1
RGESS FLAG	CHARACTER	1
ANNUAL REPORT FLAG	CHARACTER	1
PLEDGE STANDING INSTRUCTION FLAG	CHARACTER	1
EMAIL RTA DOWNLOAD	CHARACTER	1
BASIC SERVICES DEMAT A/C	CHARACTER	1
MASTER POA TYPE FLAG	CHARACTER	1
FAMILY ACCOUNT FLAG	CHARACTER	1
CUSTODIAN/PMS EMAIL ID	CHARACTER	100
UID VERIFICATION FLAG	NUMBER	1
FILLER	CHARACTER	16
FILLER	CHARACTER	72
FILLER	CHARACTER	1
FILLER	CHARACTER	1
FILLER	CHARACTER	10
FILLER	CHARACTER	25
FILLER	CHARACTER	25
FILLER	CHARACTER	4
FILLER	CHARACTER	4

Purpose Code – 2, 3 Name, PAN details of second, third holder

Field Description	Field Type	Field Length
PURPOSE CODE	NUMBER	2
FILLER		
TITLE	CHARACTER	10
NAME	CHARACTER	100
MIDDLE NAME	CHARACTER	20
LAST/SEARCH NAME	CHARACTER	20
SUFFIX	CHARACTER	10
FATHER/HUSBAND NAME	CHARACTER	50
PAN EXEMPTION CODE	CHARACTER	1
PAN/GIR	CHARACTER	25

PAN VERIFICATION CODE	CHARACTER	1
IT CIRCLE / WARD/ DISTRICT	CHARACTER	15
ADDRESS LINE 1	CHARACTER	55
ADDRESS LINE 2	CHARACTER	55
ADDRESS LINE 3	CHARACTER	55
CITY	CHARACTER	25
STATE	CHARACTER	25
COUNTRY	CHARACTER	25
PIN CODE	CHARACTER	10
DATE OF BIRTH/ORIGIN	DATE	8
DATE OF BIRTH SECOND HOLDER	DATE	8
PRIMARY EMAIL	CHARACTER	100
UNIQUE IDENTIFICATION NUMBER	CHARACTER	16
NAME CHANGE REASON CODE	CHARACTER	25
PRIMARY PHONE NUMBER ISD CODE	CHARACTER	6
PRIMARY PHONE NUMBER	CHARACTER	17
UID VERIFICATION FLAG	NUMBER	1
FILLER	CHARACTER	16
FILLER	CHARACTER	72
FILLER	CHARACTER	1
FILLER	CHARACTER	1
FILLER	CHARACTER	10
FILLER	CHARACTER	25
FILLER	CHARACTER	25
FILLER	CHARACTER	1
FILLER	CHARACTER	1
FILLER	CHARACTER	1
FILLER	CHARACTER	1
FILLER	CHARACTER	1
FILLER	CHARACTER	1

Purpose Code – 4 - BO level Freeze Details. If multiple BO level freeze requests are present for the account multiple records will appear

Field Description	Field Type	Field Length
PURPOSE CODE	NUMBER	2

FILLER		
FREEZE ID	NUMBER	8
FREEZE INITIATION DATE	DATE	8
FREEZE ACTIVATION DATE	DATE	8
FREEZE EXPIRY DATE	DATE	8
FREEZE INITIATED BY	NUMBER	1
FROZEN FOR	NUMBER	1
FREEZE REASON CODE	NUMBER	2
FREEZE STATUS	CHARACTER	1
FREEZE ACTIVATION TYPE	NUMBER	1
FREEZE SUB OPTION	NUMBER	1
FREEZE REMARKS	CHARACTER	100

Purpose Code – 5 POA link details – Multiple lines will be present if the account is linked with more than one POA

Field Description	Field Type	Field Length
PURPOSE CODE	NUMBER	2
FILLER		
MASTER POA ID	CHARACTER	16
POA REGISTRAR NUMBER	CHARACTER	16
SETUP DATE	DATE	8
GPA /BPA FLAG	CHARACTER	1
EFFECTIVE FORM DATE	DATE	8
EFFECTIVE TO DATE	DATE	8
REMARKS	CHARACTER	50
HOLDER NUMBER	NUMBER	1
POA STATUS	CHARACTER	1

Purpose Code – 6 Nominee Name and Address details

Purpose Code – 7 Guardian Name and Address details

Purpose Code – 8 Nominee's Guardian Name and Address details

Field Description	Field Type	Field Length
PURPOSE CODE	NUMBER	2

FILLER		
TITLE	CHARACTER	10
NAME	CHARACTER	100
MIDDLE NAME	CHARACTER	20
LAST/SEARCH NAME	CHARACTER	20
SUFFIX	CHARACTER	10
FATHER/HUSBAND NAME	CHARACTER	50
ADDRESS LINE 1	CHARACTER	55
ADDRESS LINE 2	CHARACTER	55
ADDRESS LINE 3	CHARACTER	55
CITY	CHARACTER	25
STATE CODE	CHARACTER	6
STATE	CHARACTER	25
COUNTRY CODE	CHARACTER	2
COUNTRY	CHARACTER	25
PIN CODE	CHARACTER	10
PRIMARY PHONE NUMBER ISD CODE	CHARACTER	6
PRIMARY PHONE NUMBER	CHARACTER	17
FILLER	CHARACTER	1
FILLER	CHARACTER	17
FILLER	CHARACTER	92
FAX	CHARACTER	17
PAN/GIR	CHARACTER	25
IT CIRCLE /WARD/DISTRICT	CHARACTER	15
PRIMARY E-MAIL ID	CHARACTER	100
DATE OF BIRTH/ORIGIN	DATE	8
DATE OF BIRTH	DATE	8
USER TEXT 1	CHARACTER	50
USER TEXT 2	CHARACTER	50
USER FIELD 3	NUMBER	4
FILLER	CHARACTER	50
UNIQUE IDENTIFICATION NUMBER	CHARACTER	16
NAME CHANGE REASON CODE	CHARACTER	2

FILLER	CHARACTER	25
FILLER	CHARACTER	25
FILLER	CHARACTER	25
FILLER	CHARACTER	25
FILLER	CHARACTER	25
FILLER	CHARACTER	1
FILLER	CHARACTER	1
FILLER	CHARACTER	1
FILLER	CHARACTER	1
RESIDUAL SECURITIES FLAG	CHARACTER	1
NOMINEE SERIAL NUMBER	NUMBER	2
RELATIONSHIP WITH BO	NUMBER	2
PERCENTAGE OF SHARES	NUMBER	(5,2)
FILLER	CHARACTER	16
FILLER	CHARACTER	72
FILLER	CHARACTER	1
FILLER	CHARACTER	1
FILLER	CHARACTER	10

Purpose Code – 12 Permanent address of First / Sole holder

Field Description	Field Type	Field Length
PURPOSE CODE	NUMBER	2
FILLER		
ADDRESS LINE 1	CHARACTER	55
ADDRESS LINE 2	CHARACTER	55
ADDRESS LINE 3	CHARACTER	55
CITY	CHARACTER	25
STATE CODE	CHARACTER	6
STATE	CHARACTER	25
COUNTRY CODE	CHARACTER	2
COUNTRY	CHARACTER	25
PIN CODE	CHARACTER	10
FILLER	CHARACTER	17
FAX	CHARACTER	17

FILLER	CHARACTER	50
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Purpose Code – 18 Authorized Signatory for Corporate / HUF accounts.

Field Description	Field Type	Field Length
PURPOSE CODE	NUMBER	2
FILLER		
NA SEQUENCE NUMBER	NUMBER	4
Authorised Signatory Name	CHARACTER	100
MIDDLE NAME	CHARACTER	20
LAST/ SEARCH NAME	CHARACTER	20
REMARKS	CHARACTER	50
NAME CHANGE REASON CODE	CHARACTER	2
MOBILE NO ISD CODE	CHARACTER	6
MOBILE NUMBER	CHARACTER	17
EMAIL ID	CHARACTER	100
UNIQUE IDENTIFICATION NUMBER	CHARACTER	16
UID VERIFICATION FLAG	CHARACTER	1
FILLER	CHARACTER	16
FILLER	CHARACTER	72
FILLER	CHARACTER	1
FILLER	CHARACTER	1
FILLER	CHARACTER	10

Multiple lines will be present if Authorized signatories are multiple signatories are in the account.

Purpose Code – 19 Signature

Field Description	Field Type	Field Length
PURPOSE CODE	NUMBER	2
TYPE OF TRANSACTION	NUMBER	3

1 - SETUP		
2 - DELETE		
IMAGE FILE NAME	VARCHAR2	20
SIGNATURE SETUP DATE	DATE	8

Purpose Code: 21

CM POA Account Mapping details

FIELD DESCRIPTION	FIELD TYPE	FIELD LENGTH
PURPOSE CODE	NUMBER	2
MAPPING UNMAPPING FLAG (1 - Mapped 2 - Unmapped)	NUMBER	1
Ex id	NUMBER	2
CM ID	CHARACTER	8
CM Account To Be Mapped	CHARACTER	16

Line no. 21 will be repeated for each CM POA Account Mapping combination

Purpose Code – 22 – BO–UCC Linking / Delinking details

<i>FIELD DESCRIPTION</i>	<i>FIELD TYPE</i>	<i>FIELD LENGTH</i>
<i>PURPOSE CODE</i>	<i>NUMBER</i>	<i>2</i>
<i>FILLER</i>	<i>CHARACTER</i>	<i>1</i>
<i>LINK STATUS</i>	<i>CHARACTER</i>	<i>1</i>
<i>FILLER</i>	<i>NUMBER</i>	<i>2</i>
<i>EXCHANGE ID</i>	<i>NUMBER</i>	<i>2</i>
<i>UCC</i>	<i>CHARACTER</i>	<i>11</i>
<i>SEGMENT CODE</i>	<i>CHARACTER</i>	<i>2</i>
<i>CM ID</i>	<i>CHARACTER</i>	<i>16</i>
<i>TM CODE</i>	<i>CHARACTER</i>	<i>8</i>

Line no. 22 will be repeated for each UCC - CM – TM – SEGMENT – EXID – BOID combination

Summary Record: -

Description	Data Type	Length	Value
IDENTIFIER	CHAR	1	T
TOTAL NUMBER OF RECORDS	NUMBER	9	~ ~
BUSINESS DATE	DATE	8	(8) -DDMMYYYY
SYSTEM DATE AND TIME	CHAR	14	DDMMYYYYHH24MISS

Report Documentation

Report ID : DPS8 (Format similar to DPB9)
 Report Description : BO DETAILS
 Module : BO

Purpose Code	Description
0	BO ID
1	Name, Correspondence Address, PAN details of first / sole Holder and other details applicable for the product & present in line 5 of BO upload
2	Name, PAN details of second holder
3	Name, PAN details of third holder
4	BO level Freeze Details. If multiple BO level freeze requests are present for the account multiple records will appear
5	POA link details – Multiple lines will be present if the account is linked with more than one POA
6	Nominee Name and Address details
7	Guardian Name and Address details
8	Nominee's Guardian Name and Address details
12	Permanent address of First / Sole holder
18	<i>Name of Authorized Signatory for Corporate / HUF accounts. Multiple lines will be present, if multiple signatories are present in the account</i>
19	Signature Setup / Modify
21	CM POA Account Mapping Details
22	<i>UCC BO LINKING /DELINKING DETAILS</i>

Gaps in the purpose code numbering, given above, are deliberate.

Header Record: -

Description	Data Type	Length	Value
IDENTIFIER	CHAR	1	H
DP ID	NUMBER	6	DP ID
FILLER			
BUSINESS DATE/HISTORY FROM DATE	DATE	8	DDMMYYYY
FILLER			
SYSTEM DATE AND TIME/HISTORY TO DATE	CHAR	14	DDMMYYYYHH24MISS

Purpose Code – 0 BO ID

Field Description	Field Type	Field Length
PURPOSE CODE	NUMBER	2
BO ID	CHARACTER	16
BUSINESS DATE	DATE	8
SOURCE DP	NUMBER	6
FILLER		
FILLER		
FILLER		

Purpose Code – 1 - BO ID, Name, Address, PAN details of first / sole Holder and other details applicable for the product and present in line 5 of BO upload

Field Description	Field Type	Field Length
PURPOSE CODE	NUMBER	2
FILLER		
TITLE	CHARACTER	10
NAME	CHARACTER	100
MIDDLE NAME	CHARACTER	20
LAST/SEARCH NAME	CHARACTER	20
SUFFIX	CHARACTER	10
FATHER/HUSBAND NAME	CHARACTER	50
ADDRESS LINE 1	CHARACTER	55
ADDRESS LINE 2	CHARACTER	55

DPS8**Annexure - D**

Field Description	Field Type	Field Length
ADDRESS LINE 3	CHARACTER	55
CITY	CHARACTER	25
STATE CODE	CHARACTER	6
STATE	CHARACTER	25
COUNTRY CODE	CHARACTER	2
COUNTRY	CHARACTER	25
PIN CODE	CHARACTER	10
SMART REGISTRATION FLAG	CHARACTER	1
PRIMARY PHONE NUMBER ISD CODE	CHARACTER	6
PRIMARY PHONE NUMBER	CHARACTER	17
SECONDARY PHONE ISD CODE	CHARACTER	6
SECONDARY PHONE NUMBER	CHARACTER	17
PRIMARY EMAIL	CHARACTER	100
FAX	CHARACTER	17
PAN EXEMPTION CODE	CHARACTER	1
PAN/GIR	CHARACTER	25
PAN VERIFICATION CODE	CHARACTER	1
IT CIRCLE /WARD/DISTRICT	CHARACTER	15
SECONDARY E-MAIL ID	CHARACTER	100
USER TEXT 1	CHARACTER	50
USER TEXT 2	CHARACTER	50
USER FIELD 3	NUMBER	4
BO ACCOUNT STATUS	NUMBER	1
FREEZE SUSPENSION FLAG	NUMBER	1
BO CATEGORY	NUMBER	2
BO CUST TYPE	NUMBER	2
BO SUB STATUS	NUMBER	4
PRODUCT CODE	NUMBER	4
CLEARING CORPORATION ID	NUMBER	4
CLEARING MEMBER ID	CHARACTER	8
STOCK EXCHANGE	NUMBER	2
TRADING ID	CHARACTER	8
BO STATEMENT CYCLE CODE	CHARACTER	2
ACCOUNT CREATION DATE	DATE	8
DP INTERNAL REFERENCE NUMBER	CHARACTER	10

DPS8**Annexure - D**

CONFIRMATION WAIVED	CHARACTER	1
DATE OF BIRTH/ORIGIN	DATE	8
BO ACTIVATION DATE	DATE	8
ELECTRONIC CONFIRMATION	CHARACTER	1
ECS / MANDATE	CHARACTER	1
DIVIDEND BANK ACCOUNT NO	CHARACTER	20
DIVIDEND BANK CODE	CHARACTER	12
DIVIDEND IFS CODE	CHARACTER	11
DIVIDEND BANK CURRENCY	NUMBER	6
DIVIDEND ACCOUNT TYPE	NUMBER	2
ANNUAL INCOME CODE	NUMBER	4
BENEFICIARY TAX DEDUCTION STATUS	NUMBER	2
BO SETTLEMENT PLANNING FLAG	CHARACTER	1
EDUCATION/DEGREE	CHARACTER	4
GEOGRAPHICAL CODE	CHARACTER	4
GROUP CODE	CHARACTER	8
LANGUAGE CODE	NUMBER	3
NATIONALITY CODE	CHARACTER	3
OCCUPATION	CHARACTER	4
SECURITY ACCESS CODE	NUMBER	2
SEX CODE	CHARACTER	1
STAFF/RELATIVE	CHARACTER	1
STAFF CODE	CHARACTER	10
RBI REFERENCE NUMBER	CHARACTER	30
RBI APPROVAL DATE	DATE	8
SEBI REGISTRATION NUMBER	CHARACTER	24
CLOSURE APPROVED DATE	DATE	8
CLOSURE DATE	DATE	8
TRANSFER BO ID	CHARACTER	16
BALANCE TRANSFER	CHARACTER	1
CLOSURE REASON CODE	NUMBER	2
CLOSURE INITIATED BY	CHARACTER	1
CLOSURE REMARK	CHARACTER	100
UNIQUE IDENTIFICATION NUMBER	CHARACTER	16
NAME MODIFICATION REASON CODE	CHARACTER	25
EMAIL STATEMENT FLAG	CHARACTER	1

DPS8**Annexure - D**

CAS MODE	CHARACTER	2
PREFERRED DEPOSITORY FLAG	CHARACTER	1
TRUST REGISTER	CHARACTER	1
RGESS FLAG	CHARACTER	1
ANNUAL REPORT FLAG	CHARACTER	1
PLEDGE STANDING INSTRUCTION FLAG	CHARACTER	1
EMAIL RTA DOWNLOAD	CHARACTER	1
BASIC SERVICES DEMAT A/C	CHARACTER	1
MASTER POA TYPE FLAG	CHARACTER	1
FAMILY ACCOUNT FLAG	CHARACTER	1
CUSTODIAN/PMS EMAIL ID	CHARACTER	100
UID VERIFICATION FLAG	NUMBER	1
FILLER	CHARACTER	16
FILLER	CHARACTER	72
FILLER	CHARACTER	1
FILLER	CHARACTER	1
FILLER	CHARACTER	10
FILLER	CHARACTER	25
FILLER	CHARACTER	25
FILLER	CHARACTER	4
FILLER	CHARACTER	4

Purpose Code – 2, 3 - Name, PAN details of Second, Third holder

Field Description	Field Type	Field Length
PURPOSE CODE	NUMBER	2
FILLER		
TITLE	CHARACTER	10
NAME	CHARACTER	100
MIDDLE NAME	CHARACTER	20
LAST/SEARCH NAME	CHARACTER	20
SUFFIX	CHARACTER	10
FATHER/HUSBAND NAME	CHARACTER	50
PAN EXEMPTION CODE	CHARACTER	1
PAN/GIR	CHARACTER	25
PAN VERIFICATION CODE	CHARACTER	1
IT CIRCLE /WARD/ DIST/WARD/ DISTRICT	CHARACTER	15

DPS8**Annexure - D**

ADDRESS LINE 1	CHARACTER	55
ADDRESS LINE 2	CHARACTER	55
ADDRESS LINE 3	CHARACTER	55
CITY	CHARACTER	25
STATE CODE	CHARACTER	6
STATE	CHARACTER	25
COUNTRY CODE	CHARACTER	2
COUNTRY	CHARACTER	25
PIN CODE	CHARACTER	10
DATE OF BIRTH/ORIGIN	DATE	8
DATE OF BIRTH OF SECOND / THIRD HOLDER	DATE	8
PRIMARY EMAIL	CHARACTER	100
UNIQUE IDENTIFICATION NUMBER	CHARACTER	16
NAME CHANGE REASON CODE	CHARACTER	25
PRIMARY PHONE NUMBER ISD CODE	CHARACTER	6
PRIMARY PHONE NUMBER	CHARACTER	17
UID VERIFICATION FLAG	NUMBER	1
FILLER	CHARACTER	16
FILLER	CHARACTER	72
FILLER	CHARACTER	1
FILLER	CHARACTER	1
FILLER	CHARACTER	10
FILLER	CHARACTER	25
FILLER	CHARACTER	25
FILLER	CHARACTER	1
FILLER	CHARACTER	1
FILLER	CHARACTER	1
FILLER	CHARACTER	1
FILLER	CHARACTER	1

Purpose Code – 4 - BO level Freeze Details. If multiple BO level freeze requests are present for the account multiple records will appear

Field Description	Field Type	Field Length
PURPOSE CODE	NUMBER	2
FILLER		
FREEZE ID	NUMBER	8

FREEZE INITIATION DATE	DATE	8
FREEZE ACTIVATION DATE	DATE	8
FREEZE EXPIRY DATE	DATE	8
FREEZE INITIATED BY	NUMBER	1
FROZEN FOR	NUMBER	1
FREEZE REASON CODE	NUMBER	2
FREEZE STATUS	CHARACTER	1
FREEZE ACTIVATION TYPE	NUMBER	1
FREEZE SUB OPTION	NUMBER	1
FREEZE REMARKS	CHARACTER	100

Purpose Code – 5 - POA link details

Multiple lines will be present if the account is linked with more than one POA

Field Description	Field Type	Field Length
PURPOSE CODE	NUMBER	2
FILLER		
MASTER POA ID	CHARACTER	16
POA REGISTRAR NUMBER	CHARACTER	16
SETUP DATE	DATE	8
GPA /BPA FLAG	CHARACTER	1
EFFECTIVE FORM DATE	DATE	8
EFFECTIVE TO DATE	DATE	8
REMARKS	CHARACTER	50
HOLDER NUMBER	NUMBER	1
POA STATUS	CHARACTER	1

Purpose Code – 6 Nominee Name and Address details

Purpose Code – 7 Guardian Name and Address details

Purpose Code – 8 Nominee's Guardian Name and Address details

Field Description	Field Type	Field Length
PURPOSE CODE	NUMBER	2
FILLER		
TITLE	CHARACTER	10
NAME	CHARACTER	100
MIDDLE NAME	CHARACTER	20

DPS8**Annexure - D**

LAST/SEARCH NAME	CHARACTER	20
SUFFIX	CHARACTER	10
FATHER/HUSBAND NAME	CHARACTER	50
ADDRESS LINE 1	CHARACTER	55
ADDRESS LINE 2	CHARACTER	55
ADDRESS LINE 3	CHARACTER	55
CITY	CHARACTER	25
STATE CODE	CHARACTER	6
STATE	CHARACTER	25
COUNTRY CODE	CHARACTER	2
COUNTRY	CHARACTER	25
PIN CODE	CHARACTER	10
PRIMARY PHONE NUMBER ISD CODE	CHARACTER	6
PRIMARY PHONE NUMBER	CHARACTER	17
FILLER	CHARACTER	1
FILLER	CHARACTER	17
FILLER	CHARACTER	92
FAX	CHARACTER	17
PAN/GIR	CHARACTER	25
IT CIRCLE /WARD/DISTRICT	CHARACTER	15
PRIMARY E-MAIL ID	CHARACTER	100
DATE OF BIRTH/ORIGIN	DATE	8
DATE OF BIRTH	DATE	8
USER TEXT 1	CHARACTER	50
USER TEXT 2	CHARACTER	50
USER FIELD 3	NUMBER	4
FILLER	CHARACTER	50
UNIQUE IDENTIFICATION NUMBER	CHARACTER	16
NAME CHANGE REASON CODE	CHARACTER	2
FILLER	CHARACTER	25
FILLER	CHARACTER	25
FILLER	CHARACTER	1
FILLER	CHARACTER	1
FILLER	CHARACTER	1
FILLER	CHARACTER	1
FILLER	CHARACTER	1

DPS8**Annexure - D**

FILLER	CHARACTER	1
FILLER	CHARACTER	1
RESIDUAL SECURITIES FLAG	CHARACTER	1
NOMINEE SERIAL NUMBER	NUMBER	2
RELATIONSHIP WITH BO	NUMBER	2
PERCENTAGE OF SHARES	NUMBER	(5,2)
FILLER	CHARACTER	16
FILLER	CHARACTER	72
FILLER	CHARACTER	1
FILLER	CHARACTER	1
FILLER	CHARACTER	10

Purpose Code – 12 Permanent address of First / Sole holder

Field Description	Field Type	Field Length
PURPOSE CODE	NUMBER	2
FILLER		
ADDRESS LINE 1	CHARACTER	55
ADDRESS LINE 2	CHARACTER	55
ADDRESS LINE 3	CHARACTER	55
CITY	CHARACTER	25
STATE CODE	CHARACTER	6
STATE	CHARACTER	25
COUNTRY CODE	CHARACTER	2
COUNTRY	CHARACTER	25
PIN CODE	CHARACTER	10
FILLER	CHARACTER	17
FAX	CHARACTER	17
FILLER	CHARACTER	50

Purpose Code – 18 - Authorized Signatory for Corporate / HUF accounts

Multiple lines will be present, if Authorized signatories are multiple signatories are in the account.

Field Description	Field Type	Field Length
PURPOSE CODE	NUMBER	2
FILLER		
NA SEQUENCE NUMBER	NUMBER	4
Authorised Signatory Name	CHARACTER	100

MIDDLE NAME	CHARACTER	20
LAST/ SEARCH NAME	CHARACTER	20
REMARKS	CHARACTER	50
NAME CHANGE REASON CODE	CHARACTER	2
MOBILE NO ISD CODE	CHARACTER	6
MOBILE NUMBER	CHARACTER	17
EMAIL-ID	CHARACTER	100
UNIQUE IDENTIFICATION NUMBER	CHARACTER	16
UID VERIFICATION FLAG	CHARACTER	1
FILLER	CHARACTER	16
FILLER	CHARACTER	72
FILLER	CHARACTER	1
FILLER	CHARACTER	1
FILLER	CHARACTER	10

Purpose Code – 19 - Signature

Field Description	Field Type	Field Length
PURPOSE CODE	NUMBER	2
FILLER		
Image File Name	VARCHAR2	20
Signature Setup Date	DATE	8

Purpose Code: 21

CM POA Account Mapping details

FIELD DESCRIPTION	FIELD TYPE	FIELD LENGTH
PURPOSE CODE	NUMBER	2
MAPPING UNMAPPING FLAG (1 - Mapped 2 - Unmapped)	NUMBER	1
Ex id	NUMBER	2
CM ID	CHARACTER	8
CM Account To Be Mapped	CHARACTER	16

Line no. 21 will be repeated for each CM POA Account Mapping combination

Purpose Code – 22 – BO–UCC Linking / Delinking details

<i>FIELD DESCRIPTION</i>	<i>FIELD TYPE</i>	<i>FIELD LENGTH</i>
<i>PURPOSE CODE</i>	<i>NUMBER</i>	<i>2</i>
<i>FILLER</i>	<i>CHARACTER</i>	<i>1</i>
<i>LINK STATUS</i>	<i>CHARACTER</i>	<i>1</i>
<i>FILLER</i>	<i>NUMBER</i>	<i>2</i>
<i>EXCHANGE ID</i>	<i>NUMBER</i>	<i>2</i>
<i>UCC</i>	<i>CHARACTER</i>	<i>11</i>
<i>SEGMENT CODE</i>	<i>CHARACTER</i>	<i>2</i>
<i>CM ID</i>	<i>CHARACTER</i>	<i>16</i>
<i>TM CODE</i>	<i>CHARACTER</i>	<i>8</i>

Line no. 22 will be repeated for each UCC - CM – TM – SEGMENT – EXID – BOID combination

Summary Record: -

Description	Data Type	Length	Value
IDENTIFIER	CHAR	1	T
TOTAL NUMBER OF RECORDS	NUMBER	9	~~
BUSINESS DATE	DATE	8	(8) -DDMMYYYY
SYSTEM DATE AND TIME	CHAR	14	DDMMYYYYHH24MISS