

ADDITIONAL INFORMATION RELATED TO DEMAT ACCOUNT - INDIVIDUAL

 DP ID CDSL 12015000

Client ID CDSL

 DP ID NSDL IN300206

Client ID NSDL

(Please fill the details in CAPITAL LETTERS only)

Date

D	D	M	M	Y	Y	Y	Y

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

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

A) ACCOUNTS HOLDER(S) DETAILS

Account Holder(s)	Sole/ First Holder	Second Holder	Third Holder
Name			
PAN			
Occupation (please tick any one and give brief details)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt Service <input type="checkbox"/> Business <input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> House Wife <input type="checkbox"/> Student <input type="checkbox"/> Others (Please Specify)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt Service <input type="checkbox"/> Business <input type="checkbox"/> Professional
Brief Details			

B) For Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of natural persons, the name and PAN of Association of Persons (AOP), Partnership Firm, Unregistered Trust etc., should be mentioned below :

Name		PAN	
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C) TYPES OF ACCOUNT

- | | | |
|---|--|--|
| <input type="checkbox"/> Ordinary Resident | <input type="checkbox"/> NRI-Repatriable | <input type="checkbox"/> NRI Non-Repatriable |
| <input type="checkbox"/> Qualified Foreign Investor | <input type="checkbox"/> Foreign National | <input type="checkbox"/> Promoter |
| <input type="checkbox"/> Margin | <input type="checkbox"/> Others (Please Specify) _____ | |

D) GROSS ANNUAL INCOME DETAILS

Income Range per annum (please tick any one)

- | | | |
|--|---|---|
| <input type="checkbox"/> Below ₹ 1 Lac | <input type="checkbox"/> ₹ 1 Lac - ₹ 5 Lac | <input type="checkbox"/> ₹ 5 Lac - ₹ 10 Lac |
| <input type="checkbox"/> ₹ 10 Lac - ₹ 25 Lac | <input type="checkbox"/> More than ₹ 25 Lac | |

Networth Amount ₹ _____ as on _____ - _____ - _____

(Networth should not be older than 1 year). Copy of ITR is mandatory for Income above ₹ 10 Lac.

 Signature of Sole / 1st Holder

 Signature of 2nd Holder

 Signature of 3rd Holder

E) IN CASE OF NRIs / FOREIGN NATIONALS

Foreign Address													
								Pin Code					
RBI Approval Ref No													
RBI Approval Date	D	D	M	M	Y	Y	Y	Y					

BANK DETAILS

Bank Account Type														
Bank Account No														
Bank Name														
Bank Address														
	City/Town/Village							Pin Code						
	State				Country									
MICR Code														
IFS Code														

*9 Digits Code No if the Bank and Bank appearing on the MICR cheque issue by the Bank. MICR beginning with '0' are not valid.

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, (or) (iii) Photocopy of the passbook having name and address of the BO, (or) (iv) Letter from the Bank.

Incase of (ii), (iii) and (iv), the MICR code of the branch should be present / mentioned on the document.

G) Please tick, if applicable
 Politically Exposed Person (PEP)

 Related to a Politically Exposed Person (PEP)

H) STANDING INSTRUCTIONS

I / We authorise you to receive credits automatically into my / our account	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accounts to be operated through Demat Debit and Pledge Instruction (DDPI)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Standing instruction indicator for Auto Pledge Confirmation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mode of Operations	<input type="checkbox"/> Jointly <input type="checkbox"/> Anyone of the Holder or Survivor

SMS ALERT FACILITY : (Mandatory if you are giving Power of Attorney (PoA). Ensure that the mobile no is provided in the KYC application form

SMS Alert Facility	<input type="checkbox"/> Yes: Mobile No - +91-		<input type="checkbox"/> No
	Refer to Terms and Conditions given as Annexure A Model of Receiving Rights and Obligations <input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Self <input type="checkbox"/> Family Member		
EASI Facility	<input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please contact the DP for details [Facility through, CDSL's website: www.cdslindia.com , wherein a BO can view his ISIN balances, transactions and value of portfolio online]		
S No	Holder	Yes	No
1	Sole / First Holder	<input type="checkbox"/>	<input type="checkbox"/>
2	Second Holder	<input type="checkbox"/>	<input type="checkbox"/>
3	Third Holder	<input type="checkbox"/>	<input type="checkbox"/>
Mode of receiving Statement of account	<input type="checkbox"/> Physical Form		
	<input type="checkbox"/> Electronic Form [Read Note 3 and ensure that email ID provided in the KYC application form]		
Email ID			

 Signature of Sole / 1st Holder

 Signature of 2nd Holder

 Signature of 3rd Holder

FINANCIAL DETAILS

	PAN / GIR No										IT Circle / Ward / District No		
Sole / First Holder													
Second Holder													
Third Holder													
Guardian Details (if sole holder is minor)													

I) GUARDIAN DETAILS (Where Sole Holder is Minor)

[For account of a minor, two KYC application Forms must be filled i.e. one for the guardian and another for the minor (to be signed by guardian)]

Name											Date of Birth (Minor)	D	D	M	M	Y	Y	Y	Y
Guardian Name																			
PAN																			
Relationship of guardian with Minor																			

J) NOMINATIONS OPTIONS

I / We wish to make a nomination
[Details are provided at Form 10]

I / We do not wish to make a nomination

DECLARATION

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/we hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/ we are aware that I/we may be held liable for it. In case non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations. I/we acknowledge the receipt of copy of the document "Rights and Obligations of the Beneficial Owner and Depository Participant".

	Name of the Holder(s)	Signature(s) of Holders
Sole / First Holder / Guardian (in case holder is minor)		
Second Holder		
Third Holder		

Note:

- All communication shall be sent at the address of the Sole/First holder only.
- Thumb impression and signatures other than Hindi or English or any of the other languages not contained in the 8th Schedule of Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
- For receiving Statement of Account in electronic form:
 - Client must ensure the confidentiality of the password of the email account.
 - Client must promptly inform the Participant if the email address has changed.
 - Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
- Strike off whichever is not applicable.

 Signature of Sole / 1st Holder

 Signature of 2nd Holder

 Signature of 3rd Holder