



FORM NO: FR-01

Abhipra Capital Limited

Abhipra Complex, A-387, Dilkhush Industrial Area

G.T. Karnal Road, Azadpur, Delhi-110033

Phone No.: 91-11-52390909 Fax: 91-11-52390830

E-Mail: info@abhipra.com Website : www.abhipra.com

Date:		Client ID							
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ACCOUNT OPENING FORM FOR INDIVIDUALS / CORPORATES AND CLEARING MEMBERS (NSDL) DPID IN 300206

(Please fill all the details in CAPITAL LETTERS Only)

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

Types of Account

<input type="checkbox"/> Ordinary Resident	<input type="checkbox"/> NRI Repatriable	<input type="checkbox"/> HUF
<input type="checkbox"/> NRI-Non Repatriable	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Bank
<input type="checkbox"/> Trust	<input type="checkbox"/> FI	<input type="checkbox"/> FII
<input type="checkbox"/> OCB	<input type="checkbox"/> Others (please specify)	

Sole/First Holder's Details

Name (Mr. / Ms.)										
Name of Father / Husband										
Local / Permanent Address								Pin code		
Correspondence Address								Pin code		
Telephone No.		Mobile No.					SMS Facility <input type="checkbox"/> Yes <input type="checkbox"/> No			
Fax No.		E-mail Id								
Occupation			MAPIN ID							

Other Holder Details

Second Holder / Name										
Name of Father / Husband										
Address								Pin code		
Telephone No.		Mobile No.					SMS Facility <input type="checkbox"/> Yes <input type="checkbox"/> No			
Fax No.		E-mail Id								
Occupation			MAPIN ID							
Third Holder / Name										
Name of Father / Husband										
Address								Pin code		
Telephone No.		Mobile No.					SMS Facility <input type="checkbox"/> Yes <input type="checkbox"/> No			
Fax No.		E-mail Id								
Occupation			MAPIN ID							
Address for Communication/ Corporate Benefits (Default Option is Local Address)	Local / Permanent Address		<input type="checkbox"/>							
	Correspondence Address / Foreign Address		<input type="checkbox"/>							

Client Details (In case of Corporates)

Name of Corporate (Sole / First Holder)										
Registered Office Address								Pin code		
Correspondence Address (If different)								Pin code		
Tele No		Fax					E-mail			

Guardian Details (In case the Sole Holder is a minor)

Name (Mr. / Ms.)																
Relationship (if any)																
Address																
									Pin code							
Date of Birth (of Minor)																

In case of NRIs

Foreign Address																
RBI Reference No.					RBI Approval Date											
						D	D	M	M	Y	Y	Y	Y			

In Case of Flls / OCBs / Others (as may be applicable / In case of Corporates)

Foreign Address																
RBI Reference No.					RBI Approval Date											
SEBI Registration No. (If Flls)																

Bank Details

Bank Sub-Type	Saving Account	<input type="checkbox"/>	Current Account	<input type="checkbox"/>													
Bank Account No.																	
Bank Name																	
Branch Address											Pin Code						
9 Digit Code Number of the Bank and Branch appearing on the MICR cheque issued by the Bank																	

Financial Details

	P.A.N. No.										IT Circle/Ward/District No.					
Sole / First Holder																
Second Holder																
Third Holder																
Guardian (in case of minor)																

Standing Instructions

I / We authorize you to receive credits automatically into my / our account	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Account to be operated through Power of Attorney (PoA)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

NOTES:

- All communications shall be sent at correspondence address of the **Sole/First Holder** only.
- Thumb impressions and signatures other than English or Hindi or any of the other languages not contained in the 8th schedule of the Constitution of India. Must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
- As per NSDL Circular No. NSDL/PI/2004/1622 dated September 7, 2004 pursuant to SEBI Circular No. MRD.DoP/Dep/Cir-29/2004 dated August 24, 2004 a copy of any of the following documents may be accepted as proof of identity/proof of address (local correspondence / foreign address as the case may be):

Proof of Identity: Passport, Voter ID Card, Driving License, PAN Card with photograph, MAPIN Card, Identity card/document with applicant's Photo, issued by a) Central/State Government and its Departments b) Statutory/Regulatory Authorities, c) Public Sector Undertakings, d) Scheduled Commercial Banks, e) Public Financial Institution, f) Colleges Affiliated to Universities, g) Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc. to their Members, and h) Credit cards/Debit cards issued by Banks.

Proof of Address: Ration Card, Passport, Voter ID Card, Driving License, Bank Passbook, verified copies of Electricity bills (not more than two months old)/ Residence Telephone bills (not more than two months old)/ Leave and License agreement/ Agreement for sale, Self-declaration by High Court & Supreme Court judges, giving the new address in respect of their own accounts, Identity card/ document with address, issued by a) Central/State Government and its Departments, b) Statutory/ Regulatory Authorities, c) Public Sector Undertakings, d) Scheduled Commercial Banks, e) Public Financial Institutions, f) Colleges affiliated to Universities; and g) Professional Bodies as ICAI, ICWAI, Bar Council, etc. to their Members.

The Afforested documents are minimum requirement for opening the account. The copy of the document will be verified with original before accepting the same as valid.

4. Strike off whichever is not applicable.

SIGNATURE OF CLIENT:

X _____
FIRST HOLDER

X _____
SECOND HOLDER

X _____
THIRD HOLDER

Please attach recent Passport size photographs in the space provided below :

Sole / First Holder		Second Holder	Third Holder
Signature Across Photograph		Signature Across Photograph	Signature Across Photograph
Name			
Account No.			

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 also declare that the particulars given by me/ us are true to the best of my/ our knowledge as on the date of making such application. I/ We further agree that any false/ misleading information given by me or suppression of any material fact will render my account liable for termination and further action.

	Name(s) of Holder(s)	Signature (s)
Sole / First Holder (Mr. / Ms.)		⊗
Second Holder (Mr. / Ms.)		⊗
Third Holder (Mr. / Ms.)		⊗
Guardian (In case of minor) (Mr. / Ms.)		⊗
Account No.		Tel. No. _____

Authorised Signatories (Enclose Abhipra Board Resolution for Authorised Signators / for corporates)

Sole / First Holder	Name	Signature(s)
First Signatory		
Second Signatory		
Third Signatory		
<u>Other Holders</u>		
Second Holder		
Third Holder		
Client ID		Phone : _____

Mode of operation for Sole / First Holder (In case of Joint holdings, all the holders must sign)

- Any one singly _____
- Jointly by _____
- As per resolution _____
- Others (please specify) _____

X indicates Signature

This form is incomplete without Form No. FR01A, FR01B, FR01C (In case of Corporate Account) & FR01D. Form no FR01D is optional.

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