

ADDITIONAL INFORMATION RELATED TO CORPORATE / CLEARING MEMBER DEMAT ACCOUNT

 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 :

ACCOUNTS HOLDER(S) DETAILS

	Name	PAN							
Sole/ First Holder									
Second Holder									
Third Holder									

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
Do you wish to receive dividend / interest directly into you bank account given below through ECS? If not marked, default answer is "Yes"	<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	

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	

FINANCIAL DETAILS

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

SMS ALERT FACILITY

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]	

SMS Facility (if yes, fill mobile no on relevant places)

First Holder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Second Holder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Third Holder	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 Signature of Sole / 1st Holder

 Signature of 2nd Holder

 Signature of 3rd Holder

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.

IN CASE OF FIIs / OCBs / Others (as may be applicable)

Foreign Address											
					Pin Code						
RBI Approval Ref No					RBI Approval Date	D	D	M	M	Y	Y
SEBI Registration No (for FIIs)											
Address for communication / Corporate Benefits	<input type="checkbox"/> Registered / Permanent Address										
Default option is Registered Office Address	<input type="checkbox"/> Correspondence Address / Foreign Address										

CLEARING MEMBER DETAILS

Name of Stock Exchange										
Name of Clearing Corporation / Clearing House										
Clearing Member ID / Trading Member ID					SEBI Regn No					
Trade Name										
CM BP-ID (to be filled by Participant)										

INTRODUCTION (by and existing account holder / applicant's bank)

DP ID				Client ID			
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(In case of existing account holder)

I confirm the identity and address of the applicant(s)

Name of the applicant(s)						
Signature of Introducer / Signature and seal of Bank (to be verified by DP Officials)						

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

Signature of Sole / 1st Holder

Signature of 2nd Holder

Signature of 3rd Holder

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".

Mode of Operation for Sole/First Holder (Incase of Joint holding, all the holders must sign)	<input type="checkbox"/> Any one Singly <input type="checkbox"/> Jointly By
	<input type="checkbox"/> As per Resolution <input type="checkbox"/> Others (Please Specify)

AUTHORISED SIGNATORIES (ENCLOSE BOARD RESOLUTION FOR AUTHORISED SIGNATORIES)

Sole / First Holder	Name	Signatures
First Signatory		
Second Signatory		
Third Signatory		

Other Holders	Name	Signatures
Second Holder		
Third Holder		

Additional Details

Nature of Business	
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Type of Account

- | | | |
|---|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Body Corpoate | <input type="checkbox"/> FI | <input type="checkbox"/> FII |
| <input type="checkbox"/> Qualified Foreign Investor | <input type="checkbox"/> Mutual Fund | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Bank | <input type="checkbox"/> CM | <input type="checkbox"/> HUF |
| <input type="checkbox"/> Other (Please specify) _____ | | |

In case of Partnership Firm, Unregistered Trust, Association of Persons(AOP) etc. Although the account is opened in the name of the partner(s), trustee(s) etc., the name & PAN of the Partnership Firm, Unregistered Trust, Association of Persons(AOP) etc., should be mentioned below:

Name		PAN												
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Income Details

Income Range per annum (please tick any one)

- | | |
|---|--|
| <input type="checkbox"/> Below ₹ 20 Lac | <input type="checkbox"/> ₹ 20 Lac - ₹ 50 Lac |
| <input type="checkbox"/> ₹ 50 Lac - ₹ 1 Crore | <input type="checkbox"/> More than ₹ 1 Crore |

Networth Amount ₹ _____ as on _____ - _____ - _____

(Networth should not be older than 1 year).

Please tick, if applicable for any of your authorised signatories / promoters / Partners / Karta / Trustee / Whole Time Directors

- | | |
|---|--|
| <input type="checkbox"/> Politically Exposed Person (PEP) | <input type="checkbox"/> Related to a Politically Exposed Person (PEP) |
|---|--|

Signature of Sole / 1 st Holder	Signature of 2 nd Holder	Signature of 3 rd Holder
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