

Account Opening Form for DP

For –Individuals

| | |
|---|---|
|  <p style="font-size: small;">Corporate Member : Bombay Stock Exchange Ltd.</p> <p style="font-weight: bold; margin-top: 10px;">2nd Floor, Great Social Building, Sir P.M. Road, Fort, Mumbai 400 001</p> <p style="font-weight: bold; margin-top: 5px;">Tele: 022-22660565, 022-22666454, 022-22666455, 022-22612398</p> <p style="font-weight: bold; margin-top: 5px;">DP ID: 12085700</p> |  |
|---|---|

(To be filled by the Depository Participant)

| | | | | | | | | | | | | | | | | | | | |
|---------------------------|---|------|---|---|---|---|---|---|-----------|---|--|--|--|--|--|--|--|--|--|
| Application No | | Date | D | D | M | M | Y | Y | Y | Y | | | | | | | | | |
| DP Internal Reference No. | | | | | | | | | | | | | | | | | | | |
| DP ID | 1 | 2 | 0 | 8 | 5 | 7 | 0 | 0 | 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 | | | | | | | | | | | | | | | | | | | |
| 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 | |
|------------------|---|---|
| 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 A/C (MANTRA) | <input type="checkbox"/> Others(specify) _____ |
| 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 (specify) _____ |
| | | |
| Foreign National | <input type="checkbox"/> Others (specify) _____ | <input type="checkbox"/> Foreign National - Depository Receipts |
| | <input type="checkbox"/> Foreign National | |

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="radio"/> As per SEBI Regulation <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> 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 |
|---|--|

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"/> More than Rs 25,00,000 | | | | | | | | |
| | Net worth as on (Dated) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Rs. | | D | D | M | M | Y | Y | Y |
| D | D | M | M | | | | | | |
| Y | Y | Y | Y | | | | | | |
| [Net worth should not be older than 1 year] | | | | | | | | | |
| 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"/> Other(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). | | | | | | | | | | | | | |
|---|--|-------------------------------|------------------------|----------------------|-------------------------------|----|--|--|--|--|--|--|--|--|
| Transactions Using Secured Texting Facility (TRUST). Refer to Terms and Conditions Annexure – 2.6 | I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for the same. | | | | | | | | | | | | | |
| | <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td style="width: 50px;"></td><td style="text-align: center;">Yes</td></tr> <tr><td></td><td style="text-align: center;">No</td></tr> </table> | | | Yes | | No | | | | | | | | |
| | Yes | | | | | | | | | | | | | |
| | No | | | | | | | | | | | | | |
| | I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST | | | | | | | | | | | | | |
| | <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th style="width: 33%;">Stock Exchange Name/ID</th> <th style="width: 33%;">Clearing Member Name</th> <th style="width: 33%;">Clearing Member ID (Optional)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | | Stock Exchange Name/ID | Clearing Member Name | Clearing Member ID (Optional) | | | | | | | | | |
| Stock Exchange Name/ID | Clearing Member Name | Clearing Member ID (Optional) | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Easi | To register for easi , please visit our website www.cdslindia.com . Easi 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]: | | | |

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: Two witness shall attest signature(s) / thumb impression(s)

| Details of the Witness | | |
|------------------------|----------------------|-----------------------|
| | First Witness | Second 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) =====