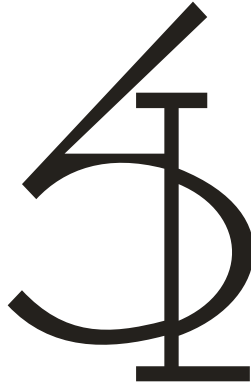


Sr. No.:-



SAURIN INVESTMENTS PVT. LTD.

DEPOSITORY SERVICES

ACCOUNT OPENING FORM

INDIVIDUAL

SIPL FOR DEMAT

Internal Ref. No. _____

Account No. _____

Branch Code and Name _____

**SAURIN INVESTMENTS PVT. LTD.**

‘SIPL House’, 14, Bhagwan Nagar Tekro, Paldi, Ahmedabad – 380007 | DP ID – IN 301469

DEPOSITORY SERVICES

Dear Client,

Below mentioned is the charge structure for operating the demat account with Saurin Investments Pvt Ltd. Apart from this default scheme; you can also opt for other schemes made available to clients from time to time.

Charge Structure with effect from 1st September, 2018

Particulars	Charges (All charges are exclusive of taxes)
Account Opening	Rs. Nil
Dematerialisation	Rs. 5/- per certificate + Rs. 95/- per DRF for mailing purpose
Rematerialisation	Rs. 20/- per 100 Shares or part there of (Subject to minimum of Rs. 20/- per request) + Rs. 50/- per Postage
Settlement Fees	Rs. 30/- per debit instruction Rs. 15/- per debit instruction for Auto Pay-in with SIPL Rs. Nil per credit instruction
Pledge Creation	Rs. 50/- per instruction
Pledge Closure	Rs. 25/- per instruction
Pledge Invocation	Rs. 25/- per instruction
Account Maintenance Charges	Rs. 300/- per annum
Statement of Holding/Transactions	Annually Free Extra Rs. 10/- per page for non-periodic statement request
Advance Against Charges	Rs. 1000/-
IDeAS Fee	Rs. 50/- per accounting year

Other Conditions:

- The above schedule of fees is based on NSDL charges and subject to revision at the discretion of Saurin Investments (P) Ltd. with prior notice of 30 days.
- Any revision in schedule of fees will be intimated to the clients by ordinary post.
- Transaction statement will be sent monthly, if there are any transactions.
- Additional demat request booklets / instruction booklets will be charged extra.
- All holders must sign operation instruction for the joint account.
- All instruction for transfer must be received at the branches of Saurin Investments (P) Ltd. atleast 24 hours before execution date and 24 hours before pay-in date.
- Depository service charge bills should be paid on or before the due date. Beyond this period, an interest of 2% per month or Rs. 35/- per month whichever is higher will be charged on the outstanding amount for the delayed period. Notwithstanding this, Saurin Investments (P) Ltd. reserves right to “freeze depository account for debit transaction”, in case client fails to pay charges or do not maintain adequate balance in account or advance fees balance to recover periodical service charges.
- All charges will be collected upfront.

I/We hereby declare that I/We do not want to enroll in BSDA Scheme.

x

Sole/First Holder

x

Second Holder

x

Third Holder

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only <i>(To be filled by financial institution)</i>	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update	
	KYC Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	Account Type*	<input type="checkbox"/> Normal	<input type="checkbox"/> Simplified (for low risk customers)	<input type="checkbox"/> Small

☐ 1. PERSONAL DETAILS (Please refer instruction **A** at the end)

[illegible]

☐ **2. TICK IF APPLICABLE** ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction **B** at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth*

ISO 3166 Country Code of Birth*

3. PROOF OF IDENTITY (Pol)* (Please refer instruction **C** at the end)

(Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input type="text"/>

4. PROOF OF ADDRESS (PoA)*

☐ 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction **D** at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type*	<input type="checkbox"/> Residential /Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhaar)		
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">[][][][][][][][][][][][][][][] please specify [][][][][][][][][][][][][][][]</div>	
	<input type="checkbox"/> Simplified Measures Account - Document Type code		<div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div>		

Address

[illegible]

Important Instructions:

- I) Fields marked with '*' are mandatory fields.
- J) Please fill the form in English and in BLOCK letters.
- K) Please fill the date in DD-MM-YYYY format.
- L) Please read section wise detailed guidelines / instructions at the end.
- M) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- N) List of two character ISO 3166 country codes is available at the end.
- O) KYC number of applicant is mandatory for update application.
- P) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only
(To be filled by financial institution)

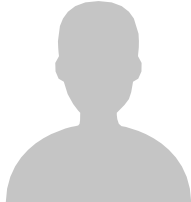
Application Type*
☐ New
☐ Update

KYC Number

(Mandatory for KYC update request)

Account Type*
☐ Normal
☐ Simplified (for low risk customers)
☐ Small

☐ **1. PERSONAL DETAILS** (Please refer instruction **A** at the end)

<input type="checkbox"/> Name* (Same as IDproof)	Prefix	First Name	Middle Name	Last Name
Maiden Name (If any*)				
Father / Spouse Name*				
Mother Name*				
Date of Birth*	<div> <div><input type="text"/></div> <div><input type="text"/></div> <div>—</div> <div><input type="text"/></div> <div><input type="text"/></div> <div>—</div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> </div>			
Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> G- Female <input type="checkbox"/> T-Transgender			
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others			
Citizenship*	<input type="checkbox"/> IN- Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)			
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin			
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector) <input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B-Business <input type="checkbox"/> X- Not Categoricalised			
	<div> <div>PHOTO</div> <div>  </div> <div>Signature / Thumb Impression</div> </div>			

☐ **2. TICK IF APPLICABLE** ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction **B** at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*	<input type="text"/>	<input type="text"/>
Tax Identification Number or equivalent (If issued by jurisdiction)*	<input type="text"/>	<input type="text"/>
Place / City of Birth*	<input type="text"/>	ISO 3166 Country Code of Birth*

☐ **3. PROOF OF IDENTITY (Pol)*** (Please refer instruction **C** at the end)

(Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted)

<input type="checkbox"/> A- Passport Number		Passport Expiry Date	DD - MM - YYYY
<input type="checkbox"/> B- Voter ID Card			
<input type="checkbox"/> C- PAN Card			
<input type="checkbox"/> D- Driving Licence		Driving Licence Expiry Date	DD - MM - YYYY
<input type="checkbox"/> E- UID (Aadhaar)			
<input type="checkbox"/> F- NREGA Job Card			
<input type="checkbox"/> Z- Others (any document notified by the central government)		Identification Number	
<input type="checkbox"/> S- Simplified Measures Account - Document Type code		Identification Number	

4. PROOF OF ADDRESS (PoA)*

☐ 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction **D** at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type*	<input type="checkbox"/> Residential /Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhaar)		
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others	<input type="text"/>	
	<input type="checkbox"/> Simplified Measures Account - Document Type code		<input type="text"/>	<input type="text"/>	

Address

[illegible]

[illegible][illegible]

☐ **6. DETAILS OF RELATED PERSON** (In case of additional related persons, please fill 'Annexure B1') (please refer instruction **G** at the end)

☐ Addition of Related Person
☐ Deletion of Related Person
KYC Number of Related Person (if available*)

Related Person Type*
☐ Guardian of Minor
☐ Assignee
☐ Authorized Representative

Name*
Prefix
First Name
Middle Name
Last Name

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)																			
<input type="checkbox"/> A- Passport Number										Passport Expiry Date			-M M -						
<input type="checkbox"/> B- Voter ID Card																			
<input type="checkbox"/> C- PAN Card																			
<input type="checkbox"/> D- Driving Licence										Driving Licence Expiry Date			-M M -						
<input type="checkbox"/> E- UID (Aadhaar)																			
<input type="checkbox"/> F- NREGA Job Card																			
<input type="checkbox"/> Z- Others (any document notified by the central government)										Identification Number									
<input type="checkbox"/> S- Simplified Measures Account - Document Type code										Identification Number									

[illegible]

8. APPLICANT DECLARATION																					
<ul style="list-style-type: none"> I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I 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 aware that I may be held liable for it. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. 	<div style="border: 1px solid #ccc; height: 40px; margin-bottom: 5px;"></div> <div style="text-align: center; color: #ccc; font-size: 0.8em;">[Signature / Thumb Impression]</div>																				
Date : <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 10px; height: 20px;">-</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 10px; height: 20px;">-</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	-	M	M	-	Y	Y	Y	Y	Place : <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
D	D	-	M	M	-	Y	Y	Y	Y												
<div style="border: 1px solid #ccc; height: 40px; margin-bottom: 5px;"></div> <div style="text-align: center; color: #000; font-size: 0.8em;">Signature / Thumb Impression of Applicant</div>																					

9. ATTESTATION / FOR OFFICE USE ONLY	
Documents Received	<input type="checkbox"/> Certified Copies
KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Date	Name
DD-MM-YYYY	
Emp. Name	Code
Emp. Code	
Emp. Designation	
Emp. Branch	
[Employee Signature]	[Institution Stamp]

Important Instructions:

Q) Fields marked with "*" are mandatory fields.

R) Please fill the form in English and in BLOCK letters.

S) Please fill the date in DD-MM-YYYY format.

T) Please read section wise detailed guidelines / instructions at the end.

U) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.

V) List of two character ISO 3166 country codes is available at the end.

W) KYC number of applicant is mandatory for update application.

X) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only

Application Type*

☐ New☐ Update

(To be filled by financial institution)

KYC Number

(Mandatory for KYC update request)

Account Type*

☐ Normal☐ Simplified (for low risk customers)☐ Small☐ **1. PERSONAL DETAILS** (Please refer instruction A at the end)

Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>		
Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> H- Female <input type="checkbox"/> T-Transgender		
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others		
Citizenship*	<input type="checkbox"/> IN- Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)		
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector) <input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B-Business <input type="checkbox"/> X- Not Categorised		

PHOTO

Signature / Thumb Impression

☐ **2. TICK IF APPLICABLE** ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth*

ISO 3166 Country Code of Birth*

☐ **3. PROOF OF IDENTITY (PoI)*** (Please refer instruction C at the end)(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input type="text"/>

4. PROOF OF ADDRESS (PoA)*☐ **4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS** (Please see instruction D at the end)(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhaar)		
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others	<input type="text"/>	
	<input type="checkbox"/> Simplified Measures Account - Document Type code	<input type="text"/>			

Address

Line 1*	<input type="text"/>									
Line 2	<input type="text"/>									
Line 3	<input type="text"/>									
District*	<input type="text"/>									
	City / Town / Village*									
	Pin / Post Code*									
	State / U.T Code*									
	ISO 3166 Country Code*									

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received

☐ Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date

DD-MM-YYYY

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name

Code

[Institution Stamp]

PART II – ACCOUNT OPENING FORM (FOR INDIVIDUALS)

Client –ID (To be filled by Participant)																		
I/We request you to open a depository account in my/our name as per the following details: <i>(Please fill all the details in CAPITAL LETTERS only)</i>										Date	D	D	M	M	Y	Y	Y	Y
A)	Details of Account holder(s):																	
	Account holder(s)		Sole/ First Holder					Second Holder					Third Holder					
	Name																	
	PAN																	
	Occupation <i>(please tick any one and give brief details)</i>		<input type="checkbox"/> Private Sector		<input type="checkbox"/> Agriculturist			<input type="checkbox"/> Private Sector		<input type="checkbox"/> Agriculturist			<input type="checkbox"/> Private Sector		<input type="checkbox"/> Agriculturist			
			<input type="checkbox"/> Public Sector		<input type="checkbox"/> Retired			<input type="checkbox"/> Public Sector		<input type="checkbox"/> Retired			<input type="checkbox"/> Public Sector		<input type="checkbox"/> Retired			
			<input type="checkbox"/> Government Service		<input type="checkbox"/> Housewife			<input type="checkbox"/> Government Service		<input type="checkbox"/> Housewife			<input type="checkbox"/> Government Service		<input type="checkbox"/> Housewife			
			<input type="checkbox"/> Business		<input type="checkbox"/> Student			<input type="checkbox"/> Business		<input type="checkbox"/> Student			<input type="checkbox"/> Business		<input type="checkbox"/> Student			
<input type="checkbox"/> Professional			<input type="checkbox"/> Others (Please specify; _____)			<input type="checkbox"/> Professional		<input type="checkbox"/> Others (Please specify; _____)			<input type="checkbox"/> Professional		<input type="checkbox"/> Others (Please specify; _____)					
Brief details:																		
B)	For HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name & PAN of the HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below:																	
	a) Name							b) PAN										
C)	Type of account																	
	<input type="checkbox"/> Ordinary Resident <input type="checkbox"/> NRI-Repatriable <input type="checkbox"/> Qualified Foreign Investor <input type="checkbox"/> Foreign National <input type="checkbox"/> Margin <input type="checkbox"/> Others (Please specify) _____						<input type="checkbox"/> NRI-Non Repatriable <input type="checkbox"/> Promoter											
D)	Gross Annual Income Details																	
	Income Range per annum (please tick any one)																	
	<input type="checkbox"/> Below ` 1 lac <input type="checkbox"/> ` 1- 5 lac <input type="checkbox"/> ` 5- 10 lac <input type="checkbox"/> ` 10- 25 lac <input type="checkbox"/> ` More than 25 lac																	
E)	In case of NRIs/ Foreign Nationals																	
	RBI Approval Reference Number																	
	RBI Approval date										D	D	M	M	Y	Y	Y	Y
F)	Bank details																	
	1	Bank account type <input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify)_____																
	2	Bank Account Number																
	3	Bank Name																

	4	Branch Address												
			City/town/village				PIN Code							
			State				Country							
	5	MICR Code												
	6	IFSC												
G) Please tick, if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)														
H) Standing Instructions														
	1	I/We authorise you to receive credits automatically into my/our account.								<input type="checkbox"/> Yes <input type="checkbox"/> No				
	2	Account to be operated through Power of Attorney (PoA)								<input type="checkbox"/> Yes <input type="checkbox"/> No				
	3	SMS Alert facility: <i>[Mandatory if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form]</i>												
		Sr. 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"/>		
	4	Mode of receiving Statement of Account <i>[Tick any one]</i>		<input type="checkbox"/> Physical Form										
				<input type="checkbox"/> Electronic Form <i>[Read Note 3 and ensure that email ID is provided in KYC Application Form].</i>										
	5	For Joint Accounts, communication to be sent to (See Note 5)		<input type="checkbox"/> First Holder <input type="checkbox"/> All Joint Account Holders										
	6	Mode of receiving Annual Reports, AGM Notices and other communications from Issuers & RTAs		<input type="checkbox"/> Physical Form										
				<input type="checkbox"/> Electronic Form <i>[Read Note 3 and ensure that email ID is provided in KYC Application Form].</i>										
I) Guardian Details <i>(where sole holder is a minor):</i> [For account of a minor, two KYC Application Forms must be filled i.e. one for the guardian and another for the minor <i>(to be signed by guardian)</i>] Guardian Name <input type="text"/>														
PAN <input type="text"/>														
Relationship of guardian with minor <input type="text"/>														
J) Nomination Option														
<input type="checkbox"/> I/We wish to make a nomination. [Details are provided at FORM 10] <input type="checkbox"/> I/We do not wish to make a nomination. (Attached declaration)														
K) Mode of Operation for Joint Accounts														
<input type="checkbox"/> Jointly <input type="checkbox"/> Anyone of the holder or survivor(s)														
If Mode of Operation for Joint Account is chosen as anyone of the holder or survivor(s), only specified operations such as transfer of securities including Inter-Depository Transfer, pledge / hypothecation / margin pledge / margin re-pledge (creation, closure and invocation and confirmation thereof as applicable) of securities and freeze/unfreeze of account and / or securities and / or specific number of securities will be permitted.														

FORM FOR NOMINATION/ CANCELLATION OF NOMINATION <i>(To be filled in by individual applying singly or jointly)</i>																													
Date	D	D	M	M	Y	Y	Y	Y	Y	DP ID	I	N	3	0	1	4	6	9	Client ID										
<input type="checkbox"/> I/We wish to make a nomination. <i>[As per details given below]</i>																													
Nomination Details																													
I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all securities held in the Depository by me / us in the said beneficiary owner account in the event of my / our death.																													
Nomination can be made upto three nominees in the account.										Details of 1st Nominee					Details of 2nd Nominee					Details of 3rd Nominee									
1		Name of the nominee(s) (Mr./Ms.)																											
2		Share of each Nominee		Equally <small>[If not equally, please specify percentage]</small>						%					%					%									
Any odd lot after division shall be transferred to the first nominee mentioned in the form.																													
3		Relationship With the Applicant (If Any)																											
4		Address of Nominee(s)																											
		PIN Code																											
5		Mobile/Telephone No. of nominee(s)																											
6		Email ID of nominee(s)																											
7		Nominee Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID																											
Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:																													
8		Date of Birth {in case of minor nominee(s)}																											
9		Name of Guardian (Mr./Ms.) {in case of minor nominee(s) }																											
10		Address of Guardian(s)																											
		PIN Code																											
11		Mobile/Telephone no. of Guardian																											
12		Email ID of Guardian																											
13		Relationship of Guardian with nominee																											
14		Guardian Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID																											
Name(s) of holder(s)														Signature(s) of holder															
Sole/ First Holder/ Guardian <i>(in case sole holder is minor)</i> (Mr./Ms.)														X															
Second Holder (Mr./Ms.)														X															
Third Holder (Mr./Ms.)														X															
* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature																													
Note: This nomination shall supersede any prior nomination made by the account holder(s), if any The Trading Member/Depository Participant shall provide acknowledgement of the nomination form to the account holder(s)																													

Notes:

1. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non- individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly, all joint holders will sign the nomination form.
2. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
3. The Nominee(s) shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
4. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
5. Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.
6. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non- individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
7. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee(s).
8. Nomination can be made upto three nominees in a demat account. In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total upto hundred percent. In the event of the beneficiary owner not indicating any percentage of allocation/share for each of the nominees, the default option shall be to settle the claims equally amongst all the nominees.
9. On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned in the FORM 10 at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.
10. Copy of any proof of identity must be accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure D.
11. Savings bank account details shall only be considered if the account is maintained with the same participant.
12. DP ID and client ID shall be provided where demat details is required to be provided.

Mobile & Email Declaration

We hereby declare that the below mentioned mobile number or E-mail ID belongs to Me or My family(*spouse, dependent children and dependent parents*) as stated:

Name of 1 st holder			
Mobile Number		<input type="checkbox"/> Me	<input type="checkbox"/> My Family
Email ID		<input type="checkbox"/> Me	<input type="checkbox"/> My Family

Name of 2 nd holder			
Mobile Number		<input type="checkbox"/> Me	<input type="checkbox"/> My Family
Email ID		<input type="checkbox"/> Me	<input type="checkbox"/> My Family

Name of 3 rd holder			
Mobile Number		<input type="checkbox"/> Me	<input type="checkbox"/> My Family
Email ID		<input type="checkbox"/> Me	<input type="checkbox"/> My Family

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(s) of holder(s)		Signature(s) of holder
Sole/ First Holder/ Guardian (in case sole holder is minor) (Mr./Ms.)		X
Second Holder (Mr./Ms.)		X
Third Holder (Mr./Ms.)		X

Notes :

1. All communication shall be sent at the address of the Sole/First holder only.
2. Thumb impressions and signatures other than English or Hindi or any of the other language 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.
3. For receiving Statement of Account in electronic form:
 - I. Client must ensure the confidentiality of the password of the email account.
 - II. Client must promptly inform the Participant if the email address has changed.
 - III. 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.
4. In case of joint account, on death of any of the joint account holders, the surviving account holder(s) has to inform Participant about the death of account holder(s) with required documents within one year of the date of demise.
5. In case if 'first holder' is selected, the communication will be sent as per the preference mentioned at Sr. No. 4. In case 'All joint account holders' is opted, communication to first holder will be sent as per the preference mentioned at Sr. No. 4 and communication to other holders will be in electronic mode. The default option will be communication to 'first holder', if no option selected.
6. Strike off whichever is not applicable.

Acknowledgement

Participant Name, Address & DP ID

Received the application from Mr/Ms _____ as the sole/first holder alongwith _____ and _____ as the second and third holders respectively for opening of a depository account. Please quote the DP ID & Client ID allotted to you in all your future correspondence.

Date:

D	D	M	M	Y	Y	Y	Y
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Participant Stamp & Signature