

110-111 & 129-131, Vyapar Bhavan, 1st Floor, 49, P.D'mello Road, Carnac Bunder, Masjid, Mumbai 400009.  
Tel.: 22 23480039-41 ☐ Fax: 22 23480043

ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT  
(CDSL DP ID 13058500)



(Annexure 2.2)

FOR NON-INDIVIDUALS

(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	3	0	5	8	5	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	Search Name	PAN																
		UCC																
		Exchange Name & ID																
Second Holder's Name		PAN																
		UID																
Third Holder's Name		PAN																
		UID																

\*Exchange ID

Name *	
* 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.	

Type of Account (Please tick whichever is applicable)

Status										Sub - Status							
<input type="checkbox"/> Body Corporate <input type="checkbox"/> Banks <input type="checkbox"/> Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> OCB <input type="checkbox"/> FII <input type="checkbox"/> CM <input type="checkbox"/> FI <input type="checkbox"/> Clearing House <input type="checkbox"/> Other (Specify) _____										To be filled by the DP							
SEBI Registration No. (If Applicable)					SEBI Registration date	D	D	M	M	Y	Y	Y	Y				
RBI Registration No. (If Applicable)					RBI Approval date	D	D	M	M	Y	Y	Y	Y				
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) _____																

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="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> 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)	

Clearing Member Details (To be filled by CMs only)

Name of Stock Exchange			
Name of CC / CH			
Clearing Member Id		Trading member ID	
I / We wish to receive dividend / interest directly in to my bank account 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.

All charges applicable to my Demat Account may please be debited to my account number with Saraswat Bank, Branch _____															
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Other Details	
Gross Annual Income Details	<div><div>INCOME RANGE PER ANNUM</div><div><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</div><div><input type="checkbox"/> Rs 10,00,000 to Rs 25,00,000 <input type="checkbox"/> Rs 25,00,000 to 1,00,00,000</div><div><input type="checkbox"/> More than Rs 1,00,00,000</div></div>
	Net worth as on (Date)w D D M M Y Y Y Y Rs.
	[Net worth should not be older than 1 year]
Please tick If any of the authorized signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors is either Politically Exposed Person (PEP) or Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Please provide details as per Annexure 2.2 A.	
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).	
Easi	To register for Easi, please visit our website <a href="http://www.cdslindia.com">www.cdslindia.com</a> Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.	

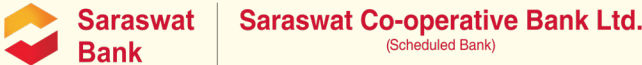
I/We have received and read the document of 'Rights Obligation of BO-DP' (DP-CM agreement for BSE Clearing Member Accounts) including the schedules thereto and the terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that 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 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.

	Sole / First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Designation			
Signatures			

(In case of more authorised signatories, please add annexure)  
(Signature should be preferably in black ink)

-----✂----- (Please Tear Here) -----✂-----

Acknowledgement Receipt



Application No.: \_\_\_\_\_ Date: \_\_\_\_\_

We hereby acknowledge the receipt of the Account Opening Form:

Name of the Sole / First Holder	
Name of Second Holder	
Name of Third Holder	