

Additional KYC Form for Opening a Demat Account**For Non-individuals**

Depository Participant Name / Address / DP ID
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(To be filled by the Depository Participant)

Application No.	Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.									
DP ID									
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	PAN	UID	PAN	UID
Second Holder's Name								
Third Holder's Name								

***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
☐ Body Corporate ☐ Banks ☐ Trust ☐ Mutual Fund ☐ OCB ☐ FII ☐ CM ☐ FI ☐ Clearing House ☐ Other (Specify) _____	To be filled by the DP
SEBI Registration No. (If Applicable)	SEBI Registration date
RBI Registration No. (If Applicable)	RBI Approval date
Nationality	☐ Indian ☐ 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] ☐ Yes ☐ 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')	☐ Yes ☐ No
Account Statement Requirement	☐ As per SEBI Regulation ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID	☐ Yes ☐ No
I / We would like to share the email ID with the RTA	☐ Yes ☐ No
I / We would like to receive the Annual Report ☐ Physical / ☐ Electronic / ☐ Both Physical and Electronic (Tick the applicable box. If not marked the default option would be 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]	☐ Yes ☐ No
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Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR code)																			
IFS Code (11 character)																			
Account number																			
Account type	☐ Saving ☐ Current ☐ 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:																		
	☐ Up to Rs 1,00,000 ☐ Rs 1,00,000 to Rs.5,00,000 ☐ Rs.5,00,000 to Rs. 10,00,000 ☐ Rs. 10,00,000 to Rs. 25,00,000 ☐ Rs.25,00,000 to Rs. 1,00,00,000 ☐ More than Rs.1,00,00,000																		
	Net worth as on (Date) D D M M Y Y Y Y Y Rs <i>[Net worth should not be older than 1 year]</i>																		
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) ☐ . 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).	
	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.	

I/We have received and read the document of 'Rights and 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			
Signature			

(In case of more authorised signatories, please add annexure)

(Signatures should be preferably in black 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) =====