

DEMAT ACCOUNT OPENING FORM - CDSL (DPID 12038000)

TYPE OF ACCOUNT

STATUS	SUB-STATUS
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual HUF/ AOP <input type="checkbox"/> Minor <input type="checkbox"/> Other _____ (Please specify)
<input type="checkbox"/> 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"/> Other _____ (Please specify)
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National - Depository Receipts
<input type="checkbox"/> Non - Individual	<input type="checkbox"/> Body Corporate <input type="checkbox"/> Trust <input type="checkbox"/> OCB <input type="checkbox"/> Bank <input type="checkbox"/> Other _____ (Please specify) To be filled by the DP

* In case of Sole Proprietor / Partnership Firm / Unregistered Trust, Demat account should be opened in the name of Proprietor / Partners / Trustees.

ACCOUNT HOLDERS DETAILS

Sole / First Holder's Name	PAN																				
	UID																				
	UCC																				
	Exchange Name & ID																				
Second Holder's Name	PAN																				
	UID																				
Third Holder's Name	PAN																				
	UID																				

+ Provide KYC Application Form for all Joint Holders (Downloaded additional KYC form from www.shareindia.com)

Name* : _____

* Name of the Sole Proprietor / Partnership Firm / Unregistered Trust should be mentioned above.

Nationality : Indian Other _____ (Please specify)

DETAILS OF GUARDIAN

In case the account holder is minor

Name of the Guardian (Mr. / Ms. / M/s.) : _____




Relationship : _____ PAN : _____

ADDITIONAL DETAILS

Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation	<input type="checkbox"/> Monthly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily
I/We instruct the DP to receive each and every credit in my / our account	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
I/We wish to receive dividend/interest directly into my/our Bank A/c through ECS <small>(If not marked, the default option would be 'Yes'. ECS is mandatory for locations notified by SEBI from time to time)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
I/We request you to send Electronic Transaction-Cum-Holding Statement through E-mail + Please mention E-mail ID in KYC form	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
SMS Alert Facility on Mobile Number as given in KYC Form Refer to T & C given in Annexure 'CDSL SMS Alert Facility' on our website under download section. <small>(Mandatory, if you have given DDPI. If DDPI is not granted and you do not wish to avail this facility, cancel this option)</small>	<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. <small>(If not marked, default option will be 'No')</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
I/We would like to share the E-mail ID with the RTA.	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
I/We would like to receive the annual report <small>(If not marked, default option will be 'Physical')</small>	<input type="checkbox"/> Physical	<input type="checkbox"/> Electronic	<input type="checkbox"/> Both		
Mode of Operation	<input type="checkbox"/> Jointly	<input type="checkbox"/> Any of the holders or survivors			
+ To register for easi, please visit website www.cdslindia.com <small>[easi allows a BO to view his ISIN balances, transactions and value of the portfolio online]</small>					

DECLARATION

I/We have received and read the Rights & 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. I / We request to open a Depository Account in my / our name as per the above details.

	Sole / First Holder / Authorised Signatory	Second Holder / Authorised Signatory	Third Holder / Authorised Signatory
Signature			

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