

Date	

Allocation No.	Date
DP Internal Reference No.	
DP ID	Client ID

[illegible]

* **Base 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.

Status	Sub-Status
☐ Individual	☐ Individual Resident

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 /
ITick the applicable box. If not marked the default option would be in Physical		☐ Both Physical and Electronic	

I/ We wish to receive dividend / interest directly in to my bank account as given in SARAL AOF through ECS (If not marked, the default option would be 'Yes') fECS is mandatory for locations notified by SEBI from time to time]	☐ Yes ☐ No
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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 ☐ More than Rs 25,00,000					
	Net worth as on (Date)	>		,,	,..	V Y Y Y Rs
	[Net worth should not be older than 1 year]					
Occupation	☐ Private / Public Sector ☐ Govt. Service ☐ Business ☐ Professional ☐ Agriculture ☐ Retired ☐ Housewife ☐ Student ☐ Others (Specify)					
Please tick , if applicable: ☐ Politically Exposed Person (PEP) ☐ Related to Politically Exposed Person (RPEP)						
Any other information: _____						

Annexure 2.8

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).	
<i>Easi</i>	To register for easi, please visit our website www.cdslindia.com . <i>Easi</i> allows a BO to view his ISIN balances, transactions and value of the portfolio online.	

Nomination Details

Nomination Registration No.	Dated
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- ☐ I/We hereby confirm that I/We **do not wish to appoint any nominee in my demat account** and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my/ our demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the demat account."

	First/Sole Holder or Guardian in case of Minor)	Second Holder	Third Holder
Name			
Signatures			

Note:

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature [in both the cases i.e. nomination // opt out nomination -

- ☒ I/We **wish to make nomination and do hereby nominate** the following person **(s)** who shall receive all the assets held in my/our account, in the event of my/ our death.

Mandatory Details

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name : *First Name: Middle Name: *Last Name			
*Percentage of allocation of securities Equally [If not equally, please specify percentage] Or Share of each Nominee	%	%	%
Any odd lot after division shall be transferred to the first nominee mentioned in the form			
*Relationship with the BO:			
* Date of birth and Name of Guardian to be provided in case of minor nominee (s)			
Non - mandatory details			

Annexure 2.8

* Marked is Mandatory field

Note

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

Details of the Witness	
	Witness Details
Name of witness	
Address of witness	

f. 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 black ink).

* Marked is Mandatory field

The Depository Participant shall provide acknowledgement of the nomination form to the account holder(s)

===== Please Tear Here)=====

Application No.:

Acknowledgement Receipt
Date:

We hereby acknowledge the receipt of the Account Opening and nomination Application Form:

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

Depository Participant Seal and Signature