

## SARAL ACCOUNT OPENING FORM FOR RESIDENT INDIVIDUALS TRADING IN CASH SEGMENT

I KYC - Please fill this form in BLOCK LETTERS.

### A. IDENTITY DETAILS

- Name of the Applicant: \_\_\_\_\_
- Father's/ Spouse Name: \_\_\_\_\_
- a. Gender: Male/ Female b. Marital status: Single/ Married c. Date of birth: \_\_\_\_\_(dd/mm/yyyy)
- Nationality: \_\_\_\_\_
- a. PAN: \_\_\_\_\_ b. Aadhaar Number, if any: \_\_\_\_\_
- Specify the proof of Identity submitted: \_\_\_\_\_

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

### B. ADDRESS DETAILS

- Residence/ Correspondence Address: \_\_\_\_\_ City/town/village: \_\_\_\_\_  
Pin Code: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_
- Contact Details: Tel. (Off.) \_\_\_\_\_ Tel. (Res.) \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Fax: \_\_\_\_\_ Email id: \_\_\_\_\_
- Permanent Address (if different from above address): \_\_\_\_\_  
City/town/village: \_\_\_\_\_ Pin Code: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_
- Specify the proof of address submitted for residence/correspondence /permanent address: \_\_\_\_\_

### DECLARATION

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.

Signature of the Applicant \_\_\_\_\_ Date: \_\_\_\_\_(dd/mm/yyyy)

☐ Originals verified and Self-Attested Document copies received

(.....)  
Name & Signature of the Authorised Signatory  
Seal/Stamp of the intermediary

Date .....

### II OTHER DETAILS:

#### 1. Bank account details:

| Bank Name | Branch address | Bank account no. | Account Type: Saving/Current/ | MICR Number | IFSC code |
|-----------|----------------|------------------|-------------------------------|-------------|-----------|
|           |                |                  |                               |             |           |

#### 2. Demat account details: (In case the client does not have DP account, this column may be crossed)

| DP name | NSDL/CDSL | Beneficiary name | DP ID | BO ID |
|---------|-----------|------------------|-------|-------|
|         |           |                  |       |       |

#### 3. Whether DP account is also to be opened with the same intermediary (Yes/No)

#### 4. Trading Preferences: Please sign the relevant boxes where you wish to trade.

| Exchange | Sign | Exchange | Sign | Exchange | Sign |
|----------|------|----------|------|----------|------|
| NSE      |      | BSE      |      | MCX-SX   |      |

#### 5. Mode of receiving Contract Note/ Statement of Account: Physical / Electronic (Please indicate your preference).....

#### 6. Standing instructions to receive credits automatically into my BO account (Yes/No)

#### 7. Nomination details (Name, PAN, Address and Phone no. of nominee); relationship with the nominee (If nominee is a minor, details of Guardian like name, address, phone no. and signature of Guardian may be obtained)

I have understood the contents of policy and procedures document, tariff sheet, 'Rights and Obligations' document and 'Risk Disclosure Document'. I do hereby agree to be bound by such provisions as outlined in these documents. I have also been informed that the standard set of documents has been displayed for information on stock broker's designated website.

Signature of the Applicant \_\_\_\_\_

Date: \_\_\_\_\_(dd/mm/yyyy)

## FOR OFFICE USE ONLY

UCC Code allotted to the Client: .....

| DP name | NSDL/CDSL | Beneficiary name | DP ID | BO ID |
|---------|-----------|------------------|-------|-------|
|         |           |                  |       |       |

|                             | Documents verified with<br>Originals | Client Interviewed By | In-Person Verification done by |
|-----------------------------|--------------------------------------|-----------------------|--------------------------------|
| Name of the Employee        |                                      |                       |                                |
| Employee Code               |                                      |                       |                                |
| Designation of the employee |                                      |                       |                                |
| Date                        |                                      |                       |                                |
| Signature                   |                                      |                       |                                |

I / We undertake that I/we have made the client aware of 'Policy and Procedures', tariff sheet. I/We have also made the client aware of 'Rights and Obligations' document (s), RDD and Guidance Note. I/We have given/sent him a copy of all the KYC documents. I/We undertake that any change in the 'Policy and Procedures', tariff sheet would be duly intimated to the clients. I/We also undertake that any change in the 'Rights and Obligations' and RDD would be made available on my/our website, if any, for the information of the clients.

If the client chooses to avail the demat facility from the same stock broker who is also a depository participant, the stock broker may use the same form and provide the details of the demat account opened for the said client to the client while providing a copy of the KYC documents.

.....  
**Signature of the Authorised Signatory**

**Date:** .....

**Seal/Stamp of the stock broker**

**NOTE:** This form is applicable for individual investors trading in the cash segment. If such investors wish to trade in segments other than cash segment and / or wish to avail facilities such as internet trading, running account, margin trading, Power of Attorney etc., they may furnish additional details required as per prescribed regulations to the concerned intermediary.

To be filled by the Depositor Participant

|       |                        |           |
|-------|------------------------|-----------|
| A     | lication No.           | Date      |
| DP    | Internal Reference No. |           |
| DP ID |                        | Client ID |

[illegible]

\* ~~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.

| Status                              | Sub-Status                                   |
|-------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> 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')                                                           |                                                 | <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) |                                                 |                                |                                                                                                       |

|                                                                                                                                                                                                                                                               |                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <p>I/ We wish to receive dividend / interest directly in to <b>my</b> bank account as given in SARAL AOF through ECS (If not marked, the default option would be 'Yes')<br/>         fECS is mandatory for locations notified by SEBI from time to time I</p> | <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|

|                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                        |  |                                                 |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|--|--|--|--|--|--|--|
| Other Details<br>Gross Annual<br>Income Details                                                                                                              | Income Range per annum:                                                                                                                                                                                                                                                                                                                                |  |                                                 |  |  |  |  |  |  |  |
|                                                                                                                                                              | <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<br><input type="checkbox"/> Rs 10,00,000 to Rs 25,00,000 <input type="checkbox"/> 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                                                                                                                                                   | <input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture<br><input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Specify) |  |                                                 |  |  |  |  |  |  |  |
| Please tick , if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP) |                                                                                                                                                                                                                                                                                                                                                        |  |                                                 |  |  |  |  |  |  |  |
| Any other information:    I                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                        |  |                                                 |  |  |  |  |  |  |  |

|                                                                                         |                                                                                                                                                                                                                 |  |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>SMS Alert Facility</b><br>Refer to Terms & Conditions given as <b>Annexure - 2.4</b> | MOBILE NO. +91 _____<br>[(Mandatory, if you are giving Power of Attorney ( POA)]<br>(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 <a href="http://www.cdslindia.com">www.cdslindia.com</a> .<br><i>Easi</i> allows a BO to view his ISIN balances, transactions and value of the portfolio online. |  |

**Nomination Details**

|                             |       |
|-----------------------------|-------|
| Nomination Registration No. | Dated |
|-----------------------------|-------|

- ☐ 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 :<br>*First Name:<br><br>Middle Name:<br><br>*Last Name                                                                                       | .....<br>.....<br>..... | .....<br>.....<br>..... | .....<br>.....<br>..... |
| *Percentage of allocation of securities<br><br>Equally<br>[If not equally, please specify percentage]<br><br><b>Or</b><br><br><b>Share of each Nominee</b> | %                       | %                       | %                       |
| 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                                                                                                                                    |                         |                         |                         |

### Note

|                        |                        |
|------------------------|------------------------|
| Details of the Witness |                        |
|                        | <b>Witness Details</b> |
| 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<br>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