

**SARAL**

**ACCOUNT OPENING FORM FOR RESIDENT INDIVIDUALS TRADING IN CASH SEGMENT**

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

**I KYC - Please fill this form in BLOCK LETTERS.**

**A. IDENTITY DETAILS**

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

**B. ADDRESS DETAILS**

1. Residence/ Correspondence Address: \_\_\_\_\_ City/town/village: \_\_\_\_\_  
Pin Code: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_
2. Contact Details: Tel. (Off.) \_\_\_\_\_ Tel. (Res.) \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Fax: \_\_\_\_\_ Email id: \_\_\_\_\_
3. Permanent Address (if different from above address): \_\_\_\_\_  
City/town/village: \_\_\_\_\_ Pin Code: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_
4. 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 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.



|   |   |  |
|---|---|--|
| <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).   |  |
| <b>Easi</b>   | To register for <b>easi</b> , please visit our website <a href="http://www.cdslindia.com">www.cdslindia.com</a> .<br><b>Easi</b> allows a BO to view his ISIN balances, transactions and value of the portfolio online. |  |

**Nomination Details**

|                                    |              |
|------------------------------------|--------------|
| <b>Nomination Registration No.</b> | <b>Dated</b> |
|------------------------------------|--------------|

- 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..

|            | <b>First/Sole Holder or Guardian (in case of Minor)</b> | <b>Second Holder</b> | <b>Third Holder</b> |
|------------|---|----------------------|---------------------|
| 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 **nominate** the following persons who is/are entitled to receive security balances lying in my/our account, particulars where of are given below, in the event of my / our death.

| <b>Nomination Details</b>  | <b>Nominee 1</b> | <b>Nominee 2</b> | <b>Nominee 3</b> |
|--|------------------|------------------|------------------|
| Nominee Name :<br>*First Name:<br>.....<br>.....<br>Middle Name:<br>.....<br>*Last Name  |                  |                  |                  |
| *Percentage of allocation of securities<br><br>Equally<br>[If not equally, please specify percentage]<br><br><b>Or</b><br><input type="checkbox"/><br><b>Share of each Nominee</b> | %                | %                | %                |
| <i>Any odd lot after division shall be transferred to the first nominee mentioned in the form</i>  |                  |                  |                  |
| Nomination Identification Details [Please tick any one of following and provide details of same]   | Nominee 1        | Nominee 2        | Nominee 3        |

|   |                         |                         |                         |
|---|-------------------------|-------------------------|-------------------------|
| <input type="checkbox"/> Photograph & Signature<br><input type="checkbox"/> PAN<br><input type="checkbox"/> Aadhaar<br>Saving Bank account no.<br><input type="checkbox"/> Proof of Identity<br><input type="checkbox"/> Demat Account ID<br><b>[Optional Fields]</b>   |                         |                         |                         |
| *Address:   |                         |                         |                         |
| *City   |                         |                         |                         |
| *State  |                         |                         |                         |
| *Pin  |                         |                         |                         |
| *Country  |                         |                         |                         |
| Mobile no/Telephone No.<br><b>[Optional Fields]</b>   |                         |                         |                         |
| Email ID:<br><b>[Optional Fields]</b>   |                         |                         |                         |
| FAX No.:<br><b>[Optional Fields]</b>  |                         |                         |                         |
| *Relationship with the BO:  |                         |                         |                         |
| Date of birth (mandatory if Nominee is a minor)<br>dd-mm-yyyy   |                         |                         |                         |
| Name of the Guardian of Nominee (if nominee is a minor)<br>*First Name:<br>.....<br>.....<br>Middle Name:<br>.....<br>*Last Name  | .....<br>.....<br>..... | .....<br>.....<br>..... | .....<br>.....<br>..... |
| *Address of the guardian of nominee:  |                         |                         |                         |
| *City   |                         |                         |                         |
| *State  |                         |                         |                         |
| *Country  |                         |                         |                         |
| *PIN  |                         |                         |                         |
| Age   |                         |                         |                         |
| Mobile Telephone no.:<br><b>[Optional Fields]</b>   |                         |                         |                         |
| Email ID:<br><b>[Optional Fields]</b>   |                         |                         |                         |
| Fax No.<br><b>[Optional Fields]</b>   |                         |                         |                         |
| <b>To be filled only if nominee(s) is a minor:</b>  |                         |                         |                         |
| *Relationship of the Guardian with the Nominee  |                         |                         |                         |
| Guardian Identification details – [Please tick any one of following and provide details of same]<br><input type="checkbox"/> Photograph & Signature<br><input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar Saving Bank account no. Proof of Identity<br><input type="checkbox"/> Demat Account ID<br><b>[Optional Fields]</b> |                         |                         |                         |

|   |  |  |  |
|---|--|--|--|
|   |  |  |  |
| * |  |  |  |

**Note :** Residual securities: in case of multiple nominees, remaining after distribution of securities as per percentage of allocation. shall be transferred to the first nominee .

**\* 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 [in both the cases i.e. nomination / opt out nomination

| Details of the Witness |                 |
|------------------------|-----------------|
|                        | Witness Details |
| Name of witness        |                 |
| Address of witness     |                 |
| Signature of witness   |                 |

This nomination shall supersede any prior nomination made by the account holder(s), if any.

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).**

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

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

**Acknowledgement Receipt**

**Application No.:**

**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**