

Additional information to be obtained along with the SARAL Account Opening Form for Resident Individuals

Date	D	D	M	M	Y	Y	Y	Y

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	

Holders Details

Sole / First Holder's Name		UID																
Second Holder's Name		PAN																
		UID																
Third Holder's Name		PAN																
		UID																

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.	

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

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') [ECS 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 ₹ 10,00,000 ☐ Rs 10,00,000 to Rs 25,00,000 ☐ More than Rs 25,00,000																
	Net worth as on (Date)	<table border="1"> <tr> <td>D</td> <td>D</td> <td>M</td> <td>M</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> Rs <i>[Net worth should not be older than 1 year]</i>	D	D	M	M	Y	Y	Y	Y							
D	D	M	M	Y	Y	Y	Y										
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:																	

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).														
Transactions Using Secured Texting Facility (TRUST). Refer to Terms and Conditions Annexure – 2.6	I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for the same. ☐ Yes ☐ No I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Stock Exchange Name/ID</th> <th style="text-align: center;">Clearing Member Name</th> <th style="text-align: center;">Clearing Member ID (Optional)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)									
Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)													
Easi	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.														

Nomination Details

Nomination Registration No.	Dated

I /We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:

☐ **I/We do not wish to nominate any one for this demat account.**

☐ 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.

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name : *First Name: Middle Name: *Last Name			
Nomination Details	Nominee 1	Nominee 2	Nominee 3
*Address:			
*City			
*State			
*Pin			
*Country			
Telephone No.			
FAX No.			
PAN No.			
UID			
Email ID			
*Relationship with the BO:			
Date of birth (mandatory if Nominee is a minor) dd-mm-yyyy			
Name of the Guardian of			

Nominee (if nominee is a minor) *First Name: Middle Name: *Last Name			
*Address of the guardian of nominee:			
*City			
*State			
*Country			
*PIN			
Age			
Telephone			
Fax No.			
Email ID			
*Relationship of the Guardian with the Nominee			
*Percentage of allocation of securities			
*Residual Securities [please tick any one nominee. If tick not marked default will be first nominee]:	☐	☐	☐

Note : Residual securities: in case of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be marked as nominee entitled for residual shares, if any.

*** Marked is Mandatory field**

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

Note: One witness shall attest signature(s) / thumb impression(s)

Details of the Witness	
	First Witness
Name of witness	
Address of witness	
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).

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

Application No.: **Acknowledgement Receipt**
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

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)