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 ……

I I 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 Aplicant** **Date: _____(dd/mm/yyyy)**

Internal

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.

Internal

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	
		UCC	
		Exchange Name & ID	
		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

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) D D M M Y 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:		

Classification - Public

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).	
Easi	To register for ***e***asi, please visit our website www.cdslindia.com. ***Easi*** allows a BO to view his ISIN balances, transactions and value of the portfolio online.	

$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			

(S*ignatures should be preferably in black ink*).

Nomination Details - opt in and opt out form

I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our demise, as trustee and on behalf of my / our legal heir(s)

Nomination Details

	Mandatory Details						Additional Details ****	
	Name of nominee	Share of nominee (%)**	Relation ship	Postal Address	Mobile number & E-mail	Identity Number ***	D.o.B. of nominee	Guardian
Nominee 1								
Nominee 2								
Nominee 3								

***Joint Accounts:**

Event	Transmission of Account
Demise of one or more joint holder(s)	**Surviving holder(s) through name deletion The surviving holder(s) shall inherit the assets as**
Demise of all joint holders simultaneously – having nominee	**Nominee**
Demise of all joint holders simultaneously – not having nominee	**Legal heir(s) of the youngest holder**

**** If % is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division / fraction of %, shall be transferred to the first nominee mentioned in the nomination form. (see table in 'Transmission aspects').**

***** Provide only number: PAN or Driving License or Aadhaar (last 4 digits). Copy of the document is not required. However, in case of NRI / OCI / PIO, Passport number is acceptable.**

****** to be furnished only in following conditions / circumstances:**

- **Date of Birth (DoB): please provide, only if the nominee is minor.**
- **Guardian: It is optional for you to provide, if the nominee is minor.**

1) I / We want the details of my / our nominee to be printed in the statement of holding or statement of account, provided to me/ us by the DP as follows; (please tick, as appropriate)

Classification - Public

- **Name of nominee(s)**
- **Nomination: Yes / No**

[

2) Signature(s) – As per the mode of holding in demat account(s) for nomination

Name(s) of holder(s)		Signature(s) of holder /	Signature of two witnesses*	Name of Witness & Address
Sole / First Holder (Mr./Ms.)				
Second Holder (Mr./Ms.)				
Third Holder (Mr./Ms.)				

*** Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.**

Rights, Entitlement and Obligation of the investor and nominee:

- **You can make nomination or change nominee any number of times without any restriction.**
- **You are entitled to receive acknowledgement from the DP for each instance of providing or changing nomination.**
- **The signatories for this nomination form shall be as per mode of holding in the demat account(s) i.e.**
  - **'Either or Survivor' Accounts - any one of the holder can sign**
  - **'First holder' Accounts - only First holder can sign**
  - **'Jointly' Accounts - all holders have to sign**

Transmission aspects

- **DPs shall transmit the account to the nominee(s) upon receipt of 1) copy of death certificate and 2) completion / updation of KYC of the nominee(s). The nominee is not required to provide affidavits, indemnities, undertakings, attestations or notarization.**
- **In case of a joint account, for transmission to the surviving joint holder(s) by name deletion, the surviving joint holder(s) shall have the option to update residential address(es), mobile number(s), email address(es), bank account detail(s), annual income and nominee(s), either along with transmission or at a later date. The regulated entity cannot seek KYC documents at the time of transmission, unless it was sought earlier but not provided by the holder.**
- **Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the DP.**

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In case of multiple nominees, the assets shall be distributed pro-rata to the surviving nominees, as illustrated below.

% Share as specified by investor at the time of nomination		% assets to be apportioned to surviving nominees upon demise of investor and nominee 'A'			
Nominee	% share	Nominee	% initial share	% of A's share to be apportioned	Total % share
A	60%	A	0	0	0
B	30%	B	30%	45%	75%
C	10%	C	10%	15%	25%
Total	100%	-	40%	60%	100%

Declaration Form for opting out of nomination

Date	D	D	M	M	Y	Y	Y	Y
DP ID								
Demat account								

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my our 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 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.

Name and Signature of Holder(s)*

1. 2. 3

Witness details*

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

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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

Classification - Public