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

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) 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:	

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	
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.	

Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)

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 person who is entitled to receive security balances lying in my/our account, particulars whereof are given below, in the event of my / our death.

Full Name of the Nominee			
Address			
City		State	
Country		PIN code	
Telephone No.		Fax No.	
PAN		UID	
E-mail ID			
Relationship with BO (If any)			
Date of birth (mandatory If nominee is a minor)	D D M M Y Y Y Y		

As the nominee is a minor as on date, to receive the securities in this account on behalf of the nominee in the event of the death of the Sole holder / all Joint holders, I/We appoint following person to act as **Guardian**:

Full name of Guardian of Nominee			
Address			
City		State	
Country		PIN	
Age		Fax No.	
Telephone No.			
E-mail ID			
Relationship of Guardian with Nominee			

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

Note: Two witnesses shall attest signature(s) / thumb impression(s)

Details of the Witness		
	First Witness	**Second 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*).