

## RLP Securities Private Limited DP: CDSL, DPID: 12043400

202, Nirmal Towers, Dwarakapuri Colony, Hyderabad – 500082. Phone No.s : 040-66755863 / 30603681 Fax : 66108495 Email : dp\_rlp@yahoo.com

Annexure 2.1

## Additional KYC Form for Opening a Demat Account for Individuals (To be filled by the Depository Participant)

Application No.									Date												
DP Internal Referen	ce No			1 4	1 2	1 4		1 0	CI:											-	
DPID	1	2	0	4	3	4	0	0	Client l	D									Щ		
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Holder's Name									UID												
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Third Holder's Name								F	PAN UID		1	_	_					$\vdash$	_		
Name									UID									ш			<u> </u>
Name*																					
* In case of Firms,																					
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Relationship with t	the ap	plica	nt																		
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my / our account with										Ye	:S			No							
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I / We request you to Statement at the em		Elect	tronic	Transa	ction -	- cum	Holdin	g			Yes			No							
I/We would like to sh	nare th	ne ema	ail ID v	vith the	RTA						Yes			No							
I/We would like to re (Tick the applicable I							al / [ would		ctronic / Physical)		Both	Phy	sical	and	d Ele	ectro	onic				
I/We wish to receive	ve div	/iden	d / int	erest	direct	lv to r	nv har	nk ac	count as	aive	n he	low									
through ECS (If no										50	20			<u> </u>	Yes		[	_ n	No		
[ECS is mandatory																					



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Bank Code (9 digit MICR of	ode)														Т	
IFS Code (11 Character)												1		Т		
Account Number																
Account Type																
Bank Name																
Branch Name																
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Occupation	Private / Pub			Hous	Servi ewife		Stu	iness dent		Oth		pecify	)	icultu	re	
Please tick, if applicable  Any other information	Politically E	xposed I	Person	(PEF	ال(ر	Relate	ed to I	Politica	ally Ex	xpose	ed Pe	rson (l	<u>KPEI</u>	(د		
Any other information																
SMS Alert Facility Refer to Terms & Conditions given as Annexure – 2.4	Mobile No. [Mandatory, i (if POA is not	+91 f you are t granted	e givino	g Pow ı do n	ver of ot wis	Attorr sh to a	ney(Po	OA)] of this f	acility	, car	ncel th	is opti	ion)	]		
Transactions Using Secured Texting Facility (TRUST), Refer to Terms and Conditions Annexure – 2.6	I/We wish to registered for Stock Exc	register r TRUST change / ID	the fo	the Tollowin	ng cle	and (earing	mem	ber Id	s und	ibed ler m	for the	e sam	e v mei	ntione	ed E	BO ld
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I / We <b>nominate</b> the follow						ty bal	ances	s lying	in my	/ / ou	ır acc	ount, p	partic	culars	wh	ereof
are given below, in the eve	nt of my / our deat	h.														
Full Name of the Nominee																
Address																
City								Stat	e							
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Name of the Third Holder

## **RLP Securities Private Limited** DP: CDSL, DPID: 12043400

202, Nirmal Towers, Dwarakapuri Colony, Hyderabad – 500082.

Phone No.s: 040-66755863 / 30603681 Fax: 66108495 Email: dp\_rlp@yahoo.com

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	f Guardian of Nominee				
Address					
					1
City				State	
Country				Pin Code	
Telephone N	No.			Fax No.	
PAN				UID	
E-mail ID					
Relationship	with BO (If any)				<u> </u>
me/us.	ation shall supersede any p		. ,	any testament	ary document executed by
			Details of the Witness		
			First Witness	S	econd Witness
Name of Wit	tness				
Address of V	Vitness				
Signature of	Witness				
bound by the above are trintimate the	e same and by the Bye Law rue and to the best of my / o <b>DP</b> any change(s) in the de nformation given by me / us	s as are in our knowled tails / Partio	bligations document and terms & force from time to time. I / We de Ige as on the date of making this aculars mentioned by me / us in this ssion of any material information w	clare that the pplication. I / V form. I / We full	particulars given by me / us We agree and undertake to urther agree that any false /
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RLP Securities Pvt. Ltd Depository Participant – CDSL