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

To be filled by the Depository Participant)  Application No.  Date D D M M Y Y Y Y  DP Internal Reference No.									,				-		_						
Date   D   M   M   Y   Y   Y   Y   Y   Y   Y   Y										Date	D	D	_	M	M		Υ	Υ		Υ	Υ
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Client ID   Clie			e No.							2 4.0		_									
Sole / First Holder's Name	DP ID								Clien	nt ID											
Second Holder's Name    PAN	Holders Det	tails																			
Second Holder's Name    PAN	Sole / Fir	ct									UID	Τ			Т	1	T		Τ		I
Second Holder's Name    CC																					
Second Holder's Name    Exchange   Name & ID   UID											PAN				1	$\top$	1				
Name   Status   Sub - Status   Individual	C										UCC			П						П	
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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											_			Н	$\perp$	$\perp$	$\perp$		_	$\sqcup$	_
Name *	1	der's										-		Н	$\perp$	$\perp$	_		$\perp$	$\vdash \vdash$	_
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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		of Firms	Acco.	istica	of D	orcon	o (AO	D) Do	rtn ord	hin Firm	Llnros	ictor	od 7	Fruct	oto		thou	ah th			- -
Status   Sub - Status   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')   Account Statement   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')   Yes   No   No   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')   Yes   No   No   I / We wish to receive the Annual Report   Physical option would be 'Yes')   Yes   No   No   Res 1,00,000   Res 1,00,000   Res 5,00,000   Res 5,00,000   Res 5,00,000   Res 10,00,000   Res 10,00,000   Res 10,00,000   Net worth as on (Date)   D   M M Y Y Y Y Y Res   Resident at the email ID   No   No   No   No   No   No   No   N																					
Status    Individual   Individual Resident										n uie i ii	III, A330	Clatic	JII C	лгс	30113	, (~	Or ),	raru	ICI 3I	ııp ı	, ,
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Requirement	(If not ma	arked, th	e defai	ult op	tion w	vou <b>l</b> d	be 'No	o′)													
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Any other information:

SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4	MOBILE NO. +91	
<b>E</b> asi	To register for <i>e</i> asi, please visit our website <u>www.cdslindia.com</u> . <i>Easi</i> allows a BO to view his ISIN balances, transactions and value of the portfolio online.	

## **Nomination Details**

Nomination Registration No.	Dated

	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.

	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
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 wish to make nomination and do here by nominate the following person (s) who shall receive all the assests held in my/our account, in the event of my / our death.

## **Mandatory Details**

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Name in a Name of			
Nominee Name :			
*First Name:			
AAT LILL AL			
Middle Name:			
*Last Name			
*Percentage of allocation of			
securities			
securities			
E			
Equally			
[If not equally, please		•	٠,
specify percentage]	%	%	%
Or			
Share of each Nominee			
Any odd lot after division shall be	transferred to the first nominee n	nentioned in the form	
*Relationship with the BO:			
* Date of birth and Name of	f Guardian to be provided in	case of minor nominee (s)	
	Non - mand	atory details	
	Tron mana	atory dotano	
*Address of Nominee (s)			
/ Guardian in case of			
Minor:			
*City_place:			
*State & Country:			
*Pin_Code:			
Mobile no/Telephone No. of			
the Nominee (s)			
Guardian in case of			
Minor:			
Email ID of the nominee			
(s) / Guardian in cae of			
minor:			
minor.			
Nominee/Guardian I			
incase of minor )			
Identification Details –			
[Please tick any one of			
following and provide			
details of same]			
□ Photograph &			
Signature			
□ PAN			
□ Aadhaar			
□ Saving Bank account			
no.			
□ Proof of Identity			
□ Demat Account ID			
	<u>l</u>		

				Annexure 2.8
1				Ailliexure 2.0
* Marked is Manda	tory field			
Note	·	e and address are r	equired, if the account holder a	ffixes thumb impression, instead of
Details of the Witnes	SS			
			Witness Details	S
Name of witness				
Address of witness				
Signature of witness				
me/us above are tru undertake to intimat	e and to the be e the DP any ch / misleading info mination and sui	st of my/our knowl ange(s) in the deta ormation given by r table action.	ledge as on the date of making ails / Particulars mentioned by me / us or suppression of any r	eclare that the particulars given by g this application. I/We agree and me / us in this form. I/We further material information will render my
		e Holder or case of Minor)	Second Holder	Third Holder
Name	Caararan (III			
Signatures				
* Marked is Manda The Depository Parti	ntory field		ent of the nomination form to tl	he account holder(s)
Application No.:		Acknowle	Fear Here) ===================================	n Form:
Name of the Sole / F				
Name of Second Hol Name of Third Holde				
	•1	l l		

**Depository Participant Seal and Signature**