

**For Non-individuals**

<b>Inter-connected Stock Exchange of India Limited</b> International Infotech Park, Tower 7, 5 <sup>th</sup> Floor, Sector 30, Vashi, Navi Mumbai – 400703. Tel: 67941100 / 27812812 DP-ID No.13023400 & DP SEBI Reg. No. IN-DP-CDSL-143-2001
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(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								

(To be filled by the applicant in **BLOCK LETTERS** in English)

I/We request you to open a demat account in my/ our name as per following details :-

**Holders Details**

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

<b>Name *</b>	_____
* 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.	

<b>Type of Account</b> (Please tick whichever is applicable)											
<b>Status</b>										<b>Sub – Status</b>	
<input type="checkbox"/> Body Corporate <input type="checkbox"/> Banks <input type="checkbox"/> Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> OCB <input type="checkbox"/> FII <input type="checkbox"/> CM <input type="checkbox"/> FI <input type="checkbox"/> Clearing House <input type="checkbox"/> Other (Specify) _____										<b>To be filled by the DP</b>	
SEBI Registration No. (If Applicable)				SEBI Registration date	D	D	M	M	Y	Y	Y
RBI Registration No. (If Applicable)				RBI Approval date	D	D	M	M	Y	Y	Y
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) _____										

I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes')		[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____		<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you wish to receive dividend / interest directly in to your bank account given below through ECS? (If not marked, the default option would be 'Yes')	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Clearing Member Details (To be filled by CMs only)**

Name of Stock Exchange			
Name of CC / CH			
Clearing Member ID		Trading member ID	

Do you wish to receive dividend / interest directly in to your bank account given below through ECS? (if not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Bank Details [Dividend Bank Details]**

Bank Code (9 digit MICR code)									
IFS Code (11 character)									
Account number									
Account type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify)_____								
Bank Name									
Branch									
Bank Address									
City		State		Country		PIN			

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)  
 (ii) Photocopy of the Bank Statement having name and address of the BO  
 (iii) Photocopy of the Passbook having name and address of the BO, (or)  
 (iv) Letter from the Bank.  
 ➤ In case of option (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

<b>SMS Alert Facility</b> Refer to Terms & Conditions given as <b>Annexure - 2.4</b>	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).	
<b>Easi</b>	To register for <b>easi</b> , please visit our website <a href="http://www.cdslindia.com">www.cdslindia.com</a> . <b>Easi</b> allows a BO to view his ISIN balances, transactions and value of the portfolio online.	

I/We have read the DP-BO agreement (DP-CM agreement for BSE Clearing Member Accounts) including the schedules thereto and the 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 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.

	Sole / First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Designation			
Signature			

(In case of more authorised signatories, please add annexure)

(Signatures should be preferably in black ink).

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**Acknowledgement Receipt**
**Application No.:**
**Date:**

We hereby acknowledge the receipt of the Account Opening Application Form from: -

Name of the Sole / First Holder	
Name of the Second Holder	
Name of the Third Holder	

**Depository Participant Seal and Signature**