



THE AKOLA JANATA COMMERCIAL CO-OP. BANK LTD.,
AKOLA (MULTISTATE SCHEDULED BANK)

CDS Cell :- Main Branch., "Janvaibhav" Old Cotton Market, Post Box No. 90. Akola - 444 001 (M.S)

Ph. : 2430012, 2430639, 2434406 Fax No : 0724 - 2430814, 2434398

Depository Participant of Central Depository Services (India) Limited.
SEBI Regn. No. IN-DP-CDSL - 142-2001 DP-ID : 23100

Application Form for Opening a Demate Account

☐ Individual ☐ NRI ☐ Foreign National

(To be filled by the Depository Participant)

Application No.										Date									
DP Internal Reference No.																			
DP ID	1	3	0	2	3	1	0	0	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 the following details :-

Sole / First Holders Details

First Name																			
Middle Name																			
Last Name																			
Father / Husband Name																			
Title		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other														Suffix			
Correspondence Address																			
City												State							
Country												PIN							
Telephone No.						Fax No.						Mobile No.							
PAN																			
E-mail ID																			
Permanent Address (if different from Correspondence Address)																			
City												State							
Country												PIN							
Telephone No.						Fax No.						Mobile No.							
E-mail ID																			

Joint Holders - Second Holder's Details

First Name																			
Middle Name																			
Last Name																			
Father / Husband Name																			
Title		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other														Suffix			
Permanent Address																			
City												State							
Country												PIN							
Telephone No.						Fax No.						Mobile No.							
PAN																			
E-mail ID																			

Joint Holders - Third Holder's Details

First Name																			
Middle Name																			
Last Name																			
Father / Husband Name																			
Title		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other														Suffix			
Permanent Address																			
City												State							
Country												PIN							
Telephone No.						Fax No.						Mobile No.							

Type of Account (Please tick whichever is applicable)

Status	Sub - Status
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual - Director's Relative <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Individual Margin Trading A/C (MANTRA) <input type="checkbox"/> Individual - Director <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Others (specify)
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Repatriable Promoter <input type="checkbox"/> NRI Depository Receipts <input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> NRI Non-Repatriable Promoter <input type="checkbox"/> Others (specify)
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National - Depository Receipts <input type="checkbox"/> Others (specify)
I/We instruct the DP to receive each and every credit in my/ our account [Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No	
Account Statement Requirement	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly

Do you wish to receive dividend / interest directly in to your bank account given below through ECS ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Bank Details [Dividend Bank Details]

Bank Code (9 Digit MICR code)									
Bank Name									
Branch									
Bank Address									
City		State		Country		PIN			
Account Number									
Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit <input type="checkbox"/> Others (specify)								

- (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 and not more than 4 months old, (or)
 (iii) Photocopy of the Passbook having name and address of the BO, (or)
 (iv) Letter from the Bank,
 ➤ In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document and its should be self-certified by the BO.

I/We have read the terms & conditions DP-BO agreement 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	Second Joint Holder	Third Joint Holder
Name			
Signatures			
Passport size Photograph	(Please sign across the photograph)	(Please sign across the photograph)	(Please sign across the photograph)

(Signatures should be preferably in black ink)

[In case of minor holder, photograph of guardian has to be affixed along with minor's photograph]

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,	

Additional Details

SMS Alert Facility	<input type="checkbox"/> Yes MOBILE No. + 91..... Refer to Terms & Conditions given as Annexure - A	<input type="checkbox"/> No
easi	<input type="checkbox"/> Yes If yes, please contact your DP for details [Facility through CDSL's website: www.cdslindia.com wherein a BO can view his ISIN balances, transactions and value of the portfolio online.]	<input type="checkbox"/> No

To: The Akola Janata Samiti, Co-op Bank Ltd., Akola. (DP ID 23100)
Old Cotton Market,
P.O. Box No. 90,
Akola 432 001

Date: _____

Re: Beneficial Owner (BO) Account No. 13023100000

I/We _____
[name(s) of the BO(s)] had entered into agreement dated _____ with you at the
time of opening of the aforesaid BO account.

Pursuant to the amendment in Clause 3 of the agreement (Annexure C to the Bye Laws of
CDSL), I/We confirm having opted to receive the statement of accounts pertaining to the above
mentioned BO account in electronic mode in lieu of physical copy of the statement of account.

I/We confirm that the dispatch of statement of account to me/us at the following email address
shall constitute full and absolute discharge of your obligation under the above agreement to
provide me/us with statement of my/our BO account. But, I/We reserve my/our right to receive the
physical copy of statement of accounts despite receiving the same in electronic mode, if such a
demand is made in writing on you.
(Email address: _____)

I/We confirm that any change in the aforesaid email address or any other instructions with regard
to dispatch service of my/our statement of account on me/us shall not be binding upon you
unless you are intimated in writing by me/us by acknowledged delivery.

Yours faithfully,

Name/s of the Beneficial owner/s

Signature/s

1. _____

2. _____

3. _____

THE AKOLA JANATA COMMERCIAL CO-OP BANK LTD; AKOLA

DEPOSITORY SERVICES CELL (wef.27th June 2016)

SCHEDULE "I"

Sr. No.	Type of Charges	Amount
1	Account Opening Charges	Nil
2	Custody Charges	Nil
3	Annual Maintenance Charges	Rs. 200/- P.A.
4	Buying Charges	Free
5	Selling Charges	Minimum Rs. 15/- or 0.02% of MV
6	D'MAT Charges	Rs. 5/- Per Certificate + Postage
7	R'MAT Charges	Rs. 10/- Per Certificate + Postage
8	Pledge Charges (Creation / Removal / Invocation)	Rs. 25/- Per Script
9	Easiest Charges (Registration)	Rs. 300/- One Time
10	Net Access Charges (Easi)	Free
11	D'MAT Rejection Charges	Register Postage Charges Only
12	Additional Statement Charges	Rs. 5/- Per Page

- Note: 1) All charges are non-refundable.
 2) Service tax on & above the charges will be applicable as per Statutory requirement.
 3) Charges are subject to changes from time to time.
 4) Market value of the transactions will be as per the rates provided by CDSL.
 5) All instruction for transfer must be received at the designated Demat Centers at least one day prior to the execution date.
 6) Please not that in case the Bank is unable to recover the charges due to inadequate balances in your designate Bank account or due to invalid / closed Bank account, the depository services for such accounts will be temporarily suspended till the receipt of such charges.

I / We agree to pay the above charges as & when due.

Sign: (1st Sole Holder)

(2nd Holder)

(3rd Holder)

Estd: 1969



THE AKOLA JANATA COMMERCIAL CO-OPERATIVE BANK LTD, AKOLA

MULTISTATE SCHEDULED BANK (R.No.MSCS/CR/5399 DL23.02.98)

Head Office: 'Janvashv', Old Cotton Market, P.B.No.99, Akola - 444 001(M.S.)

Additional Details For Opening A Demat Account

Holders Details

Holder/First		UID	X	X	X	X	X	X	X	X				
Holder's Name														
Holder/Second		UID	X	X	X	X	X	X	X	X				
Holder's Name														
Holder/Third		UID	X	X	X	X	X	X	X	X				
Holder's Name														

I/We instruct the DP to receive each and every credit in my/our account. (Automatic Credit)
 (If not marked, the default option would be "YES") ☐ Yes ☐ NO

I/We Would like to instruct the DP to accept all the pledge instruction 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 Regulations ☐ Weekly ☐ Fortnightly ☐ Monthly

I/We request you to send Electronic Transaction -cum- holding statement at the email. ☐ 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

BSDA facility required

☐ Yes ☐ NO

Other Details

Gross Annual Income Net worth as on Date _____ Rs.
 (Net worth should not be older than 1 year)

Occupation ☐ Private /Public Sector ☐ Govt. Service ☐ Business ☐ Professional ☐ Agriculture
☐ Retired ☐ Housewife ☐ Student ☐ Other (Specify) _____

Please tick, if applicable ☐ Politically Exposed Person (PEP) ☐ Related to Politically Exposed Person (RPEP)

Any other Information _____

Transaction Using Secured Texting Facility (TRUST). Refer to Terms and conditions. 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 wis to register the following clearing member IDs under my/ our below mentioned ID registered for TRUST

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



THE AKOLA JANATA COMMERCIAL CO-OP. BANK LTD; AKOLA

(MULTI STATE-SCHEDULED BANK)

CDS CELL :- Main Branch, Old Cotton Market, AKOLA 444 001(M.S.)

Ph. : 2430012, 2430639 • Fax No : 0724 - 2430814, 2434398

Depository Participant of Central Depository Services (India) Limited

SEBI Regn. No. IN-DP-CDSL-142-2001

DP-ID - 23100

Acknowledgement

Date

D	D	M	M	Y	Y	Y	Y
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To,
The Manager
The Akola Janata Commercial Co-op. Bank Ltd.
Main Branch AKOLA - 444 001

With reference to my / our application for opening a depository account, I / We acknowledge the receipt of copy of the document, 'Rights and Obligations of the Beneficial Owner and Depository Participant'.

	Name	Signature(s) of Account Holder(s)
1. Sole / First Holder		X
2. Second Holder		
3. Third Holder		

Authorisation for Debiting the Current Accounts/Saving Accounts
for Bank charges & Undertaking for the payment of Interest in case
of occurrence of Debit Balances

To,
The Manager,
The Akola Janata Commercial Co-op. Bank Ltd., Akola.
H.O. - "Jan Vaibhav" Old Cotton Market,
Akola. - 444 001.

Date: _____

Dear Sir,

I/We _____

Residing at _____

maintain a Saving Account/Current Account/s No. _____ at your

_____ branch. I/We authorise you to debit above Account /s for the Service Charges
& interest due from the below mentioned persons also :

Name.	Depository A/c.
1.	
2.	
3.	
4.	
5.	

I/We hereby authorise you to debit all types of Bank charges, commission, fees, postage charges ("Service charges"), other charges whatsoever payable by me/us to the said Account/s. I/We also undertake that sufficient balance shall be maintained by me/us in the above Accounts to full the debit of all these Charges. The failure on part of me/us to maintain sufficient balance in the said Account shall not in any way impair the right of The Akola Janata Comm. Co-op. Bank Ltd., Akola to debit the service charges. I/We hereby further authorise the bank to charge interest on debit balance if any in the said Accounts due to such debiting of Service Charges.

The Bank shall not be bound to provide overdraft facility on the said Account.

I/We specifically agree and confirm that any matter of issues arising out of above authorisation shall be subject to the jurisdiction of the Courts of Akola.

First/Sole Holder

Second Holder

Third Holder

FATCA / CRS DECLARATION

1. I/We hereby certify that I / we have declared my / our status as per the rules applicable under section 285BA of the Income Tax Act, 1961 as notified by Central Board of Direct Taxes (CBDT) vide Notification No. S.O. 2155 (E) dated 7 August 2015 and RBI Circular Ref No. DBR.AML.BC.No.36/14.01.001/2015 16 dated 28 August 2015 in this regard.
2. I/We Understand and acknowledge that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of our account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter-Governmental agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and or any other similar arrangements.
3. I/We certify that the information provided by me/us above as applicable to me/us and signed by me / us as well as in the documentary evidence provided by me / us are, to the best of my / our knowledge and belief, true, correct and complete and that I/We have not withheld any material information that may affect the assessment/categorization of my account as a U S Reportable Account or Other Reportable Account or otherwise.
4. I/We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided above, as well as in the documentary evidence provided by me/us or if any certification becomes incorrect and to provide fresh and valid self certification along with documentary evidence.
5. I/We also agree that my / our failure to disclose any material fact known to me/us, now or in future, may invalidate me from transacting in the account and The Akola Janata Comm.Co-op. Bank Ltd: Akola would be within its right to put restrictions in the operations or my/our account or close it or report to any regulator and/or any authority designated by the Government of India (GOI)/RBI for the purpose or take any other action as may be deemed appropriate by The Akola Janata Comm. co-op. Bank Ltd: Akola, under the guidelines issued by CBDT/RBI from time to time, if the deficiency is not remedied by me/us within the stipulated period.
6. I/We also agree to furnish and intimate to The Akola Janata Comm.Co-op. Bank Ltd: Akola any other particulars that are called upon me/us to provide on account of any change in law either in India or abroad in the subject matter herein.
7. I/We shall indemnify The Akola Janata Comm.Co-op. Bank Ltd: Akola for any loss that may be caused to The Akola Janata Comm.Co-op. Bank Ltd: Akola on account of providing incorrect or incomplete information by me/us/
8. I/We permit / authorize the Bank to collect, store, communicate and process information relating to the account and all transaction therein, by the Bank and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and / or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
9. It shall be my/our responsibilities to educate my self/ourselves and to comply at all times with all relevant Laws relating to reporting under section 285BA of the Act read with the Rules thereunder and shall consult our professional tax advisor for further guidance on our tax residency, if required.

PLACE :

DATE :

(SIGNATURE OF THE APPLICANT)

Know Your Client (KYC)
Application Form (For Individuals Only)



CDSL VENTURES LIMITED

Exploring New Horizons

Application Number:

Application Type*: ☐ New KYC ☐ Modification KYC

KYC Mode*: Please Tick (✓)

☐ Normal

☐ EKYC OTP

☐ EKYC Biometric

☐ Online KYC

☐ Offline EKYC

☐ Digilocker

1. Identity Details (please refer guidelines overleaf)

PAN*

Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof)

Maiden Name* (if any)

Fathers/Spouse's Name*

Date of Birth*

Gender*

☐ Male

☐ Female

☐ Transgender

Marital Status*

☐ Single

☐ Married

Nationality*

☐ Indian

☐ Other

Residential Status*

☐ Resident Individual

☐ Non Resident Indian

Please Tick (✓)

☐ Foreign National

☐ Person of Indian Origin*

Cross Signature across photograph

(Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for EKYC and not for KRA KYC.
Select NRI or Foreign National based on Nationality of the individual)

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

☐

A — Aadhaar Card

XXXX XXXX

(Expiry Date)

☐

B — Passport Number

☐

C — Voter ID Card

(Expiry Date)

☐

D — Driving License

☐

E — NREGA Job Card

☐

F — NPR

☐

Z — Others

(any document notified by Central Government)

Identification Number

2. Address Details (please refer guidelines overleaf)

A. Correspondence/ Local Address*

Line 1*

Line 2

Line 3

City/Town/Village*

District*

Pin Code*

State*

Country*

Address Type*

☐ Residential/Business

☐ Residential

☐ Business

☐ Registered Office

☐ Unspecified

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1* _____

Line 2 _____

Line 3 _____

City/

Town/Village* _____

District* _____

Pin Code* _____

State* _____

Country* _____

Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified**Proof of Address*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)☐ A — Aadhaar Card XXXX XXXX _____☐ B — Passport Number _____

(Expiry Date) _____

☐ C — Voter ID Card _____☐ D — Driving License _____

(Expiry Date) _____

☐ E — NREGA Job Card _____☐ F — NPR Letter _____☐ Z — Others _____

(any document notified by Central Government)

Identification Number _____

3. Contact Details (in CAPITAL)

Email ID* _____

Mobile No. * _____

Tel (off) _____

Tel (Res) _____

4. Applicant Declaration

I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

DATE: _____ (DD-MM-YYY)

PLACE: _____

Applicant e-SIGN

Applicant Wet Signature

5. For office Use Only

In Person Verification (IPV) carried out by _____

Intermediary Detail _____

IPV Date _____

Emp. Name _____

Emp. Code _____

Emp. Designation _____

☒ Self certified document copies received (OVD)☐ True Copies of documents received (Attested)

AMC / Intermediary Name :

The Akola Janata comm coop Bank Ltd



THE AKOLA JANATA COMMERCIAL CO-OP BANK LTD., AKOLA

(MULTI STATE-SCHEDULED BANK)

CDS CELL : - Main Branch, Old Cotton Market, Post Box No. 90 AKOLA 444 001(M.S.)

Ph : 2430012, 2430639, 2434406 Fax No : 0724 - 2430814, 2434398

Depository Participant of Central Depository Services (India) Limited.

SEBI Regn. No. IN-DP-CDSL-142-2001

DP-ID : 23100

NOMINATION FORM

[Annexure A to SEBI circular No. SEBI/HO.MRSD/RTAMB/CIR/P/2021/601 dated July 23, 2021 on Mandatory Nomination for Eligible Trading and Demat Accounts.]

TM / DP Name and Address		FORM FOR NOMINATION (To be filled in by individual applying single or jointly)																											
Date												UCC/DP ID							Client ID										
I/We wish to make a nomination [As per details given below]																													
Nomination Details																													
I/We wish to make nomination and do hereby nominate the following person(s) who shall receive all the assets held in my/our account in the event of my / our death.																													
Nomination can be made upto three nominees in the account.				Details of 1st Nominee				Details of 2nd Nominee				Details of 3rd Nominee																	
1	Name of the nominee(s) (Mr./ Mrs.)																												
2	Share of each Nominee	Equally [If not equally, please specify percentage]																											
Any odd lot after division shall be transferred to the first nominee mentioned in the form.																													
3	Relationship With the Applicant (If Any)																												
4	Address of Nominee(s)																												
			City / Place :																										
			State & Country :																										
			PIN Code																										
5	Mobile / Telephone No. of nominee(s)																												
6	Email ID of nominee(s)																												
7	Nominee Identification details - [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN, Aadhaar Saving Bank Account No, Proof of Identity Demat Account ID																												
Sr. Nos. 8-14 should be filled only if nominee(s) is a minor :																													
8	Date of Birth (in case of minor nominee(s))																												
9	Name of Guardian (Mr. / Ms.) (in case of minor nominee(s))																												
10	Address of Guardian(S)																												



भारतीय प्रतिभूमि और विनिमय बोर्ड
Securities and Exchange Board of India

	City / Place State & Country :						
		PIN Code					
11	Mobile / Telephone no. of Guardian						
12	Email ID of Guardian						
13	Relationship of Guardian with nominee						
14	Guardian Identification details - (Please tick any one of following and provide details of same) <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN, Aadhaar, Saving Bank Account No, Proof of Identity Demat Account ID						
Name(s) of holder(s)						Signature(s) of holder*	
Sole / First Holder (Mr./Ms.)							
Second Holder (Mr./Ms.)							
Third Holder (Mr./Ms.)							

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

Note :

This nomination shall supersede any prior nomination made by the account holder(s), if any.

The Trading Member / Depository participant shall provide acknowledgement of the nomination form to the account holder(s)

Letter For Issuing New DIS

From:
Address

Date
Tel No.

To,
The Manager
The Akola Janata C.C. Bank Ltd., Akola.
Demat Cell,
Old Cotton Market,
Akola.

Sub: 1. Issuance of Delivery Instruction Book
2. Demat Account No 13023100000

Dear Sir,

With reference to subject referred above, I/we hereby request you to issue me/us a New Delivery Instruction Book for my/our Demat Account no. 13023100000, as I/we have not received/misplaced the previous requisition slips or booklet. Kindly destroy unused slips that have been issued earlier.

Kindly deduct the charges if any for the new issue of DIS Book-let.

Thanking You
Yours Truly

	First/Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures			

Encl: Proof of Identification.

Details For First Holder	
Date of Birth	
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify)
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation	Service { <input type="checkbox"/> Central Govt. <input type="checkbox"/> State Govt. <input type="checkbox"/> Public / Private Sector <input type="checkbox"/> NGO <input type="checkbox"/> Statutory Body } <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Others (Specify)
Nature of business : (Products / services provided)	
Financial Details :	Income Range per annum : <input type="checkbox"/> Up to Rs. 1,00,000 <input type="checkbox"/> Rs. 1,00,000 to Rs. 2,00,000 <input type="checkbox"/> Rs. 2,00,001 to Rs. 5,00,000 <input type="checkbox"/> More than Rs. 5,00,000

Details For Joint Second Holder	
Date of Birth	
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify)
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Corporate
Occupation	Service { <input type="checkbox"/> Central Govt. <input type="checkbox"/> State Govt. <input type="checkbox"/> Public / Private Sector <input type="checkbox"/> NGO <input type="checkbox"/> Statutory Body } <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Others (Specify)
Nature of business : (Products / services provided)	

Details For Joint Third Holder	
Date of Birth	
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify)
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Corporate
Occupation	Service { <input type="checkbox"/> Central Govt. <input type="checkbox"/> State Govt. <input type="checkbox"/> Public / Private Sector <input type="checkbox"/> NGO <input type="checkbox"/> Statutory Body } <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Others (Specify)
Nature of business : (Products / services provided)	

Details of Guardian (If First Holder or Second Holder or Third Holder is a minor)

First Name			
Middle Name			
Last Name / Search Name			
Relationship with the applicant			
Correspondence Address			
City		State	
Country		PIN	
Telephone No.		Fax No.	
PAN			
E-mail ID			

For NRIs

Foreign Address			
City		State	
Country		PIN	

===== (Perforated Card) =====

DP ID	1	3	0	2	3	1	0	0	Client ID								
-------	---	---	---	---	---	---	---	---	-----------	--	--	--	--	--	--	--	--

	First/Sole Holder	Second Holder	Third Holder
Name			
Specimen Signatures			

===== (Please Tear Here) =====

(To be filled by the Depository Participant)

Acknowledgement Receipt

Application No.

Date:

We hereby acknowledge the receipt of the account Opening Application Form:

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