

IDENTITY DETAILS

Please fill this form in ENGLISH and in BLOCK LETTERS

Prefix Mr. Ms.

Applicant name

F	I	R	S	T	N	A	M	E	M	I	D	D	L	E	N	A	M	E	L	A	S	T	N	A	M	E
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Father / Spouse's name

Gender Male Female **Marital status** Single Married

Date of birth

D	D	M	M	Y	Y	Y	Y
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PAN No. (Mandatory for Demat/ISA)

Evidence / Documents provided in case of PAN exemption

Aadhaar No., if any

Specify the proof of identity submitted PAN

Any other (Please specify)

Valid till

D	D	M	M	Y	Y
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(Signature across the photograph)

Please affix your recent passport size photograph

ADDRESS DETAILS

Residence / Correspondence Address

Landmark (Mandatory)

City / Town / Village

PIN (Mandatory)

State

Country India Other

Specify the proof of address submitted for Residence / Correspondence address

Please tick if permanent address is the same as above address

Permanent Address

Landmark (Mandatory)

City / Town / Village

PIN (Mandatory)

State

Country India Other

Specify the proof of address

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake 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 aware that I may be held liable for it.

Signature of the applicant

(Originals verified) and Self-Attested Document copies received

FOR BANK USE ONLY

Seal / Stamp of
HDFC Bank

Name and Signature of Authorised Signatory _____

D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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 Place _____

OTHER DETAILS

1. Bank Account Details

Bank Name: HDFC Bank A/C Other Bank Name _____

Bank A/C No.

--	--	--	--	--	--	--	--	--	--

Account Type: Savings Current

IFSC Code

--	--	--	--	--	--	--	--	--	--

 MICR Number:

--	--	--	--	--	--	--	--	--	--

Branch Address

--	--	--	--	--	--	--	--	--	--

Branch Code

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2. Demat account details: (In case the client does not have DP account, this column may be crossed)

DP Name

--	--	--	--	--	--	--	--	--	--

Beneficiary Name

--	--	--	--	--	--	--	--	--	--

DP ID:

I	N								
---	---	--	--	--	--	--	--	--	--

 BO ID

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Depository Name (tick one) NSDL CDSL

3. Whether DP account is also to be opened with the same intermediary : Yes No

4. Trading Preferences: Please sign the relevant boxes where you wish to trade.

Exchange	National Stock Exchange (NSE)	Bombay Stock Exchange (BSE)	MCX-SX
Sign	<input checked="" type="checkbox"/> Signature of Client	<input checked="" type="checkbox"/> Signature of Client	<input checked="" type="checkbox"/> Signature of Client

5. Mode of receiving Contract Note/ Statement of Account: Physical Electronic

6. Standing instructions to receive credits automatically into my BO account: Yes No

6. Nomination details

I/We wish to nominate Yes No Name: _____

Relationship: _____ PAN _____ DOB: D D M M Y Y Y Y

Address: _____ Phone: _____

If Nominee is a minor, name of guardian: _____

Address of Guardian: _____

Phone _____

Signature of Guardian

I have understood the contents of policy and procedures document, tariff sheet, 'Rights and Obligations' document and 'Risk Disclosure Document'. I do hereby agree to be bound by such provisions as outlined in these documents. I have also been informed that the standard set of documents has been displayed for information on stock broker's designated website.

D D M M Y Y Y Y

Signature of Applicant

FOR OFFICE USE ONLY

UCC Code allotted to the Client: _____

DP Name _____

Beneficiary Name _____

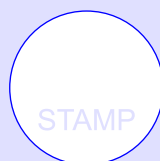
DP ID: I N _____ BO ID _____

Depository Name (tick one) NSDL CDSL

Documents verified with Originals and In-Person Verification done by	Client Interviewed By	Client Interviewed By
Employee Name _____	_____	_____
Emp. Code _____	_____	_____
Designation _____	_____	_____
Date D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Signature of Authorised Signatory _____	Signature of Authorised Signatory _____	Signature of Authorised Signatory _____

I / We undertake that I/we have made the client aware of 'Policy and Procedures', tariff sheet. I/We have also made the client aware of 'Rights and Obligations' document (s), RDD and Guidance Note. I/We have given/sent him a copy of all the KYC documents. I/We undertake that any change in the 'Policy and Procedures', tariff sheet would be duly intimated to the clients. I/We also undertake that any change in the 'Rights and Obligations' and RDD would be made available on my/our website, if any, for the information of the clients. If the client chooses to avail the demat facility from the same stock broker who is also a depository participant, the stock broker may use the same form and provide the details of the demat account opened for the said client to the client while providing a copy of the KYC documents.

Date: D D M M Y Y Y Y



Signature of Authorised Signatory

NOTE: This form is applicable for individual investors trading in the cash segment. If such investors wish to trade in segments other than cash segment and/or wish to avail facilities such as internet trading, running account, margin trading, Power of Attorney etc., they may furnish additional details required as per prescribed regulations to the concerned intermediary.

**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
<input type="checkbox"/> Individual	<input type="checkbox"/> 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')	<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
I / We would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> 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]	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Other Details Gross Annual Income Details	Income Range per annum: <input type="checkbox"/> Up to Rs.1,00,000 <input type="checkbox"/> Rs 1,00,000 to Rs 5,00,000 <input type="checkbox"/> Rs 5,00,000 to ₹ 10,00,000 <input type="checkbox"/> Rs 10,00,000 to Rs 25,00,000 <input type="checkbox"/> More than Rs 25,00,000															
	Net worth as on (Date) <table border="1"> <tr> <td>D</td> <td>D</td> <td>M</td> <td>M</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> Rs <i>[Net worth should not be older than 1 year]</i>	D	D	M	M	Y	Y	Y	Y							
D	D	M	M	Y	Y	Y	Y									
Occupation	<input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Specify) _____															
Please tick , if applicable:	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST <table border="1" data-bbox="565 527 1336 625"> <thead> <tr> <th>Stock Exchange Name/ID</th> <th>Clearing Member Name</th> <th>Clearing Member ID (Optional)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)						
Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)									
<i>Easi</i>	To register for <i>easi</i> , please visit our website www.cdslindia.com . <i>Easi</i> allows a BO to view his ISIN balances, transactions and value of the portfolio online.										

Nomination Details

Nomination Registration No.	Dated
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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).

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

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 Holder	
Name of Third Holder	

Depository Participant Seal and Signature