

Application Form for Opening a Demat Account
(For entities other than Individuals)

Depository Participant Name / Address / DP ID

(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)

We request you to open a Demat Account in our name as per the following details: -

Name										
Search Name										
Correspondence Address										
City		State								
Country		PIN								
Telephone No.		Fax No.								
PAN / GIR No.										
IT Circle Ward / District										
E-mail ID										
MAPIN Code										
Registered Office address (if different from Correspondence Address)										
City		State								
Country		PIN								
Telephone No.		Fax No.								
E-mail ID										

Other Holders – Second Holder 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							Suffi			
PAN / GIR No.											
IT Circle Ward / District											
Date Of Birth	D	D	M	M	Y	Y	Y	Y			
E-mail ID											
MAPIN Code											

Other Holders – Third Holder 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							Suffi			
PAN / GIR No.											
IT Circle Ward / District											
Date Of Birth	D	D	M	M	Y	Y	Y	Y			
E-mail ID											
MAPIN Code											

Type of Account (Please tick whichever is applicable)


Status								Sub – Status							
<input type="checkbox"/> Body Corporate Fund	<input type="checkbox"/> Banks	<input type="checkbox"/> Trust	<input type="checkbox"/> Mutual	<input type="checkbox"/> OCB	<input type="checkbox"/> FII	<input type="checkbox"/> CM	<input type="checkbox"/> FI	To be filled by the DP							
<input type="checkbox"/> Clearing House		<input type="checkbox"/> Other (Specify)													
Date of Incorporation	D	D	M	M	Y	Y	Y	Y							
SEBI Registration No. (If Applicable)							SEBI Registration date	D	D	M	M	Y	Y	Y	Y
ROC Registration No. (If Applicable)							ROC Registration date	D	D	M	M	Y	Y	Y	Y
RBI Registration No. (If Applicable)							RBI Approval date	D	D	M	M	Y	Y	Y	Y
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify)														
I / We authorize you to receive credits in my / our account Without any instruction from me / us.								<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
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Bank Details

Bank Code (9 digit MICR code)									
Bank Name									
Branch									
Bank Address									
City									
			State					PI	
								N	
Account number									
Account type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit								

For OCBs

Foreign Address												
City												
			State									
Country				PIN								
Telephone No.				Fax No.								
E-mail ID												
												
Indian Address												
City												
			State									
Country				PIN								
Telephone No.				Fax No.								
E-mail ID												
Currency												
RBI Reference No.												
			RBI Date	Approval	D	D	M	M	Y	Y	Y	Y

Clearing Members Details (To be filled by CMs only)

Name of the Stock Exchange	
Name of the CC / CH	
Trading Id	
Clearing Member ID	

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.

	First / Sole Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Designation			
Signature			
Passport size Photograph	(Please sign across the photograph)	(Please sign across the photograph)	(Please sign across the photograph)

===== Please Tear Here =====
(Perforated Card)

