

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						
PAN / GIR No.														
IT Circle Ward / District														
Date Of Birth	D	D	M	M	Y	Y	Y	Y						
E-mail ID														
MAPIN Code														

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						
PAN / GIR No.														
IT Circle Ward / District														
Date Of Birth	D	D	M	M	Y	Y	Y	Y						
E-mail ID														
MAPIN Code														

TM

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 <input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Individual Margin Trading A/C (MANTRA)
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Non – Repatriable <input type="checkbox"/> NRI – Depository Receipts
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National - Depository Receipts

Details For First Holder

Date of Birth	D D M M Y Y Y Y
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify)
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation	<input type="checkbox"/> Service <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) -----

I / We instruct the DP to receive each and every credit in my / our account in accordance with regulation 42 (B) of SEBI (D&P) regulation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Account Statement Requirement	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
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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									

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 / 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 affixed along with minor's photograph.)

Details of introduction by an Bank Official	
Name / Designation	
Bank Name / Branch	
Signature under stamp of the bank	Employee Code

Additional Details

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

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

For NRIs

Foreign Address													
City					State								
Country					PIN								
RBI Ref no.					RBI Approval date	D	D	M	M	Y	Y	Y	Y

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

DP ID								Client ID							
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	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	
Name of Third joint Holder	

Depository Participant Seal and Signature