

## Annexure 2.1



## Additional KYC Form for Opening a Demat Account

## For Individuals 5

<b>KBS India Limited</b> 502, Commerce House, Nagindas Master Road, Fort, Mumbai 400 001.																	
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	PAN
	UID
Second Holder's Name	PAN
	UID
Third Holder's Name	PAN
	UID

<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.

## 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"/> Minor <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) _____	

## Details of Guardian (in case the account holder is minor)

Guardian's Name	PAN
Relationship with the applicant	

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
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 <b>my</b> bank account as 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
--	--

**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 Name																				
Bank Branch Address																				
City		State		Country		PIN code														

- (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 options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

<b>Other Details</b> Gross Annual Income Details	<b>Income Range per annum:</b>																			
	<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)	D	D	-	M	M	-	Y	Y	Y	Y	Rs.								
													<i>[Net worth should not be older than 1 year]</i>							
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:																				

<b>SMS Alert Facility</b>	MOBILE NO.	+	9	1																
Refer to Terms & Conditions given as <b>Annexure - 2.4</b>	[(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.																			

**Nomination Details**

	D	D	-	M	M	-	Y	Y	Y	Y
<b>Nomination Registration No.</b>	<b>Dated</b>									

- 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 persons who is/are entitled to receive security balances lying in my/our account, particulars where of are given below, in the event of my / our death.

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name :			
*First Name:			
Middle Name:			
*Last Name			
Nomination Details	Nominee 1	Nominee 2	Nominee 3
*Address:			
*City			
*State			
*Pin			
*Country			
Telephone No.			
FAX No.			
PAN No.			
UID			
Email ID			

*Relationship with the BO:			
Date of birth (mandatory if Nominee is a minor) dd-mm-yyyy			
Name of the Guardian of Nominee (if nominee is a minor)			
*First Name:			
Middle Name:			
*Last Name			
*Address of the guardian of nominee:			
*City			
*State			
*Country			
*PIN			
Age			
Telephone			
Fax No.			
Email ID			
*Relationship of the Guardian with the Nominee			
*Percentage of allocation of securities			
*Residual Securities [please tick any one nominee. If tick not marked default will be first nominee]:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Note :** Residual securities: in case of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be marked as nominee entitled for residual shares, if any.

**\* Marked is Mandatory field**

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

**Note: One witness** shall attest signature(s) / thumb impression(s)

Details of the Witness			
	First 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			
Signature			

(Please Tear Here)

**Acknowledgement Receipt**

<b>Application No.:</b>		<b>Date:</b>	D	D	-	M	M	-	Y	Y	Y	Y
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												
<b>Depository Participant Seal and Signature</b>												

## Annexure 2.2



## Additional KYC Form for Opening a Demat Account

## For Non-individuals

<b>KBS India Limited</b> 502, Commerce House, Nagindas Master Road, Fort, Mumbai 400 001.																	
(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												PAN												
												UID												
Second Holder's Name												PAN												
												UID												
Third Holder's Name												PAN												
												UID												

<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.

## Type of Account (Please tick whichever is applicable)

Status										Sub – Status							
<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					To be filled by the DP							
<input type="checkbox"/> CM	<input type="checkbox"/> FI	<input type="checkbox"/> Clearing House	<input type="checkbox"/> Other (Specify) _____														
SEBI Registration No. (If Applicable)						SEBI Registration date		D	D	-	M	M	-	Y	Y	Y	Y
RBI Registration No. (If Applicable)						RBI Registration date		D	D	-	M	M	-	Y	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
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)	

Clearing Member Details (To be filled by CMs only)			
Name of Stock Exchange			
Name of CC / CH			
Clearing Member Id		Trading member ID	

I / We wish to receive dividend / interest directly in to my 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
--	--

**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 Name									
Bank Branch Address									
City		State		Country		PIN code			

- (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 options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

**Other Details**

Gross Annual Income Details	<b>Income Range per annum:</b>										
	<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"/> Rs 25,00,000 to Rs 1,00,00,000			<input type="checkbox"/> More than Rs 25,00,000				
Net worth as on (Date)	D	D	-	M	M	-	Y	Y	Y	Y	Rs.
<i>[Net worth should not be older than 1 year]</i>											
Please tick If any of the authorized signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors is either Politically Exposed Person (PEP) or Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Please provide details as per Annexure 2.2 A.											
Please tick , if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)											
Any other information:											

<b>SMS Alert Facility</b>	MOBILE NO.	+	9	1							
Refer to Terms & Conditions given as Annexure - 2.4	[(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).										
<i>Easi</i>	To register for <i>easi</i> , please visit our website <a href="http://www.cdslindia.com">www.cdslindia.com</a> . <i>Easi</i> allows a BO to view his ISIN balances, transactions and value of the portfolio online.										

I/We have received and read the document of 'Rights and Obligation of BO-DP' (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).

(Please Tear Here)

**Acknowledgement Receipt**

Application No.:		Date:	D	D	-	M	M	-	Y	Y	Y	Y
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												
<b>Depository Participant Seal and Signature</b>												

**Details of Politically Exposed Persons (PEP)/ Related to Politically Exposed Person (RPEP). [ For-non-individual]**

Name of holder \_\_\_\_\_ PAN of the holder \_\_\_\_\_

Sr. No	Name of the Authorized signatories /Promoters / Partners / Karta/ Trustees /Whole Time Directors	Relation with the holder (i.e. promoters, whole time directors etc	Please tick the relevant option.
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP

Name & Signature of the Authorised Signatories Date \_\_\_\_/\_\_\_\_/\_\_\_\_

PEP: Politically Exposed Person

RPEP: Related to politically Exposed Person

**Instructions to the Applicants (BOs) for account opening:**

1. Signatures can be in English or Hindi or any of the other languages contained in the 8th Schedule of the Constitution of India. Thumb impressions and signatures other than the above mentioned languages must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate / Special Executive Officer under his/her official seal.
2. Signatures should be preferably in black ink.
3. Details of the Names, Address, Telephone Number(s), etc., of the Magistrate / Notary Public / Special Executive Magistrate / Special Executive Officer are to be provided in case of attestation done by them.
4. In case of additional signatures (for accounts other than individuals), separate annexures should be attached to the account opening form.
5. In case of applications containing a Power of Attorney, the relevant Power of Attorney or the self-certified copy thereof, must be lodged along with the application.
6. All correspondence / queries shall be addressed to the first / sole applicant.
7. Strike off whichever option, in the account opening form, is not applicable.