



Additional KYC Form for Opening a Demat Account

For Non-individuals

SHREE BALAJI MULTICOMMODITIES PVT. LTD. 724-725,7TH Floor Sun & Moon Chamber,Near Ajmer Gate Pulia Jaipur (Raj.)302006
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(To be filled by the Depository Participant)

Application No.		Date	D	D	M	M	Y	Y	Y	Y	
DP Internal Reference No.											
DP ID	1	2	0	8	9	2	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 following details:-

Holder's Details

Sole / First Holder's Name		Search Name		PAN															
Second Holder's Name				PAN															
				UID															
Third Holder's Name				PAN															
				UID															

Name *	
<p>*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.</p>	

Type of Account (Please tick whichever is applicable)																			
Status							Sub - Status												
Body Corporate	Banks	Trust	Mutual Fund	OCB	FII	To be filled by the DP													
CM	FI	Clearing House	Other (Specify)																
SEBI Registration No. (If Applicable)				SEBI Registration date		D	D	M		M	Y	Y							
RBI Registration No. (If Applicable)				RBI Approval date		D	D	M		M	Y		Y	Y					
Nationality	Indian		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] Yes 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')	Yes No
Account Statement Requirement	As per SEBI Regulation Daily Weekly Fortnightly Monthly
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID	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 (Tick the applicable box. If not marked the default option would be 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]	Yes No
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Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR code)									
IFS Code (11 character)									
Account number									
Account type	Saving		Current		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	Income Range per annum: Up to Rs 1,00,000 Rs 1,00,000 to Rs.5,00,000 Rs.5,00,000 to Rs. 10,00,000 Rs. 10,00,000 to Rs. 25,00,000 Rs.25,00,000 to Rs. 1,00,00,000 More than Rs.1,00,00,000
	Net worth as on (Date) D D M M Y Y Y Y / Rs
	[Net worth should not be older than 1 year]
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) . Please provide details as per Annexure 2.2 A.	
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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Stock Exchange Name/ID</th> <th style="width: 33%;">Clearing Member Name</th> <th style="width: 33%;">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)								
Easi	To register for easi , please visit our website www.cdslindia.com . Easi 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:

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

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