

**ANNEXURE K**

Participant Name, Address & DP Id  
(Pre-printed)

**APPLICATION FOR OPENING AN ACCOUNT**  
(For Corporates/Clearing Members only)

<b>Date :</b>	<b>Client -Id</b> (To be filled by Participant)																		
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We request you to open a depository account in our name as per the following details:  
( Please fill all the details in **CAPITAL LETTERS** only )

**Type of Account**

<input type="checkbox"/> Body Corporate	<input type="checkbox"/> FI
<input type="checkbox"/> Bank	<input type="checkbox"/> FII
<input type="checkbox"/> Trust	<input type="checkbox"/> OCB
<input type="checkbox"/> Others (please specify)	

**Client Details**

Name of Corporate (Sole/First Holder)											
Registered Office Address											
	Pin Code <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Correspondence Address (if different)											
	Pin Code <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Telephone No.											
Fax No.											

**Other Holder Details**

Second Holder Name											
Name of Father/Husband											
Address											
	Pin Code <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Occupation											

Third Holder Name									
Name of Father/Husband									
Address									
	Pin Code <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								
Occupation									

**In Case of FIIs/OCBs/Others (as may be applicable)**

Foreign Address	
RBI Reference No.	
RBI Approval Date	
SEBI Registration No. (for FIIs)	

**Bank Details**

Bank Account No.									
Bank Name									
Branch Address									
	Pin Code <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								
9-Digit Code Number of the Bank and branch appearing on the MICR cheque issued by the Bank									

**Financial Details**

	<i>P.A.N. / G.I.R. No.</i>	<i>IT Circle / Ward / District No.</i>
Sole/First Holder		
Second Holder		
Third Holder		

**Standing Instructions**

We authorise you to receive credits automatically into our account	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Clearing Member Details** (to be filled up by Clearing Members only)

Name of Stock Exchange	
Name of Clearing Corporation	
Clearing Member Id	
SEBI Registration No.	
Trade Name	
CM-BP-Id (to be filled up by Participant)	

**Declaration**

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by us and we have understood the same and we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. We also declare that the particulars given by us are true to the best of our knowledge as on the date of making such application. We further agree that any false / misleading information given by us or suppression of any material fact will render our account liable for termination and further action.

**Authorised Signatories** (Enclose a Board Resolution for Authorised Signatories)

<b>Sole/First Holder</b>	<i>Name</i>	<i>Signature(s)</i>
First Signatory		
Second Signatory		
Third Signatory		
<b><u>Other Holders</u></b>		
Second Holder		
Third Holder		

**Mode of Operation for Sole/First Holder** (In case of joint holdings, all the holders must sign)

- Any one singly
- Jointly by \_\_\_\_\_
- As per resolution \_\_\_\_\_
- Others (please specify) \_\_\_\_\_

**Notes :**

1. The names of the account holders should be exactly in the same order as mentioned on the certificates to be dematerialised.
2. In case of additional signatures, separate annexures should be attached to the application form.
3. Thumb impressions and signatures other than English or Hindi or any of the other languages not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
4. Strike off whichever is not applicable.

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**Acknowledgement**

Participant Name, Address & DP Id

Accepted/Rejected the application from M/s \_\_\_\_\_ as the sole/first holder  
alongwith \_\_\_\_\_ and \_\_\_\_\_ as the second  
and third holders respectively for opening of a depository account. Your Client Id/CM-BP-Id (in case of  
Clearing Members) will be intimated to you shortly on acceptance. Please quote the DP Id & Client Id  
allotted to you (CM-BP-Id in case of Clearing Members) in all your future correspondence.

Date : \_\_\_\_\_

**Participant Stamp & Signature**