

Annexure – J
PART I - KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Individuals)

Name and address of intermediary (pre-printed)																								
Please fill this form in ENGLISH and in BLOCK LETTERS																								
A. IDENTITY DETAILS													Photograph											
1	Name of the Applicant											Please affix your recent passport size photograph <div style="border: 1px solid black; width: 100px; height: 40px; margin: 5px auto; text-align: center; font-size: 8px;">Signature Across photograph</div>												
2	Father's / Husband's Name																							
3	a) Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	b) Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married	c) Date of Birth	D	D	M	M	Y	Y	Y	Y											
4	a) Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify, _____)			b) Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National																		
5	a) PAN													b) Unique Identification Number (UID) / Aadhaar, if any										
6	Specify the proof of identity submitted				<input type="checkbox"/> PAN card <input type="checkbox"/> Any other (Please specify; _____)																			
B. ADDRESS DETAILS																								
1	Correspondence Address																							
			City/town/village					PIN Code																
			State					Country																
2	Specify the proof of address submitted for correspondence address																							
3	Contact Details		Tel. (Off.)					Tel. (Res.)																
			Fax No.					Mobile No.																
			Email ID																					
4	Permanent Address (If different from above. Mandatory for Non-Resident Applicant to specify overseas address)																							
			City/town/village					PIN Code																
			State					Country																
5	Specify the proof of address submitted for permanent address																							
C. OTHER DETAILS																								
1	Gross Annual Income Details (please specify):																							
	Income Range per annum				OR	Networth																		
	<input type="checkbox"/> Below ₹ 1 lac <input type="checkbox"/> ₹ 1- 5 lac <input type="checkbox"/> ₹ 5- 10 lac <input type="checkbox"/> ₹ 10- 25 lac <input type="checkbox"/> More than ₹ 25 lac					Amount (₹) _____																		
						As on (date) <div style="display: flex; justify-content: space-between; width: 100%;"> D D M M Y Y Y Y </div>																		
						(Networth should not be older than 1 year)																		

2	Occupation (please tick any one and give brief details): _____										
	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Please specify; _____)									
3	Please tick, if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)										
4	Any other information _____										
D. DECLARATION											
I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.											
Signature of the Applicant _____		<table><tr><td>Date</td><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	Date	D	D	M	M	Y	Y	Y	Y
Date	D	D	M	M	Y	Y	Y	Y			

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FOR OFFICE USE ONLY									
<input type="checkbox"/> (Originals verified) True copies of documents received									
<input type="checkbox"/> (Self-Attested) Self Certified Document copies received									
Signature of the Authorised Signatory _____									
Date _____	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Seal/Stamp of the intermediary									

Annexure – J
PART II – ACCOUNT OPENING FORM
(FOR INDIVIDUALS)

Participant Name (DP ID ____) Address (Pre-printed)					Client –ID (To be filled by Participant)														
I/We request you to open a depository account in my/our name as per the following details: <i>(Please fill all the details in CAPITAL LETTERS only)</i>										Date		D	D	M	M	Y	Y	Y	Y
A)	Details of Account holder(s):																		
			Name								PAN								
	Sole/ First Holder																		
	Second Holder																		
	Third Holder																		
B)	For HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name & PAN of the HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below:																		
	a) Name								b) PAN										
C)	Type of account																		
	<input type="checkbox"/> Ordinary Resident						<input type="checkbox"/> NRI-Repatriable						<input type="checkbox"/> NRI-Non Repatriable						
<input type="checkbox"/> Qualified Foreign Investor						<input type="checkbox"/> Foreign National						<input type="checkbox"/> Promoter							
<input type="checkbox"/> Margin						<input type="checkbox"/> Others (Please specify) _____													
D)	In case of NRIs/ Foreign Nationals																		
	RBI Approval Reference Number																		
	RBI Approval date										D	D	M	M	Y	Y	Y	Y	
E)	Bank details																		
	1	Bank account type <input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify)_____																	
	2	Bank Account Number																	
	3	Bank Name																	
	4	Branch Address																	
			City/town/village				PIN Code												
			State				Country												
	5	MICR Code																	
6	IFSC																		
F)	Standing Instructions																		

	1	I/We authorise you to receive credits automatically into my/our account.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	2	Account to be operated through Power of Attorney (PoA)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	3	SMS Alert facility: [Mandatory if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form]				
		Sr. No.	Holder	Yes	No	
		1	Sole/First Holder	<input type="checkbox"/>	<input type="checkbox"/>	
	2	Second Holder	<input type="checkbox"/>	<input type="checkbox"/>		
	3	Third Holder	<input type="checkbox"/>	<input type="checkbox"/>		
<u>G)</u>	<u>4</u>	<u>Mode of receiving Statement of Account [Tick any one]</u>	<input type="checkbox"/> <u>Physical Form</u>			
			<input type="checkbox"/> <u>Electronic Form [Read Note 4 and ensure that email ID is provided in KYC Application Form].</u>			
<u>H)</u>	Guardian Details (where sole holder is a minor): [For account of a minor, two KYC Application Forms must be filled i.e. one for the guardian and another for the minor (to be signed by guardian)]					
	Guardian Name					
	PAN					
	Relationship of guardian with minor					
<u>H)</u>	Nomination Option					
	<input type="checkbox"/> I/We wish to make a nomination. [As per details given below]			<input type="checkbox"/> I/We do not wish to make a nomination. [Strike off the nomination details below]		
	Nomination Details					
	I/We wish to make a nomination and do hereby nominate the following person in whom all rights and / or amount payable in respect of securities held in the Depository by me / us in the said beneficiary owner account shall vest in the event of my / our death.					
	1	Name of the Nominee (Mr./Ms.)				Photograph of nominee
	2	Relationship with the Applicant (if any)				
	3	Address of Nominee				
			City/town/village		PIN Code	
			State		Country	
	4	Contact Details of nominee	Tel. (Off.)		Tel. (Res.)	
Fax No.				Mobile No.		
Email ID						

Signature of nominee across photograph

5	Signature of nominee	X										
To be filled-up (Sr. Nos. 6-11) only if nominee is a minor:												
6	Date of Birth (in case of minor nominee)	D	D	M	M	Y	Y	Y	Y			
7	Name of Guardian (Mr./Ms.) (in case of minor nominee)								Photograph of guardian (for minor nominee) <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">Signature of guardian across photograph</div>			
8	Address of Guardian											
City/town/village			PIN Code									
State			Country									
9	Contact Details of Guardian	Tel. (Off.)		Tel. (Res.)								
Fax No.			Mobile No.									
Email ID												
10	Relationship of Guardian with nominee											
11	Signature of Guardian	X										
Signature of two Witnesses for nomination												
Name of witness		Address				Signature of witness with date						
a.						X						
b.						X						

Declaration

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/we hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/ we are aware that I/we may be held liable for it. In case non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

Name(s) of holder(s)	Signature(s) of holder
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Sole/ First Holder/ Guardian (in case sole holder is minor) (Mr./Ms.)		X
Second Holder (Mr./Ms.)		X
Third Holder (Mr./Ms.)		X

Notes :

1. All communication shall be sent at the address of the Sole/First holder only.
2. Thumb impressions and signatures other than English or Hindi or any of the other language 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.
3. Instructions related to nomination, are as below:
 - I. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non- individuals including society, trust, body corporate, partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly all joint holders will sign the nomination form.
 - II. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
 - III. The Nominee shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
 - IV. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
 - V. Transfer of securities in favour of a Nominee shall be valid discharge by the depository and the Participant against the legal heir.
 - VI. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non- individuals including society, trust, body corporate, partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
 - VII. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee.

4. For receiving Statement of Account in electronic form:

- I. Client must ensure the confidentiality of the password of the email account.
- II. Client must promptly inform the Participant if the email address has changed.
- III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.

~~4.5.~~ Strike off whichever is not applicable.

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Acknowledgement
Participant Name, Address & DP ID

Received the application from Mr/Ms_____ as the sole/first holder alongwith _____ and _____ as the second and third holders respectively for opening of a depository account. Please quote the DP ID & Client ID allotted to you in all your future correspondence.

Date:

D	D	M	M	Y	Y	Y	Y
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Participant Stamp & Signature