

FORM 9
PART II – ACCOUNT OPENING FORM
(FOR INDIVIDUALS)

Participant Name (DP ID _____) Address (Pre-printed)	Client –ID (To be filled by Participant)								
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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
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A) Details of Account holder(s):						
Account holder(s)	Sole/ First Holder		Second Holder		Third Holder	
Name						
PAN						
Occupation <i>(please tick any one and give brief details)</i>	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist
	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired
	<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife	<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife	<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Business	<input type="checkbox"/> Student
	<input type="checkbox"/> Professional	<input type="checkbox"/> Others (Please specify; _____)	<input type="checkbox"/> Professional	<input type="checkbox"/> Others (Please specify; _____)	<input type="checkbox"/> Professional	<input type="checkbox"/> Others (Please specify; _____)
Brief details:						

B)	For 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 Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below:								
a) Name									
b) PAN	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								

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) _____	<input type="checkbox"/>	

D)	Gross Annual Income Details				
	Income Range per annum (please tick any one)				
<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		

E)	In case of NRIs/ Foreign Nationals								
	RBI Approval Reference Number								
	RBI Approval date								
	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								

F)	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											

G) Please tick, if applicable: Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

H) **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
	1	Sole/First Holder	<input type="checkbox"/>
	2	Second Holder	<input type="checkbox"/>
	3	Third Holder	<input type="checkbox"/>
4	Mode of receiving Statement of Account [Tick any one]	<input type="checkbox"/> Physical Form	
		<input type="checkbox"/> Electronic Form [Read Note 3 and ensure that email ID is provided in KYC Application Form].	

I) **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										

J) **Nomination Option**

<input type="checkbox"/> I/We wish to make a nomination. [Details are provided at FORM 10]	<input type="checkbox"/> I/We do not wish to make a nomination.

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
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. 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. 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