

## Additional KYC Form for Opening a Demat Account

#### For Individuals 5

# SHREE BALAJI MULTICOMMODITIES PVT. LTD.

33 G BLOCK, SRI GANGANAGAR (RAJ.)

120	89200	

(To be fille	ed by	the D	eposi	itory F	Partici	pant)												
Application	No.									Date	D	D	M	M	Y	Y	Y	Y
DP Interna	l Refe	rence	e No.															-
DP ID	1	2	0	8	9	2	0	0	Clie	ent 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 PAN
Holder's Name	UID
Second Holder's	PAN PAN
Name	UID
Third Holder's	PAN
Name	UID

Name *	
*In case of Fi	rms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is
opened in t	he name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm,
Unregistere	d Trust, etc., should be mentioned above.

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

Status	Sub – Status
Individual	<ul> <li>Individual Resident</li> <li>Individual Director</li> <li>Individual Director's Relative</li> <li>Individual Promoter</li> <li>Individual Margin Trading A/C (MANTRA)</li> <li>Others(specify)</li> </ul>
□ NRI	<ul> <li>NRI Repatriable</li> <li>NRI Repatriable Promoter</li> <li>NRI - Depository Receipts</li> <li>NRI Non-Repatriable Promoter</li> <li>Others (specify)</li> </ul>
Foreign National	□ Foreign National □ Foreign National - Depository Receipts □ 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 receiv	e each and every credit in my / our account	[Automatic Credit]							
(If not marked, the default opt	on would be 'Yes')	🗆 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 opt	on would be 'No')								
Account Statement Requirement	As per SEBI Regulation Daily DW	eekly DFortnight	y 🗆	Monthly					
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID									
I / We would like to share the email ID with the RTA □ Yes □ No									
I / We would like to receive the Annual Report (Tick the applicable box. If not marked the default option would be in Physical)									

<b>I</b> / We wish to receive dividend / interest directly in to my bank account as given below through		
ECS (If not marked, the default option would be 'Yes')	Yes	🗖 No
[ECS is mandatory for locations notified by SEBI from time to time ]		

## Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR code)								
IFS Code (11 character)								
Account number								

-				-			_									
Accoun		Saving Current Others (specify)														
Bank N	ame															
Branch	Name															
Bank B	ranch Address															
City			State					Country	PIN	code						
<ul> <li>(i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)</li> <li>(ii) Photocopy of the Bank Statement having name and address of the BO</li> <li>(iii) Photocopy of the Passbook having name and address of the BO, (or)</li> <li>(iv) Letter from the Bank.</li> <li>&gt; In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.</li> </ul>																
	r Details	Income	e Range	per annu	ım:											
	Annual Income	🖵 Up to	D Rs.1,00	,000 🗖 Rs	s 1,00,	.000 t	:0 Rs 5	,00,000	🗖 Rs	5,00,0	000 to	o • 1(	0,00,	000		
Details	5	🗆 Rs 10,	,00,000	to rs 25,0	0,000			More than	Rs 25	,00,00	00					
		Net wor	th as on	(Date)	DI	DM	Μ	YY	YY	Rs						
	[Net worth should not be older than 1 year]															
Occupation Drivate / Public Sector Govt. Service Business Professional Agriculture																
Diagon	tiels if explicable	Retire		Housewife		Stude		Other     Rela								-D)
	e tick , if applicable ther information:			ly Exposed	u Perso	DN (PE	Р)		ited to	POILIC		:xpos	sed Pe	ersor	(RPI	:P)
Any O																
	S Alert Facility		LE NO. +													
Re	fer to Terms & Conditions		• •					Attorney ( I	, -							
given a	as <b>Annexure - 2.</b> 4	option		granted &	you a	o not	wish	to avail of	this fa	cility, c	cance	i this				
				the TRUS	T facili	ity usi	ng th	e Mobile nu	umber	registe	ered f	for S	MS A	lert F	acility	/. I
		have	read and	lundersto	od the	Term	s and	Condition	s pres	cribed	bv CD	DSL f	or the	e san	ne.	
-				(es							., .					
Terms and Conditions Approvure – 2.6								nea	BO IL							
An	nexure – 2.6	regist	ered for	TRUST												
				k Exchang	e	Clea		Member	Cl	earing	Mem	ber I	D (0	otion	al)	
			<u> </u>	lame/ID			Na	<u>ne</u>								
		To rec	aister for	easi nlea	ase visi	it our	wehs	ite <u>www.co</u>	Islindi	a.com						
	Easi							s, transact			ue of	the				
portfolio online.																

	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signatures			

(Signatures should be preferably in blue ink).

**Application No.:** 

Acknowledgement Receipt

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	