

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	 Individual Resident Individual Director Individual Director's Relative Individual Promoter Individual Margin Trading A/C (MANTRA) Others(specify)
□ NRI	 NRI Repatriable NRI Repatriable Promoter NRI - Depository Receipts NRI Non-Repatriable Promoter Others (specify)
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)									

I / 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						
 (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. 																
	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 Annexure - 2. 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	