

Participant Name (DP ID ____) Address (Pre-printed)	Client –ID (To be filled by Participant)									
I request you to open a depository account in my name as per the details provided in SARAL AOF.										
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50px;">Date</td> <td style="width: 20px;">D</td> <td style="width: 20px;">D</td> <td style="width: 20px;">M</td> <td style="width: 20px;">M</td> <td style="width: 20px;">Y</td> <td style="width: 20px;">Y</td> <td style="width: 20px;">Y</td> <td style="width: 20px;">Y</td> </tr> </table>		Date	D	D	M	M	Y	Y	Y	Y
Date	D	D	M	M	Y	Y	Y	Y		
A) Details of Account 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"/> Public Sector <input type="checkbox"/> Retired <input type="checkbox"/> Government service <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Others (Please specify)									
Brief details of occupation:										
B) Gross Annual Income Details										
Income Range per annum (please tick any one)										
<input type="checkbox"/> Below Rs 1 lac <input type="checkbox"/> Rs 1- 5 lac <input type="checkbox"/> Rs 5- 10 lac <input type="checkbox"/> Rs 10- 25 lac <input type="checkbox"/> More than Rs 25 lac										
C) Please tick, if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)										
D) SMS Alert facility*: <input type="checkbox"/> Yes <input type="checkbox"/> No (*Ensure that mobile no. is provided in SARAL application form)										
E) Nomination Option: (# As per details given in SARAL application form.)										
<input type="checkbox"/> I/We wish to make nomination# <input type="checkbox"/> I/We do not wish to make a nomination.										
F) Correspondence / residence address proof not available : If yes, Please tick <input type="checkbox"/>										
I confirm that my correspondence / residence address as mentioned in the Account Opening Form is correct and same shall be used for any further communication addressed to me. In case of any change in aforesaid address, I hereby undertake to intimate the new address within two weeks of such a change.										
Declaration										
The Bye Laws and Business Rules of NSDL 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. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".										
Signature of holder	X									