Additional information to be obtained along with the SARAL Account Opening Form for Resident Individuals

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To	o be filled by the Depository Participant)																		
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	Name *																		
	opened	d in the	name	*In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.															
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Any other information:

SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4	MOBILE NO. +91	
E asi	To register for <i>e</i> asi, please visit our website <u>www.cdslindia.com</u> . <i>Easi</i> allows a BO to view his ISIN balances, transactions and value of the portfolio online.	

R.I	omination	Dotoile
N	omination	Details

Nomination Registration No.	Dated

\neg	I/We hereby confirm that I/We do not wish to appoint any nominee in my demat account and understand the
_	issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s),
	my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our
	demat account, which may also include documents issued by Court or other such competent authority, based on the value
	of assets held in the demat account.

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

Note:

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature [in both the cases i.e. nomination / / opt out nomination -

☐ I/We **wish to make nomination and do here by nominate** the following person (**s**) who shall receive all the assests held in my/our account, , in the event of my / our death.

Mandatory Details

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name :			
*First Name:			
Middle Name:			
*Last Name			
*Percentage of allocation of securities			
Equally [If not equally, please specify percentage]	0∕₀	%	%
Or			
Share of each Nominee			
Any odd lot after division shall be	transferred to the first nominee n	nentioned in the form	
*Relationship with the BO:			
* Date of birth and Name o	f Guardian to be provided ir	case of minor nominee (s)	•
	Non - mand	atory details	

Annexure 2.8

*Address of Nominee (s) / Guardian in case of Minor :		
*City /place :		
*State & Country :		
*Pin Code :		
Mobile no/Telephone No. of the Nominee (s) /Guardian in case of Minor:		
Email ID of the nominee (s) / Guardian in cae of minor :		
Nominee/Guardian I incase of minor) Identification Details – [Please tick any one of following and provide details of same]		
Photograph & Signature PAN Aadhaar Saving Bank account no. Proof of Identity Demat Account ID		
	Γ	

* Marked is Mandatory field

Note

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature \cdot .

Details of the Witness					
	Witness Details				
Name of witness					
Address of witness					

Signature of witness	

 $\rm I$ / We have received and read the Rights and Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. $\rm I$ / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. $\rm I/We$ agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. $\rm I/We$ further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

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

(Signatures should be preferably in black ink).

*	Marked	is M	andatoı	y field
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Name of Third Holder

The Depository Participant shall provide acknowledge	owledgement of the nomination form to the account holder(s)
	== Please Tear Here) ===================================
Acknowledgement Receipt	
Application No.:	Date:
We hereby acknowledge the receipt of the Acc	count Opening and nomination Application Form:
Name of the Sole / First Holder	
Name of Second Holder	

Depository Participant Seal and Signature