

CDBL Direct Account Opening Form

Bye Law 8.1.1

Please complete all details in CAPITAL letters. **Please fill all names correctly. Names once captured cannot be changed.** All communication shall be sent **only** to the First Named Account Holder's correspondence address.

Application No

Date (DDMMYYYY).....

Please Tick whichever is applicable

BO Category: Regular Omnibus Clearing **BO Type :** Individual Company Joint Holder

Name of CDBL Participant (Up to 99 Characters)

CDBL Participant ID BO ID Date Account Opened (DDMMYYYY)

I / We request you to open a Depository Account in my / our name as per the following details:

First Applicant

Name in Full of Account Holder (Up to 99 Characters)

Short Name of Account Holder (**Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30 characters**) Title i.e. Mr. /Mrs. /Ms. /Dr.

(In case of a Company/Firm/Statutory Body) Name of Contact Person

In Case of Individual Male Female Occupation (30Characters)

Father's / Husband's Name.....

Contact Details:

Address

City..... Post Code..... State / Division..... Country..... Telephone.....

Mobile Phone.....Fax.....E-mail.....

Passport Details

Passport No..... Issue Place..... Issue Date..... Expiry Date.....

Bank Details

Bank Name..... Branch Name..... Account No.....

Electronic Dividend Credit: Yes No Tax Exemption if any: Yes No TIN / Tax ID :.....

Others Information

Residency: Resident Non Resident Nationality..... Date Of Birth (DDMMYYYY)

Statement Cycle Code Daily Weekly Fortnightly Monthly Other (Please Specify)

Internal Ref. No (To be filled in by CDBL Participant)

In Case of Company: Registration No..... Date of Registration (DDMMYYYY)

Joint Applicant (Second Account Holder)

Name in Full (Up to 99 Characters).....

Short Name of Account Holder (**Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30 characters**) Title i.e. Mr. /Mrs. /Ms. /Dr.

Joint Applicant (Third Account Holder)

Name in Full (Up to 99 Characters).....

Short Name of Account Holder (**Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30 characters**) Title i.e. Mr. /Mrs. /Ms. /Dr.

Account Link Request

Would you like to create a link to your existing Depository Account ? Yes No

If yes, then please provide the Depository BO Account Code (8 Digits):

Nominees/ Heirs

If account holder(s) wish to nominate person(s) who will be entitled to receive securities outstanding in the account in the event of the death of the sole account holder / all the joint account holders, a separate nomination Form - 23 must be filled up and signed by all account holders and the nominees giving names of nominees , relationship with first account holder, percentage distribution and contact details. If any nominee is a minor, guardian's name, address, relationship with nominee has also to be provided.

Power of Attorney (POA)

If account holder(s) wish to give a Power of Attorney (POA) to someone to operate the account, a separate Form - 20 must be filled up and signed by all account holders giving the name, contact details etc. of the POA holder and a POA document lodged with the form.

To be filled in by the Stock Broker / Stock Exchange in case the application is for opening a Clearing Account

Exchange Name DSE <input type="checkbox"/> Trading ID.....	CSE <input type="checkbox"/> Trading ID.....
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Photograph

Please paste recent passport size Photoaraoh	Please paste recent passport size Photoaraoh	Please paste recent passport size Photoaraoh
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(First Applicant)

(Second Applicant)

(Third Applicant)

Standing Instructions

I/We authorize you to receive facsimile (fax) transfer instructions for delivery. Yes No

DECLARATION

The rules and regulations of the Depository and CDBL Participant 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 also declare that the particulars given by me/us are true to the best of my/our knowledge as on the date of making such application. I/We further agree that any false/misleading information given by me/us or suppression of any material fact will render my/our account liable for termination and further action.

Applicants	Name	Signature
First Applicant		
Second Applicant		
Third Applicant		

Introduction

Introduction by an existing account holder of	Depository Participant's Name
I confirm the identity, occupation and address of the applicant(s).....	Introducer's Name
.....(Signature of Introducer)	Account ID <input type="text"/>