FORM 9

ACCOUNT OPENING FORM
(*FOR INDIVIDUALS*)

Participant Name (DP ID ____) Address (Pre-printed)	**Client –ID** (To be filled by Participant)

I/We request you to open a depository account in my/our name as per the following details: (*Please fill all the details in CAPITAL LETTERS only*) **Date** D D M M Y Y Y Y

A Details of Account holder(s):

Account holder(s)	Sole/ First Holder		Second Holder		Third Holder	
Name						
PAN						
Occupation *(please tick any one and give brief details)*	☐ Private Sector	☐ Agriculturist	☐ Private Sector	☐ Agriculturist	☐ Private Sector	☐ Agriculturist
	☐ Public Sector	☐ Retired	☐ Public Sector	☐ Retired	☐ Public Sector	☐ Retired
	☐ Government Service	☐ Housewife	☐ Government Service	☐ Housewife	☐ Government Service	☐ Housewife
	☐ Business	☐ Student	☐ Business	☐ Student	☐ Business	☐ Student
	☐ Professional	☐ Others (Please specify; _____	☐ Professional	☐ Others (Please specify; _____	☐ Professional	☐ Others (Please specify; _____
Brief details:						

B For Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name & PAN of the Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below:

a) Name		b) PAN	

C **Type of account**

☐ Ordinary Resident ☐ NRI-Repatriable ☐ NRI-Non Repatriable
☐ Qualified Foreign Investor ☐ Foreign National
☐ Margin ☐ Others (Please specify) _____ ☐ Promoter

D **Gross Annual Income Details**

Income Range per annum (please tick any one)

☐ Below ` 1 lac ☐ ` 1- 5 lac ☐ ` 5- 10 lac

☐ ` 10- 25 lac ☐ More than ` 25 lac

E **In case of NRIs/ Foreign Nationals**

RBI Approval Reference Number	
RBI Approval date	D D M M Y Y Y Y

F **Bank details**

1	Bank account type ☐ Savings Account ☐ Current Account ☐ Others (Please specify)_____	
2	Bank Account Number	
3	Bank Name	

	4	Branch Address																				
			City/town/village									PIN Code										
			State									Country										
	5	MICR Code																				
	6	IFSC																				

G Please tick, if applicable: ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

H **Standing Instructions**

1	I/We authorise you to receive credits automatically into my/our account.	☐ Yes ☐ No
2	Account to be operated through Power of Attorney (PoA)	☐ Yes ☐ No

3 **SMS Alert facility:** [*Mandatory if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form*]

Sr. No.	Holder	Yes	No
1	Sole/First Holder	☐	☐
2	Second Holder	☐	☐
3	Third Holder	☐	☐

4	Mode of receiving Statement of Account [*Tick any one*]	☐ Physical Form ☐ Electronic Form [*Read Note 3 and ensure that email ID is provided in KYC Application Form*].
5	For Joint accounts, communication to be sent to (See Note 5)	☐ First holder ☐ All joint account holders

I) **Guardian Details** (*where sole holder is a minor*):

[For account of a minor, two KYC Application Forms must be filled i.e. one for the guardian and another for the minor (*to be signed by guardian*)]

Guardian Name											
PAN											
Relationship of guardian with minor											

J) **Nomination Option**

☐ I/We wish to make a nomination. **[*Details are provided at FORM 10*]**	☐ I/We do not wish to make a nomination.

K **Mode of Operations for Joint Accounts**

☐ Jointly ☐ Anyone of the holder or survivor(s)

	If Mode of Operation for Joint Account is chosen as anyone of the holder or survivor(s), only specified operations such as transfer of securities including Inter-Depository Transfer, pledge / hypothecation / margin pledge / margin re-pledge (creation, closure and invocation and confirmation thereof as applicable) of securities and freeze/unfreeze of account and / or securities and / or specific number of securities will be permitted.

Declaration

The rules and regulations of the Depository 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. In case non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

Name(s) of holder(s)		Signature(s) of holder
Sole/ First Holder/ Guardian (in case sole holder is minor) (Mr./Ms.)		X
Second Holder (Mr./Ms.)		X
Third Holder (Mr./Ms.)		X

Notes :

1. All communication shall be sent at the address of the Sole/First holder only.
2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
3. For receiving Statement of Account in electronic form:
   I. Client must ensure the confidentiality of the password of the email account.
   II. Client must promptly inform the Participant if the email address has changed.
   III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
4. In case of joint account, on death of any of the joint account holders, the surviving account holder(s) has to inform Participant about the death of account holder(s) with required documents within one year of the date of demise.
~~4.~~5. In case if 'first holder' is selected, the communication will be sent as per the preference mentioned at Sr. No. 4. In case 'All joint account holders' is opted, communication to first holder will be sent as per the preference mentioned at Sr. No. 4 and communication to other holders will be in electronic mode. The default option will be communication to 'first holder', if no option selected.
~~5.~~6. Strike off whichever is not applicable.

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Acknowledgement

Participant Name, Address & DP ID

Received the application from Mr/Ms______________________________ as the sole/first holder alongwith ______________________________ and ________________________________ as the second and third holders respectively for opening of a depository account. Please quote the DP ID & Client ID allotted to you in all your future correspondence.

Date: | D | D | M | M | Y | Y | Y | Y |

Participant Stamp & Signature