

SARAL CLIENT REGISTRATION KIT FOR INDIVIDUALS

NAME OF THE CLIENT	
LOCATION	
UNIQUE CLIENT CODE	
DP ID & CLIENT ID	
KIT NO	
SERIAL NO	
DATE	
EMPLOYEE NAME	
EMPLOYEE CODE	



GEOJIT

PEOPLE YOU PROSPER WITH

SARAL

ACCOUNT OPENING FORM FOR RESIDENT INDIVIDUALS TRADING IN CASH SEGMENT

PHOTOGRAPH
Please affix your recent passport size photograph and sign across it

I KYC - Please fill this form in BLOCK LETTERS.

A. IDENTITY DETAILS

1. Name of the Applicant: _____
2. Father's/ Spouse Name: _____
3. a. Gender: Male/ Female b. Marital status: Single/ Married c. Date of birth: ____ (dd/mm/yyyy)
4. Nationality: _____
5. a. PAN: _____ b. Aadhaar Number, if any: _____
6. Specify the proof of Identity submitted: _____

B. ADDRESS DETAILS

1. Residence/ Correspondence Address: _____ City/town/village: _____
Pin Code: _____ State: _____ Country: _____
2. Contact Details: Tel. (Off.) _____ Tel. (Res.) _____ Mobile No.: _____ Fax: _____ Email id: _____
3. Permanent Address (if different from above address): _____
City/town/village: _____ Pin Code: _____ State: _____ Country: _____
4. Specify the proof of address submitted for residence/correspondence /permanent address: _____

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I 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 aware that I may be held liable for it.

_____ Signature of the Applicant Date: _____ (dd/mm/yyyy)

Originals verified and Self-Attested Document copies received (.....)

Name & Signature of the Authorised Signatory
Seal/Stamp of the intermediary

Date

II OTHER DETAILS:

1. Bank account details:

Bank Name	Branch address	Bank account no.	Account Type: Saving/Current/	MICR Number	IFSC code

2. Demat account details:(In case the client does not have DP account, this column may be crossed)

DP name	NSDL/CDSL	Beneficiary name	DP ID	BO ID

3. Whether DP account is also to be opened with the same intermediary (Yes/No)

4. Trading Preferences: Please sign the relevant boxes where you wish to trade.

Exchange	Sign	Exchange	Sign	Exchange	Sign
NSE		BSE		MCX-SX	

5. Mode of receiving Contract Note/ Statement of Account: Physical / Electronic (Please indicate your preference).....

6. Standing instructions to receive credits automatically into my BO account (Yes/No)

7. Nomination details (Name, PAN, Address and Phone no. of nominee); relationship with the nominee (If nominee is a minor, details of Guardian like name, address, phone no. and signature of Guardian may be obtained)

I have understood the contents of policy and procedures document, tariff sheet, 'Rights and Obligations' document and 'Risk Disclosure Document'. I do hereby agree to be bound by such provisions as outlined in these documents. I have also been informed that the standard set of documents has been displayed for information on stock broker's designated website.

_____ Signature of the Applicant Date: _____ (dd/mm/yyyy)

FOR OFFICE USE ONLY

UCC Code allotted to the Client: -----

DP name	NSDL/CDSL	Beneficiary name	DP ID	BO ID

	Documents verified with Originals	Client Interviewed By	In-Person Verification done by
Name of the Employee			
Employee Code			
Designation of the employee			
Date			
Signature			

I / We undertake that I/we have made the client aware of 'Policy and Procedures', tariff sheet. I/We have also made the client aware of 'Rights and Obligations' document (s), RDD and Guidance Note. I/We have given/sent him a copy of all the KYC documents. I/We undertake that any change in the 'Policy and Procedures', tariff sheet would be duly intimated to the clients. I/We also undertake that any change in the 'Rights and Obligations' and RDD would be made available on my/our website, if any, for the information of the clients.

If the client chooses to avail the demat facility from the same stock broker who is also a depository participant, the stock broker may use the same form and provide the details of the demat account opened for the said client to the client while providing a copy of the KYC documents.

.....

Signature of the Authorised Signatory

Date

Seal/Stamp of the stock broker

NOTE: This form is applicable for individual investors trading in the cash segment. If such investors wish to trade in segments other than cash segment and / or wish to avail facilities such as internet trading, running account, margin trading, Power of Attorney etc., they may furnish additional details required as per prescribed regulations to the concerned intermediary.

Date	D	D	M	M	Y	Y	Y	Y

To be filled by the Depository Participant)

Application No.		Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.										
DP ID		Client ID								

Holders Details

Sole / First Holder's Name		UID																
Second Holder's Name		PAN																
		UID																
Third Holder's Name		PAN																
		UID																

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.	

Status	Sub – Status
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident

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 option would be 'No')	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (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 in SARAL AOF through ECS (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Other Details Gross Annual Income Details	Income Range per annum: <input type="checkbox"/> Up to Rs.1,00,000 <input type="checkbox"/> Rs 1,00,000 to Rs 5,00,000 <input type="checkbox"/> Rs 5,00,000 to ₹ 10,00,000 <input type="checkbox"/> Rs 10,00,000 to Rs 25,00,000 <input type="checkbox"/> More than Rs 25,00,000															
	Net worth as on (Date) <table border="1"> <tr> <td>D</td> <td>D</td> <td>M</td> <td>M</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> Rs <i>[Net worth should not be older than 1 year]</i>	D	D	M	M	Y	Y	Y	Y							
D	D	M	M	Y	Y	Y	Y									
Occupation	<input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Specify) _____															
Please tick , if applicable:	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)															
Any other information:																

SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4	MOBILE NO. +91 _____ [(Mandatory , if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).										
Transactions Using Secured Texting Facility (TRUST). Refer to Terms and Conditions Annexure – 2.6	I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for the same. <input type="checkbox"/> Yes <input type="checkbox"/> No I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST <table border="1" data-bbox="565 527 1336 625"> <thead> <tr> <th>Stock Exchange Name/ID</th> <th>Clearing Member Name</th> <th>Clearing Member ID (Optional)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)						
Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)									
<i>Easi</i>	To register for <i>easi</i> , please visit our website www.cdslindia.com . <i>Easi</i> allows a BO to view his ISIN balances, transactions and value of the portfolio online.										

Nomination Details

Nomination Registration No.	Dated

I /We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:

I/We do not wish to nominate any one for this demat account.

I/We **nominate** the following person who is entitled to receive security balances lying in my/our account, particulars whereof are given below, in the event of my / our death.

Full Name of the Nominee									
Address									
City					State				
Country					PIN code				
Telephone No.					Fax No.				
PAN					UID				
E-mail ID									
Relationship with BO (If any)									
Date of birth (mandatory If nominee is a minor)									
	D	D	M	M	Y	Y	Y	Y	

As the nominee is a minor as on date, to receive the securities in this account on behalf of the nominee in the event of the death of the Sole holder / all Joint holders, I/We appoint following person to act as **Guardian**:

Full name of Guardian of Nominee									
Address									
City					State				
Country					PIN				
Age					Fax No.				
Telephone No.									
E-mail ID									
Relationship of Guardian with Nominee									

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

Note: Two witnesses shall attest signature(s) / thumb impression(s)

Details of the Witness		
	First Witness	Second Witness
Name of witness		
Address of witness		
Signature of witness		

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. 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. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. 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).

===== Please Tear Here) =====

Acknowledgement Receipt

Application No.:

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	

Depository Participant Seal and Signature

VERSION – 1



For more details, please contact:
Toll Free: 1800-571-5501 / 1800 103 5501
Paid Line: +91 484-6193200

www.geojit.com/gil