

SECOND HOLDER'S DETAILS

First Name											
Middle Name											
Last Name											
Father / Husband Name											
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Others _____							Suffix			
Date of Birth								Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Corporate		
Permanent Address											
City					State			PIN			
Country					Phone			Fax No.			
E-Mail ID							Mobile				
PAN							Nationality			<input type="checkbox"/> Indian <input type="checkbox"/> Others _____	
Occupation	Service [<input type="checkbox"/> Central Govt. <input type="checkbox"/> State Govt. <input type="checkbox"/> Private / Public Sector <input type="checkbox"/> NGO <input type="checkbox"/> Statutory Body] <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Others (Specify) __										
Nature of Business (Products / Services provide)											

THIRD HOLDER'S DETAILS

First Name											
Middle Name											
Last Name											
Father / Husband Name											
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Others _____							Suffix			
Date of Birth								Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Corporate		
Permanent Address											
City					State			PIN			
Country					Phone			Fax No.			
E-Mail ID							Mobile				
PAN							Nationality			<input type="checkbox"/> Indian <input type="checkbox"/> Others _____	
Occupation	Service [<input type="checkbox"/> Central Govt. <input type="checkbox"/> State Govt. <input type="checkbox"/> Private / Public Sector <input type="checkbox"/> NGO <input type="checkbox"/> Statutory Body] <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Others (Specify) __										
Nature of Business (Products / Services provide)											

BANK DETAILS* [DIVIDEND BANK DETAILS]

Account No.					Account Type		<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others _____				
Bank Name					Branch						
Bank Address											
City				State		Country			PIN		
Bank Code (MICR Code)						IFSC Code					

* Please provide proof of bank account as per checklist given at the beginning of this form.

CLEARING MEMBER DETAILS (TO BE FILLED BY CMs ONLY)

Name of the Stock Exchange											
Name of the CC / CH											
Trading ID											
Clearing Member ID											

NAME OF THE FIRM ETC.

Name **											
---------	--	--	--	--	--	--	--	--	--	--	--

** In case of Firms, Associations 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.

FOR OCBS									
Foreign Address									
City		State		PIN					
Country		Phone		Fax No.					
Mobile		E-Mail							
Indian Address									
City		State		PIN					
Country		Phone		Fax No.					
Mobile		E-Mail							
Currency									
RBI Registration No. (If applicable)			RBI Approval Date						

DECLARATION			
<p>I/We have read the DP-BO agreement (DP-CM agreement for BSE Clearing Member Accounts) including the schedules thereto and their terms and 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.</p>			
	First / Sole Authorized Signatory	Second Authorized Signatory	Third Authorized Signatory
Name			
Designation			
Signature***			
Passport Size Photograph	(Please sign across the photograph)	(Please sign across the photograph)	(Please sign across the photograph)

***(Signature should be preferably in blank ink.)