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: Date of Registration (DDMMYYYY) ☐☐☐☐☐☐☐☐

Registration No..

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 fiiled 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 fiiled 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 ☐ Trading ID..... CSE ☐ Trading ID.....

Photograph

Please paste recent passport size Photograph	Please paste recent passport size Photograph	Please paste recent passport size Photograph
(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

.....Account ID ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
(Signature of Introducer)