

Bye Law 8.1.1

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 (<i>DDMMYYYY</i>)					

First Applicant

[illegible]**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)

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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)

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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.

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):

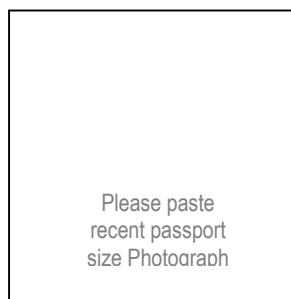
If account holder(s) wish to nominate person(s) who will be entitled to receive securities outstanding in the account in the event of the death of the sole account holder / all the joint account holders, a separate nomination Form - 23 must be filled up and signed by all account holders and the nominees 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.

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.

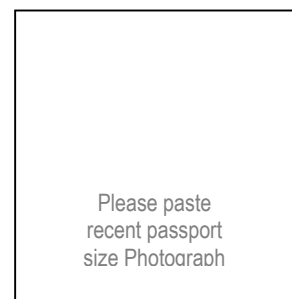
Exchange Name DSE Trading ID..... CSE Trading ID.....

Please paste recent passport size Photograph

(First Applicant)



(Second Applicant)



(Third Applicant)

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

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 by an existing account holder of Depository Participant's Name

I confirm the identity, occupation and address of the applicant(s).....

Introducer's Name

[illegible]