APPLICATION FOR OPENING OF A DEPOSITORY ACCOUNT

(For Individuals Only)







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S	econd Holder:						ĪM																	
P	AN Second Holder						Existi	ng Cus	tomer	(Y)	(N)	If Yes	, Cust	ome	· ID:									
T	hird Holder:																							
P	AN Third Holder:						Existi	ng Cus	tomer	(Y)	(N)	If Yes	, Cus	ome	r ID:									
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	CTANDING INCTRUCT	ONG							
	STANDING INSTRUCTI I / We authorise you to rece		utomatically in	nto my / our acc	ount. Yes		0		
	Account to be operated three			•	Yes				
	SMS Alert Facility: (Mandator	•	, ,	•			-	Application Form).	
		res No	2. Second		Yes No		rd Holder	Yes	No
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	I / We would like to share t			Yes	No				
7.	I / We would like to receive (Tick the applicable box. If not me			<i>'</i>	lectronic	Both Physi	cal and Electr	onic	
	I / We hereby authorise you	to debit my /	our operative	Bank A/c				Axis Bank	Branch
	for all the charges relating	_			nis authorisatio	on as irrevo	cable till furth	er instruction fro	om my / our
	side is received in writing a	nd duly ackn	owledged by y	/ou.					
Sign	nature of operative Bank A/c	1st Holder		2nd	Holder		3rd H	Holder	
H)	GUARDIAN DETAILS (W			l. C. II.	o 1: 1	()	4: (,)		
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Rel	ationship of Guardian with <i>I</i>	Ainor							
<u> </u>	NOMINATION OPTION	I / We	wish to make	a nomination.	(As per attached	Annexure).			
		I / We	do not wish to	make a nomii	nation. (Strike of	ff the Nomina	tion details in a	ttached Annexure).	
J)	I / We hereby declare that	the mobile n			ed in KYC Form	n belongs to			
			E-mo		11. 4		Mobile		
	1 111 11	N	1e	My Fan	nily*	Me	7	My Family	·*
	1st Holder 2nd Holder	L]		
	3rd Holder								
	*Spouse, Dependent Children	and Depende	nt Parents.						
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KNOW YOUR CLIENT (KYC) Application Form - For Individual

NEW CHANGE REQUEST (Please tick ✓ the appropriate) Please fill the form in ENGLISH and in BLOCK LETTERES	Acknowledgement No.
(Please tick ✓ the box on left margin of appropriate row, where CHANGE / CORRECTION is required, and provide the detail	ls in the corresponding row)
A) IDENTITY DETAILS	
1. Name of the Applicant	
2. Father's / Husband's Name	PHOTOGRAPH
3 a. Gender: Male Female 3 b. Marital status: Single Married	Please affix
3 c. Date of Birth D D M M Y Y Y Y	colour passport size photograph
4 a. Nationality: Indian Other (Please specify)	sign across
4 b. Status: Resident Individual Non-Resident Foreign National	phototgraph
5 a. PAN 5 b. Aadhaar Number, if any	
6. Specify the Proof of Identity submitted: PAN Card Any Other (Please Specify)	
B) ADDRESS DETAILS	
1. Residence / Correspondence Address: Correspondence Address Residence Address	
City / Town / Village P	PIN Code
State Country Country	
2. Specify the Proof of Address submitted for Residence / Correspondence Address:	
3. Contact Details: Tel. (Off.)	
Fax No.	
Tel. (Res.)	
Mobile No.	
E-mail ID	
4. Permanent Address (If different from above. Mandatory for Non-Resident Applicant to specify overseas address)	
City / Town / Village	PIN Code
State Country Country	
C) DECLARATION I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief, and I under therein, immediately. In case any of the above information is found to be false or untrue, or misleading or misrepresenting liable for it. Date:	ng, I am aware that I may be held
Signature of the Applicant	
OFFICE USE ONLY	
Originals verified and Self-Attested Document copies received	
In-Person-Verification (IPV) Done:	
a. Name of the person	
b. Designation	
c. Name of Organisation	
Signature of The Authorised Signatory	Seal / Stamp of the Branch
e. Date	

FATCA-CRS Declaration Form - Individuals



Form Type



(Please consult your professional Tax Advisor for further guidance on your tax residency, if required)

Primary Applicant			
1) Existing Customer* Y	N If Yes, Customer ID		
2) Address Type* (a) F	Residential (b) Business	s (c) Registered Office	
3) City of Birth*		Country of Birth*	
4) Identification Type and Identif	ication Number (Documents submit	tted as Proof of Identity of the individual	1):
Name of the document submi	itted Identificatio	on Number	
5) Please tick the applicable tax i	resident declaration: (Any One)*		
I am a tax resident of Inc	dia and not resident of any other co	ountry or I am a tax resident of the	e country/ies mentioned in the table below:
Country# Tax Identification	Identification Type	Addres	ss for Tax Purpose
Number*	(TIN or Other*, please specify)	Communication Address Permo	anent Address Please note the Address below
			Landmark
		Pin State	Country
% In case Tax Identification No. i Permissible documents are Passp FATCA-CRS Certification	on requirements of this Form (and To	tional equivalent\$ – ID Card – Driving License – UIDAI Cc	ard – NREGA Job Card – Others that the information provided by me on this
Date://			Place:
*Mandatory Fields			



FORM FOR NOMINATION FOR DEMAT ACCOUNT



	Non	nination Registration No.				ated										Barc	ode		
		FORM FO	R NO	MINAT	ION /	CANCI	ELL/	ATION	0F N	IOMII	ITAV	ON							
		T)	o be fil	led in by	y indiv	idual ap	plyir	ıg sing	ly or j	ointly)									
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NSDL		(Please select any one)								[Clien	t ID	\perp						
	ination Option	er / joint holders hereby declare	that ·										-						
I/We wish to make a nomination. [As per details given below]																			
						nsequent	ly all	rights a	and lial	oilities i	n resp	ect of	bene	ficia	ry ow	nersh	ip		
	I/We wish to cancel the nomination made by me/ us earlier and consequently all rights and liabilities in respect of beneficiary ownership in the securities held by me / us in the said account shall vest in me/ us. [Strike off the nomination details below]																		
Nomi	nation Detai	ls																	
		a nomination and do hereby nor																	
	iciary owner nent execute	account in the event of my / our	death. T	his nomi	nation	shall sup	erse	de any _l	prior n	ominati	on ma	ide by	me/u	s an	d also	any 1	estame	entary	
1		e made upto three			ot		\neg						\top	Details of 3 rd Nominee					
nomi	nees in the a			tails of 1	Nomi	nee	_		Jetails	of 2 nd	Nomir	100			Detai	IS Of 3	3" Nom	inee	
1	Name of the First Name	ne nominee(s) (Mr./Ms./Others)																	
	Middle Nar	ne					-						+						
	Last Name						\dashv						+						
2		ach Nominee	<u> </u>																
A)	For NSDL	Equally				(% T				7	%						%	
		[If not equally, please specify percentage]	Any o	dd lot aft	er divis			ansferr	ed to t	he first	nomi		ention	ned i	n the	form		, , ,	
B)	For CDSL	Percentage of allocation	7 1119 0	ad lot dit	.01 01110	Jion onan		41101011		.110 11100	1101111	1100 1111	1	1001	11 1110	1011111			
5,		of securities Residual Securities (please tick					-						+						
		any one nominee. If tick not																	
		marked default will be first nominee):																	
		, , , , , , , , , , , , , , , , , , ,	le nominees, please choose any one nominee who will be credited with residual securities remaining																
		dual securities in case of multipl of securities as per percentage of																	
		I shares, if any.	, anooat	10111 11 701	a ran to	0110000	0110 0	4011 1101	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0 11100		00 111	50	11100111	.00 00		0 01111100	
3		ip With the Applicant (If Any)																	
4	Address o	f Nominee(s)																	
	City:						_						\perp						
	State: Pin:												+						
	Country:					7													
5		ephone No. of nominee(s)					_												
7	Fax No. Email ID o	f nominee(s)					\dashv						+						
8	Nominee I	dentification details -					\neg					\neg							
		k any one of following and tails of same]																	
		raph & Signature			c Colou tograph					fix Colo otograj						Affix C Photog			
	_			of No	minee	&			of N	lomine	e &				01	Nomi	nee &		
				Sign	acros	S			Si	gn acro	SS				(Sign a	cross		
				Signature	e of No	minee		S	Signatu	re of N	omine	е			Signa	ture o	f Nomir	ee	
	☐ PAN						\dashv												
	Aadhaa																		
		f Identity					_	1		1				_			1		
	☐ Demat /	Account No.	$\vdash \vdash$	+	+	-	_	+	++		\sqcup	\perp		+					

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	Sr. Nos. 9-16 should be filled mandatorily	if no	minee	e(s) is	a mii	nor:														
9	Date of Birth	D	D N	1 M	Y	ΥΥ	Υ	D D	N	1 M	Υ	Υ	Υ	/ D) D	M	M	Y	YY	
	Age			7/	•															
10	Name of Guardian (Mr./Ms./Others) First Name																			
	Middle Name																			
	Last Name																			
11	Address of Guardian(s)																			
	City:																			
	State:																			
	Pin:																			
	Country:																			
12	Mobile/Telephone No. of Guardian																			
13	Fax No.																			
14	Email ID of Guardian																			
15	Relationship of Guardian with nominee																			
16	Guardian Identification details — [Please tick any one of following and provide details of same] Photograph & Signature	Affix Colour Photograph of Guardian & Sign across				Affix Colour Photograph of Guardian & Sign across					ın		Affix Colour Photograph of Guardian & Sign across							
	PAN																			
	Aadhaar / UID													\perp						
	Proof of Identity	<u> </u>							_	_	_			\perp	_	_				
	Demat Account No. DP ID	\vdash	+	+	\vdash	+	\vdash		+	+	+		\perp	+	+	-	\vdash	+		
17	Name & Signature of Account Holder(s)		S	ole/1 ^s	Holde	r			1	2 nd Ho	older		'		3 rd Holder					
Name	(s) of holder (s)																			
	ture(s) of holder (s)		Signa	ture (of 1°H	older		Sig	gnati	ure o	f 2 nd	Holde	er		Signature of 3 rd Holder					
18	Details of Witness for Nomination																			
	Name of the Witness				Addre	ss of \	Vitnes	S			+			Signa	ture	of Wi	tness			
Place	:										Da	te	D [M	M	Υ	Υ	Y	

Notes:

- The nomination can be made only by individuals holding beneficiary owner accounts
 on their own behalf singly or jointly. Non- individuals including society, trust, body
 corporate and partnership firm, karta of Hindu Undivided Family, holder of power of
 attorney cannot nominate. If the account is held jointly, all joint holders will sign the
 nomination form.
- A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
- The Nominee(s) shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a 9. Nominee, subject to the exchange controls in force, from time to time.
- Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
- Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.
- 6. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non- individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.

- On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee(s).
- Nomination can be made upto three nominees in a demat account. In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total upto hundred percent. In the event of the beneficiary owner not indicating any percentage of allocation/share for each of the nominees, the default option shall be to settle the claims equally amongst all the nominees.
- On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned in the FORM at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.
- Copy of any proof of identity must be accompanied by original for verification or duly attested by any entity authorized for attesting the documents.
- 11. DP ID and client ID shall be provided where demat details is required to be provided.