Internal Ref. No 1
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# STATE BANK OF INDIA



Date of Birth E-mail ID MAPIN Code Branch Code Branch Name Pl. Open Demat A/C

Reference Sr. No.

Br. Manager

	Branch Seal								
Please fill all the details in BLOC	K LETTERS in	English		Br. Cod	e Year	Sr. No.			
Application No.			Re	f. No.					
Date		Account	No. 1 3	0 1 9 3	0 0				
I/We request you to open a Dem	nat Account in m	y / our na	ame/s as	•	lled by the Depving details :	pository Pa	rticipa	ant/Br.	)
Sole / First Holder's Details									
First Name									
Middle Name									
Father / Husband Name									
Title	Mr.	Mrs.	Ms.	Other		Suffix			
Correspondence Address									
Cit.				Ctata					
City				State				$\overline{}$	
Country				PIN					
Telephone No.				Fax No.					
PAN / GIR No.					NA . I. T. NI.				
IT Circle Ward / District					Mobile No.				
E-mail ID								$\overline{}$	
MAPIN Code									
Join Holders - Second Holder's First Name	Details								
Middle Name									
Last Name									
Father / Husband Name									
Title	Mr.	Mrs.	Ms.	Other		Suffix			
PAN / GIR no.		-							
IT Circle Ward / District					Mobile No.				
Date of Birth									
E-mail ID									
MAPIN Code									
Join Holders - Third Holder's De	tails								
First name									
Middle Name									
Last Name									
Father / Husband Name									
Title	Mr.	Mrs.	Ms.	Other		Suffix			
PAN / GIR No.									
IT Circle Ward / District					Mobile No.				

#### Type of Account (Please tick whichever is applicable)

Type of Account (Flease tick willchev	,
Status	Sub-Status
Individual	□ Individual Resident □ Individual-Director
	☐ Individual Director's Relative ☐ Individual HUF / AOP
	☐ Individual Promoter
	☐ Individual Margin Trading A/C (MANTRA)
NRI	□ NRI Repatruable □ NRI Non-Repartriable
	□ NRI - Depository Receipts
Foreign National	□ Foreign National □ Foreign National - Depository Receipts
Details of Firest Holder	
Date of Birth	
Nationality	☐ Indian ☐ Others (Specify)
Sex	☐ Male ☐ Female
Occupation	☐ Service ☐ Professional ☐ Business ☐ Students
	☐ Retired ☐ Housewife
	□ Other (Specify)
I/We authorize you to receive credits in	my / our account
without Any Instruction from me / us.	□ Yes □ No
Account Statement	
Requirement	☐ Monthly ☐ Qtrly
Do you wish to receive dividend / interes	est directly in to your bank account
Given below through ECS?	☐ Yes ☐ No
Bank Details	
Bank Code (9 digit MICR Coade)	
Bank Name	
Branch	
Bank Address	
City	State PIN I
Account Type	☐ Saving ☐ Current ☐ Cash Credit
Account No.	

I/We have read the DP-BO agreement including the schedules thereto and the terms & conditions and agree to abide by and be bound by the same and by the Bye Lawsas 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 further agree that any false / misleading information given by me / us or suppression of my material information will render my account liable for termination and suitable action.

	First / Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures			
Passport Size Photograph (Please sign across			
The Phototgraph)			

Αd	الم	4:		ام		<b>~</b> +~	:1	_
ΑO	а	ITI	or	าลเ	IJ	ета	ш	S

State					
Pin					
Fax No.					
-	Pin	Pin	Pin	Pin	Pin

#### Details of Guardian (If First Holder or Second Holder or Thired Holder is a Minor)

First Name	
Middle Name	
Last Name	
Relationship with	
The applicant	
Correspondence Address	
City	State
Country	PIN
Telephone No.	Fax No.
E-mail ID	

#### For NRI's

Foreign Address							
City	State						
Country	PIN						
RBI Ref. No.	RBI Approv	val Date	)		,		

#### **Perforated Card**

(To be filled by the Depository Participant)

,				,	- 1 /												
DP ID	1	3	0	1	9	3	0	0		Client ID							

	First /Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Specimen Signature (In Black Ink)			

------(Please Tear Here)------

### **Acknowledgement Receipt**

Application No. Date:

Name of the Sole / First Holder	
Name of the Second Joint Holder	
Name of the Third Joint Holder	



## **Instructions for Applicants**

- 1. If the clearing member is a Sole proprietor or an individual, then the Corporate Account Opening Form Should be filled in.
- 2. Signature can eb in English, Hindi or any other languages contained in the 8th schedule of the constitution of India. Thumb Impression and signatures other than the above mentioned languages must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate under his/her offical seal.
- 3. Details of the Names, address and Te. No. Etc of the Magistrate / Notary Public / Special Exevutive Magistrate are to be provided in cas of any attention done by them.
- 4. In case of additional signatures, separate annexures should be attached to the application form.
- 5. All correspondence / queries shall be addressed to the First / Sole Applicant Only.
- 6. Where the holder is minor, person lawfully entitled to act on behalf of the minor should sign the nomination.
- 7. Strike off whichever is not applicable.
- 8. The following document are to be submitted by the applicants alongwith the application form:
  - A. Proof of Identity such as Passport / PAN Card / Voter's ID Crd / Driving Licence.
  - B. Proof of Residence such as Ration Card / Electricity Bill / Telephone Bill. (Of First holder only)
  - C. Date of Birth Certificate in case of Minors.
  - D. Proof of NRI stauts.
  - E. HUF form duly signed by Karta and all co-parceners in cse of HUF A/c,s.
  - F. Both A and B are mandatory in respect of all holders.
  - G. PAN Card
- 9. PLEASE GIVE YOUR SPECIMEN SIGNATURE ON THE NEXT PAGE IN BLACK INK ONLY.

#### **NOMINATION FORM**

To,

State Bank of India

**Depository Services** 

Dear Sir/Madam,

I/We the sole holder / joint holder / Guardian (in case of minor) hereby nominate the following persons who is entitled to receive security balances lying in my / our account, particulars whereof are given below, in the event of the death of the Sole holder or the death of all the Joint Holders.

the Sole holder of the death of all the solint holders.																		
BO Account Details:																		
DP ID   1   3   0   1		3	0	0	$\perp$			Client ID										
Name of the Sole / First Hole	der																	
Name of Second Holder			<u> </u>															
Name of Third Holder																		
Nominee Details																		
First Name																		
Middle Name																		
Last Name																		
Address																		
Civ								24-4-	1									
Country			_	—	—		_	State PIN					$\neg$				_	
Country Telephone No.			_	—	—			ax No.										
E-mail ID			-				Г	ax IVO.										
Relationship with BO (if any	\																	
Date of Birth (if nominee is a		)																
Date of Birth (il Hollinee is a	111111101	,																
As the nominee is a minor a	s on da	ite. I	/We a	apr	oin	t followi	na per	rsons to a	ct as o	uardia	ın:							
First Name		,					- 3 F - 1			,								
Middle Name																		
Last Name																		
Address																		
City								State										
Country							F	PΙΝ										
Age																		
To receive thye securitites in	ı this ac	ccou	nt on	be	hall	f of the i	nomin	ee in the	event o	of the o	deat	h if t	he :	Sole	hold	er/	all jo	oint
holders. This nomination is i	n accor	rdan	ce wi	ith t	the	section	109 o	f the com	panies	act 19	956,	and	sha	all su	upers	ede	any	
prior nomination made by m	e/us an	nd als	so ar	ny to	esta	amentar	y docu	ument exe	ecuted	by me	/us.							
•																		
Place :									Da	te:								
	Fire	st/So	ole H	old	er		Se	cond Hole	der			Th	nird	Hol	der			
Name																		
Sepcimen Signature																		
Note : Two Witnesses shall :	attest S	Siana	 ature(	(s) <sup>-</sup>	 Thu	mb imp	ressio	n(s).										
						st Witne		(-)			S	Seco	nd '	Witn	ess			
Name of Witness																		
Address of Witness																		
Signature of Witness																		
(To be filled by DP)																		
Nomination accepted and registere	d wide R	egiste	ered N	lo				Dated	d b						ositor			ints
(Authorised Signatory) (1) Wrong information and incomplete nomination form will no be accepted and noseparate communication will be made in this respect.																		

(2) Two witnesses are mandatory. (3) All holders have to sign the form. (4) Nominee should be other than Account Holder/s.

Branch Name Code No. Seal of Branch.

# Agreement Between A Participant And A Person Seeking To Open A Beneficial Owner's Account

This Agreement made and entered into at _ STATE BANK OF INDIA (description of the		day of its office/ registered of	between
(1111)	3,	<u> </u>	ticipant" of the one part; And
	( Description	n of the legal entity) ha	ving his / its office/ registered
office/ address at			d "the Beneficial Owner" of the

**WHEREAS** the Beneficial Owner is desirous of opening a beneficial owner's account with the Participant and the Participant has agreed to open an account in the name of the Beneficial Owner and render services to the Beneficial Owner as a participant, on the terms and conditions recorded hereinbelow.

NOW THIS AGREEMENT WITNESSETH AND IT IS HEREBY AGREED BY AND BETWEEN THE PARTIES HERETO AS FOLLOWS:

#### **General Clause**

1. The parties hereto agree to abide by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Bye Laws and Operating Instructions issued by CDSL from time to time in the same manner and to the same extent as if the same were set out herein and formed part of this Agreement.

#### Fees, Charges and deposits

2. The Participants shall be entitled to change or revise the fees, changes or deposits from time to time provided however that no increase therein shall be effected by the Participant unless the Participant shall have given at least one month's notice in writing to the Beneficial Owner in that behalf. In case the Beneficial Owner committing a default in the payment of any such amount demanded (where no such due date is specified), the Participant shall be entitled to charge interest on the amount remaining outsanding or unpaid [not exceeding 18% per annum or part thereof] On such continued default, the Participant after giving two days notice to the Beneficial Owner shall have a right to stop processing of instructions of Beneficial Owners till such time he makes the payment along with interest if any.

#### **Statement of Account**

3. The Participant shall furnish to the Beneficial Owner a statement of his/its account at the end of every month if there has been even a single entry ir transaction during that month, and in any event month if there has been even a single entry or transaction during that month, and in any event once at the end of each quarter. Such statement shall be in the form specified in Operating Instructions. The Participant shall furnish such statement at such shorter periods as may be required by the Beneficial Owner on payment of such charges by the Beneficial Owner ad may be specified by the Participant.

#### Beneficial Owner shall intimate change of particulars

4. The Participant shall not be liable or responsible for any loss that may be caused to the Beneficial Owner by reason of his/its failure to intimate change in the particulars furnished to the Participant from time to time, unless notified by the Beneficial Owner.

#### Participant not liable for claims against Beneficial Owner

5. CDSL shall not be liable to the Beneficial Owner in any manner towards losses, liabilities and/or expenses srising from the claims of third parties or for any fees, charges, taxes, duties, levies or penalties levied, imposed or demanded by any Central, State, statutory or revenue authority in respect of securities credited of the Beneficial Owner's account.

#### **Authorised Representative**

6. Where the Beneficial Owner is body corporate or a legal entity, it shall, simultaneously with the execution of the Agreement furnish to the Participant, alist of officials authorized by it, who shall represent and interact on its behalf with the Participant. Any change in such list including additions, deletions or alterations thereto shall be forthwith communicated to the Participant.

#### **Closure of Account**

7. The Beneficial Owner, may, at any time terminate this Agreement by calling upon the Participant to close his/its account with the Participant in the manner and on the terms and conditions set out in the Bye Laws and the procedure laid down in the Operating Instructions. In the event of termination of this Agreement the Beneficial Owner shall either get the securities transferred to some other account or get the same rematerialised.

#### **Stamp Duty**

8. Any stamp duty (including interest or penalty levied thereon) payable on the Agreement and /or on any deed, document or writing executed in pursuance hereof between the parties hereto shall be borne and paid by the Beneficial Owner.

#### **Force Majeure**

9. Notwithstanding anything contained herein or in the Bye Laws, neither party hereto shall be liable to indemnify or compensate the other for any breach, non-performance or delay in performance of obligations under the Agreement or for any harm, loss, damage or injury caused to the other due to causes to the other due to causes reasonably beyond its control including but not limited to tide, strom, cyclone, flood, lightning, earthquake, fire, blast, explosion or any other act of God, war, rebellion. Revolution, insurrection, embargo or sanction, blockade, riot, civil commotion, labour action or unrest including strike, lock-out boycott, interruption or failure of any utility service, enemy action, criminal conspiracy, act of terrorism or vandalism, sabotage, or intrusion, or any other irresistible force or compulsion.

#### **Service of Notice**

10. Any notice or communication required ot be given under the Agreement shall not be binding unless the same is in writing and shall have been served by delivering the same at the address set out hereinabove against a written acknowledgment of receipt thereof or by sending the same by pre-paid registered post at the aforesaid address or transmitting the same by facsimile transmission, electronic mail or electronic data transfer at number of address that shall have been previously specified by the party of be notified. Notice given by personal delivery shall be deemed to be given at the time of delivery. Notive given by post in accordance with this clause shall be deemed to be given at the commencement of business of the recipient of the notice on the third working day next following its posing. Notice sent by facsimile transmission, electronic mail or electronic data transfer shall be deemed to be given at the time of its actual transmission.

#### **Arbitration**

11. The parties hereto shall, in respect of all disputes and differences that may arise between them, abide by the provisions relating to arbitration and conciliation specified under the Bye Laws.

#### Jurisdiction

12. The parties hereto agree to submit to the exclusive jurisdiction of the courts in Mumbai.

#### Governing Law

13. The Agreement shall be governed by and construed in accordance with the laws in force in India.

In Witness whereof the parties hereto have hereunto set and subscribed their respective hands/seals to this Agreement in duplicate on the day, month, year and place first hereinabove mentioned.

SignedAnd Delivered		
By the withinnamed the		
Participant (State Bank	)	
Of India) by the hand of		
Its authorised representative	)	
Shri	)	
In the presence of )		
Signed And Delivered )		
By the withinnamed the )		
Beneficial Ower )		
	)	
	)	
In the presence of	)	