



**बैंक ऑफ बड़ौदा Bank of Baroda**

Central Back Office DP Operations, Baroda Sun Tower, Ground Floor, BKC, Bandra East, Mumbai - 400 051.

### Application Form for Opening a Demat Account

☐ Individual ☐ NRI ☐ Foreign National

**CDSL**

SOL ID \_\_\_\_\_ / SR. No. \_\_\_\_\_

(To be filled by the Depository Participant)

Application No.	DP Internal Reference No.							Date								
DP ID	1	3	0	1	8	7	0	0	Client ID							

I / We request you to open a Demat Account in my / our name as per the following details :

Type of Account (Please tick whichever is applicable)

Status	Sub-Status
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual Director <input type="checkbox"/> Individual Margin Trading /A/C (MANTRA) <input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Individual HUF /AOP <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Others (specify)
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> NRI Depository Receipts <input type="checkbox"/> NRI Repatriable Promoter <input type="checkbox"/> NRI Non-Repatriable Promoter <input type="checkbox"/> Others (specify)
<input type="checkbox"/> Foreign National	Foreign National <input type="checkbox"/> Foreign National - Depository Receipts <input type="checkbox"/> Others (specify)

Sole / First Holder's Details (To be filled by the applicant in Block Letters in English)

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"/> Other	Suffix	
Correspondence Address (Please attach proof)			
City	State		
Country	PIN		
Telephone No.	Mobile No.		
PAN /	Fax No.		
Permanent Address (Attach proof if different from Correspondence Address) (If NRI then foreign territory)			
City	State		
Country	PIN		
Telephone No.	Fax No.		
Date of Birth	D   D   M   M   Y   Y   Y   Y	E-mail ID	
Qualification	<input type="checkbox"/> High School <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Doctorate <input type="checkbox"/> Professional Degree <input type="checkbox"/> Under High School <input type="checkbox"/> Illiterate <input type="checkbox"/> Other (Please specify...) .....		
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify)		
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		

Other Details Gross Annual Income Details	<b>Income Range per annum:</b>	
	<input type="checkbox"/> Up to Rs. 1,00,000 <input type="checkbox"/> Rs 1,00,000 to Rs 5,00,000 <input type="checkbox"/> Rs 5,00,000 to ₹ 10,00,000	
	<input type="checkbox"/> Rs 10,00,000 to Rs 25,00,000 <input type="checkbox"/> More than Rs 25,00,000	
	Net worth as on (Date)	Rs
		[Net worth should not be older than 1 year]
Occupation	<input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Specify) .....	
Please tick, if applicable:	<input type="checkbox"/> politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)	
Any other information:		

## Joint Holders - 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"/> Other										Suffix														
Permanent Address (Please attach proof)																									
City											State														
Country											PIN														
PAN /											TEL No.														
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	E-mail ID														
Qualification	<input type="checkbox"/> High School					<input type="checkbox"/> Graduate					<input type="checkbox"/> Post Graduate					<input type="checkbox"/> Doctorate					<input type="checkbox"/> Professional Degree				
	<input type="checkbox"/> Under High School					<input type="checkbox"/> Illiterate					<input type="checkbox"/> Other (Please specify...)														
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify)																								
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female																								

Other Details Gross Annual Income Details	<b>Income Range per annum:</b>																				
	<input type="checkbox"/> Up to Rs. 1,00,000 <input type="checkbox"/> Rs 1,00,000 to Rs 5,00,000 <input type="checkbox"/> Rs 5,00,000 to ₹ 10,00,000 <input type="checkbox"/> Rs 10,00,000 to Rs 25,00,000 <input type="checkbox"/> More than Rs 25,00,000																				
	Net worth as on (Date)										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Rs
	[Net worth should not be older than 1 year]																				
Occupation	<input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Specify)																				
Please tick, if applicable:	<input type="checkbox"/> politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)																				
Any other information:																					

## Joint Holders - 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"/> Other										Suffix														
Permanent Address (Please attach proof)																									
City											State														
Country											PIN														
PAN /											TEL No.														
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	E-mail ID														
Qualification	<input type="checkbox"/> High School					<input type="checkbox"/> Graduate					<input type="checkbox"/> Post Graduate					<input type="checkbox"/> Doctorate					<input type="checkbox"/> Professional Degree				
	<input type="checkbox"/> Under High School					<input type="checkbox"/> Illiterate					<input type="checkbox"/> Other (Please specify...)														
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify)																								
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female																								

Other Details Gross Annual Income Details	<b>Income Range per annum:</b>																				
	<input type="checkbox"/> Up to Rs. 1,00,000 <input type="checkbox"/> Rs 1,00,000 to Rs 5,00,000 <input type="checkbox"/> Rs 5,00,000 to ₹ 10,00,000 <input type="checkbox"/> Rs 10,00,000 to Rs 25,00,000 <input type="checkbox"/> More than Rs 25,00,000																				
	Net worth as on (Date)										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Rs
	[Net worth should not be older than 1 year]																				
Occupation	<input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Specify)																				
Please tick, if applicable:	<input type="checkbox"/> politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)																				
Any other information:																					



### Additional Facility Details :

<b>SMS Alert Facility</b> Refer to Terms & Conditions given as <b>Annexure - 2.4</b>	MOBILE NO. +91 _____ [[Mandatory , if you are giving Power of Attorney ( POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).									
Transactions Using Secured Texting Facility ( <b>TRUST</b> ). Refer to Terms and Conditions <b>Annexure - 2.6</b>	<p>I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for the same.</p> <p> <input type="checkbox"/> Yes  <input type="checkbox"/> No </p> <p>I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST</p> <table border="1" data-bbox="491 495 1227 622"> <thead> <tr> <th>Stock Exchange Name /ID</th> <th>Clearing Member Name</th> <th>Clearing Member ID (Optional)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Stock Exchange Name /ID	Clearing Member Name	Clearing Member ID (Optional)						
Stock Exchange Name /ID	Clearing Member Name	Clearing Member ID (Optional)								
<b>Easi</b>	To register for easi, please visit our website <a href="http://www.cdslindia.com">www.cdslindia.com</a> . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.									
I / We instruct the DP to receive each and every credit in my / our account   [Automatic Credit]										
Account Statement Requirement	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Do you wish to receive dividend / interest directly in to your bank account given below through ECS ? <input type="checkbox"/> Yes <input type="checkbox"/> No										

### Details of Guardian (in case the account holder is minor)

Guardian's Name		PAN	
Relationship with the applicant			
I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes')		[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No	
I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end (If not marked, the default option would be 'No')		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly		
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID			<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to share the email ID with the RTA			<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in Physical)			
<b>I/ We</b> wish to receive dividend / interest directly in to my bank account as given below through ECS (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time ]			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Bank Details (Dividend Bank Details)**

Bank Code (9 digit MICR Code)									
IFS Code (11 digit code)									
Bank Name & branch									
Bank Address									
City	State			Country		PIN			
Account Number									
Account type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit <input type="checkbox"/> Others (specify)								

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)  
(ii) Photocopy of the Bank Statement having name and address of the BO and not more than 4 months old, (or)  
(ii) Photocopy of the Passbook having name and address of the BO (or)  
(iv) Letter from the Bank  
➤ In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present /mentioned on the document and it should be self certified by the BO.

For NRIs

I/We hereby declare that we complied with and will continue to comply with the **FEMA regulations and other applicable laws**,

I/We also undertake that whenever there is/are change/s in the residential address and/or any other information same will be informed immediately to the DP.

Foreign Address									
City		State							
Country		PIN							

===== (Please Tear Here) =====

**Acknowledgement Receipt**  
**Date:****Application No.:**

We hereby acknowledge the receipt of the Account Opening Application Form:

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

**Depository Participant Seal and Signature**



I/We have read the terms & conditions of DP-BO agreement and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. 1 ' 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.

	First/Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signature			
Passport size Photograph	(Please sign across the Photograph)	(Please sign across the Photograph)	(Please sign across the Photograph)

Note : Paste Latest Colour Photograph/s of Account Holder/s and sign across the Photograph/s

**(Signatures should be preferably in black ink).**

**(In case of minor holder, photograph of guardian has to be affixed along with minor's photograph.)**

In - Person verification by Branch DP of Bank of Baroda

Signature/s verified. Identity of the applicant/s verified and signature/s obtained in my presence	
Name / Designation / Signature Under Stamp of Bank of Baroda with Signature No. / EC No.	
Place : _____	
Date : _____	

#### Instructions for the Applicants /Bos for account opening

- Signature can be in English <sup>or</sup> Hindi or any other languages contained in the 8<sup>th</sup> schedule of the Constitution of India. Thumb impressions and signature other than the above mentioned languages must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate under his/their official seal.
- Signature should be preferably in black ink.
- Any alteration / correction should be authenticated with signature/s of the account holder/s
- Details of the Names, Address, and Tel Numbar(s). etc.. of the Magistrate, Notary Public / Special Executive Magistrate are to be provided in case of attestation done by them.
- In case of applications under a Power of Attorney, the relevant Power of Attorney or the certified and duly notarized copy thereof, must be lodged along with the application-
- All correspondence / queries shall be addressed to the first / sole applicant.
- NOMINATION is mandatory or dissent signified.
- Strike off whichever is not applicable.

===== (Perforated Card) =====

DP ID	1	3	0	1	8	7	0	0	DP ID							
-------	---	---	---	---	---	---	---	---	-------	--	--	--	--	--	--	--

	First/Sole Holder	Second Holder	Third Holder
Name			
Specimen Signatures			

## Terms And Conditions-cum-registration Form for receiving SMS Alerts from CDSL

### Definitions :

In these Terms and Conditions the terms shall have following meaning unless indicated otherwise :

1. "Depository means Central Depository Services (India) Limited a company incorporated in India under the Companies Act 1956 and having its registered office at 17<sup>th</sup> Floor, P. J. Towers, Dalal' Street, Fort, Mumbai 400001 and all its branch officer and includes its successors and assigns.
2. 'DP' means Depository Participant of CDSL. The term covers all types of DPs who are allowed to Open demat accounts for investors,
3. 'BO' means an entity that has opened a demat account with the depository. The term covers all types of demat accounts, which can be opened with a depository as specified by the depository from time to time.
4. SMS means "Short Messaging Service"
5. "Alerts" means a customized SMS sent to the BO over the said mobile phone number.
6. "Service Provider" means a cellular service provider(s) with whom the depository has entered will be entering into an arrangement for providing the SMS alerts to the BO-
7. "Service" means the service of providing SMS alerts to the BO on best effort basis as per these terms and conditions.

### Availability :

1. The service will be provided to the BO at his / her request and at the discretion of the depository. The service will be available to those account holders who have provided their mobile numbers to the depository through their DP. The services may be discontinued for a specific period/ Indefinite period, with or without issuing any prior notice for the purpose of security reasons or system maintenance or for such other reasons as may be warranted. The depository may also discontinue the service at any time without giving prior notice for any reason whatsoever.
2. The service is currently available to the BOs who are residing in India.
3. The alerts will be provided to the BOs only if they remain within the range of the service provider's service area or within the range forming part of the roaming network of the service provider.
4. In case of joint accounts and non-individual accounts the service will be available, only to one mobile number i.e. to the mobile number as submitted at the time of registration / modification.
5. The BO is responsible for promptly intimating to the depository in the prescribed manner any change in mobile number, or loss of handset, on which the BO wants to receive the alerts from the depository, in case at change in mobile number not intimated to the depository, the SMS alerts will continue to be sent to the last registered mobile phone number. The BO agrees to indemnify the depository for any loss or damage suffered by it on account of SMS alerts sent on such mobile number.

### Receiving Alerts :

1. The depository shall send the alerts to the mobile phone number provided by the BO while registering for the service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period, of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
2. The BO acknowledges that the alerts will be received only if the mobile phone is in 'ON' and in a mode to receive the SMS. If the mobile phone is in Off mode i.e. unable to receive the alerts then the BO may not get / get after delay any alerts sent during such period.
3. The BO also acknowledges that the readability, accuracy and timeliness of providing the service depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non delivery, delayed delivery or distortion of the alert in any way whatsoever.
4. The BO further acknowledges that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/ or inaccuracy. In case the BO observes any error in the information provided in the alert, the BO shall inform the depository and/ or the DP immediately in writing and the depository will make best possible efforts to rectify the error as early as possible. The BO shall not hold the depository liable for any loss, damages, etc that may be incurred' suffered by the BO on account of opting to avail SMS alerts facility.
5. The BO authorises the depository to send any message such as promotional, greeting or any other message (that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity..
6. The BO agrees to inform the depository and DP in writing of any unauthorized debit to his BO account/ unauthorized transfer of securities from his BO Account immediately, which may come to his knowledge on receiving SMS alerts. The BO may send an email to CDSL at [complaint@cdslindia.com](mailto:complaint@cdslindia.com). The BO is advised not to inform the service provider about any such unauthorized debit to/ transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse communication between the service provider and the depository.
7. The information sent as an alert the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) recurring the alert.
8. The Depository will make best effort to provide the service. The BO cannot hold the depository liable for non availability liability of the service in any manner whatsoever.
9. If the BO finds that the information such as mobile number etc. has been changed without proper authorization, the BO should immediately inform the DP in writing.



**Fees:**

Depository reserves the right to charge such fees from time to time as it deems fit for providing this service to the BO.

**Disclaimer:**

The depository shall make reasonable efforts to ensure that the BO's personal information is kept confidential. The depository does not warrant the confidentiality or security of the SMS alerts transmitted through a service provider. Further, the depository makes no warranty or representation of any kind in relation to the system and the network or their function or their performance or for any loss or damage whenever and howsoever suffered or incurred by the BO or by any person resulting from or in connection with availing of SMS alerts facility. The Depository gives no warranty with respect to the quality of the service provided by the service provider. The Depository will not be liable for any unauthorized use or access to the information and/or SMS alert sent on the mobile phone number of the BO or for fraudulent, duplicate or erroneous use/ misuse of such information by any third person.

**Liability and Indemnity:**

The Depository shall not be liable for any breach of confidentiality by the service provider or by any third person due to unauthorized access to the information meant for the BO. In consideration of the depository providing the service, the BO agrees to indemnify and keep safe, harmless and indemnified the depository and its officials from any damages, claims, demands, proceedings, loss, cost, charges and expenses whatsoever which a depository may at any time incur, sustain, suffer or be put to as a consequence of or arising out of interference with or misuse, improper or fraudulent use of the service by the BO.

**Amendments:**

The depository may amend the terms and conditions at any time with or without giving any prior notice to the BOs. Any such amendments shall be binding on the BOs who are already registered as user of this service.

**Governing Law and Jurisdiction:**

Providing the Service as outlined above shall be governed by the Laws of India and will be subject to the exclusive jurisdiction of the courts in Mumbai.

I/We wish to avail the SMS Alerts facility provided by the depository/ on my/our mobile number provided in the registration form subject to the terms and conditions mentioned below. **I/ We consent to CDSL providing to the service provider such information pertaining to account/transactions in my/our account as is necessary for the purposes of generating SMS Alerts by service provider, to be sent to the said mobile number.**

I/We have read and understood the terms and conditions mentioned above and agree to abide by them and any amendments thereto made by the depository from time to time. I/ we further undertake to pay fee/ charges as may be levied by the depository from time to time.

I/ We further understand that the SMS alerts would be sent for a maximum four ISINs at a time, If more than four debits take place, the BOs would be required to take up the matter with their DP.

I/We am/ are aware that mere acceptance of the registration form does not imply in any way that the request has been accepted by the depository for providing the service.

I/We provide the following Information for the purpose of REGISTRATION / MODIFICATION (Please cancel out what is not applicable).

BOID

1	3	0	1	8	7	0	0										
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

(Please write your 8 digit Client ID)

Sole / First Holder's Name \_\_\_\_\_

Second Holder's Name \_\_\_\_\_

Third Holder's Name \_\_\_\_\_

Mobile Number on which  
messages are to be sent

+91																	
-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Please write only the mobile number without prefixing country code or zero)

The mobile number is registered in the name of: \_\_\_\_\_

Email ID: \_\_\_\_\_

(Please write only ONE valid email ID on which communication; if any, is to be sent)

**Signatures**\_\_\_\_\_  
Sole / First Holder\_\_\_\_\_  
Second holder\_\_\_\_\_  
Third Holder

Place: \_\_\_\_\_

Date: \_\_\_\_\_

## Nomination Form

To,  
**Bank Of Baroda**  
**CBODPO**  
**BST Tower,C-34**  
**BKC,Bandra (E)**  
**Mumbai-400051**

Dear Sir/ Madam,

I/We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:

☐ I/We do not wish to nominate any one for this demat account.  
 [Strike out what is not applicable.] [Signatures of all account holders should be obtained on this form].

☐ I/We **nominate** the following \*person/s 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.

BO Account Details									
DP ID								Client ID	
Name of the Sole / First Holder									
Name of Second Holder									
Name of Third Holder									

Nomination	Nominee 1	Nominee 2	Nominee 3
<b>Nominee Name :</b>			
<b>*First Name:</b>	.....	.....	.....
<b>Middle Name:</b>	.....	.....	.....
<b>*Last Name</b>	.....	.....	.....
<b>*Address:</b>			
<b>*City:</b>			
<b>*State:</b>			
<b>*Pin:</b>			
<b>*Country:</b>			
<b>Telephone No:</b>			
<b>Fax No:</b>			
<b>Nomination</b>	<b>Nominee 1</b>	<b>Nominee 2</b>	<b>Nominee 3</b>
<b>PAN No:</b>			
<b>UID :</b>			
<b>Email ID:</b>			
<b>*Relationship with the BO:</b>			
<b>Date of birth (mandatory if Nominee is a minor):</b>			
<b>Name of the of Nominee (if the nominee is minor):</b>			
<b>*First Name:</b>	.....	.....	.....
<b>Middle Name:</b>	.....	.....	.....
<b>*Last Name</b>	.....	.....	.....
<b>*Address of Guardian of nominee</b>			
<b>*City:</b>			
<b>*State:</b>			
<b>*Country:</b>			
<b>*Pin:</b>			



Age			
Telephone:			
Fax No:			
Email ID:			
*Relationship of the Guardian with the Nominee:			
*Percentage of allocation of securities:			
*Residual Securities [please tick any one nominee. If tick not marked default will be first nominee!:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\*Note :** Residual securities: incase of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be marked as nominee entitled for residual shares, if any.

\* Marked is Mandatory field

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

Note: **\* One witness** shall attest signature/ Thumb impression.

Details of the Witness	
	<b>First Witness</b>
Names of Witness	
Address of Witness	
Signature of Witness	

(To be filled by DP)

Nomination Form accepted and registered wide Registration No. \_\_\_\_\_ dated \_\_\_\_\_.

For Bank of Baroda

DP SEAL

===== (Please Tear here) =====

Received nomination from :

DP ID		Client ID	
Name			
Address			
Nomination in favor of			
<b>*First - Nominee</b>			
<b>Second - Nominee</b>			
<b>Third -</b>			
No Nomination	Does not wish to nominate		
Registration No.		Registered on	

For Bank of Baroda

**LETTER OF AUTHORITY FOR RECOVERY OF BANK CHARGES & ADDITIONAL INFORMATION:**

The Asstt. General / Chief / Sr. Branch / Manager.

**Bank of Baroda** \_\_\_\_\_ Branch

Date : \_\_\_\_\_

Dear Sir / Madam,

**(1) Re : Authority for recovery of Bank's charges in respect of Demat Account.**

I / We hereby irrevocably authorize you to recover various Bank charges such as Commission / Fee / Postage / Annual Maintenance charges / Transaction charges etc. (subject to change from time to time) incidental to maintenance and operations of my/our Demat account from my / our following account :

**SB / Current account No.:** \_\_\_\_\_ **MICR No:** \_\_\_\_\_

maintained with you / maintained with Bank's \_\_\_\_\_ branch,

Further, I / We undertake to maintain sufficient balance at all times to meet the recovery of bank's charges in connection with my / our Demat account. Failure on my / our part to maintain sufficient balance in above savings / current account shall not, however, impair in any way the right of Bank of Baroda from recovery of due charges. In case debit balance is created in my/our above savings / current account due to recovery of bank's charges. I / We authorize the bank to charge interest, on debit balance created, at the rate prescribed by bank from time to time.

**(2) Re : Additional information to be submitted with Demat Account Opening Application Form**

1.	Do you have any other Demat account with any Branch/Branches of Bank of Baroda ? If so, please give details :	Name and Address of DP ..... ..... DP ID : ..... Client ID : .....
2.	Do you have any Demat account with any other Bank's DP or any other Depository Participant (DP) ? If so, please give details :	Name and Address of DP ..... ..... DP ID : ..... Client ID : .....

Yours faithfully,

S. No.	Name/s of Account Holder/s	Signature of Account Holder/s
1		
2		
3		

**Verification by Branch DP of Bank of Baroda :**

Signature/s Verified & Instructions Noted.	
Name / Designation / Signature under stamp of the Bank of Baroda with Signature No. / EC No.  Place : _____  Date : _____	





**बैंक ऑफ बड़ोदा Bank of Baroda**

Central Back Office DP Operations, (CBODPO)

Baroda Sun Tower, Ground Floor, BKC, Bandra East, Mumbai - 400051.

DEMAT SERVICE CHARGES :		
NO.	Types of Charges	Revised charges w.e.f. April 2009
1	Advance / Deposit	NIL
2	Annual Maintenance Charges	General Customer : For Individuals • First year free (for new accounts) • From second year onwards Rs 250/- p a. plus Service Tax (S.T.) For Non-Individual - Rs. 550/- plus S.T. BSDA customers: - • For Individuals • First year free (for new accounts) • Thereafter no AMC to be levied if the value of holding is up to Rs. 50,000/- during financial year. AMC will be charged at Rs. 100/- plus S.T. only for the value of holding from Rs. 50,001/- up to Rs. 2,00,000/- during financial year.
3	Demat	Rs. 3.00 per certificate with minimum of Rs. 34/- plus actual postage.
4	Remat	NSDL Demat account : Rs.10/- plus actual postage for every hundred securities or part hereof subject to maximum fee of Rs. 5,00,000/- or a flat fee of Rs. 10/- per certificate whichever is higher for NSDL Demat accounts. CDSL Demat account : Rs.30/- plus S.T. per actual postage per ISIN
5	Transaction Charges	General customers : 0.03% of market value subject to minimum Rs. 20/- + S.T. per transaction. For Debt instruments and commercial papers 0.03% of market value subject to minimum Rs. 20/- plus S.T. per Transaction. BCML customers : Transaction charges at Rs. 15/- plus service tax per debit instruction.
6	KYC registering Agency Charges (KRA Charges)	KRA charges @ Rs 40/- plus service tax plus actual postage for new KYC data to be uploaded KRA charges @ Rs. 40/- plus service tax per download will be applied, For modifications in KRA of the existing clients KRA charges @ Rs. 30/- Plus service tax plus actual postage
7	Pledge Creation	Rs. 100/- + S.T. per ISIN per request
8	Pledge Creation confirmation	Rs. 100/- + S.T. per ISIN per request
9	Pledge Closure	Free
10	Pledge Closure confirmation	Free
11	Pledge Invocation	Rs. 100/- + S.T. per ISIN per request
12	Failed instruction charges	NIL
13	Other Charges	<input type="checkbox"/> Additional A/c statement Rs. 20/- plus S.T. per request <input type="checkbox"/> Sign verification or any other certificate & freeze / unfreeze Rs. 50/- plus S.T. per request.  <input type="checkbox"/> One DIS booklet of 10 leaves free of cost at the time of a/c opening and thereafter subsequent DIS will be issued @ Rs. 20/- + S.T. per booklet of 10 leaves for General Customer. <input type="checkbox"/> Two DIS slips only will be issued at the time of account opening to BSDA customer. <input type="checkbox"/> Change of Address/ECS Rs. 30/- plus S.T. per request.
14	Overdue Charges	Interest @18% p.a. will be payable for payment of service charges after due date
15	Transfer of Securities from one DP to another DP consequent to account closure	Consequent to closure of account, no charges to be levied, when Beneficiary Owner (BO) transfers all the securities lying in this account to another Branch of the same DP or to DP of the same depository or another depository, provided the BO Accounts at transferee DP and at transferor DP are ones and the same i.e. Identical in all respects.
16	Other Terms & Condition	a. Refund of AMC on closure of Demat account will be on quarterly basis) e.g. if account is closed in the month of July, refund of AMC will be applicable for remaining two quarters i.e. December & March of the financial year. b. The service's not listed above will be charged separately. c. Cost of Non-Judicial paper or franking is to be borne by the client. d. All the above charges are applicable uniformly to individuals, non-individual except that AMC are different for Individuals and Non-individuals. e. The charges are subject to revision from time to time at Bank's discretion.

Signature

Sole / First Holder

Second Holder

Third Holder

**ONLY FOR HUF DEMAT ACCOUNT:**

To,  
Bank of Baroda  
Central Back Office DP Operations.(CBODPO)  
Baroda Sun Towers, Ground Floor, C-34, G Block,  
Bandra Kurla Complex, Bandra (E), Mumbai - 400 051.

Dear Sirs,

We, the undersigned, hereby declare that we are the adult members of the Joint Hindu Undivided Family of \_\_\_\_\_ and that \_\_\_\_\_ is the Karta of our joint family and as such Karta he is entitled to deal in connection with the said Joint Hindu Undivided Family without any authority from other members of the family.

We further declare that the business of the said Joint Hindu Undivided Family is carried on mainly by the said Karta. \_\_\_\_\_ as also by other members, in the interest and benefit of the said Joint Family.

We also undertake that any claim due to the Bank from the said Joint Hindu Undivided Family shall be recoverable personally from us including the shares of the minors, if any.

Yours faithfully,

Sr.No.	Name of Family Members	Relationship	Date of Birth	Age	Signature

Name/s of the Minor Member/s

.....  
.....  
.....

(Signature of Karta with Rubber stamp)

MANDATORY DOCUMENTS REQUIRED FOR OPENING AN INDIVIDUAL DEMAT ACCOUNT	
All Copies should be self attested by the A/c holder and duly verified with the original under stamp and signature of the DP/ Branch	
<ul style="list-style-type: none"><li>a) Account Opening Form (INDIVIDUAL)</li><li>b) Self attested PAN Card copy of all account holders (must be verified with the original under stamp and signature of the DP/Branch Official and validated from Income Tax web site :- <a href="http://incometaxindiaefiling.gov.in">http://incometaxindiaefiling.gov.in</a>)</li><li>c) Additional Photo identity proof, if photograph is not matched with PAN card copy.</li><li>d) Self attested Address Proof of all holders (must be verified with the original under stamp and signature of Branch Official)</li><li>e) <b>Self attested copy of MICR cheque or MICR cheque with latest statement of account or pass book copy</b></li><li>f) Paste latest passport size photograph of all account holders on Account Opening Form and sign across the photograph/s.</li></ul>	
<b>NRI:</b> All mandatory documents as above <input type="checkbox"/> FEMA Declaration, Indian Correspondence Address & Foreign Address proof and Bank a/c indicating type of a/c as NRE / NRO	
<b>MINOR :</b> All mandatory documents as above <b>(The minor should be the first and sole holder in the account)</b> <input type="checkbox"/> Copy of Minors Birth Certificate along with copies of PAN Card of Minor and Guardian with self attestation by the guardian. <input type="checkbox"/> One passport size photograph of Minor and the Guardian with signature of the Guardian across the photographs.	
<b>HUF:</b> All mandatory documents as above <input type="checkbox"/> PAN Card of Karta and declaration giving details of the family members of the HUF with their names.	



To,

--	--	--	--	--	--	--	--	--

☐ I / We wish to avail the BSDA facility for the new account for which we have submitted my / our account opening form

☐ I / We wish to avail the BSDA facility for my / our below mentioned demat account number

DP ID									Client ID								
-------	--	--	--	--	--	--	--	--	-----------	--	--	--	--	--	--	--	--

	Name	PAN
Sole/First Holder		
Second Holder		
Third Holder		

I, the first/Sole holder, also hereby declare that I do not have/propose to have any other demat account across depositories as a first/sole holder.

Signature \_\_\_\_\_

Sole/First Holder		
Second Holder		
Third Holder		

## Received BSDA declaration form from :

[illegible]

Depository Participant Seal and Signature

## Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories

### General Clause

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Rules and Regulations of Securities and Exchange Board of India (SEBI), Circulars/Notifications/Guidelines issued there under, Bye Laws and Business Rules/Operating Instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.
2. The DP shall open/activate demat account of a beneficial owner in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time.

### Beneficial Owner information

3. The DP shall maintain all the details of the beneficial owner(s) as mentioned in the account opening form, supporting documents submitted by them and/or any other information pertaining to the beneficial owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.
4. The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of opening the demat account or furnished to the DP from time to time.

### Fees/Charges/Tariff

5. The Beneficial Owner shall pay such charges to the DP for the purpose of holding and transfer of securities in dematerialized form and for availing depository services as may be agreed to from time to time between the DP and the Beneficial Owner as set out in the Tariff Sheet provided by the DP. It may be informed to the Beneficial Owner that *"no charges are payable for opening of demat accounts"*
6. In case of Basic Services Demat Accounts, the DP shall adhere to the charge structure as laid down under the relevant SEBI and/or Depository circulars/directions/notifications issued from time to time.
7. The DP shall not increase any charges/tariff agreed upon unless it has given a notice in writing of not less than thirty days to the Beneficial Owner regarding the same.

### Dematerialization

8. The Beneficial Owner shall have the right to get the securities, which have been admitted on the Depositories, dematerialized in the form and manner laid down under the Bye Laws, Business Rules and Operating Instructions of the depositories.

### Separate Accounts

9. The DP shall open separate accounts in the name of each of the beneficial owners and securities of each beneficial owner shall be segregated and shall not be mixed up with the securities of other beneficial owners and/or DP's own securities held in dematerialized form.
10. The DP shall not facilitate the Beneficial Owner to create or permit any pledge and /or hypothecation or any other interest or encumbrance over all or any of such securities submitted for dematerialization and/or held in demat account except in the form and manner prescribed in the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996 and Bye-Laws/Operating Instructions/Business Rules of the Depositories.

### Transfer of Securities

11. The DP shall effect transfer to and from the demat accounts of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the Beneficial Owner and the DP shall maintain the original documents and the audit trail of such authorizations.
12. The Beneficial Owner reserves the right to give standing instructions with regard to the crediting of securities in his demat account and the DP shall act according to such instructions.

### Statement of account

13. The DP shall provide statements of accounts to the beneficial owner in such form and manner and at such time as agreed with the Beneficial Owner and as specified by SEBI/depository in this regard.
14. However, if there is no transaction in the demat account, or if the balance has become Nil during the year, the DP shall send one physical statement of holding annually to such BOs and shall resume sending the transaction statement as and when there is a transaction in the account.
15. The DP may provide the services of issuing the statement of demat accounts in an electronic mode if the Beneficial Owner so desires. The DP will furnish to the Beneficial Owner the statement of demat accounts under its digital signature, as governed under the Information Technology Act, 2000. However if the DP does not have the facility of providing the statement of demat account in the electronic mode, then the Participant shall be obliged to forward the statement of demat accounts in physical form.
16. In case of Basic Services Demat Accounts, the DP shall send the transaction statements as mandated by SEBI and/or Depository from time to time.

Signature

sole / first holder

second holder

third holder



#### **Manner of Closure of Demat account**

17. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository. Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided no charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their demat account should be transferred to another demat account of the Beneficial Owner held with another DP or to rematerialize the security balances held.
18. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of thirty days as per procedure specified from time to time by the depository. Provided further, closure of demat account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

#### **Default in payment of charges**

19. In event of Beneficial Owner committing a default in the payment of any amount provided in Clause 5 & 6 within a period of thirty days from the date of demand, without prejudice to the right of the DP to close the demat account of the Beneficial Owner, the DP may charge interest at a rate as specified by the Depository from time to time for the period of such default.
20. In case the Beneficial Owner has failed to make the payment of any of the amounts as provided in Clause 5&6 specified above, the DP after giving two days notice to the Beneficial Owner shall have the right to stop processing of instructions of the Beneficial Owner till such time he makes the payment along with interest, if any.

#### **Liability of the Depository**

21. As per Section 16 of Depositories Act, 1996,
  1. Without prejudice to the provisions of any other law for the time being in force, any loss caused to the beneficial owner due to the negligence of the depository or the participant, the depository shall indemnify such beneficial owner.
  2. Where the loss due to the negligence of the participant under Clause (1) above, is indemnified by the depository, the depository shall have the right to recover the same from such participant.

#### **Freezing/ Defreezing of accounts**

22. The Beneficial Owner may exercise the right to freeze/defreeze his/her demat account maintained with the DP in accordance with the procedure and subject to the restrictions laid down under the Bye Laws and Business Rules/Operating Instructions.
23. The DP or the Depository shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any regulator or court or any statutory authority.

#### **Redressal of Investor grievance**

24. The DP shall redress all grievances of the Beneficial Owner against the DP within a period of thirty days from the date of receipt of the complaint.

#### **Authorized representative**

25. If the Beneficial Owner is a body corporate or a legal entity, it shall, along with the account opening form, furnish to the DP, a list 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.

#### **Law and Jurisdiction**

26. In addition to the specific rights set out in this document, the DP and the Beneficial owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Rules, Bye Laws and Regulations of the respective Depository in which the demat account is opened and circulars/notices issued there under or Rules and Regulations of SEBI.
27. The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars/ notices issued by SEBI and Rules, Regulations and Bye-laws of the relevant Depository, where the Beneficial Owner maintains his/ her account, that may be in force from time to time.
28. The Beneficial Owner and the DP shall abide by the arbitration and conciliation procedure prescribed under the Bye-laws of the depository and that such procedure shall be applicable to any disputes between the DP and the Beneficial Owner.
29. Words and expressions which are used in this document but which are not defined herein shall unless the context otherwise requires, have the same meanings as assigned thereto in the Rules, Bye-laws and Regulations and circulars/notices issued there under by the depository and /or SEBI
30. Any changes in the rights and obligations which are specified by SEBI/Depositories shall also be brought to the notice of the clients at once.
31. If the rights and obligations of the parties hereto are altered by virtue of change in Rules and regulations of SEBI or Bye-laws, Rules and Regulations of the relevant Depository, where the Beneficial Owner maintains his/her account, such changes shall be deemed to have been incorporated herein in modification of the rights and obligations of the parties mentioned in this document.

Signature

sole / first holder

second holder

third holder



## CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

## Important Instructions:

- A) Fields marked with "\*" are mandatory fields.  
 B) Please fill the form in English and in BLOCK letters.  
 C) Please fill the date in DD-MM-YYYY format.  
 D) Please read section wise detailed guidelines / instructions at the end.

- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.  
 F) List of two character ISO 3166 country codes is available at the end.  
 G) KYC number of applicant is mandatory for update application.  
 H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



## For office use only

Application Type\*

☐ New☐ Update

(To be filled by financial institution)

KYC Number

(Mandatory for KYC update request)

Account Type\*

☐ Normal☐ Simplified (for low risk customers)☐ Small☐ 1. PERSONAL DETAILS (Please refer instruction A at the end)

Prefix	First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> )	
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin	
Occupation Type*	<input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector )
	<input type="checkbox"/> O-Others ( <input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student )
	<input type="checkbox"/> B-Business		
	<input type="checkbox"/> X- Not Categorised		

**PHOTO**

Signature / Thumb Impression

☐ 2. TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED\* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence\*

Tax Identification Number or equivalent (If issued by jurisdiction)\*

Place / City of Birth\*

ISO 3166 Country Code of Birth\*

☐ 3. PROOF OF IDENTITY (PoI)\* (Please refer instruction C at the end)(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input type="text"/>

## 4. PROOF OF ADDRESS (PoA)\*

☐ 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhaar)		
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others	<input type="text"/>	
	<input type="checkbox"/> Simplified Measures Account - Document Type code	<input type="text"/>			

## Address

Line 1*	<input type="text"/>				
Line 2	<input type="text"/>				
Line 3	<input type="text"/>				
District*	<input type="text"/>	Pin / Post Code*	<input type="text"/>	State / U.T Code*	<input type="text"/>
				ISO 3166 Country Code*	<input type="text"/>



☐ 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS \* (Please see instruction E at the end)

☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1\*   
Line 2   
Line 3  City / Town / Village\*   
District\*  Pin / Post Code\*  State / U.T Code\*  ISO 3166 Country Code\*

☐ 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES\* (Applicable if section 2 is ticked)

☐ Same as Current / Permanent / Overseas Address details

☐ Same as Correspondence / Local Address details

Line 1\*   
Line 2   
Line 3  City / Town / Village\*   
State\*  ZIP / Post Code\*  ISO 3166 Country Code\*

☐ 5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Tel. (Off)  Tel. (Res)  Mobile   
FAX  Email ID

☐ 6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

☐ Addition of Related Person

☐ Deletion of Related Person

KYC Number of Related Person (if available\*)

Related Person Type\*

☐ Guardian of Minor

☐ Assignee

☐ Authorized Representative

Prefix

First Name

Middle Name

Last Name

Name\*

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON\* (Please see instruction (H) at the end)

☐ A- Passport Number  Passport Expiry Date   
☐ B- Voter ID Card   
☐ C- PAN Card   
☐ D- Driving Licence  Driving Licence Expiry Date   
☐ E- UID (Aadhaar)   
☐ F- NREGA Job Card   
☐ Z- Others (any document notified by the central government)  Identification Number   
☐ S- Simplified Measures Account - Document Type code  Identification Number

☐ 7. REMARKS (If any)

8. APPLICANT DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

[Signature / Thumb Impression]

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date :

Place :

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date   
Emp. Name   
Emp. Code   
Emp. Designation   
Emp. Branch

Employee's Signature

INSTITUTION DETAILS

Name   
Code

Institution Stamp



## CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Individual KYC Application Form

### General Instructions:

- 1 Fields marked with '\*' are mandatory fields.
- 2 Tick '✓' wherever applicable.
- 3 Self-Certification of documents is mandatory.
- 4 Please fill the form in English and in BLOCK Letters.
- 5 Please fill all dates in DD-MM-YYYY format.
- 6 Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- 7 KYC number of applicant is mandatory for updation of KYC details.
- 8 For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
- 9 In case of 'Small Account type' only personal details at section number 1 and 2, photograph, signature and self-certification required.

### A Clarification / Guidelines on filling 'Personal Details' section

- 1 **Name:** Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Either **father's name** or **spouse's name** is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

### B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

- 1 **Tax identification Number (TIN):** TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

### C Clarification / Guidelines on filling 'Proof of Identity [PoI]' section

- 1 If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- 2 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.
- 3 In case of Simplified Measures Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 3 (S).

Document Code	Description
01	Identity card with applicant's photograph issued by Central/ State Government Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions.
02	Letter issued by a gazetted officer, with a duly attested photograph of the person.

### D Clarification / Guidelines on filling 'Proof of Address [PoA] - Current / Permanent / Overseas Address details' section

- 1 PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
- 2 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 3 In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 4.1.

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal Tax receipt.
03	Bank account or Post Office savings bank account statement.
04	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
05	Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation.
06	Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.

### E Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

- 1 To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- 2 In case of multiple correspondence / local addresses, Please fill 'Annexure A1'

### F Clarification / Guidelines on filling 'Contact details' section

- 1 Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

### G Clarification / Guidelines on filling 'Related Person details' section

- 1 Provide KYC number of related person if available.

### H Clarification / Guidelines on filling 'Related Person details - Proof of Identity [PoI] of Related Person' section

- 1 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.



## List of two – digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code	State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

## List of ISO 3166 two- digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SJ
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire / Côte d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion / Réunion	RE	Virgin Islands, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao / Curaçao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy / Saint Barthélemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French part)	MF		



A) Fields marked with '\*' are mandatory fields.  
B) Please fill the form in English and in BLOCK letters.  
C) Please fill the date in DD-MM-YYYY format.  
D) Please read section wise detailed guidelines / instructions at the end.

- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

☐ New    ☐ Update

(To be filled by financial institution)

KYC Number

(Mandatory for KYC update request)

(Please see instruction **E** at the end)

☐ Same as Current / Permanent / Overseas Address details

Line 1\*

Line 2

Line 3

City / Town / Village\*

District\*

Pin / Post Code\*       State / U.T Code\*   ISO 3166 Country Code\*

Pin / Post Code\*

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State / U.T. Code\*

ISO 3166 Country Code\*

☐ **2. CONTACT DETAILS** (All communications will be sent on provided Mobile no./ Email-ID) (Please refer instruction F at the end)

Tel. (Off)

[illegible]

Tel. (Res)

Mobile

FAX

Email ID

### 3. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately in case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

[Signature / Thumb Impression]

Date : 

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 - 

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[illegible]

Signature / Thumb Impression of Applicant



## CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual | Related Person

## Important Instructions:

- A) Fields marked with "\*" are mandatory fields.  
 B) Please fill the form in English and in BLOCK letters.  
 C) Please fill the date in DD-MM-YYYY format.  
 D) Please read section wise detailed guidelines / instructions at the end.  
 E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.  
 F) List of two character ISO 3166 country codes is available at the end.  
 G) KYC number of applicant is mandatory for update application.  
 H) For particular section update, please tick (✓) in the box available before the section number and strike of the sections not required to be updated.



For office use only

Application Type\*

☐ New ☐ Update

(To be filled by financial institution) KYC Number

(Mandatory for KYC update request)

## 1. DETAILS OF RELATED PERSON (Please refer instruction G at the end)

☐ Addition of Related Person ☐ Deletion of Related Person

KYC Number of Related Person (if available\*)

Related Person Type\*

☐ Guardian of Minor

☐ Assignee

☐ Authorized Representative

Prefix

First Name

Middle Name

Last Name

Name\*

(If KYC number and name are provided, below details of section 1 are optional)

## PROOF OF IDENTITY (PoI) OF RELATED PERSON\* (Please see instruction (H) at the end)

☐ A- Passport Number

Passport Expiry Date

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence

Driving Licence Expiry Date

☐ E- UID (Aadhaar)

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government)

Identification Number

☐ S- Simplified Measures Account - Document Type code

Identification Number

## 2. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

[Signature / Thumb Impression]

Date : Place : 

Signature / Thumb Impression of Applicant

## 3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

Employee's Signature

INSTITUTION DETAILS

Name

Code

Institution Stamp

**Annexure 1**  
**FATCA-CRS Annexure for Individual Accounts (including Sole Proprietor- To be obtained with Account Opening Form for Individuals)**

Account No.

Details under FATCA and CRS (see instructions)

*(Please consult your professional tax advisor for further guidance on your tax residency, if required)*

1. Tax residence declaration – tick any one, as applicable to you: (if b. is applicable then pl provide all other information .

a. ☐ I am a tax resident of India and not resident of any other country

Or

b. ☐ I am a tax resident of the country/ies mentioned in the table below

Country <sup>#</sup>	Tax Identification Number <sup>*</sup>	Identification Type (TIN or Other <sup>*</sup> , please specify)

<sup>#</sup> To also include USA, where the individual is a citizen/ green card holder of USA

<sup>\*</sup> In case Tax Identification Number is not available, kindly provide functional equivalent<sup>\$</sup>

2. Name of the accountholder \_\_\_\_\_
3. Customer ID \_\_\_\_\_
4. Father's name \_\_\_\_\_ (mandatory)
5. Spouse's name \_\_\_\_\_ (optional)
6. Gender: \_\_\_\_\_ (Male, Female, Others)
7. PAN \_\_\_\_\_
8. Aadhaar number \_\_\_\_\_ (optional)
9. Identification Type and Identification Number (Documents<sup>1</sup> submitted as proof of identity of the individual): Name of the document submitted \_\_\_\_\_ Identification number \_\_\_\_\_
10. Occupation Type \_\_\_\_\_ (Service, Business, Others-please specify)
11. Date of birth \_\_\_\_\_ (in DD/MM/YYYY format)
12. Nationality \_\_\_\_\_
13. City of birth \_\_\_\_\_

<sup>1</sup> Permissible documents are:

- Passport
- Election ID Card
- PAN Card
- ID Card
- Driving License
- UIDAI Card
- NREGA Job Card
- Others



14. Country of birth \_\_\_\_\_

15. Residence address for tax purposes (include City, State, Country & Pin code)  
\_\_\_\_\_

16. Address Type: \_\_\_\_\_ (a)Residential or Business (b) Residential (c)Business (d) Registered Office

#### Certification

I have understood the information requirements of this Form (read along with the *FATCA-CRS Instructions*) and hereby confirm that the information provided by me on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA-CRS Terms and Conditions and hereby \_\_\_\_\_ accept \_\_\_\_\_ the \_\_\_\_\_ same.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_/\_\_/\_\_\_\_

Place: \_\_\_\_\_

#### FATCA-CRS Instructions

**Details under FATCA-CRS/Foreign Tax Laws:** Towards compliance with tax information sharing laws, such as FATCA and CRS, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any **change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days**. Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

**If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number.** Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010.

<sup>\$</sup>It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form. Please note that you may receive more than one request for information if you have multiple relationships with ABC or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.