Additional information to be obtained along with the SARAL Account Opening Form for Resident Individuals

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(If not marked, the Account Statement																	
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I / We request yo	ou to se	end Ele	ectroni	ic Tra	nsact	ion-c	um-Holdi	ng Sta	temer	nt a	it the	e ema	il ID	□ Y	⁄es		l No
I / We would like to	share th	ne emai	l ID w	ith th	e RTA	١									es.		l No
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(Tick the applicable																	
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Gross Annual	nnual																
Income Details ☐ Rs 10,00,000 to Rs 25,00,000				More 1	than	Rs 2											
	Net	worth a	as on ((Date	•	_		M Y	Υ	Y		Rs	_				
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Occupation		rivate / etired		c Sec Hous			Govt. Se Student		I Busi I Oth			Profe	ssiona	al 🗆 /	Agric	cultu	re
Please tick , if applic		_					on (PEP)					oliticall	y Exp	osed F	Perso	on (F	RPEP
Any other information				,			, <i>)</i>						,				

SMS Alert Facility	MOBILE NO. +91	
Refer to Terms &	[(Mandatory , if you are giving Power of Attorney (POA)]	
Conditions	(if POA is not granted & you do not wish to avail of this facility, cancel this	
given as Annexure - 2.4	option).	
	To register for <i>easi</i> , please visit our website <u>www.cdslindia.com</u> .	
E asi	Easi allows a BO to view his ISIN balances, transactions and value of the	
	portfolio online.	

Nomination Details

Nomination Registration No.	Dated

\neg	I/We hereby confirm that I/We do not wish to appoint any nominee in my demat account and understand the
_	issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s),
	my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our
	demat account, which may also include documents issued by Court or other such competent authority, based on the value
	of assets held in the demat account

	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signatures			

Note:

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature [in both the cases i.e. nomination / opt out nomination -

☐ I/We **wish to make nomination and do here by nominate** the following person (**s**) who shall receive all the assests held in my/our account, , in the event of my / our death.

Mandatory Details

Nomination Details	Nominee 1	Nominee 2	Nominee 3			
Nominee Name : *First Name:						
Middle Name:						
*Last Name						
*Percentage of allocation of securities						
Equally [If not equally, please specify percentage]	%	%	%			
Or						
Share of each Nominee						
Any odd lot after division shall be	e transferred to the first nominee r	nentioned in the form				
*Relationship with the BO:						
* Date of birth and Name of Guardian to be provided in case of minor nominee (s)						
Non - mandatory details						

Annexure 2.8

*Address of Nominee (s) / Guardian in case of Minor :		
*City /place :		
*State & Country :		
*Pin Code :		
1 111 0000 1		
Mobile no/Telephone No. of the Nominee (s) /Guardian in case of Minor:		
Email ID of the nominee (s) / Guardian in cae of minor :		
Nominee/Guardian I incase of minor) Identification Details – [Please tick any one of following and provide details of same]		
Photograph & Signature PAN Aadhaar Saving Bank account no. Proof of Identity Demat Account ID		

* Marked is Mandatory field

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature .

Details of the Witness	
	Witness Details
Name of witness	
Address of witness	

Signature of witness	

 $\rm I$ / We have received and read the Rights and Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as 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 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 or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signatures			

(Signatures should be preferably in black ink).

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The Depository Participant shall provide acknowledge	owledgement of the nomination form to the account holder(s)
	= Please Tear Here) ===================================
Application No.:	Acknowledgement Receipt Date:
We hereby acknowledge the receipt of the Acc	ount Opening and nomination Application Form:

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

Depository Participant Seal and Signature