

# INDIA INTERNATIONAL DEPOSITORY IFSC LIMITED

## ACCOUNT OPENING FORM

Depository Name: <b>INDIA INTERNATIONAL DEPOSITORY IFSC LIMITED</b> (Depository ID <b>11000001</b> ) Address: 310-311, 3rd Floor, Signature Tower, Block 13B, Road 1C, Zone -1, GIFT SEZ, GIFT City, Gandhinagar - 382355.																											
<b>Client –ID (Client Account)</b> (To be filled by Depository)																											
<b>Client –ID (Special Category Account)</b> (To be filled by Depository)																											
We request you to open a depository account in our name as per the following details: <i>(Please fill all the details in CAPITAL LETTERS only)</i>																											
					<b>Date</b>	D	D	M	M	Y	Y	Y															
<b>A) Details of Account holder(s):</b>																											
		Name				PAN																					
Sole/ First Holder																											
Second Holder																											
Third Holder																											
<b>B) Type of account</b>																											
<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Body Corporate</td> <td><input type="checkbox"/> FI</td> <td><input type="checkbox"/> FII</td> </tr> <tr> <td><input type="checkbox"/> Qualified Foreign Investor</td> <td><input type="checkbox"/> Mutual Fund</td> <td><input type="checkbox"/> Trust</td> </tr> <tr> <td><input type="checkbox"/> Bank</td> <td><input type="checkbox"/> CM</td> <td><input type="checkbox"/> HUF</td> </tr> <tr> <td><input type="checkbox"/> Qualified Jewellers - Client</td> <td><input type="checkbox"/> Qualified Jewellers - Special Category</td> <td><input checked="" type="checkbox"/> TRQ Holder</td> </tr> <tr> <td><input type="checkbox"/> Eligible Foreign Investor</td> <td><input type="checkbox"/> SCC Bank</td> <td><input type="checkbox"/> Other (Please specify) _____</td> </tr> </table>													<input type="checkbox"/> Body Corporate	<input type="checkbox"/> FI	<input type="checkbox"/> FII	<input type="checkbox"/> Qualified Foreign Investor	<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> Trust	<input type="checkbox"/> Bank	<input type="checkbox"/> CM	<input type="checkbox"/> HUF	<input type="checkbox"/> Qualified Jewellers - Client	<input type="checkbox"/> Qualified Jewellers - Special Category	<input checked="" type="checkbox"/> TRQ Holder	<input type="checkbox"/> Eligible Foreign Investor	<input type="checkbox"/> SCC Bank	<input type="checkbox"/> Other (Please specify) _____
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<b>C) For Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., although the account is opened in the name of the partner(s), trustee(es) etc., the name &amp; PAN of the Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., should be mentioned below:</b>																											
a) Name						b) PAN																					
<b>D) Income Details (please specify)</b>																											
Income Range per annum					and	Networth (in USD)																					
<input type="checkbox"/> Below ` \$ 1,00,000						Amount (\$) _____																					
<input type="checkbox"/> ` \$ 1,00,000 – \$5,00,000						As on (date) <table style="display: inline-table; border: 1px solid black;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>							D	D	M	M	Y	Y	Y	Y							
D	D	M	M	Y		Y	Y	Y																			
<input type="checkbox"/> ` \$ 5,00,000 –\$10,00,000						(Networth should not be older than 6 months)																					
<input type="checkbox"/> \$10,00,000 - \$25,00,000																											
<input type="checkbox"/> \$ 25,00,000 - \$ 1,00,00,000																											
<input type="checkbox"/> More than \$ 1,00,00,000					Reference Rate: (As on networth issued date)																						
<b>E) In case of FPIs/Others (as may be applicable)</b>																											
RBI Approval Reference Number																											
RBI Approval date					D	D	M	M	Y	Y	Y	Y															
SEBI / IFSCA Registration Number, if any																											

SEBI / IFSCA Registration date		D	D	M	M	Y	Y	Y	Y
F)	<b>Bank details</b>								
1	Bank account type <input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify) _____								
2	Bank Account Number								
3	Bank Name								
4	Branch Address								
		City/town / village			PIN Code				
		State			Country				
5	SWIFT Code / BIC details								
6	MICR Code								
7	IFSC								
<b>NOSTRO BANK DETAILS</b>									
	IFS Code (11 character)								
	Account number								
	Account type								
	Currency (Other Than Rupees)								
	SWIFT Code / BIC Details								
	Bank Name								
	Branch Name								
	Bank Branch Address								
	City and State		Country						
	PIN Code								
G)	Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:				<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)				
H)	<b>Clearing Member Details</b> (to be filled up by Clearing Members only)								
1	Name of Stock Exchange								
2	Name of Clearing Corporation/ Clearing House								
3	Clearing Member ID								
4	IFSCA Registration Number								
5	Trade Name								
6	CM-BP-ID (to be filled up by Depository)								
I)	<b>Standing Instructions</b>								
1	We authorise you to receive credits automatically into our account.						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
2	<b>SMS Alert facility: Ensure that the mobile number is provided in the KYC Application Form</b>								

		<b>Sr. No.</b>	<b>Holder</b>	<b>Yes</b>	<b>No</b>	
		1	Sole/First Holder	<input type="checkbox"/>	<input type="checkbox"/>	
		2	Second Holder	<input type="checkbox"/>	<input type="checkbox"/>	
	3	Mode of receiving Statement of Account	<input checked="" type="checkbox"/> Electronic Form [Read Note 3 and ensure that email ID is provided in KYC Application Form]			
	4	Frequency of receiving Statement of Account	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> As per IFSC regulations			
J)	<b>List of family members-HUF (Separate Annexure maybe used in case number of members is higher)</b>					
	<b>Sr No.</b>	<b>Name of Coparcener/Member</b>	<b>Gender</b>	<b>Date of Birth</b>	<b>Relation with Karta</b>	<b>Whether Coparcener/Member (please specify)</b>

#### Declaration

The rules and regulations of the Depository pertaining to an account which are in force now have been read by us and we have understood the same and we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and we 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, we are aware that we may be held liable for it. I/We shall abide by the Rights and Obligations of the Beneficial Owner and Depository as may be updated from time to time or as is available on the website of the Depository. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository".

**Authorised Signatories** (Enclose a Board Resolution for Authorised Signatories. In case of HUF details of Karta to be given)

<b>Sole/First Holder</b>	<b>Name</b>	<b>Signature(s)</b>
First Signatory/Karta of HUF		X
Second Signatory		X
Third Signatory		X
Fourth Signatory		X
Fifth Signatory		X
Sixth Signatory		X

<b>Mode of Operation</b> (In case of joint holdings, all the holders must sign. In case of HUF this is not applicable)	
<input type="checkbox"/> Any one singly	
<input type="checkbox"/> Jointly by	
<input checked="" type="checkbox"/> As per resolution	
<input type="checkbox"/> Others (please specify)	

**Notes:**

1. In case of additional signatures, separate annexures should be attached to the application form.
2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
3. For receiving Statement of Account in electronic form:
  - I. Client must ensure the confidentiality of the password of the email account.
  - II. Client must promptly inform the Depository if the email address has changed.
  - III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Depository may also terminate this facility by giving 10 days prior notice.
4. Strike off whichever is not applicable.

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**Acknowledgement**

Depository Name, Address & Depository ID

Received the application from M/s \_\_\_\_\_ for opening of a depository account.  
Please quote the Depository ID & Client ID allotted to you (CM-BP-ID in case of Clearing Members) in all your future correspondence.

Date:

D	D	M	M	Y	Y	Y	Y
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**Depository Stamp & Signature**

<b>FOR OFFICE USE ONLY</b>			
Beneficial Owner BO ID generated:			
Particulars	Documents verified by	Maker done by	Checker done by
Name of the Employee			
Employee Code			
Employee designation			
Date			
Signature			