



# APPLICATION FOR OPENING OF A DEPOSITORY ACCOUNT

(For Individuals Only)

Form Type



SD0002

Date: 16/10/2024

CLIENT ID  
(To be filled by Participant)

ZPG08921

LEI CODE DFWE5UKFNUSBS4M2

NSDL

CDSL

BDE Code: 4HBDO

Sol ID: NPK2

RM Employee ID Code

248900H0IPD

Scheme Code CODSH9

NSDL DP ID 1N300484

BSDA  (Please provide separate Declaration)

Branch: TABALPUR

CDSL DP ID 13027500

**A) DETAILS OF ACCOUNT HOLDER(S):** I / We request you to open a Depository Account in my / our name/s as per the following details: (Please fill all the details in CAPITAL LETTERS only)

First Name

Middle Name

Last Name

Sole / First Holder: GAURAV SHRIVASTAVA

SINGH

PAN First Holder

EUDPS8654D Existing Customer  (Y)  (N) If Yes, Customer ID: 221602819

UCC (In case of CDSL/NSDL)

Exchange Name & ID

Second Holder: AKASH PRATAP SINGH

PATEL

PAN Second Holder:

DPHGOURNV P Existing Customer  (Y)  (N) If Yes, Customer ID:

Third Holder:

RAKESH KUMAR SINGH

GAUR

PAN Third Holder:

PHNDUVFMD Existing Customer  (Y)  (N) If Yes, Customer ID: 260129681

**B) For Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the Name & PAN of the Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below:**

a) Name ICE CREAM PARLOUR

b) PAN HFYTOUXION

**C) TYPE OF ACCOUNT\***

Resident

Ordinary Resident

Margin

Promoter

AOP

Others\*  
("Please Specify")

NRI

NRI-Repatriable

NRI-Non Repatriable Foreign National

NRI-DR

NRI-Repatriable Promoter Foreign Portfolio-Investor

NRI-Non Repatriable Promoter

Others\*  
("Please Specify")

Foreign National

DR

Foreign National-Promoter

Foreign Portfolio-Investor

Others\*  
("Please Specify")

Others\*  
("Please Specify")

Additional type for CDSL\*

Individual Director's Relative  Individual Margin Trading A/c (MANTRA)  Individual Director  Minor  HUF  
# provide details as per annexure

**D) IN CASE OF NRIs / FOREIGN NATIONALS**

RBI Approval Reference No.

28DVPR110MXYZ

RBI Approval Date

02/06/2022

**E) OTHER DETAILS**

1. Gross Annual Income Details:

Income range per annum:  Below ₹1 lakh  ₹1 - 5 lakhs  ₹5 - 10 lakhs  ₹10 - 25 lakhs  More than ₹25 lakhs

Net worth as on Date: 02/08/2024 ₹ 1,02,46,321 Net worth should not be older than 1 year  
(Only in CDSL)

2. Occupation (Please tick ✓ any one and give brief details):

First Holder  Private Sector  Public Sector  Government Service  Business  Professional  Agriculturist

Self Employed  Retired  Housewife  Student  Others (Please Specify)

Brief Description

Second Holder  Private Sector  Public Sector  Government Service  Business  Professional  Agriculturist

Self Employed  Retired  Housewife  Student  Others (Please Specify)

Brief Description

Third Holder  Private Sector  Public Sector  Government Service  Business  Professional  Agriculturist

Self Employed  Retired  Housewife  Student  Others (Please Specify)

Brief Description

GYM TRAINER

3. Please tick, if applicable:  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP) #

4. Any Other Information: # if yes then provide details as per annexure

5. The Statement can be e-mailed to us with the following frequency (please tick (✓) whichever is required)

On a daily basis  On weekly basis  On Fortnightly basis  On monthly basis  As per SEBI Regulation

6. I / We require access to my / our Demat Account through Internet Banking and Tele Depository.  Yes  No

I / We do hereby agree to be bound by terms & conditions mentioned in Annexure A-Part 2

This form is processed through automated system. Please ensure that all mandatory fields have been filled correctly, else the form is liable to be rejected.

**F) STANDING INSTRUCTIONS**

1. I / We authorise you to receive credits automatically into my / our account.  Yes  No (If not marked, default option would be 'Yes')
2. Account to be operated through Power of Attorney (PoA).  Yes  No
3. Account to be operated through Demat Debit and Pledge Instruction (DDPI)  Yes  No
4. SMS Alert Facility: (Mandatory if you are giving Power of Attorney (PoA/DDP)). Ensure that the mobile number is provided in the KYC Application Form. (Applicable only for Sole / First Holder in case of CDSL) (Refer to Terms & Conditions given as PART 03 for NSDL and PART 04 for CDSL)
1. Sole / First Holder  Yes  No    2. Second Holder  Yes  No    3. Third Holder  Yes  No
5. Mode of receiving Statement of Account (Tick any one)  Physical Form  Electronic Form (Read Note 3 of Annexure A part Q5 and ensure that e-mail ID is provided in KYC Application Form)
6. Mode of receiving of Rights and Obligation of the Beneficiary Owner and Depository Participant (Tick any one)  Physical  Electronic (If not marked the default option would be in physical)
7. I / We would like to share the e-mail ID with the RTA  Yes  No
8. I / We would like to receive the Annual Report  Physical  Electronic  Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in physical)
9. I / We hereby authorise you to debit my / our operative Bank A/c 26018920AD with Axis Bank JBP Branch for all the charges relating to my / our Demat Account. Please treat this authorisation as irrevocable till further instruction from my / our side is received in writing and duly acknowledged by you. (For having verified applicant signature as per Bank Account)
10. Only in CDSL      1st Holder Rajeev      2nd Holder Ram      3rd Holder Deepti
- 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.
- I/We 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").
11. I/we hereby declare that I/we will submit only those inter depositary transfer instructions in respect of Government Securities (G-Sec) which are bonafide and arising out of genuine trade or transfer transaction  Yes  No

**G) BANK DETAILS**

Bank Account Type  Savings Account  Current Account  Others (Please Specify) NODAL ACCOUNT

Bank Account No. 2018190201386

Bank Name STATE BANK OF INDIA

Bank Address 1204/1 RANTI THANA PANHERA

City / Town / Village JABALPUR PIN Code 482009

State MADHYA PRADESH Country INDIA

MICR Code 26DFG0CTA IFSC SBIN0003420

**H) GUARDIAN DETAILS** (where Sole Holder is a Minor)

(For account of a minor, two KYC Application Forms must be filled i.e. one for the Guardian and another for the minor (to be signed by Guardian))

Guardian Name YASHVANT THAKUR

PAN C DOPUONPRY

Relationship of Guardian with Minor BROTHER

**I) NOMINATION OPTION**  I / We Wish to make a nomination. (Details are provided in Nomination Form prescribed by SEBI)

I / We Wish to opt out of a nomination. (Declaration Form opting out of nomination as prescribed by SEBI)

**J) I / We hereby declare that the mobile number or E-mail ID mentioned in KYC Form belongs to:**

	E-mail Id		Mobile No.	
	Me	My Family**	Me	My Family**
1st Holder	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2nd Holder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3rd Holder	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

\*\*Spouse, Dependent Children and Dependent Parents.

**K) MODE OF OPERATIONS**

Mode of Operations for Joint Accounts  Jointly  Any one of the holder or survivor

For Joint accounts communication to be sent to All joint account holders  First holder

## L) DECLARATION

The rules and regulations of the Depository and Depository Participants, pertaining to an account which are in force now, have been read by me / us and I / We have understood the same and I / We agree to abide by, and to be bound by the rules as are in force from time to time for such accounts. I / We hereby declare that the details furnished above are true and correct to the best of my / our knowledge and belief, and I / 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, I am / We are aware that I / We may be held liable for it. In case non-resident account, I / We also declare that I / We have complied, and will continue to comply with FEMA regulations. We hereby undertake that we would comply with the guidelines prescribed by RBI vide its notification reference number FEMA. 361/2016-RB dated 15<sup>th</sup> February, 2016. I/We will not invest in securities prohibited for purchase vide above said RBI notification dated 15th February 2016 or in any future RBI notification in this regard. If mode of Operation for Joint Account is chosen as anyone of the holder or survivor(s), only specified operations such as transfer of securities including Inter-Depository Transfer, pledge / hypothecation / margin pledge / margin re-pledge (creation, closure and invocation and confirmation thereof as applicable) of securities and freeze/unfreeze of account and / or securities and / or specific number of securities will be permitted. The stock broker and depository participant shall not directly/indirectly compel the clients to execute power of Attorney (PoA) or Demat Debit and pledge instruction (DDPI) or deny any services to the client if the client refuses to execute PoA or DDPI.

I / We acknowledge the receipt copy of Annexure A documents. I / We further confirm having read and understand the contents of Annexure A of the Account Opening Form comprising of Rights and Obligation of the Beneficiary Owner and Depository Participant, Guidance Note, additional terms & conditions & Schedule of Charges. I / We do hereby agree to be bound by such provisions as outline in these documents.

Sole / First Holder / Guardian (in case Sole Holder is Minor)

(Mr. / Ms.) RAHUL  
GUPTA

Rahul

Second Holder

(Mr. / Ms.) RISHI  
SHRIVASTAVA

Rishi

Third Holder

(Mr. / Ms.) YASHVANT  
PATEL

Yashvant

(For Central Office use only) Name on PAN Card verified with IT department website

Name of the Officer RISABH Employee No. DV POEL Sign & Bank Stamp Hello  
A/c verified by HIMESH Name of DP Official \_\_\_\_\_

**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.

For office use only  
(To be filled by  
Financial Institution)

Application Type\*

 New     Update

KYC Number

YODUROPUTVXOZ21

(Mandatory for KYC update request)

Account Type\*

 Normal     Simplified (for low risk customers)     Small**1. PERSONAL DETAILS** (Please refer instruction A-Part 6)

Prefix	First Name	Middle Name	Last Name
Mr	RAMESH	CHANDRA	PATEL
Name* (Same as ID proof)			
Maiden Name (If any)*			
Father / Spouse Name*			
Mother Name*			
Date of Birth*	06-02-2018		
Gender*	<input checked="" type="checkbox"/> M - Male	<input type="checkbox"/> F - Female	<input type="checkbox"/> T - Transgender
Marital Status*	<input type="checkbox"/> Married	<input checked="" type="checkbox"/> Unmarried	<input type="checkbox"/> Others
Citizenship*	<input type="checkbox"/> IN-Indians	<input checked="" type="checkbox"/> Others (ISO 3166 Country code 08)	
Residential Status*	<input checked="" type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident India	<input type="checkbox"/> Foreign National
Occupation Type*	<input type="checkbox"/> S-Service	<input checked="" type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector
	<input type="checkbox"/> O-Others	<input type="checkbox"/> Professional	<input checked="" type="checkbox"/> Government Sector
	<input type="checkbox"/>	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired
	<input type="checkbox"/> Business	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student
	<input type="checkbox"/> X Not Categorised		

**2. TICK IF APPLICABLE** **L RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA** (Please refer instruction B-Part 6)

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 Birth\*

**3. PROOF OF IDENTITY (PoI)\*** (Please see instruction C-Part 6)(Certified copy of any one of the following Proof of Identity (PoI) needs to be submitted)

- A-Passport Number
- B-Voter ID Card
- C-PAN Card
- D-Driving Licence
- E-UID (Aadhaar)
- F-NREGA Job Card
- G-Letter issued by National Population Register

Passport Expiry Date

29-10-1248

Driving Licence Expiry Date

21-08-1968

**4. PROOF OF ADDRESS (PoA)\*** (Please see instruction D-Part 6)**4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS**(Certified copy of any one of the following Proof of Identity (PoI) needs to be submitted)

- |                   |  |  |                                       |  |
|-------------------|--|--|---------------------------------------|--|
| Address Type*     | <input type="checkbox"/> Residential / Business    | <input type="checkbox"/> Residential                                   | <input type="checkbox"/> Business     | <input type="checkbox"/> Registered Office   |
| Proof of Address* | <input type="checkbox"/> Passport Number           | <input checked="" type="checkbox"/> Driving Licence                    | <input type="checkbox"/> UIN (Adhaar) | <input type="checkbox"/> Voter Identity Card |
| Address           | <input checked="" type="checkbox"/> NREGA Job Card | <input type="checkbox"/> Letter issued by National Population Register |                                       |  |

Line 1\* SHINDE KI CHAVNI

Line 2 NAYA MOHALLA SINDHI CAMP

Line 3

District\* BIHAR

City / Town / Village \* PATNA

Pin / Postal Code\* 462016 State / U.T Code\* MP ISO 3166 Country Code Birth\* 91

**4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS\*** (Please see instruction D-Part 6) Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1\*

Line 2

Line 3

District\*

City / Town / Village \*

ISO 3166 Country Code Birth\*

**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

State\*

Zip / Postal Code\*

City / Town / Village \*

ISO 3166 Country Code Birth\*

**5. CONTACT DETAILS** (All communication will be sent on provided Mobile no. / Email ID) (Please see instruction E-Part 6)

Tel.(Off)

86024388

Tel.(Res)

FAX

Mobile

91 7000899739

Email ID

SUNNY SAXENA 1920@GMAIL.COM

**6. DETAILS of RELATED PERSON** (In case of additional related persons, fill 'Annexure B1') (Please see instruction F-Part 6) Addition of Related Person Deletion of Related Person KYC Number of Related Person (If available)

Related Person Type\*

 Guardian of Minor Assignee Authorized Representative Name\*

Prefix

MR RONAN

First Name

RAT

Middle Name

Last Name

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

**7. PROOF OF IDENTITY (PoI) OF RELATED PERSON\*** (Please see instruction G-Part 6) A- Passport Number

Passport Expiry Date

 B- Voter ID Card C- PAN Card D- Driving Licence

Driving Licence Expiry Date

 E- UID (Aadhaar)

012196218226

 F- NREGA Job Card G- Letter Issued by  
National Population Register**8. REMARKS (If any)**

VERY GOOD

**B. APPLICANT DECLARATION**

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and behalf 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.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address

Date: 04-21-2018

Place: BHOPAL

Signature / Thumb Impression of Applicant

**9. ATTESTATION / FOR OFFICE USE ONLY**

Document Received

 Certified Copies In Person Verification Done Originals verified and Self-Attested Document copies received

KYC / In-Person Verification Carried Out By

**INSTITUTION DETAILS**

Date of IPV

Emp. Name

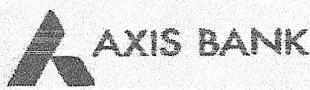
Emp. Code

Emp. Designation

Emp. Branch

Name

Code



# FATCA-CRS Declaration Form - Individuals

Form Type



FT001

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

## Primary Applicant

1) Existing Customer\*   If Yes, Customer ID 0216216612) Address Type\* (a)  Residential (b)  Business (c)  Registered Office

3) City of Birth\* Bhopal

Country of Birth\* INDIA

4) Identification Type and Identification Number (Documents submitted as Proof of Identity of the individual):

Name of the document submitted \_\_\_\_\_ Identification Number \_\_\_\_\_

5) Please tick the applicable tax resident declaration: (Any One)\*

 I am a tax resident of India and not resident of any other country or  I am a tax resident of the country/ies mentioned in the table below:

Country*	Tax Identification Number*	Identification Type (TIN or Other*, please specify)	<input checked="" type="checkbox"/> Communication Address	<input type="checkbox"/> Permanent Address	<input type="checkbox"/> Please note the Address below
					Landmark
			Pin	State	Country

# To also include USA, where the individual is a citizen / green cardholder of USA.

% In case Tax Identification No. is not available, kindly provide functional equivalent\$

Permissible documents are Passport – Election ID Card – PAN Card – ID Card – Driving License – UIDAI Card – NREGA Job Card – Others

## FATCA-CRS Certification

I have understood the information requirements of this Form (and Terms &amp; Conditions) and hereby confirm that the information provided by me on this Form is true, correct and complete and hereby accept the same.

Signature:

Date: 21/08/2009

Place: GWALIOR

\*Mandatory Fields

2<sup>nd</sup> Holder1) Existing Customer\*   If Yes, Customer ID 0199608212) Address Type\* (a)  Residential (b)  Business (c)  Registered Office

3) City of Birth\* INDORE

Country of Birth\* INDIA

4) Identification Type and Identification Number (Documents submitted as Proof of Identity of the individual):

Name of the document submitted \_\_\_\_\_ Identification Number \_\_\_\_\_

5) Please tick the applicable tax resident declaration: (Any One)\*

 I am a tax resident of India and not resident of any other country or  I am a tax resident of the country/ies mentioned in the table below:

Country*	Tax Identification Number*	Identification Type (TIN or Other*, please specify)	<input type="checkbox"/> Communication Address	<input type="checkbox"/> Permanent Address	<input type="checkbox"/> Please note the Address below
					Landmark
			Pin	State	Country

# To also include USA, where the individual is a citizen / green cardholder of USA

% In case Tax Identification No. is not available, kindly provide functional equivalent\$

Permissible documents are Passport – Election ID Card – PAN Card – ID Card – Driving License – UIDAI Card – NREGA Job Card – Others

## FATCA-CRS Certification

I have understood the information requirements of this Form (and Terms &amp; Conditions) and hereby confirm that the information provided by me on this Form is true, correct and complete and hereby accept the same.

Signature:

Date: 21/08/2008

Place: INDORE

\*Mandatory Fields

3<sup>rd</sup> Holder1) Existing Customer\*  

If Yes, Customer ID

2) Address Type\* (a)  Residential (b)  Business(c)  Registered Office

3) City of Birth\* Bhopal

Country of Birth\* INDIA

## 4) Identification Type and Identification Number (Documents submitted as Proof of Identity of the individual):

Name of the document submitted \_\_\_\_\_ Identification Number \_\_\_\_\_

## 5) Please tick the applicable tax resident declaration: (Any One)\*

 I am a tax resident of India and not resident of any other country or  I am a tax resident of the country/ies mentioned in the table below:

Country*	Tax Identification Number*	Identification Type (TIN or Other*, please specify)	<input type="checkbox"/> Communication Address	<input type="checkbox"/> Permanent Address	<input type="checkbox"/> Please note the Address below
					Landmark
			Pin	State	Country

# To also include USA, where the individual is a citizen / green cardholder of USA.

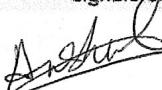
% In case Tax Identification No. is not available, kindly provide functional equivalent\$

Permissible documents are Passport – Election ID Card – PAN Card – ID Card – Driving License – UIDAI Card – NREGA Job Card – Others

**FATCA-CRS Certification**

I have understood the information requirements of this Form (and Terms &amp; Conditions) and hereby confirm that the information provided by me on this Form is true, correct and complete and hereby accept the same.

Signature:



Date: 19/09/2001

Place: Bhopal

\*Mandatory Fields

**FATCA-CRS Terms and Conditions**

The Central Board of Direct Taxes has notified on 7th August, 2015 Rules 114F to 114H, as part of the Income Tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies / withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. If you have any questions about your tax residency, please contact your Tax Advisor. If you are a US citizen or resident or green cardholder, please include United States in the foreign country information field along with your US Tax Identification Number. 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.

**Important points to be noted while filling Account Opening Form:**

1. In case of NRI customers if client has mark standing instruction as "Yes" then mention RBI Approval Reference Number & RBI Approval Date.
2. Fill-up the Bank Account Number and obtain the signature/s of account holder/s for debiting charges. Branch Official should certify the same. (Signature of client should be as per signature recorded in Savings / Current Account mentioned)

**Common Mandatory Requirements:** (1) PAN Card (2) Proof of Address. (3) Cancelled Cheque or MICR confirmation for Bank details furnished on Account Opening Form (4) AML confirmation (5) FEMA Declaration in case of NRI / Foreign Nationals (6) PIS permission / RBI approval in case of NRI client if standing instruction (SI) marked as "Yes".

**Divident Bank Details:**

- (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
- (iii) 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.

**Proof of Identity and Address:**

- (1) Proof of Possession of Aadhaar number
  - (2) Passport (which is valid)
  - (3) Driving License (which is valid)
  - (4) Voter's ID Card
- (5) Job Card by NREGA duly signed by an officer of the State Government
- (6) Letter issued by National Population Register confirming details of Name, Address and photo.

Details of Branch Official	Branch Head / Operations Head
Name:	Name:
Designation:	Designation:
Employee Code:	Employee Code: _____ SS No. _____
Signature:	Signature: