

Indiabulls Securities Limited (formerly Dhani Stocks Limited)

Correspondence Address Plot no. 108, 5th Floor, IT Park, Udyog Vihar, Phase - I, Gurugram - 122016, Haryana. **Client Helpline:** 022-61446300, Fax: 0124 6681111, E-mail: helpdesk@indiabulls.com, grievances_isl@indiabulls.com **Registered Office:** A-2, First Floor, Kirti Nagar, New Delhi – 110015. Tel.: 011-41052775, Fax: 011-42137986; **Website:** <https://www.ibullssecurities.com/>; **CIN:** U74999DL2003PLC122874,

ACCOUNT OPENING FORM – JOINT HOLDERS

Demat ID																			
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I/We request you to open a depository account in my/our name as per the following details: (Please fill all the details in CAPITAL LETTERS only)

A. Details of account holder(s)

Account Holder(s)	Sole/ First Holder	Second Holder	Third Holder
Name			
PAN			
Occupation (please tick any one and give brief details)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> B – Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturalist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others _____	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> B – Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturalist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others _____	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> B – Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturalist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others _____
Brief details			

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:




Name	PAN

C. Type of account

<input type="checkbox"/> Ordinary Resident <input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> Qualified Foreign Investor <input type="checkbox"/> Foreign National <input type="checkbox"/> Promoter <input type="checkbox"/> Margin <input type="checkbox"/> Others _____

D. Gross annual income details (income range per annum)

<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lac <input type="checkbox"/> 5 - 10 Lac <input type="checkbox"/> 10 - 25 Lac <input type="checkbox"/> More than 25 Lac
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	Sole / First Holder / Guardian (in case sole holder is minor) (Mr./Ms.)	Second Holder (Mr./Ms.)	Third Holder (Mr./Ms.)
Signature			

E. Incase of NRIs/Foreign Nationals

RBI Approval Reference Number	
RBI Approval Date	

F. Bank Details

Bank Account Type	<input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (please specify) _____										
Bank account number											
Bank Name											
Branch Address											
	City:					State:					
	Country:					PIN:					
MICR Number											
IFSC Code											

G. Please tick if applicable

<input type="checkbox"/> Politically Exposed Person (PEP)	<input type="checkbox"/> Related to a Politically Exposed Person (PEP)
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H. Standing Instructions

	Yes	No
I/We authorise you to receive credits automatically into my/our account.		
Account to be operated through Power of Attorney (PoA)		
SMS Alert Facility – Sole/First Holder		
SMS Alert Facility – Second Holder		
SMS Alert Facility – Third Holder		
Mode of receiving statement of account	<input type="checkbox"/> Physical <input type="checkbox"/> Electronic **	
** Read note 3 and ensure that email id is provided in the KYC application form		
For Joint account, communications to be sent to (See Note 5):		
<input type="checkbox"/> First Holder <input type="checkbox"/> All Joint Holders		

1 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	
PAN	
Relationship of Guardian with Minor	

	Sole / First Holder / Guardian (in case sole holder is minor) (Mr./Ms.)	Second Holder (Mr./Ms.)	Third Holder (Mr./Ms.)
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Signature			
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J. Nomination Option




- I/We wish to make a nomination. [Please submit duly filled and signed Nomination Update Form]
- I/We do not wish to make a nomination

K. Mode of operations for Joint Account:

- Singly
- Anyone of the holder(s) or survivor(s)

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.

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. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant"

Name and Signature of Account holder(s)		
Account Holder(s)	Name	Signature of Account Holder(s)
Sole / First Holder / Guardian (in case sole holder is minor) (Mr./Ms.)		
Second Holder (Mr./Ms.)		
Third Holder (Mr./Ms.)		

- Notes:
- 1 All communication shall be sent at the address of the Sole/First holder only.
 - 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:
 - a. Client must ensure the confidentiality of the password of the email account.
 - b. Client must promptly inform the Participant if the email address has changed.

- c. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
- 4 In case of joint account, on death of any of the joint account holders, the surviving account holder(s) has to inform Participant about the death of account holder(s) with required documents within one year of the date of demise.
- 5 In case if 'first holder' is selected, the communication will be sent as per the preference mentioned at Sr. No. 4. In case 'All joint account holders' is opted, communication to first holder will be sent as per the preference mentioned at Sr. No. 4 and communication to other holders will be in electronic mode. The default option will be communication to 'first holder', if no option selected.
- 6 Strike off whichever is not applicable.



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Acknowledgement

Received the application from Mr/Ms. _____ as the sole/first holder along with _____ and _____ as the second and third holders respectively for opening of a depository account. Please quote the DP ID & Client ID allotted to you in all your future correspondence.

Date: _____

Participant Stamp & Signature