

Shriram Insight Share Brokers Ltd.

Admin. Office : CK-15, Sector – II, Salt Lake City, Kolkata – 700 091, Phone : 2358 7691 / 2358 7188
Regd. Office : Mookambika Complex, 4th Floor, 4 Lady Desikachary Road, Mylapore, Chennai – 600 004

DP ID No. 38400 and DP Sebi Regn. No. (IN – DP – CDSL – 293 – 2005)

Application Form for Opening a Demat Account

Individual NRI Foreign National

Depository Participant Name/Address

(To be filled by the Depository Participant)

Application No.		Date	D	D	M	M	Y	Y	Y	Y										
DP Internal Reference No.																				
DP ID											Client ID									

(To be filled by the applicant in **BLOCK LETTERS** in English)

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

Sole / First Holders 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					
Correspondence Address																			
City														State					
Country														PIN					
Telephone No.		Fax No.			Mobile No.														
PAN																			
E-mail ID																			
Permanent Address (if different from Correspondence Address)																			
City														State					
Country														PIN					
Telephone No.		Fax No.																	
E-mail ID																			

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																			
City														State					
Country														PIN					
Telephone No.		Fax No.			Mobile No.														
PAN																			
E-mail ID																			

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																			
City														State					

Annexure 2.1

Country				PIN							
Telephone No.		Fax No.		Mobile No.							
PAN											
E-mail ID											

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's Relative <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Individual Margin Trading A/C (MANTRA)				<input type="checkbox"/> Individual-Director <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Others (specify)					
<input type="checkbox"/> NRI		<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Repatriable Promoter <input type="checkbox"/> NRI – Depository Receipts				<input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> NRI Non-Repatriable Promoter <input type="checkbox"/> Others (specify)					
<input type="checkbox"/> Foreign National		<input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National - Depository Receipts <input type="checkbox"/> Others (specify)									
I / We instruct the DP to receive each and every credit in my / our account					[Automatic Credit]						
					<input type="checkbox"/> Yes <input type="checkbox"/> No						
Account Requirement	Statement	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly									

Do you wish to receive dividend / interest directly in to your bank account given below through ECS?	Yes
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Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR 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)
- (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 and it should be self-certified by the BO.

I/We have read the terms & conditions 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. 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	Second Joint Holder	Third Joint Holder
Name			
Signatures			
Passport size Photograph	(Please sign across the photograph)	(Please sign across the photograph)	(Please sign across the photograph)

(Signatures should be preferably in black ink).

[In case of minor holder, photograph of guardian has to be affixed along with minor's photograph.]

Name *	_____
* In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.	

Additional Details

SMS Alert Facility	<input type="checkbox"/> Yes MOBILE NO. +91 _____ Refer to Terms & Conditions given as Annexure-A	<input type="checkbox"/> No
easi	<input type="checkbox"/> Yes. If yes, please contact your DP for details [Facility through CDSL's website: www.cdslindia.com wherein a BO can view his ISIN balances, transactions and value of the portfolio online.]	<input type="checkbox"/> No

Details For First Holder	
Date of Birth	D D M M Y Y Y Y _____
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify)
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation	Service { <input type="checkbox"/> Central Govt. <input type="checkbox"/> State Govt. <input type="checkbox"/> Public / Private Sector <input type="checkbox"/> NGO <input type="checkbox"/> Statutory Body} <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Others (Specify) -----
Nature of business: (Products / services provided)	
Financial Details:	Income Range per annum: <input type="checkbox"/> Up to Rs.1,00,000 <input type="checkbox"/> Rs.1,00,001 to Rs.2,00,000 <input type="checkbox"/> Rs.2,00,001 to Rs.5,00,000 <input type="checkbox"/> More than Rs.5,00,000

Details For Joint Second Holder	
Date of Birth	D D M M Y Y Y Y _____
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify)
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Corporate
Occupation	Service { <input type="checkbox"/> Central Govt. <input type="checkbox"/> State Govt. <input type="checkbox"/> Public / Private Sector <input type="checkbox"/> NGO <input type="checkbox"/> Statutory Body} <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Others (Specify) -----
Nature of business: (Products / services provided)	

Details For Joint Third Holder	
Date of Birth	D D M M Y Y Y Y _____
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify)
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Corporate
Occupation	Service { <input type="checkbox"/> Central Govt. <input type="checkbox"/> State Govt. <input type="checkbox"/> Public / Private Sector <input type="checkbox"/> NGO <input type="checkbox"/> Statutory Body} <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Others (Specify) -----
Nature of business: (Products / services provided)	

