

FORM-11

PART II – ACCOUNT OPENING FORM- (FOR NON-INDIVIDUALS)

KB Capital Markets (P) Ltd (DP ID: IN 301723) The Legacy, 3 rd Floor, Unit No. 31 25A Shakespeare Sarani, Kolkata: 700 017.		Inward No.		Cap. By		Rel By.			
		Client –ID (To be filled by Participant)							
We request you to open a depository account in our name as per the following details: (Please fill all the details in CAPITAL LETTERS only)									
Details of Account holder(s):									
A)			Name			PAN			
	Sole/ First Holder								
	Second Holder								
	Third Holder								
Type of account									
B)	<input type="checkbox"/> Body Corporate		<input type="checkbox"/> FI		<input type="checkbox"/> HUF		<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"/> Others (Please Specify) _____				<input type="checkbox"/> CM		
For Partnership Firm, Unregistered Trust, Association of Persons (AOP), etc., although the account is opened in the name of the natural persons, the name & PAN of the Partnership Firm, Unregistered Trust, Association of Persons (AOP), etc., should be mentioned below:									
C)	a) Name			b) PAN					
Income Details (please specify)									
D)	Income Range per annum		and	Networth:					
	<input type="checkbox"/> Below ₹ 20 Lac			Amount (₹) _____					
	<input type="checkbox"/> ₹ 20 -50 Lac			As on (date) _____					
	<input type="checkbox"/> ₹ 50 -1crore								
<input type="checkbox"/> Above ₹ 1 crore						<i>(Networth should not be older than 1 year)</i>			
In case of FII's/Others (as may be applicable)									
E)	RBI Approval Reference Number								
	RBI Approval date								
	SEBI Registration Number (for FIIs)								
Bank details									
F)	1	Bank account type <input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify) _____							
	2	Account Number							
	3	Bank Name							
	4	Branch Address		City/town/village			PIN Code		
				State			Country		
5	MICR Code								
6	IFSC								
G)	Please tick, if applicable, for any of your authorised signatories / Promoters/Partners/Karta/Trustees/whole time director		<input type="checkbox"/>		Politically Exposed Persons (PEP)				
			<input type="checkbox"/>		Related to a Politically Exposed Person (PEP)				

Clearing Member Details (To be filled up by Clearing Members only)						
H)	1	Name of Stock Exchange				
	2	Name of Clearing Corporation/Clearing House				
	3	Clearing Member ID				
	4	SEBI Registration No.				
	5	Trade Name				
	6	CM-BP-ID (to be filled by Participant)				
Standing Instructions						
I)	1	We authorise you to receive credits automatically into our account.				<input type="checkbox"/> Yes <input type="checkbox"/> No
	2	Account to be operated through Power of Attorney (PoA)				<input type="checkbox"/> Yes <input type="checkbox"/> No
	SMS Alert facility: [Mandatory if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form]					
		Sr. No.	Holder	Yes	No	
	3	1	Sole/First Holder	<input type="checkbox"/>	<input type="checkbox"/>	
		2	Second Holder	<input type="checkbox"/>	<input type="checkbox"/>	
	3	Third Holder	<input type="checkbox"/>	<input type="checkbox"/>		
4	Mode of receiving Statement of Account & Annual Reports, AGM Notices and others communication from issuers & RTAs. [Tick any one]		<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form [Read Note 3 and ensure that email ID is provided in KYC Application Form]			
5	Mode of receiving "Rights and Obligations of the Beneficial Owner and DP" [Tick any one]		<input type="checkbox"/> Physical Form	<input type="checkbox"/> Electronic Form		
List of family members (Separate Annexure maybe used in case number of members is higher)						
J)	Sl	Name of Coparcener/Member	Gender	Date of Birth	Relation with Karta	Whether Coparcener/Member (please specify)

Declaration

The rules and regulations of the Depository and Depository Participants 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. In case non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations.

Please write above in your own handwriting the following text "We acknowledge the receipt of copy of the document- "Rights and Obligations of the Beneficial Owner and Depository Participant."

Signature: _____

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

Sole/First Holder	Name	Signature(s)
First Signatory/Karta of HUF		
Second Signatory		
Third Signatory		
Other Holders		
Second Holder		
Third Holder		

Mode of Operation for Sole / First Holder (In case of joint holdings, all joint holders must sign. In case of HUF this is not applicable)	
<input type="checkbox"/> Any One Singly	
<input type="checkbox"/> Jointly by	
<input type="checkbox"/> As per resolution	
<input type="checkbox"/> Others (please specify)	

Notes :

- In case of additional signatures, separate annexures should be attached to the application form.
- 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.
- For receiving Statement of Account in electronic form:
 - Client must ensure the confidentiality of the password of email account.
 - Client must promptly inform the Participant if the email address has changed.
 - Client may opt to terminate this facility by giving 10 days prior notice Participant may also terminate this facility by giving 10 days prior notice.
- Strike off whichever is not applicable.

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Acknowledgement

KB Capital Markets (P) Ltd, The Legacy, 3rd Floor, 25A Shakespeare Sarani, Kolkata: 700 017 DP ID: IN301723

Received the application from M/s _____ as the sole/first holder alongwith _____ and _____ as the second and third holders respectively for opening of a depository account. Please quote the DP ID & Client ID allotted to you (CM-BP-ID in case of Clearing Members) in all your future correspondence.

Date:

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Participant Stamp & Signature