

FORM – 9

PART II – ACCOUNT OPENING FORM- (FOR 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)		
I/We request you to open a depository account in my/our name as per the following details: <i>(Please fill all the details in CAPITAL LETTERS only)</i>				Date
Details of Account holder(s):				
	Account holder(s)	Sole/ First Holder	Second Holder	Third Holder
	Name			
	PAN			
A)	Occupation (please tick any one and give brief details)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify) _____	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify) _____	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify) _____
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:			
	a) Name			b) 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 (Please specify) _____		
D)	Gross Annual Income Details			
	Income Range per annum (please tick any one)			
	<input type="checkbox"/> Below ₹ 1 lakh	<input type="checkbox"/> ₹ 1-5 lakh	<input type="checkbox"/> ₹ 5-10 lakh	
	<input type="checkbox"/> ₹ 10-25 lakh	<input type="checkbox"/> More than ₹ 25 lakh		
E)	In case of NRIs/ Foreign Nationals			
	RBI Approval Reference Number			
	RBI Approval date			
F)	Bank details [Please attach photocopy of Blank/Cancelled cheque to verify the 9 digit MICR Code]			
	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	<input type="checkbox"/>	Politically exposed person (PEP)	<input type="checkbox"/>	Related to politically exposed person (PEP)	
Standing Instructions						
	1	I/We authorise you to receive credits automatically into my/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	
	3	Account to be operated through Demat Debit and Pledge Instruction (DDPI)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
SMS Alert facility: [Mandatory if you are giving Power of Attorney (PoA/DDPI). Ensure that the mobile number is provided in the KYC Application Form]						
H)		Sr. No.	Holder	Yes	No	
	4	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 the document specifying "Rights and Obligations of the Beneficial Owner and DP" [Tick any one]			<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form	
	6	For Joint accounts communication to be sent to [See note 5]			<input type="checkbox"/> First Holder <input type="checkbox"/> All joint holders	
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)]						
I)	Guardian Name					
	PAN		Relationship of guardian with minor			
Nomination Option						
J)	<input type="checkbox"/> I/We wish to make a nomination. [Details are provided in Nomination Form Prescribed by SEBI]			<input type="checkbox"/> I/We wish to opt out of a nomination. [Declaration Form Opting out of nomination as Prescribed by SEBI]		
Mode of Operation for Joint Accounts						
k)	<input type="checkbox"/> Jointly		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.			
	<input type="checkbox"/> Any of the holder or survivor(s)					

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 of 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(s) of holder(s)	Signature(s) of holder
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 must be attested by witness or a Magistrate or a Notary Public or a Special Executive magistrate.
3. 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.
4. The nomination and Declaration form may be signed using e-Sign facility or wet signature and in these cases, witness will not be required.
5. 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 participant if email address has changed
 - III. 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.
6. 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.
7. 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.
8. 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 Mr/Ms _____ 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 in all your future correspondence.

Date: _____

Participant Stamp & Signature