



**Saraswat  
Bank**

Annexure 2.2

(for Reference only)

**The Saraswat Co-operative Bank Ltd. Scheduled Bank  
Depository Participant Office  
Madhushree, Plot No. 85, District Business Centre, Sector 17, Vashi,  
Navi Mumbai 400703 Tel : 27884161/62/63, Fax : 27884153  
Depository Participant of Central Depository Services (India) Ltd.**

**Application Form for Opening a Demat Account  
(For Corporate & entities other than Individuals)**

(To be filled by the Depository Participant)

Application No.	Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.									
DP ID	1	3	0	5	8	5	0	0	Client ID

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

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

Name									
Correspondence Address									
City					State				
Country					PIN				
Telephone No.					Fax No.				
PAN									
E-mail ID									
Registered Office address (if different from Correspondence Address)									
City					State				
Country					PIN				
Telephone No.					Fax No.				
E-mail ID									

**Other Holders – Second Holder 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				
PAN									
Date Of Birth	D	D	M	M	Y	Y	Y	Y	
E-mail ID									
Telephone no.	Fax No.			Mobile No.					

**Other Holders – Third Holder 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				
PAN									



<b>Type of Account</b> (Please tick whichever is applicable)																	
<b>Status</b>										<b>Sub – Status</b>							
<input type="checkbox"/> Body Corporate <input type="checkbox"/> Banks <input type="checkbox"/> Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> OCB <input type="checkbox"/> FII <input type="checkbox"/> CM <input type="checkbox"/> FI <input type="checkbox"/> Clearing House <input type="checkbox"/> Other (Specify)										<b>To be filled by the DP</b>							
Date of Incorporation			D	D	M	M	Y	Y	Y	Y							
SEBI Registration No. (If Applicable)					SEBI Registration date					D	D	M	M	Y	Y	Y	Y
ROC Registration No. (If Applicable)					ROC Registration date					D	D	M	M	Y	Y	Y	Y
RBI Registration No. (If Applicable)					RBI Approval date					D	D	M	M	Y	Y	Y	Y
Nationality			<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify)														
I / We authorize you to receive credits in my / our account without any instruction from me / us.										[Automatic Credit]							
										<input type="checkbox"/> Yes <input type="checkbox"/> No							
Account Statement Requirement			<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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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"/> 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 option (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.

**For OCBs (Overseas Corporate body)**

Foreign Address																	
City			State														
Country			PIN														
Telephone No.			Fax No.														
E-mail ID																	
Indian Address																	
City			State														
Country			PIN														
Telephone No.			Fax No.														
E-mail ID																	
Currency																	
RBI Reference No.					RBI Approval Date					D	D	M	M	Y	Y	Y	Y

**Clearing Members Details (To be filled by CMs only)**

Name of the Stock Exchange	
Name of the CC / CH	
Trading Id	
Clearing Member ID	



## Additional Details:

<b>SMS Alert Facility</b>	<input type="checkbox"/> Yes MOBILE NO. +91 _____	<input type="checkbox"/> No
<i>easi</i>	<input type="checkbox"/> Yes. If yes, please contact your DP for details [Facility through CDSL's website: <a href="http://www.cdslindia.com">www.cdslindia.com</a> wherein a BO can view his ISIN balances, transactions and value of the portfolio online.]	<input type="checkbox"/> No

<b>Details For Joint - Second Holder</b>	
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)	

<b>Details For Joint – Third Holder</b>	
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)	

I/We have read the DP-BO (DP -- CM agreement for BSE Clearing Member Accounts) agreement including the schedules thereto and the terms & conditions 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 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.

## Authorized Signatories (Enclose a Board Resolution for Authorised Signatories)

	First / Sole Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Designation			
Signature			
Passport size Photograph	(Please sign across the photograph)	(Please sign across the photograph)	(Please sign across the photograph)



**INTRODUCTION**

(by an existing account holder / applicant's bank)

DP ID : \_\_\_\_\_ Client ID : \_\_\_\_\_ (In case of existing account holder).

I confirm the identity and address of the applicant(s).

Name : \_\_\_\_\_

Signature of Introducer  
Signature & Seal in case of Bank  
(To be verified by DP Official)

## Standing Instruction for Debiting Demat Charges

We hold a Securities A/c Client I.D.No. \_\_\_\_\_ with yourself for the settlement of securities in the Electronic Segment. We authorise yourselves to debit our SB/CA account No. \_\_\_\_\_ with your \_\_\_\_\_ Branch for all the charges relating to the above mentioned Securities A/C.

Thanking you.

Yours Sincerely,,

\_\_\_\_\_  
(First Holder)\_\_\_\_\_  
(Second Holder)\_\_\_\_\_  
(Third Holder)

Applicant/s signed in my presence / Address / Signature/s/Photograph/s verified.

For **THE SARASWAT CO.OP. BANK LTD.**

Signature : \_\_\_\_\_

Name of Officer : \_\_\_\_\_

Employee Code : \_\_\_\_\_

Date : \_\_\_\_\_

Name of Branch : \_\_\_\_\_

**Mode of Operation for Sole/First Holder****(In case of joint holdings/ all the holders must sign)** Any one Singly Jointly by As per Resolution Others (Please specify)

===== Please Tear Here =====

**The Saraswat Co-Op. Bank Ltd.,**Madhushree, Plot No. 85, 4<sup>th</sup> Floor, District Business Centre.  
Sec. 17, Vashi, Navi Mumbai - 400 703.