

CDSL**Application Form for Opening a Demat Account** Individual NRI Foreign National**Annexure 2.1**
Saraswat Bank

(To be filled by the Depository Participant)

D D M M Y Y Y Y

Application No.		Date																			
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)

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.			Mobile No.												
E-mail ID																			

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

The Saraswat Co-op. Bank Ltd., Demat Department
Depository Participant of Central Depository Services (India) Ltd.Depository Participant Office : Madhushree, Plot No. 85, 4th floor, District Business Centre, Sector 17, Vashi, Navi Mumbai-400 073.
Tel. : 2788 4161 / 62 / 63, Fax : 2788 4153

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 into 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"/> 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			
Signature/(s)			
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.)

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 : _____

Name *	_____
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* 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 _____	<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 of First Holder		D	D	M	M	Y	Y	Y	Y
Date of Birth									
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 of Joint Second Holder		D	D	M	M	Y	Y	Y	Y
Date of Birth									
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 of Joint Third Holder		D	D	M	M	Y	Y	Y	Y
Date of Birth									
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)									

(Please Tear Here)

(To be filled by the Depository Participant)

Acknowledgement Receipt**Application No.:****Date:**

We hereby acknowledge the receipt of the Account Opening Application Form:

Name of the Sole / First Holder	_____
Name of Second Holder	_____
Name of Third Holder	_____

Depository Participant Seal and Signature

===== (Please Tear Here) =====

Details of Guardian

First Name			
Middle Name			
Last / Search Name			
Relationship with the applicant			
Correspondence Address			
City		State	
Country		PIN	
Telephone No.	Fax No.	Mobile No.	
PAN			
E-mail ID			

For NRIs

Foreign Address			
City		State	
Country		PIN	

STANDING INSTRUCTION FOR DEBITING DEMAT CHARGES

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

Thanking you
Yours Sincerely

(Sole First Holder) (Second Holder) (Third Holder)

(Perforated Card)

DP ID								Client ID							
	First / Sole Holder			Second Holder				Third Holder							
Name															
Specimen Signature/(s)															

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===== (Please Tear Here) =====
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