

BO Account Opening Form

(Bye Law 7.3.3 (b))

Please complete all details in CAPITAL letters. Please fill all names correctly. All communication shall be sent only to the First Named Account Holder's correspondence address.

Application No

Date (DDMMYYYY).....

Please Tick whichever is applicable

BO Category: Regular <input type="checkbox"/>	Omnibus <input type="checkbox"/>	Clearing <input type="checkbox"/>	BO Type : Individual <input type="checkbox"/>	Company <input type="checkbox"/>	Joint Holder <input type="checkbox"/>
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Name of CDBL Participant (Up to 99 Characters)					
CDBL Participant ID	BO ID				Date Account Opened (DDMMYYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

1. First Applicant

Name in Full of Account Holder (Up to 99 Characters)	
Short Name of Account Holder (Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30 characters)	Title i.e. Mr. /Mrs. /Ms. /Dr.
<input type="text"/>	<input type="text"/>
(In case of a Company/Firm/Statutory Body) Name of Contact Person	
In Case of Individual Male <input type="checkbox"/> Female <input type="checkbox"/>	Occupation (30Characters)
Father's / Husband's Name.....	
Mother's Name.....	

2. Contact Details:

Address	
City.....	Post Code..... State / Division
Mobile Phone.....	Fax..... E-mail.....
Country..... Telephone.....	

3. Passport Details

Passport No.....	Issue Place.....	Issue Date.....	Expiry Date.....
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4. Bank Details

Bank Name.....	Branch Name.....	Account No.....
Electronic Dividend Credit: Yes <input type="checkbox"/> No <input type="checkbox"/>	Tax Exemption if any: Yes <input type="checkbox"/> No <input type="checkbox"/>	TIN / Tax ID :.....

5. Others Information

Residency: Resident <input type="checkbox"/> Non Resident <input type="checkbox"/>	Nationality.....	Date Of Birth (DDMMYYYY) <input type="text"/>
Statement Cycle Code Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Please Specify)		
Internal Ref. No (To be filled in by CDBL Participant)		
In Case of Company: Registration No.....	Date of Registration (DDMMYYYY) <input type="text"/>	

6. Joint Applicant (Second Account Holder)

Name in Full (Up to 99 Characters).....	
Short Name of Account Holder (Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30 characters)	Title i.e. Mr. /Mrs. /Ms. /Dr.
<input type="text"/>	<input type="text"/>

7. Account Link Request

Would you like to create a link to your existing Depository Account? Yes No

If yes, then please provide the Depository BO Account Code (8 Digits):

8. Nominees/ Heirs

If account holder(s) wish to nominate person(s) who will be entitled to receive securities outstanding in the account in the event of the death of the sole account holder / all the joint account holders, a separate nomination Form - 23 must be filled up and signed by all account holders and the nominees giving names of nominees , relationship with first account holder, percentage distribution and contact details. If any nominee is a minor, guardian's name, address, relationship with nominee has also to be provided.

9. Power of Attorney (POA)

If account holder(s) wish to give a Power of Attorney (POA) to someone to operate the account, a separate Form - 20 must be filled up and signed by all account holders giving the name, contact details etc. of the POA holder and a POA document lodged with the form.

10. To be filled in by the Stock Broker / Stock Exchange in case the application is for opening a Clearing Account

Exchange Name DSE Trading ID..... CSE Trading ID.....

11. Photograph

Please paste recent passport size Photograph of 1 st Applicant or Authorized Signatory in case of Limited Co. Only	Please paste recent passport size Photograph of 2 nd Applicant or Authorized Signatory in case of Limited Co. Only	Please paste recent passport size Photograph of Authorized Signatory in case of Limited Co. Only
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1st Applicant or Authorized Signatory in case of Ltd Co.

2nd Applicant or Authorized Signatory in case of Ltd Co.

Authorized Signatory in case of Ltd Co. Only

12. Standing Instructions

I/We authorize you to receive facsimile (fax) transfer instructions for delivery. Yes No

13. DECLARATION

The rules and regulations of the Depository and CDBL Participant 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 also declare that the particulars given by me/us are true to the best of my/our knowledge as on the date of making such application. I/We further agree that any false/misleading information given by me/us or suppression of any material fact will render my/our account liable for termination and further action.

Applicants	Name of applicants / Authorized signatories in case of ltd Co.	Signature with date
First Applicant		
Second Applicant		
3 rd Signatory (Ltd Co. only)		

14. Special Instructions on operation of Joint Account

Either or Survivor. Any one Can operate Any two will operate jointly
 Account will be operated by _____ with any one of the others.

15. Introduction

Introduction by an existing account holder of Depository Participant's Name

I confirm the identity, occupation and address of the applicant(s).....
 Account ID

(Signature of Introducer)