

**SARAL**

ACCOUNT OPENING FORM FOR RESIDENT INDIVIDUALS TRADING IN CASH SEGMENT

I KYC - Please fill this form in BLOCK LETTERS.

**A. IDENTITY DETAILS**

1. Name of the Applicant: \_\_\_\_\_

2. Father's/ Spouse Name: \_\_\_\_\_

3. a. Gender: Male/ Female b. Marital status: Single/ Married c. Date of birth: (dd/mm/yyyy)

4. Nationality: \_\_\_\_\_

5a. PAN: \_\_\_\_\_ b. Aadhaar Number, if any: \_\_\_\_\_

6. Specify the proof of Identity submitted: \_\_\_\_\_

**B. ADDRESS DETAILS**

1. Residence/ Correspondence Address:

\_\_\_\_\_  
 \_\_\_\_\_ City/town/village: \_\_\_\_\_  
 \_\_\_\_\_ Pin Code: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_  
 \_\_\_\_\_

2. Contact Details: Tel. (Off.) \_\_\_\_\_ Tel. (Res.) \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Fax: \_\_\_\_\_

Email id: \_\_\_\_\_

3. Permanent Address (if different from above address): \_\_\_\_\_

\_\_\_\_\_  
 City/town/village: \_\_\_\_\_ Pin Code: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_  
 \_\_\_\_\_

4. Specify the proof of address submitted for residence/correspondence /permanent address: \_\_\_\_\_

**DECLARATION**

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I 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 aware that I may be held liable for it.

\_\_\_\_\_  
 Signature of the Applicant Date: \_\_\_\_\_ (dd/mm/yyyy)

Originals verified and Self-Attested Document copies received (.....)

Name &amp; Signature of the Authorised Signatory

Seal/Stamp of the intermediary

Date .....

PHOTOGRAPH

Please affix your recent  
 passport  
 size photograph  
 and sign across it

**II OTHER DETAILS:**

**1. Bank account details:**

Bank Name	Branch address	Bank account no.	Account Type: Saving/Current/	MICR Number	IFSC code

**2. Demat account details: (In case the client does not have DP account, this column may be crossed)**

DP name	NSDL/CDSL	Beneficiary name	DP ID	BO ID

**3. Whether DP account is also to be opened with the same intermediary (Yes/No)**

**4. Trading Preferences: Please sign the relevant boxes where you wish to trade.**

Exchange	Sign	Exchange	Sign
NSE		BSE	

**5. Mode of receiving Contract Note/ Statement of Account: Physical / Electronic (Please indicate your preference).....**

**6. Standing instructions to receive credits automatically into my BO account (Yes/No)**

**7. Nomination details (Name, PAN, Address and Phone no. of nominee); relationship with the nominee (If nominee is a minor, details of Guardian like name, address, phone no. and signature of Guardian may be obtained)**

---

---

---

---

I have understood the contents of policy and procedures document, tariff sheet, 'Rights and Obligations' document and 'Risk Disclosure Document'. I do hereby agree to be bound by such provisions as outlined in these documents. I have also been informed that the standard set of documents has been displayed for information on stock broker's designated website.

\_\_\_\_\_ **Signature of the Applicant**

**Date:** \_\_\_\_\_ (dd/mm/yyyy)

.....  
**FOR OFFICE USE ONLY**

**UCC Code allotted to the Client:** .....

DP name	NSDL/CDSL	Beneficiary name	DP ID	BO ID

	Documents verified with Originals	Client Interviewed By	In-Person Verification done by
Name of the Employee			
Employee Code			
Designation of the employee			
Date			
Signature			

I / We undertake that I/we have made the client aware of 'Policy and Procedures', tariff sheet. I/We have also made the client aware of 'Rights and Obligations' document (s), RDD and Guidance Note. I/We have given/sent him a copy of all the KYC documents. I/We undertake that any change in the 'Policy and Procedures', tariff sheet would be duly intimated to the clients. I/We also undertake that any change in the 'Rights and Obligations' and RDD would be made available on my/our website, if any, for the information of the clients. If the client chooses to avail the demat facility from the same stock broker who is also a depository participant, the stock broker may use the same form and provide the details of the demat account opened for the said client to the client while providing a copy of the KYC documents

.....  
**Signature of the Authorised Signatory**

**Seal/Stamp of the stock broker**

**Date** .....

**NOTE:** This form is applicable for individual investors trading in the cash segment. If such investors wish to trade in segments other than cash segment and / or wish to avail facilities such as internet trading, running account, margin trading, Power of Attorney etc., they may furnish additional details required as per prescribed regulations to the concerned intermediary.

# ISF SECURITIES LTD.

Member : NSE (Capital, F&O and Currency Derivative Segment)  
 BSE (Capital and F&O Segment)  
 SEBI Regn. No.: INZ000211738  
 Depository Participant - CDSL  
 CDSL Regn. No. IN-DP-320-2017 • DP ID : 12073300



Regd. & Corp. Office : 5A/4B, Ansari Road  
 Darya Ganj, New Delhi-110002  
 Ph.: 011-43500300, E-mail : support@moneyisle.in  
 Web : www.moneyisle.in

## Additional information to be obtained along with the SARAL Account Opening Form for Resident 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	2	0	7	3	3	0	0	Client ID												

### Holders Details

Sole / First Holder's Name		UID																	
Second Holder's Name		PAN																	
		UCC																	
		Exchange Name & ID																	
Third Holder's Name		UID																	
		PAN																	
		UID																	

<b>Name *</b>	_____
*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.	

<b>Status</b>	<b>Sub – Status</b>
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident

I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end (If not marked, the default option would be 'No')	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in Physical)	

I/ We wish to receive dividend / interest directly in to <b>my</b> bank account as given in SARAL AOF through ECS (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time ]	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

<b>Other Details</b> Gross Annual Income Details	<b>Income Range per annum:</b> <input type="checkbox"/> Up to Rs.1,00,000 <input type="checkbox"/> Rs 1,00,000 to Rs 5,00,000 <input type="checkbox"/> Rs 5,00,000 to Rs 10,00,000 <input type="checkbox"/> Rs 10,00,000 to Rs 25,00,000 <input type="checkbox"/> More than Rs 25,00,000							
	Net worth as on (Date) <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y   Rs [Net worth should not be older than 1 year]							
Occupation	<input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Specify) _____							
Please tick , if applicable:	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)							
Any other information:								

<b>SMS Alert Facility</b> Refer to Terms & Conditions given as <b>Annexure - 2.4</b>	MOBILE NO. +91 _____ [(Mandatory , if you are giving Power of Attorney ( POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).	
<b>Easi</b>	To register for <b>easi</b> , please visit our website <a href="http://www.cdslindia.com">www.cdslindia.com</a> . <b>Easi</b> allows a BO to view his ISIN balances, transactions and value of the portfolio online.	

**Nomination Details**

_____
<b>Nomination Registration No.                      Dated</b>

- I/We hereby confirm that I/We **do not wish to appoint any nominee in my demat account** and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the demat account..

	<b>First/Sole Holder or Guardian (in case of Minor)</b>	<b>Second Holder</b>	<b>Third Holder</b>
Name			
Signatures			

**Note:**

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature [in both the cases i.e. nomination / opt out nomination -

- I/We wish to make nomination and do here by nominate the following person (s) who shall receive all the assests held in my/our account, in the event of my / our death.