



Central Depository Services (India) Limited

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COMMUNIQUÉ TO DEPOSITORY PARTICIPANTS

CDSL/OPS/DP/POLCY/2022/705

December 12, 2022

AMENDMENTS TO CDSL's DP OPERATING INSTRUCTIONS

DPs are advised to note that amendments have been affected in various Chapters and Annexures of DP Operating Instructions same are as mentioned below.

1. **Mapping of Unique Client Code (UCC)** – As per SEBI Circular no. **SEBI/HO/MIRSD/DOP/CIR/P/2019/136** dated **November 18, 2019**, mapping of Unique Client Code (UCC) amendments have been affected in **Account Opening Annexure 2.1 and Annexure 2.2 [refer Annexure 2.1 & 2.2]**.

The changes in the account opening form was intimated to the DPs vide Communique no. CDSL/OPS/DP/POLCY/2020/141 dated March 16, 2021.

2. Based on **SEBI Circular nos. SEBI/HO/MIRSD/RTAMB/CIR/P/2021/601** dated **July 23, 2021** and **SEBI/HO/MIRSD/MIRSD_RTAMB/P/CIR/2022/23** dated **February 24, 2022**, regarding **Nomination for Eligible Trading and Demat Accounts**, amendments have been affected in **DP Operating Instructions Chapter 3 - Account Administration & Maintenance**, **Annexure 2.1**, **Annexure 2.2**, **Annexure 2.8** and **Annexure 3.2**.

The amendments to DP Operating Instructions are attached herewith in track change mode refer **Annexure –A and Annexure 2.1**, **Annexure 2.2**, **Annexure 2.8** and **Annexure 3.2**.

DPs are requested to take note of the above and ensure compliance.

Queries regarding this communiqué may be addressed to: CDSL – Helpdesk

Emails may be sent to: helpdesk@cdslindia.com and telephone numbers (022) 2305-8624, 2305-8639, 2305-8642, 2305-8663, 2305-8640, 2300-2041, 2300-2033 or 08069144800.

sd/-

Nilesh Shah
Assistant Vice President – Operations

CHAPTER 3 : Account Administration & Maintenance

Point No.	Existing	Proposed Amendments
3.4.2.	<ul style="list-style-type: none"> • Addition of nomination • This transaction allows the DP to setup a nomination request for a BO. • The DP should mandatorily obtain a nomination form (Annexure 3.2) from the BO (Individual/NRI/Foreign National categories), duly filled and signed by all the holders. • The DP shall ensure that the nomination is given by individuals only. Non-individuals including society, trust, corporate body, partnership firm, HUF, AOP, holder of POA, cannot appoint a nominee. A minor can nominate through a guardian. An NRI can nominate. • The DP shall also ensure that the nominees appointed by the BO(s) are individuals. A body corporate, trust, society, partnership firm, HUF, AOP and holder of POA cannot be appointed as a nominee. An NRI can be appointed as a nominee subject to the Foreign Exchange Control Regulations in force from time to time. A minor can be appointed as a nominee represented by a guardian. • The DPs should maintain a record of the nominees registered in a nomination register. The register can be in physical form or in electronic form. Each nomination entered in the register should be given a serial number. This serial 	<ul style="list-style-type: none"> • This transaction allows the DP to setup a nomination<u>a nomination</u> request for a BO. • The DP should mandatorily obtain a nomination form (Annexure 3.2) from the BO (Individual/NRI/Foreign National categories), duly filled<u>filled</u>, and signed by all the holders. • The DP shall ensure that the nomination is given by individuals only<u>individuals only</u>. Non-individuals including society, trust, corporate body, partnership firm, HUF, AOP, holder of POA, cannot<u>POA, cannot</u> appoint a nominee. A minor can nominate through a guardian. An NRI can nominate. • The DP shall also ensure that the nominees appointed by the BO(s) are individuals. A body corporate, trust, society, partnership firm, HUF and AOP cannot be appointed as a nominee. An NRI can be appointed as a nominee subject to the Foreign Exchange Control Regulations in force from time to time. A minor can be appointed as a nominee represented by a guardian. • <u>The DPs should maintain a record of the nominees registered in a nomination register. The register can be in physical form or in electronic form. Each</u>

	<p>number should be written on the nomination form along with date of entry of the nominations in the nomination register.</p> <ul style="list-style-type: none"> • If a BO does not wish to nominate, the option: "I/WE DO NOT WISH TO NOMINATE" in the Nomination Form should be selected. The DP should ensure that the nomination form is duly signed by all the account holders. • A BO can appoint multiple nominees (upto three) in a demat account. • If a BO chooses to appoint multiple 	<p>nomination entered in the register should be given a serial number. This serial number should be written on the nomination form along with date of entry of the nominations in the nomination register.</p> <ul style="list-style-type: none"> • <u>In case of physical nomination request is received duly signed by all holders [wet signature] in this –case witness will not be required.</u> • <u>In case the demat account holder affixes the thumb impression instead of the signature, in this case DP shall ensure that the nomination form has to be signed by one witness also. The name, address and signature of witness are required to be mentioned on the nomination form.</u> • <u>In case of nomination request is received online through web portal of the DP and the same is e-signed by the demat account holder in this case witness signature will not be required.</u> • • If a BO does not wish to nominate, the option: "I/WE DO NOT WISH TO NOMINATE" in the Nomination Form should be selected. The DP should ensure that the nomination form is duly signed by all the account holders. • A BO can appoint multiple nominees (upto three) in a demat account. • If a BO chooses to appoint multiple
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<p>3.4.2.1</p>	<p>nominees, the BO has to specify the share of securities in terms of percentage which will be distributed ISIN wise equally and the same should total to 100%.</p> <ul style="list-style-type: none"> • In case of multiple nominations, if the no of securities are not exactly divisible in the specified proportion in respect of a particular ISIN, the same shall be divided at ISIN level to the extent the securities are divisible and for the remaining securities which are in odd nos. BO has to choose one nominee who will be credited with balance securities if any, remaining after the distribution of securities. • If the BO fails to mention such nominee entitled for residual shares, the same will be credited to the first named nominee in the nomination form. <p>The DP shall, at all times, irrespective of subsequent variations and cancellations, maintain an updated "Register of Nominations" which shall contain the following information: -</p> <ol style="list-style-type: none"> a) Nomination Registration Number. b) Date of Registration. c) BO Account Number for which nomination is being received. d) Name of nominee(s). e) Percentage of share to be paid to the nominee. f) Name of the nominee eligible for residual shares. g) Address of nominee(s). 	<p>nominees, the BO has to specify the share of securities in terms of percentage which will be distributed ISIN wise equally and the same should total to 100%.</p> <ul style="list-style-type: none"> • In case of multiple nominations, if the no of securities are not exactly divisible in the specified proportion in respect of a particular ISIN, the same shall be divided at ISIN level to the extent the securities are divisible and for the remaining securities which are in odd nos. BO has to choose one nominee who will be credited with balance securities if any, remaining after the distribution of securities. • If the BO fails to mention such nominee entitled for residual shares, the same will be credited to the first named nominee in the nomination form. <p>The DP shall, at all times, irrespective of subsequent variations and cancellations, maintain an updated "Register of Nominations" which shall contain the following information: -</p> <ol style="list-style-type: none"> a) Nomination Registration Number. b) Date of Registration. c) BO Account Number for which nomination is being received. d) Name of nominee(s). e) Percentage of share to be paid to the nominee. f) Name of the nominee eligible for residual shares. g) f) Address of nominee(s).
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	<p>h) If Nominee is a minor, then scheduled date of attaining majority.</p> <p>i) Name/address of the guardian, if nominee is a minor.</p> <p>j) Remarks.</p>	<p>h)g) _____ If Nominee is a minor, then scheduled date of attaining majority.</p> <p>h)h) Name/address of the guardian, if nominee is a minor.</p> <p>h)i) Remarks.</p>
3.4.2.2	After verification of the documents for adding/changing nomination, particulars of the nomination details should be recorded in the CDSL system.	After verification of the documents for adding/changing nomination, particulars of the nomination details should be recorded in the CDSL system.
3.4.2.3	In case the DP has not entered the details of nomination in the Nomination Register and in the CDSL system, the BO account will be considered as "without nomination".	In case the DP has not entered the details of nomination in the Nomination Register and in the CDSL system, the BO account will be considered as "without nomination".

Account type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify) _____									
Bank Name	_____									
Branch Name	_____									
Bank Branch Address	_____									
City	_____	State	_____	Country	_____	PIN code	_____	_____	_____	_____

- (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
(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.

Other Details Gross Annual Income Details	Income Range per annum: <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 ` 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)	D	D	M	M	Y	Y	Y	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:	_____									

SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4	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).
	<i>Easi</i> To register for <i>easi</i> , please visit our website www.cdslindia.com . <i>Easi</i> allows a BO to view his ISIN balances, transactions and value of the portfolio online.

Nomination Details

Nomination Registration No.	Dated

- I /We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:
 I/We hereby confirm that I/We **do not wish to appoint any nominee in my ~~nominate any one for this 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..**

	<u>First/Sole Holder or Guardian (in case of Minor)</u>	<u>Second Holder</u>	<u>Third Holder</u>
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 **nominate** the following persons who is/**are** entitled to receive security balances lying in my/our account, particulars where of are given below, in the event of my / our death.

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name : *First Name: Middle Name: *Last Name	...............	...............	...............
*Percentage of allocation of securities <input type="checkbox"/> Equally [If not equally, please specify percentage] Or <input type="checkbox"/> Share of each Nominee	<u>%</u>	<u>%</u>	<u>%</u>
<i>Any odd lot after division shall be transferred to the first nominee mentioned in the form</i>			
<u>Nomination Identification Details – [Please tick any one of following and provide details of same]</u>	<u>Nominee 1</u>	<u>Nominee 2</u>	<u>Nominee 3</u>
<u>Nomination Details Photograph & Signature</u> <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving- Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID <u>[Optional Fields]</u>	<u>Nominee-1</u>	<u>Nominee-2</u>	<u>Nominee-3</u>
*Address:			
*City			
*State			
*Pin			
*Country			
<u>Mobile no/Telephone No.</u> <u>[Optional Fields]</u>			
<u>Email ID:</u> <u>[Optional Fields]</u>			
FAX No. <u>[Optional Fields]</u>			
<u>PAN No.</u>			
<u>UID</u>			
<u>Email ID</u>			
*Relationship with the BO:			

To be filled only if nominee(s) is a minor:			
Date of birth (mandatory if Nominee is a minor) dd-mm-yyyy			
Name of the Guardian of Nominee (if nominee is a minor) *First Name: Middle Name: *Last Name	...............	...............	...............
*Address of the guardian of nominee:			
*City			
*State			
*Country			
*PIN			
Age			
Mobile /Telephone no [Optional Fields]			
Email ID: [Optional Fields]			
Fax No. [Optional Fields]			
Email ID			
*Relationship of the Guardian with the Nominee			
*Percentage of allocation of securities			
Guardian Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN Aadhaar Saving Bank account no. Proof of Identity <input type="checkbox"/> Demat Account ID [Optional Fields]			
*Residual Securities [please tick any one nominee. If tick not marked default will be first nominee]:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note : Residual securities: in case of multiple nominees, ~~please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then shall be transferred to~~ the first nominee ~~will be marked as nominee entitled for residual shares, if any.~~

*** Marked is Mandatory field**

~~This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.~~

Note: ~~One witness shall attest signature(s) / thumb impression(s)~~
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 /negative nomination]

Details of the Witness	
	First Witness Details
Name of witness	
Address of witness	
Signature of witness	

The Depository Participant shall provide acknowledgement of the nomination form to the account holder(s)

I / We have received and read the Rights and Obligations document and 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 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 or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signatures			

(Signatures should be preferably in blue ink).

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

Acknowledgement Receipt

Application No.: _____ **Date:** _____

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

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

Depository Participant Seal and Signature

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

Additional KYC Form for Opening a Demat Account**For Non-individuals**

Depository Participant Name / Address / DP ID
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(To be filled by the Depository Participant)

Application No.	Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.									
DP ID	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 following details:-

Holders Details

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

***Exchange ID**

Name *	_____
*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.	

Type of Account (Please tick whichever is applicable)	
Status	Sub – Status
<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) _____	To be filled by the DP
SEBI Registration No. (If Applicable)	SEBI Registration date
RBI Registration No. (If Applicable)	RBI Approval date
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) _____

I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes')	[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No
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 Physical)

Clearing Member Details (To be filled by CMs only)

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

I / We wish to receive dividend / interest directly in to my bank account given below 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
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Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR code)																				
IFS Code (11 character)																				
Account number																				
Account type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify) _____																			
Bank Name																				
Branch Name																				
Bank Branch Address																				
City		State		Country		PIN code														

- (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
- (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.

Other Details

Gross Annual Income Details	Income Range per annum:																			
	<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"/> Rs.25,00,000 to Rs. 1,00,00,000 <input type="checkbox"/> More than Rs.1,00,00,000																			
	Net worth as on (Date)	D	D	M	M	Y	Y	Y	Y	Rs										
<i>[Net worth should not be older than 1 year]</i>																				
Please tick If any of the authorized signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors is either Politically Exposed Person (PEP) or Related to Politically Exposed Person (RPEP) <input type="checkbox"/> . Please provide details as per Annexure 2.2 A.																				
Any other information:																				

SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4	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).	
<i>Easi</i>	To register for easi , please visit our website www.cdslindia.com . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.	

I/We have received and read the document of 'Rights and Obligation of BO-DP' (DP-CM agreement for BSE Clearing Member Accounts) 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.

	Sole / First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Designation			
Signature			

(In case of more authorised signatories, please add annexure)

(Signatures should be preferably in black ink).

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

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) =====

**Additional information to be obtained along with the SARAL Account Opening Form
for Resident Individuals**

Date	D	D	M	M	Y	Y	Y	Y

To be filled by the Depository Participant)

Application No.		Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.										
DP ID		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																

Name *	_____
*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.	

Status	Sub – Status
<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 my 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
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Other Details Gross Annual Income Details	Income Range per annum:									
	<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 ` 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)	D	D	M	M	Y	Y	Y	Y	Rs
<i>[Net worth should not be older than 1 year]</i>										
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:	_____									

SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4	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).	
<i>Easi</i>	To register for <i>easi</i> , please visit our website www.cdslindia.com . <i>Easi</i> allows a BO to view his ISIN balances, transactions and value of the portfolio online.	

Nomination Details

Nomination Registration No.	Dated
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I/We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:

- I/We hereby confirm that I/We **do not wish to appoint any nominee in my ~~nominate any one for this 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..

	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
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 **nominate** the following persons who is/are entitled to receive security balances lying in my/our account, particulars where of are given below, in the event of my / our death.

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name : *First Name: Middle Name: *Last Name	...............	...............	...............
*Percentage of allocation of securities Equally [If not equally, please specify percentage] Or <input type="checkbox"/> Share of each Nominee	%	%	%
<i>Any odd lot after division shall be transferred to the first nominee mentioned in the form</i>			
Nomination Identification Details [Please tick any one of following and provide details of same]	Nominee 1	Nominee 2	Nominee 3

<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar Saving- Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID [Optional Fields]			
*Address:			
*City			
*State			
*Pin			
*Country			
Mobile no./Telephone No. [Optional Fields]			
Email ID: [Optional Fields]			
FAX No.: [Optional Fields]			
PAN No.			
UID			
*Relationship with the BO:			
Date of birth (mandatory if Nominee is a minor) dd-mm-yyyy			
Name of the Guardian of Nominee (if nominee is a minor) *First Name: .....	.....	.....	.....
Middle Name: .....	.....	.....	.....
*Last Name	.....	.....	.....
*Address of the guardian of nominee:			
*City			
*State			
*Country			
*PIN			
Age			
Mobile Telephone no.: [Optional Fields]			
Email ID: [Optional Fields]			
Fax No. [Optional Fields]			
To be filled only if nominee(s) is a minor:			
*Relationship of the Guardian with the Nominee			
Guardian Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar Saving Bank account no. Proof of Identity			

<input type="checkbox"/> Demat Account ID [Optional Fields]			
*Residual Securities – [please tick any one nominee. If tick not marked default will be first nominee]:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note : Residual securities: in case of multiple nominees, ~~please choose any one nominee who will be credited with residual securities~~ remaining after distribution of securities as per percentage of allocation. ~~If you fail to choose one such nominee, then shall be transferred to~~ the first nominee ~~will be marked as nominee entitled for residual shares, if any.~~

*** Marked is Mandatory field**

~~This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.~~

~~**Note:** One witness shall attest signature(s) / thumb impression(s)~~

~~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~~

Details of the Witness	
	First Witness Details
Name of witness	
Address of witness	
Signature of witness	

~~This nomination shall supersede any prior nomination made by the account holder(s), if any.~~

I / We have received and read the Rights and Obligations document and 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 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 or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signatures			

(Signatures should be preferably in black ink).

~~The Depository Participant shall provide acknowledgement of the nomination form to the account holder(s)~~

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

Acknowledgement Receipt

Application No.:

Date:

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

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

Depository Participant Seal and Signature

Nomination Form

**To,
The Depository Participant Name
Address**

Dear Sir/ Madam,

I/We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:

- I/We hereby confirm that I/We do not wish to appoint any ~~nomininee~~ ~~ate any one for this 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.

[Strike out what is not applicable.] [Signatures of all account holders should be obtained on this form].

	<u>First/Sole Holder</u>	<u>Second Holder</u>	<u>Third Holder</u>
<u>Name</u>			
<u>Signature</u>			

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 **nominate** the following person/s who is entitled to receive all Assets / security balances lying in my/our account, particulars whereof are given below, in the event of the death of ~~the~~ Sole holder or the death of all the Joint Holders.

BO Account Details												
DP ID											Client ID	
Name of the Sole / First Holder												
Name of Second Holder												
Name of Third Holder												

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name :			
*First Name:
Middle Name:
*Last Name
<u>*Percentage of allocation of securities:</u>			
<input type="checkbox"/> Equally (If not equally, please specify percentage)	%	%	%
<u>Or</u>			

<input type="checkbox"/> <u>Share of each Nominee</u>			
<i>Any odd lot after division shall be transferred to the first nominee mentioned in the form</i>			
<u>Nomination Identification Details – [Please tick any one of following and provide details of same]</u>	<u>Nominee 1</u>	<u>Nominee 2</u>	<u>Nominee 3</u>
<input type="checkbox"/> <u>Photograph & Signature</u> <input type="checkbox"/> <u>PAN</u> <input type="checkbox"/> <u>Aadhaar</u> <input type="checkbox"/> <u>Saving Bank account no.</u> <input type="checkbox"/> <u>Proof of Identity</u> <input type="checkbox"/> <u>Demat Account ID</u> <u>[Optional Fields]</u>			
*Address:			
*City:			
*State:			
*Pin:			
*Country:			
<u>Mobile no. / Telephone No:</u> <u>[Optional Fields]</u>			
<u>Email ID:</u> <u>[Optional Fields]</u>			
<u>Fax No:</u> <u>[Optional Fields]</u>			
<u>Nomination-Details</u>	<u>Nominee 1</u>	<u>Nominee 2</u>	<u>Nominee 3</u>
<u>UID:</u>			
<u>Email ID:</u>			
*Relationship with the BO:			
<u>To be filled only if nominee(s) is a minor:</u>			
Date of birth (mandatory if Nominee is a minor):			
Name of the Guardian of Nominee (if the nominee is minor):			
*First Name:	.....	.....	.....

Middle Name: *Last Name	..........	..........	..........
*Address of the Guardian of nominee:			
*City:			
*State:			
*Country:			
*Pin:			
Age			
Mobile no./Telephone no.: [Optional Fields]			
Email ID: [Optional Fields]			
Fax No: [Optional Fields]			
Email ID:			
*Relationship of the Guardian with the Nominee:			
*Percentage of allocation of securities:			
Guardian Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar Saving Bank account no. Proof of Identity <input type="checkbox"/> Demat Account ID [Optional Fields]			
*Residual Securities [please tick any one nominee. If tick not marked default will be first nominee]:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note : Residual securities: incase of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then shall be transferred to the first nominee will be marked as nominee entitled for residual shares, if any.

*** Marked is Mandatory field**

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us:

Place: _____ Date: _____

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

Note: ~~One witness~~ shall attest signature/ Thumb impression.

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.

Details of the Witness	
	First Witness Details
Names of Witness	
Address of Witness	
Signature of Witness	

This nomination shall supersede any prior nomination made by the account holder(s), if any.

Place: _____ Date: _____

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

