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 MONDEAL RETAIL PARK, S.G. HIGHWAY
 AHMEDABAD - 380 059, GUJARAT, INDIA.

Tel: +91 79 68199999, Email : dp.helpdesk@relitrade.in Website: www.relitrade.in

(I I) OTHER DETAILS:

1. Bank account details:

Bank Name	Branch address	Bank account no.	Account Type	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	Exchange	Sign
NSE		BSE		MCX-SX	

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)

SARAL Account Opening Form for Resident Individuals

To be filled by the Depository Participant)

Application No.		Date																			
DP Reference No.																					
DP ID												Client ID									

Holders Details

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

Name*	
<p>*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.</p>	

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"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> As per SEBI Regulation	
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

Nomination Details

Dated	
Nomination Registration No.	

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

Mandatory Details

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 Share of each Nominee			
Any odd lot after division shall be transferred to the first nominee mentioned in the form			
*Relationship with the BO:			
* Date of birth and Name of Guardian to be provided in case of minor nominee (s)			
Non - mandatory details			
*Address of Nominee (s) / Guardian in case of Minor:			
*City /place:			
*State & Country:			
*Pin Code:			
Mobile no/Tele No. of the Nominee (s) Guardian in case of Minor:			

Email ID of the nominee (s) / Guardian in case of minor:			
Nominee/Guardian in case of minor) 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 <input type="checkbox"/> Saving Bank, a/c no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank, a/c no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank, a/c no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID

*** Marked is Mandatory field**

Note: Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

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

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.

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

*** Marked is Mandatory field**

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 -