

Shriram Insight Share Brokers Ltd.

Admin. Office : CK-15, Sector – II, Salt Lake City, Kolkata – 700 091, Phone : 2358 7691 / 2358 7188
 Regd. Office : Mookambika Complex, 4th Floor, 4 Lady Desikachary Road, Mylapore, Chennai – 600 004

Application Form for Opening a Demat Account (For entities other than Individuals)

Depository Participant Name / Address / DP ID

(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)

We request you to open a Demat Account in our name as per the following details: -

Name											
Search Name											
Correspondence Address											
City						State					
Country						PIN					
Telephone No.						Fax No.					
PAN											
E-mail ID											
Registered Office address (if different from Correspondence Address)											
City						State					
Country						PIN					
Telephone No.						Fax No.					
E-mail ID											

Other Holders – Second Holder 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						
PAN												
Date Of Birth	D	D	M	M	Y	Y	Y	Y				
E-mail ID												
Telephone no.					Fax No.					Mobile No.		

Other Holders – Third Holder 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					
PAN											

Annexure 2.2

Date Of Birth	D	D	M	M	Y	Y	Y	Y
E-mail ID								
Telephone no.	Fax no.			Mobile no.				

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					
Date of Incorporation	D	D	M	M	Y	Y	Y	Y							
SEBI Registration No. (If Applicable)							SEBI Registration date	D	D	M	M	Y	Y	Y	Y
ROC Registration No. (If Applicable)							ROC Registration date	D	D	M	M	Y	Y	Y	Y
RBI Registration No. (If Applicable)							RBI Approval date	D	D	M	M	Y	Y	Y	Y
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify)														
I / We authorize you to receive credits in my / our account without any instruction from me / us.										[Automatic Credit]					
										<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														

Do you wish to receive dividend / interest directly in to 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 option (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.

For OCBs

Foreign Address															
City							State								
Country							PIN								
Telephone No.							Fax No.								
E-mail ID															
Indian Address															
City							State								
Country							PIN								
Telephone No.							Fax No.								
E-mail ID															
Currency															
RBI Reference No.							RBI Approval Date	D	D	M	M	Y	Y	Y	Y

Clearing Members Details (To be filled by CMs only)

Name of the Stock Exchange	
Name of the CC / CH	
Trading Id	
Clearing Member 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.	

Additional Details:

SMS Alert Facility	<input type="checkbox"/> Yes MOBILE NO. +91 _____ Refer to Terms & Conditions given as Annexure-A	<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 For Joint - Second Holder	
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)	

Details For Joint – Third Holder	
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)	

I/We have read the DP-BO agreement (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.

	First / Sole Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Designation			
Signature			
Passport size Photograph	(Please sign across the photograph)	(Please sign across the photograph)	(Please sign across the photograph)

===== **Please Tear Here** =====
(Perforated Card)

DP ID								Client ID							
	First Authorised Signatory				Second Authorised Signatory				Third Authorised Signatory						
Name															
Specimen Signature															

===== **Please Tear Here** =====
 (To be filled by the Depository Participant)

Acknowledgement Receipt

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

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

Depository Participant Seal and Signature