

INSIGHT SHARE BROKERS LTD
DP ID : 38400 SEBI REGISTRATION NO.:IN-DP-CDSL-293-2005

Admin. Office: CK-15, Sector-II, Salt lake city,
 Kolkata-700091
 Phone No.23592862/23587188

Rep. Office: Mookambika Complex, 4th Floor, 4 Lady
 Desikachary Road, Mylapore, Chennai-600 004

Application Form for Opening a Demat Account
Individual NRI Foreign National

(To be filled by the Depository Participant)

Application No.										Date									
DP Internal Reference No.																			
DP ID	1	2	0	3	0	8	0	0	0	Client ID	0	0	0						

(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 the following details: -

Sole / First Holders Details

First Name																									
Middle Name																									
Last Name																									
Father / Husband Name																									
Title	Mr.	Mrs.	Ms.	Other																Suffix					
Correspondence Address																									
City											State														
Country											PIN														
Telephone No.											Fax No.														
PAN / GIR No.																									
IT Circle Ward / District																									
E-mail ID																									
MAPIN Code																									

Joint Holders – Second Holder's Details

First Name																									
Middle Name																									
Last Name																									
Father / Husband Name																									
Title	Mr.	Mrs.	Ms.	Other																Suffix					
PAN / GIR No.																									
IT Circle Ward / District																									
Date Of Birth	D		D		Y		Y		Y		Y		Y		Y		Y		Y						
E-mail ID																									
MAPIN Code																									

Joint Holders – Third Holder's Details

First Name																									
Middle Name																									
Last Name																									
Father / Husband Name																									
Title	Mr.	Mrs.	Ms.	Other																Suffix					
PAN / GIR No.																									
IT Circle Ward / District																									
Date Of Birth	D		D		Y		Y		Y		Y		Y		Y		Y		Y						
E-mail ID																									
MAPIN Code																									

=====
(Perforated Card)
 =====

(To be filled by the Depository Participant)

DP ID										Client ID									
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	First/Sole Holder	Second Holder	Third Holder
Name			
Specimen Signatures			

Type of Account (Please tick whichever is applicable)

	First/Sole Holder	Second Holder	Third Holder
Name			
Specimen Signatures			

===== (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 joint Holder	
Name of Third joint Holder	

Depository Participant Seal and Signature

Additional Details

Permanent Address (If Different from Correspondence Address)							
City		State					
Country		PIN					
Telephone No.		Fax No					

Details of Guardian (If First Holder or Second Holder or Third Holder is a minor)

First Name							
Middle Name							
Last / Search Name							
Relationship with the applicant							
Correspondence Address							
City		State					
Country		PIN					
Telephone No.		Fax No					
E-mail ID							

For NRIs

Foreign Address										
City		State								
Country		PIN								
RBI Ref no.		RBI Approval date		D	D	M	M	Y	Y	Y