

**AXIS BANK LTD.****CDSL****DP ID-IN 27500**

Solaris, 'C' Building 9th Floor ,Opp. L & T Gate No.6,Saki Vihar Road, Powai, Mumbai -400072

Branch : _____

SEBI REG. NO. IN - DP CDSL - 179 - 2002

Depository Participant of Central Depository Services (I) Ltd.**APPLICATION FORM FOR OPENING A DEMAT ACCOUNT**
(For entities other than Individual)(To be filled by the applicant in **BLOCK LETTERS** in English)

(To be filled up by the AXIS Bank official)

Application No.**CDS**

DP Internal Reference No.										Date		D	D	M	M	Y	Y	Y	Y
DP ID	1	3	0	2	7	5	0	0	Client ID										

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

Type of Account (Please tick whichever is applicable)	
Status	Sub-Status To be filled by the DP
<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"/> Others (specify)	

Holders Details

Name																	
Search Name																	
Correspondence Address																	
City				State				Country				Pin					
Tel.				Fax				Mobile									
PAN				E-mail :													
Registered Office Address (If different from Correspondence Address)																	
City				State				Country				Pin					
Tel.				Fax				Mobile									

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							
Tel.				Fax				Mobile											
Date of Birth				D	D	M		Y	Y	Y	Y	PAN				E-mail :			

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							
Tel.				Fax				Mobile											
Date of Birth				D	D	M	M	Y	Y	Y	Y	PAN				E-mail :			

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"/> Other (specify)															

I / We authorize you to receive credits in my / our account without any instruction from me / us. [Automatic Credit] ☐ Yes ☐ No

Account Statement Requirement ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly

Do you wish to receive dividend / interest directly in to your bank account given below through ECS ? ☐ Yes ☐ No

Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR code)									
Bank Name									
Branch									
Bank Address									
City		State		Country		Pin			
Account Number				A/c. Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Other (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 options (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								
Tel.				Fax										
E-mail :														
Indian Address														
City		State		Country		Pin								
Tel.			Fax		Mobile									
E-mail :														
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 _____	<input type="checkbox"/> No
	<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 balance, transactions and value of the portfolio online.]	<input type="checkbox"/> No

Details For Other - Second Holder

Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) _____	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation	<input type="checkbox"/> 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"/> Profession <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Other (specify) _____		
Nature of Business : (Products / Services provided)			




Details For Other - Third Holder

Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) _____	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation	<input type="checkbox"/> 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"/> Profession <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Other (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)

(Signature should be preferably in black ink).

To, AXIS Bank Ltd.		<u>Standing Instruction for Debiting Charges</u>	
_____ Branch			
Demat A/c. No.	<input type="text"/>	Operative Bank A/c. No.	<input type="text"/>
Dear Sir,			
We hereby authorise you to Debit our operative Bank A/c with AXIS Bank _____ Branch or all the charges relating to above mentioned demat account. Please treat this authorisation as irrevocable till further instruction from our side is received in writing and duly acknowledged by you.			
			
Signature of Operative Bank A/c. 1st Holder	Signature of Operative Bank A/c. 2nd Holder	Signature of Operative Bank A/c. 3rd Holder	

 = Signature in Full

Instruction for Applicants

- Signature can be in English, Hindi or any of the other languages contained in the 8th schedule of the constitution of India. Thumb impressions and signatures other than the above mentioned languages must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate under his / her official seal.
- Details of the Names, Address and Tel. No. etc. of the Magistrate / Notary Public / Special Executive Magistrate are to be provided in case of any attestation done by them.
- In case of additional signatures, separate annexures should be attached to the application form.
- In case of applications under Power of Attorney, the relevant Power of Attorney or the certified and duly notarized copy thereof must be lodged along with the application.
- All correspondences / queries shall be addressed to the First / Sole Applicant only.
- Strike off whichever is not applicable.
- The following document are to be submitted by the Corporate applicants :-**
 - Certified true copy of Board Resolution for persons authorized to act as Authorized Signatory(ies).
 - Memorandum and Articles of Association of the Company.
 - One passport size photograph of each authorized signatory.
- In addition to 7 above, the following documents are to be submitted by CMs, FIs, NRIs, and OCBs :**
 - Copy of Certificate of Registration with SEBI (where applicable)
 - Copy of RBI Approval for FIs, NRIs and OCBs.
 - BOs desiring to have their cash corporate benefits like dividend, interest etc. on a repatriable basis, must forward a certified true copy of the RBI approval to each of the RTAs / issuers where the BO is holding the securities clearly mentioning their BO-ID and DP-ID.
- Please sign all the pages of agreement.
- Extra charges will be levied for Specific Statement requirement.

ACKNOWLEDGEMENT



AXIS BANK LTD.

CDSL

DP ID-IN 27500

Solaris, 'C' Building 9th Floor, Opp. L & T Gate No.6, Saki Vihar Road, Powai, Mumbai -400072

Application No. : CDSL

DP ID : _____

Received the application from Mr./Ms. _____

as the Sole / First Holder along with _____ and _____

as the Second and Third Holders respectively for opening of a depository account. Your Client ID will be intimated to you shortly on acceptance. Please quote the DP ID & Client ID allotted to you in all your future correspondence.

Date : _____

Participant Stamp & Signature

**CHECK LIST FOR CORPORATE / CM ACCOUNTS (For Bank Use Only)**

Customer Name : _____ Category : _____

Common Requirements

1. Application Form Duly filled & Signed ☐
2. Agreement duly stamped & witnessed ☐
3. Schedule of charges - Acceptance by client ☐

1. Corporate Account

- a) Memorandum & Articles of Association ☐
- b) Board of Resolution regarding mode of operation ☐
- c) Form 32 in terms of companies act 1956, in case names of the Director are not recorded in MOA ☐
- d) List of Director with their signature should be authorised by MD / CS ☐

2. Clearing Member A/c.**(a) New CM Account**

- 1) SEBI Registration Certificate ☐
- 2) CM ID Letter / Stock Exchange Admission Letter ☐

(b) CM account existing with other DP

- 1) SEBI Registration Certificate ☐
- 2) CM ID Letter / Stock Exchange Admission Letter ☐
- 3) Acknowledgment of closing account from existing DP ☐
- 4) Letter of shifting addressed to clearing corporation ☐

Remarks : _____

A/c. Opened By	A/c. Verified By

Name & Signature of DP Official***For Branch use only :*****CONFIRMATION :**

We have personally verified each of the applicants identity and address

Name of the Officer :	Employee No.	Sign of Employee
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For Central Office use only :

Name of PAN card verified with IT department website

Name of the Officer :	Employee No.	Sign & Branch Stamp
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