



# BANK OF INDIA

Annexure 2.1

CDSL, DPO Mumbai Main Branch, First Floor, 70/80, M. G. Road, Fort, Mumbai-400 001.

Tel. : 22621093 / 95 / 97, Telefax : 22621096

**Depository Participant of Central Depository Services (INDIA) Ltd.**

**Application Form for Opening a Demat Account**

Individual     NRI     Foreign National

(To be filled by the Depository Participant)

Application No.		Date	D	D	M	M	Y	Y	Y	Y							
DP Internal Reference No.																	
DP ID	1	3	0	2	0	8	0	0	Client ID	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	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other							Suffix				
<b>Correspondence Address</b>												
City						State						
Country						PIN						
Telephone No.				Fax No.				Mobile No.				
PAN												
E-mail ID												
<b>Permanent Address</b> (if different from Correspondence Address)												
City						State						
Country						PIN						
Telephone No.				Fax No.				Mobile No.				
E-mail ID												

### Joint Holders – Second Holder's 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				
<b>Permanent Address</b>												
<b>City</b>						<b>State</b>						
<b>Country</b>						<b>PIN</b>						
Telephone No.				Fax No.				Mobile No.				
PAN												
E-mail ID												

### Joint Holders – Third Holder's 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				
<b>Permanent Address</b>												
<b>City</b>						<b>State</b>						
<b>Country</b>						<b>PIN</b>						
Telephone No.				Fax No.				Mobile No.				
PAN												
E-mail ID												

**Type of Account (Please tick whichever is applicable)**

Status	Sub – Status	
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Individual Margin Trading A/C (MANTRA)	<input type="checkbox"/> Individual-Director <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Others (specify)
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Repatriable Promoter <input type="checkbox"/> NRI – Depository Receipts	<input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> NRI Non-Repatriable Promoter <input type="checkbox"/> Others (specify)
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National - Depository Receipts <input type="checkbox"/> Others (specify)	
I / We instruct the DP to receive each and every credit in my / our account		[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Requirement	Statement	<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 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.

I/We have read the terms & conditions DP-BO agreement 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	Second Joint Holder	Third Joint Holder
Name			
Signatures			
Passport size Photograph	(Please sign across the photograph)	(Please sign across the photograph)	(Please sign across the photograph)

**(Signatures should be preferably in black ink).**

Applicant/s Signed in my presence Address / Signature/s / Photograph/s verified.  
For **BANK OF INDIA**

Signature : \_\_\_\_\_  
Name of Officer : \_\_\_\_\_  
Signature Code : \_\_\_\_\_  
Date : \_\_\_\_\_  
Name of Branch : \_\_\_\_\_



**(Rubber Stamp of the Branch)**

**[In case of minor holder, photograph of guardian has to be affixed along with minor's photograph.]**

<b>Name *</b>	_____
* 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

<b>SMS Alert Facility</b>	<input type="checkbox"/> Yes MOBILE NO. +91 _____ Refer to Terms & Conditions given as <b>Annexure-A</b>	<input type="checkbox"/> No
<b>easi</b>	<input type="checkbox"/> Yes. If yes, please contact your DP for details [Facility through CDSL's website: <a href="http://www.cdslindia.com">www.cdslindia.com</a> wherein a BO can view his ISIN balances, transactions and value of the portfolio online.]	<input type="checkbox"/> No

<b>Details For First Holder</b> D D M M Y Y Y Y	
Date of Birth	_____
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)	
Financial Details:	Income Range per annum: <input type="checkbox"/> Up to Rs.1,00,000 <input type="checkbox"/> Rs.1,00,001 to Rs.2,00,000 <input type="checkbox"/> Rs.2,00,001 to Rs.5,00,000 <input type="checkbox"/> More than Rs.5,00,000

<b>Details For Joint Second Holder</b> D D M M Y Y Y Y	
Date of Birth	_____
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify)
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Corporate
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)	

<b>Details For Joint Third Holder</b> D D M M Y Y Y Y	
Date of Birth	_____
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify)
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Corporate
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 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.		Mobile No.		
PAN					
E-mail ID					

**For NRIs**

Foreign Address					
City		State			
Country		PIN			

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**(Perforated Card)**

DP ID	1	3	0	2	0	8	0	0	Client ID	0	0						
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	First/Sole Holder	Second Holder	Third Holder
Name			
Specimen Signatures			

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

(To be filled by the Depository Participant)

**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**

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