

**Additional information to be obtained along with the SARAL Account Opening Form for Resident Individuals**

Date	D	D	M	M	Y	Y	Y	Y

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								

**Holders Details**

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

<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.	

<b>Status</b>	<b>Sub – Status</b>
<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"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
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)

<b>I/ We</b> wish to receive dividend / interest directly in to <b>my</b> 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
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<b>Other Details</b> Gross Annual Income Details	<b>Income Range per annum:</b> <input type="checkbox"/> Up to Rs.1,00,000 <input type="checkbox"/> Rs 1,00,000 to Rs 5,00,000 <input type="checkbox"/> Rs 5,00,000 to Rs 10,00,000 <input type="checkbox"/> Rs 10,00,000 to Rs 25,00,000 <input type="checkbox"/> More than Rs 25,00,000															
	Net worth as on (Date) <table border="1"> <tr> <td>D</td> <td>D</td> <td>M</td> <td>M</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> Rs <i>[Net worth should not be older than 1 year]</i>	D	D	M	M	Y	Y	Y	Y							
D	D	M	M	Y	Y	Y	Y									
Occupation	<input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Specify) _____															
Please tick , if applicable:	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)															
Any other information:																



<b>SMS Alert Facility</b> Refer to Terms & Conditions given as <b>Annexure - 2.4</b>	MOBILE NO. +91 _____ [(Mandatory , if you are giving Power of Attorney ( POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).	
<i>Easi</i>	To register for <i>easi</i> , please visit our website <a href="http://www.cdslindia.com">www.cdslindia.com</a> . <i>Easi</i> allows a BO to view his ISIN balances, transactions and value of the portfolio online.	

**Nomination Details**

<b>Nomination Registration No.</b>	<b>Dated</b>
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- 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.

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

**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 -

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



**Mandatory Details**

<b>Nomination Details</b>	<b>Nominee 1</b>	<b>Nominee 2</b>	<b>Nominee 3</b>
Nominee Name : *First Name: Middle Name: *Last Name	..... ..... .....	..... ..... .....	..... ..... .....
*Percentage of allocation of securities  Equally [If not equally, please specify percentage]  <b>Or</b> <input type="checkbox"/> <b>Share of each Nominee</b>	<b>%</b>	<b>%</b>	<b>%</b>
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/Telephone No. of the Nominee (s) Guardian in case of Minor :			
Email ID of the nominee (s) / Guardian in cae of minor:			
Nominee/Guardian I incase 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 account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			



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**\* 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	
	<b>Witness Details</b>
Name of witness	
Address of witness	
Signature of witness	

I / We have received and read the Rights and Obligations document and 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 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.

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

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

**\* Marked is Mandatory field**

The Depository Participant shall provide acknowledgement of the nomination form to the account holder(s)

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

**Acknowledgement Receipt  
Date:**

**Application No.:**

We hereby acknowledge the receipt of the Account Opening and nomination Application Form:

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

**Depository Participant Seal and Signature**

## SARAL ACCOUNT OPENING FORM | RESIDENT INDIVIDUALS

FORM NUMBER:  CLIENT ID:  DP ID

### INDEX OF DOCUMENTS

#### MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES

S.No.	Name of Document	Brief Significance of the Document	
1	Account Opening Form.	Part I - KYC Form: Document captures basic information about the constituent.	
		Part II - Document capturing additional information about the constituent relevant to client Demat Account.	
2	Instructions/Checklist.	Document stating brief instructions for filling KYC Form & documents required.	Client Copy
3	Rights and Obligations.	Document stating the Rights & Obligations of the beneficiary owner & DP, Stock Broker / Trading Member, Sub-Broker & Client for trading on exchanges (including additional rights & obligations in case of Internet/Wireless technology based trading).	Client Copy
4	Risk Disclosure Document (RDD).	Document detailing risks associated with dealing in the securities market.	Client Copy
5	Guidance Note.	Document detailing Do's & Don'ts, for the education of investors.	Client Copy
6	Policies and Procedures.	Document describing significant Policies & Procedures of the DP	Client Copy
7	Tariff Sheet.	Document detailing charges levied on the client related to DP Services	
8	FATCA & CRS Declaration Form.	Document contains information pertaining to the financial assets held by their citizens in foreign or overseas financial institutions.	
9	Nomination Option / Nomination Form	Document capturing the declaration for opting out of nomination. Nomination form for appointing nominee to the clients' account.	
10	Notes	Document Capturing Notes related to Demat Account	
11	Instructions	Instructions to Applicants (BOs) for Account Opening	
12	Terms and Conditions	Terms and Conditions cum Registration/Modification Form for receiving SMS alert from CDSL	
13	DIS Booklet form	Option Form for issue of DIS booklet	

#### Grievance Redressal

For any grievance or dispute, kindly contact JKB Financial Services at below address or email us on customer.grievance@jkbfs.com and Call Us On +91 (0) 194 248 3866

In case not satisfied with the response, please contact the CDSL Depository at:

1. CDSL: <https://www.cdslindia.com/Footer/grievances.aspx>

Investor can also lodge compliant/grievance against the DP/TM through SEBI Scores on <https://scores.sebi.gov.in/>

**Managing Director: Mr. Syed Aadil Bashir Andrabi**  
T: +91 194 231 1512 E: [managingdirector@jkbfs.com](mailto:managingdirector@jkbfs.com)

**Compliance Officer: Mr. Mudassir Ah Padder**  
T: +91 194 231 1512 E: [complianceofficer@jkbfs.com](mailto:complianceofficer@jkbfs.com)

**REGISTERED / CORPORATE OFFICE: Main Road, Jawahar Nagar, Srinagar (J&K) 190008.**

**T: 91 (0) 194 231 1512**

**T: 91 (0) 194 231 1512**

**E: [jkbfs@jkbmail.com](mailto:jkbfs@jkbmail.com)**



**PART I | KNOW YOUR CUSTOMER (KYC) ACCOUNT OPENING FORM [MANDATORY DOCUMENT]**

Application Type:  New  Update **KYC Number** (if already existing)

Account Type  Normal  Minor

**A. PERSONAL DETAILS**

	Prefix	First Name	Middle Name	Last Name
Name (As per PAN)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father/Spouse Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mothers Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	PAN: <input type="text"/>		<div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>PHOTO</p> <p>Sign across the Photo</p> </div>	
Nationality: <input type="checkbox"/> Indian <input type="checkbox"/> Others (Please specify) _____	Residential Status: <input type="checkbox"/> Resident <input type="checkbox"/> Non Resident <input type="checkbox"/> Person of Indian Origin <input type="checkbox"/> Foreign National			
Occupation: <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Please specify) _____				

**B. PROOF OF IDENTITY AND ADDRESS** (Please tick any of the below OVDs and mention the corresponding ID Number)

Aadhaar  Voter ID Card  Driving Licence  Passport  NPR Letter  NREGA Job Card

ID Number:

**C. ADDRESS DETAILS**

Permanent Address:

District:  State/UT:  Country:  PIN:

Correspondence Address: (Please tick if correspondence address is same as permanent address as above)  Yes  No  
Specify the proof of address submitted for Residence/ correspondence address: \_\_\_\_\_

Correspondence Address:

District:  State/UT:  Country:  PIN:

**D. CONTACT DETAILS** (All communications will be sent to Mobile number/ Email ID provided)

Mobile Number:  Email ID:

Tel. (Off):  Tel. (Res):

**E. DECLARATION**

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby consent for receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. Further I give my consent to download my KYC Records from the Central KYC Registry for the purpose of verification of my identity and address from the database of CKYCR Registry.

Date:

Place:

\_\_\_\_\_  
[Signature of the Applicant]

**FOR OFFICE USE ONLY**

**IN PERSON VERIFICATION [IPV] BY J&K BANK/JKB FINANCIAL SERVICES LTD. OFFICIAL**

Name of the person who has done the IPV: \_\_\_\_\_

Designation: \_\_\_\_\_ Emp. Code  Date of IPV

Originals verified and self-attested documents received

\_\_\_\_\_  
[J&K Bank/JKBFSL Branch Stamp & Signature]

**PART II ACCOUNT OPENING FORM | INDIVIDUALS [MANDATORY DOCUMENT]**

J&K Bank Branch SOL ID

**DEMAT/TRADING ACCOUNT RELATED DETAILS**

**Name of Depository Participant: JKB FINANCIAL SERVICES LIMITED**

**DP- ID: 13028000**

Client ID

**Address: Main Road, Jawahar Nagar, Srinagar (J&K) 190008**

Date

I/We request you to open a  Depository  Trading account in my/our name as per the following details:

(Please fill all the details in CAPITAL LETTERS only)

Account Category:  GENERAL  STAFF

**A) Details of Account Holder (s):**

Account holder(s)	Sole/ First Holder	Second Holder	Third Holder	
<b>Name</b>				
<b>PAN</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Occupation (please tick any one and give brief details)</b>	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist
	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired
	<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife	<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Business	<input type="checkbox"/> Student
	<input type="checkbox"/> Professional	<input type="checkbox"/> Others (Please specify; _____)	<input type="checkbox"/> Professional	<input type="checkbox"/> Others (Please specify; _____)
<b>Brief details:</b>				

**B)** For Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name & PAN of the Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below:

a) Name  b) PAN

**C) Type of account**

- Ordinary Resident                       NRI-Repatriable                       NRI-Non Repatriable  
 Qualified Foreign Investor               Foreign National                       Promoter  
 Margin     Others (Please specify) \_\_\_\_\_

**D) Gross Annual Income & Networth Details**

Income Range per annum (please tick any one)


- Below 1 lac                       1- 5 lac                       5- 10 lac  
 10- 25 lac                       More than 25 lac

**Net Worth** [not older than 1 year]. Amount Rs.  **As on date**

**F) Bank details (I/We wish to receive dividend / interest directly into my Bank account given below through ECS YES  NO**




1	Bank Account Type	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Current Account	<input type="checkbox"/> Others (Please specify) _____
2	Bank Account Number	<input type="text"/>		
3	Bank Name	<input type="text"/>		
4	Branch Address	City/town/village	PIN Code	<input type="text"/>
		State	Country	<input type="text"/>
		MICR Code	IFSC	<input type="text"/>

**G) Please tick, if applicable**  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)

<b>H) Family Flag</b>		
<b>First Holder</b>	<b>Second Holder</b>	<b>Third Holder</b>
Mobile <input type="text"/>	Mobile <input type="text"/>	Mobile <input type="text"/>
I hereby declare that the aforesaid mobile number belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My Family	I hereby declare that the aforesaid mobile number belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My Family	I hereby declare that the aforesaid mobile number belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My Family
<b>Email Id</b> <input type="text"/>	<b>Email Id</b> <input type="text"/>	<b>Email Id</b> <input type="text"/>
I hereby declare that the aforesaid Email id belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My Family	I hereby declare that the aforesaid Email id belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My Family	I hereby declare that the aforesaid Email id belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My Family
<b>(Family for the family flag refers to only <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parent)</b>		
<b>I) Standing Instructions</b>		
1	I/We authorise you to receive credits automatically into my/our account.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	Account to be operated through Power of Attorney (PoA). [If Yes, submit POA later]	<input type="checkbox"/> YES <input type="checkbox"/> NO
3	Account to be operated through Demat Debit and Pledge Instruction (DDPI)	<input type="checkbox"/> YES <input type="checkbox"/> NO
4	Receive Annual Report, AGM notices and other communications from issuer & RTA in Electronic Form	<input type="checkbox"/> YES <input type="checkbox"/> NO
5	Receive DIS Booklet (DIS Booklet is chargeable).	<input type="checkbox"/> YES <input type="checkbox"/> NO
6	<b>SMS Alert facility:</b> [Mandatory if you are giving Power of Attorney (PoA/DDPI). Ensure that the mobile number is provided in the KYC Form] To register for EASI visit website <a href="http://www.cdslindia.com">www.cdslindia.com</a> EASI allows BO to view his ISIN balance, transactions & value of portfolio online	
	Sole/First Holder	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Second Holder	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Third Holder	<input type="checkbox"/> YES <input type="checkbox"/> NO
7	Mode of receiving Statement of Account [Tick any one]	<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form [Read Note 5 and ensure that email ID is provided in KYC Application Form].
<b>J) Guardian Details (where sole holder is a minor):</b> [For account of a minor, two KYC Application Forms must be filled i.e. one for the guardian and another for the minor (to be signed by guardian)]		
Guardian Name :		
PAN	<input type="text"/>	Relationship of guardian with minor <input type="text"/>
<b>K) For Joint Account Holders</b>		
1	<b>Communication to be sent to (See Note 7)</b>	<input type="checkbox"/> First Holder <input type="checkbox"/> All Joint Account Holders
2	<b>Mode of Operation for Joint Accounts</b>	<input type="checkbox"/> Jointly <input type="checkbox"/> Anyone or Survivor/Either or Survivor <input type="checkbox"/> First Holder
If Mode of Operation for Joint Account is chosen as anyone of the holder or survivor(s) / Either or Survivor OR First Holder, only specified operations such as transfer of securities including Inter-Depository Transfer, pledge / hypothecation / margin pledge / margin re-pledge (creation, closure and invocation and confirmation thereof as applicable) of securities, freeze/unfreeze of account and / or securities and / or specific number of securities.		
<b>L) Declaration For Name Mismatch</b>		
This is to bring into your kind notice that my name is spelt differently in my Identity Proof, Address Proof & Bank Proof. Kindly find the names mentioned below as spelt in different proofs:		
Name as per PAN	<input type="text"/>	
Name as per Address Proof	<input type="text"/>	
Name as per Bank Proof	<input type="text"/>	
I hereby confirm that all the said names belong to me & whatever information is stated above is true and correct. I agree to indemnify and keep you indemnified at all times from and against all costs, charges, penalties (including reasonable attorney fees) suffered and/or incurred by you for any act done or omitted to be done on the above declaration.		
Date:	<input type="text"/>	
Place:	<input type="text"/>	
		 <b>Signature of the applicant</b>

### Declaration

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/we hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/ we are aware that I/we may be held liable for it. In case non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations. . I/we have also been informed that the standard set of documents has been displayed for information on DPs designated website [www.jkbfsl.com](http://www.jkbfsl.com). **I /we hereby acknowledge the receipt of following documents/information as per index:** 1) Account Opening Form 2) Instruction/Checklist for filing KYC Form. 3) Rights and obligations of Beneficial Owner and Depository Participant . 4) Risk Disclosure Document 5) Guidance Note 6) Policies and Procedures. 7) Tariff Sheet. 8) Undertaking/Authorisation .Further I authorise J&K Bank to share my KYC details with JKBFSL for availing demat/trading / mutual fund services.

Name(s) of holder(s)		Signature(s) of holder
Sole/ First Holder/ Guardian (in case sole holder is minor) (Mr./Ms.)		
Second Holder (Mr./Ms.)		
Third Holder (Mr./Ms.)		

#### FOR OFFICE USE ONLY

Client ID	<input style="width: 100%; height: 20px;" type="text"/>		
	<b>Documents Verified with originals by</b>	<b>Client Interviewed by</b>	<b>IPV Done by</b>
<b>Name of Employee</b>			
<b>Employee Code</b>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>Designation</b>			
<b>Date</b>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>Signature of Employee</b>	_____	_____	_____

I/We undertake that I/We have made the client aware of "Policies and Procedures", Tariff Sheets and all the Non-Mandatory Documents. I/We have also made the client aware of "Rights and Obligations" document(s), RDD and Guidance Note. I/We have given/sent him a copy of all the KYC Documents. I/We undertake that any change in the "Policies and Procedures", Tariff Sheets and all the Non-Mandatory Documents would be duly intimated to the clients. I/We undertake that any change in the "Rights and Obligations" document(s), RDD and Guidance Note would be made available on our website: [www.jkbfsl.com](http://www.jkbfsl.com) for the information of the clients.

<b>Branch Name:</b>  _____	<b>Date:</b> <input style="width: 100%; height: 20px;" type="text"/>	_____ [Signature of Authorised Person Seal/Stamp of Branch]
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 \_\_\_\_\_  
**Signature of the applicant**

**FATCA & CRS DECLARATION | INDIVIDUALS [MANDATORY DOCUMENT]:** +91 194 231 1512

PAN <input type="text"/>	Trading ID <input type="text"/>	DP ID: 13028000
Name <input type="text"/>		Client ID <input type="text"/>
Place of Birth : <input type="text"/>	Country of Birth: <input type="text"/>	
Nationality: <input type="checkbox"/> INDIAN <input type="checkbox"/> OTHERS [Please specify] _____		
ANNUAL INCOME [Please tick any one]		
<input type="checkbox"/> Below 1 lac	<input type="checkbox"/> 1- 5 lac	<input type="checkbox"/> 5- 10 lac
<input type="checkbox"/> 10- 25 lac	<input type="checkbox"/> More than 25 lac	
Net Worth [not older than 1 year]. Amount Rs <input type="text"/>	As on date <input type="text"/>	

**OCCUPATIONAL DETAILS**

Government Service <input type="checkbox"/>	Private Sector <input type="checkbox"/>	Agriculturist <input type="checkbox"/>	Retired <input type="checkbox"/>
Professional <input type="checkbox"/>	Forex Dealer <input type="checkbox"/>	Housewife <input type="checkbox"/>	Student <input type="checkbox"/>
Public Sector <input type="checkbox"/>	Business <input type="checkbox"/>	Others [Please specify] <input type="text"/>	

**PLEASE TICK, IF APPLICABLE**

Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)

**Are you a tax resident of any country other than India:**

(If yes, please indicate all the countries in which you are a resident for tax purpose and the associated Tax ID number below.)

YES  NO

S.No	Country	Tax Identification Number	Identification Type [TIN or Others (Please Specify)]
1			
2			
3			

**DECLARATION**

I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform JKB Financial Services Limited for any modification to this information promptly. I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

Date

Place



**Signature of the applicant**

For Investor convenience, JKB Financial Services Limited is collecting this mandatory information for updating across all Group Companies of JKB Financial Services Limited whether you are already an investor or would become an investor in future. Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest JKB Financial Services Limited branch or you can dispatch the hard copy to-

**JKB Financial Services Limited**

**Main Road, Jawahar Nagar, Srinagar (JK)-190008**

For detailed Terms & Conditions please visit [www.jkbfsi.com](http://www.jkbfsi.com)

**ACKNOWLEDGEMENT**

Date:

Received the Application from Mr. / Mrs. / M/S \_\_\_\_\_ as the Sole/First Holder along with \_\_\_\_\_ & \_\_\_\_\_ as Second & Third Holders respectively for opening of Demat & Trading Account. Please quote that the Client ID & UCC will be communicated to you for all future correspondence.

**Authorized Signatory**

**NOMINATION OPTION [MANDATORY DOCUMENT]**

<b>Date :</b> <input type="text"/>	<b>UCC:</b> <input type="text"/>	<b>DP ID: 13028000 Client ID</b> <input type="text"/>
<b>SOLE/FIRST HOLDER NAME</b>	<b>SECOND HOLDER NAME</b>	<b>THIRD HOLDER NAME</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**NOMINATION OPTION:** (Refer Note 08 For Joint Accounts)




<input type="checkbox"/> <b>I/ We wish to make a nomination.</b> (Details are provided below in nomination form as prescribed by SEBI)	<input type="checkbox"/> <b>I/ We wish to Opt out of a nomination.</b> (Fill Declaration Form opting out of nomination as prescribed by SEBI)
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**DECLARATION FOR OPTING OUT OF NOMINATION**

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our Trading / 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 Trading / Demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the Trading / Demat account.

[Signature of witness(es) along with name & address are required if the account holder affixes Thumb Impression instead of wet signature]

	Witness 1	Witness 2
<b>Name</b>	<input type="text"/>	<input type="text"/>
<b>Address</b>	<input type="text"/>	<input type="text"/>
<b>Signature</b>	<input type="text"/>	<input type="text"/>

 <hr style="border: 1px solid red;"/> Sole/ First Holder	 <hr style="border: 1px solid red;"/> Second Holder	 <hr style="border: 1px solid red;"/> Third Holder
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**NOMINATION FORM [MANDATORY DOCUMENT]**

<b>Date :</b> <input type="text"/>	<b>UCC:</b> <input type="text"/>	<b>DP ID: 13028000 Client ID</b> <input type="text"/>
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I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our demise, as trustee and on behalf of my / our legal heir(s) \*

**Nomination Details**

[Mandatory Details]	Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
<b>Name of the Nominee(s)</b> (Mr./Ms.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Share of each Nominee %**</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Relationship with Applicant</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Postal Address of Nominee(s)</b> City/Place State & Country PIN Code	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Mobile No. of Nominee(s)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Email ID of Nominee(s)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Nominee Identity Number</b> [Provide only number, Document not required] <input type="checkbox"/> <b>Aadhaar (only last 4 digits)</b>  <input type="checkbox"/> <b>Driving License</b> <input type="checkbox"/> <b>PAN</b>  [However, In case of NRI /POI /OCI Passport number is acceptable.] <input type="checkbox"/> <b>Passport Number</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>[Additional Details]</b>	<b>Details mentioned below are to be filled only if nominee(s) is a minor***</b>		

<b>Date of Birth [in case of minor nominee(s)]</b>			
<b>Name of Guardian (Mr./Ms)</b>			
<b>Address of Guardian</b> City/Place State & Country PIN Code			
<b>*Joint Accounts:</b>			
<b>Event</b>		<b>Transmission of Account / Folio to</b>	
Demise of one or more joint holder(s)		Surviving holder(s) through name deletion The surviving holder(s) shall inherit the assets as owners	
Demise of all joint holders simultaneously – having nominee		Nominee	
Demise of all joint holders simultaneously – not having nominee		Legal heir(s) of the youngest holder	
** If % is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division/fraction of %, shall be transferred to the first nominee mentioned in the Nomination Form (see table in 'Transmission aspects').			
*** to be furnished only if the nominee is minor			
a) Date of Birth of minor, Name & Address of Guardian			
1	I / We want the details of my / our nominee to be printed in the statement of holding or statement of account, provided to me/us by the DP as follows; (please tick, as appropriate) <input type="checkbox"/> Name of nominee(s) <input type="checkbox"/> Nomination: Yes / No		
2	This nomination shall supersede any prior nomination made by me / us, if any.		
3	Signature(s)- As per the mode of holding in demat account(s)		
<b>Name(s) of holder(s)</b>		<b>Signature(s) of holder/thumb impression</b>	
Sole / First Holder (Mr./Ms.)			
Second Holder (Mr./Ms.)			
Third Holder (Mr./Ms.)			
<b>*Signature of witness(es) along with name &amp; address are required if the account holder affixes Thumb Impression instead of wet signature</b>			
	<b>Witness 1 (wherever Applicable)</b>		<b>Witness 2 (wherever Applicable)</b>
<b>Name</b>			
<b>Address</b>			
<b>Signature</b>			
<b>Rights, Entitlement and Obligation of the investor and nominee:</b>			
a)	If you are opening a new demat account, you have to provide nomination. Otherwise, you have to follow procedure as per 3.10 of the SEBI circular SEBI/HO/OIAE/OIAE_IAD-3/P/ON/2025/01650, dated January 10, 2025.		
b)	You can make nomination or change nominee any number of times without any restriction.		
c)	You are entitled to receive acknowledgement from the DP for each instance of providing or changing nomination.		
<b>Transmission aspects</b>			
a)	DPs shall transmit the account to the nominee(s) upon receipt of 1) copy of death certificate and 2) completion / updation of KYC of the nominee(s). The nominee is not required to provide affidavits, indemnities, undertakings, attestations or notarization.		
b)	In case of a joint account / folio, for transmission to the surviving joint holder(s) by name deletion, the surviving joint holder(s) shall have the option to update residential address(es), mobile number(s), email address(es), bank account detail(s), annual income and nominee(s), either along with transmission or at a later date. The regulated entity cannot seek KYC documents at the time of transmission, unless it was sought earlier but not provided by the holder.		
c)	Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the DP.		
d)	In case of multiple nominees, the assets shall be distributed pro-rata to the surviving nominees, as illustrated below.		

% share as specified by investor at the time of nomination		% assets to be apportioned to surviving nominees upon demise of investor and nominee 'A'			
Nominee	% share	Nominee	% initial share	% of A's share to be apportioned	Total % share
A	60%	A	0	0	0
B	30%	B	30%	45%	75%
C	10%	C	10%	15%	25%
<b>TOTAL</b>	<b>100%</b>	-	<b>40%</b>	<b>60%</b>	<b>100%</b>

**ACKNOWLEDGEMENT RECEIPT**

Date : <input type="text"/>	UCC: <input type="text"/>	DP ID: 13028000 Client ID <input type="text"/>
Sole / First Holder Name	Second Holder Name	Third Holder Name
<b>NOMINATION IN FAVOR OF</b>		
Nominee 1 :		
Nominee 2 :		
Nominee 3 :		
Would like to opt out Nomination <input type="checkbox"/>		
_____ DP/ TM Seal & Signature		

**Notes :**

1	All communication shall be sent at the address of the Sole/First holder only.
2	Thumb impressions must be attested by witness or a Magistrate or a Notary Public or a Special Executive Magistrate.
3	Signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
4	The nomination and Declaration form may be signed using e-Sign facility or wet signature and in these cases, witness will not be required.
5	For receiving Statement of Account in electronic form: I. Client must ensure the confidentiality of the password of the email account. II. Client must promptly inform the Participant if the email address has changed. III. Client may opt to terminate this facility by giving 10 days prior notice.
6	In case of joint account, on death of any of the joint account holders, the surviving account holder(s) has to inform Participant about the death of account holder(s) with required documents for deletion of name of the deceased account holder(s) in the demat account.
7	In case if 'first holder' is selected, the communication will be sent as per the preference mentioned in Mode of receiving Statement of Account Option. In case 'All joint account holders' is opted, communication to first holder will be sent as per the preference mentioned in Mode of receiving Statement of Account Option and communication to other holders will be in electronic mode. The default option will be communication to 'first holder', if no option selected.
8	In case of joint account, the option to select 'Choice of Nomination' i.e. I/We wish to make a nomination or I/We wish to opt out of a nomination is not mandatory.
9	Strike off whichever is not applicable.

**DEMAT TARIFF CHART**

S. NO	SERVICE	NON BSDA	BSDA		CORPORATE
1	A/C Opening Charges	NIL	NIL		NIL
	Advance/Deposit	₹2500 (For Individuals)	NIL		₹5000(For Non Individuals and NRI)
2	A/C Maintenance Charges	₹400 P.A	Subject to Value of Holding		₹1,500 P.A
			Up to ₹4,00,000	NIL	
			₹4,00,001 to ₹10,00,000	₹100 P.A	
			Above ₹10,00,000	₹400 P.A	
3	Transaction (Debit)	0.02% of Market Value (Min ₹20 & Max ₹50 per transaction)			
4	Pledge Creation / Creation Confirmation Closure / Closure Confirmation / Invocation	0.02% of Market Value per transaction (Min ₹100 per transaction)			
5	Dematerialisation	₹5 per Certificate (Min ₹20) + Postage ₹25			
6	Rematerialisation	₹20 per Certificate.			
7	Failed Instruction Charges				
8	<b>Other Charges</b>				
	Demat Rejection Charges	₹35 per instruction.			
	Book Issuance Charges	₹25 per Book			
	Easiest Charges	0.02% per transaction (Min ₹20 & Max ₹50)			
	Remat/Demat mail charges	₹25			
	Non Periodic Account Statement Charges	₹15			
	Late Entry Charges	₹20			

**Notes:** 1) GST as applicable.

2) Bills can be deposited either in Cash/Cheque (payable anywhere) or through NEFT.

3) Charges are subject to revision of DP's sole discretion by giving 30 days' notice prior to the date of applicability.

4) Staff Accounts shall be charged A/C maintenance @ ₹300 P.A plus taxes applicable.

5) All the above charges are inclusive of CDSL Charges

6) In case the value of holding exceeds ₹10,00,000, the BSDA will automatically get converted into normal Demat Account and normal charges as per the prevailing scheme shall apply.



Signature of the applicant

**OTHER POINTS**

I/We Would Like To Share The Email With RTA : Yes  No

I/We Would Like To Instruct DP To Accept All Pledge Instructions In My / Our Account Without Any Further Instructions From My / Our end : Yes  No

Any Other Information: \_\_\_\_\_

### **Instructions to the Applicants (BOs) for account opening:**

1. Signatures can be in English or Hindi or any of the other languages contained in the 8<sup>th</sup> 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 / Special Executive Officer under his/her official seal.
2. Signatures should be preferably in black ink.
3. Details of the Names, Address, Telephone Number(s), etc., of the Magistrate / Notary Public / Special Executive Magistrate / Special Executive Officer are to be provided in case of attestation done by them.
4. In case of additional signatures (for accounts other than individuals), separate annexures should be attached to the account opening form.
5. In case of applications containing a Power of Attorney, the relevant Power of Attorney or the self-certified copy thereof, must be lodged along with the application.
6. All correspondence / queries shall be addressed to the first / sole applicant.
7. Strike off whichever option, in the account opening form, is not applicable.

\*\*\*\*\*

## Definitions:

In these Terms and Conditions the terms shall have following meaning unless indicated otherwise:

1. "Depository" means Central Depository Services (India) Limited a company incorporated in India under the Companies Act 1956 and having its registered office at 17th Floor, P.J. Towers, Dalal Street, Fort, Mumbai 400001 and all its branch offices and includes its successors and assigns.
2. 'DP' means Depository Participant of CDSL. The term covers all types of DPs who are allowed to open demat accounts for investors.
3. 'BO' means an entity that has opened a demat account with the depository. The term covers all types of demat accounts, which can be opened with a depository as specified by the depository from time to time.
4. SMS means "Short Messaging Service"
5. "Alerts" means a customized SMS sent to the BO over the said mobile phone number.
6. "Service Provider" means a cellular service provider(s) with whom the depository has entered / will be entering into an arrangement for providing the SMS alerts to the BO.
7. "Service" means the service of providing SMS alerts to the BO on best effort basis as per these terms and conditions.

## Availability:

1. The service will be provided to the BO at his / her request and at the discretion of the depository. The service will be available to those accountholders who have provided their mobile numbers to the depository through their DP. The services may be discontinued for a specific period / indefinite period, with or without issuing any prior notice for the purpose of security reasons or system maintenance or for such other reasons as may be warranted. The depository may also discontinue the service at any time without giving prior notice for any reason whatsoever.
2. The service is currently available to the BOs who are residing in India.
3. The alerts will be provided to the BOs only if they remain within the range of the service provider's service area or within the range forming part of the roaming network of the service provider.
4. In case of joint accounts and non-individual accounts the service will be available, only to one mobile number i.e. to the mobile number as submitted at the time of registration / modification.
5. The BO is responsible for promptly intimating to the depository in the prescribed manner any change in mobile number, or loss of handset, on which the BO wants to receive the alerts from the depository. In case of change in mobile number not intimated to the depository, the SMS alerts will continue to be sent to the last registered mobile phone number. The BO agrees to indemnify the depository for any loss or damage suffered by it on account of SMS alerts sent on such mobile number.

## Receiving Alerts:

1. The depository shall send the alerts to the mobile phone number provided by the BO while registering for the service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
2. The BO acknowledges that the alerts will be received only if the mobile phone is in 'ON' and in a mode to receive the SMS. If the mobile phone is in 'Off' mode i.e. unable to receive the alerts then the BO may not get / get after delay any alerts sent during such period.
3. The BO also acknowledges that the readability, accuracy and timeliness of providing the service depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.
4. The BO further acknowledges that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/ or inaccuracy. In case the BO observes any error in the information provided in the alert, the BO shall inform the depository and/ or the DP immediately in writing and the depository will make best possible efforts to rectify the error as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred/ suffered by the BO on account of opting to avail SMS alerts facility.
5. The BO authorizes the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity.
6. **The BO agrees to inform the depository and DP in writing of any unauthorized debit to his BO account/ unauthorized transfer of securities from his BO account, immediately, which may come to his knowledge on receiving SMS alerts. The BO may send an email to CDSL at [complaints@cdslindia.com](mailto:complaints@cdslindia.com). The BO is advised not to inform the service provider about any such unauthorized debit to/ transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse communication between the service provider and the depository.**
7. The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.
8. The depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
9. If the BO finds that the information such as mobile number etc., has been changed without proper authorization, the BO should immediately inform the DP in writing.



**OPTION FORM FOR ISSUE OF DIS BOOKLET**

Date	D	D	M	M	Y	Y	Y	Y
------	---	---	---	---	---	---	---	---

DP ID										Client ID								
First Holder Name																		
Second Holder Name																		
Third Holder Name																		

To,  
**Depository Participant Name**  
**Address**

Dear Sir / Madam,

I / We hereby state that: [Select one of the options given below]

**OPTION 1:**

I / We require you to issue Delivery Instruction Slip (DIS) booklet to me / us immediately on opening of my / our CDSL account through I / we have issued a Power of Attorney (POA) / registered for eDIS / executed PMS agreement in favour of / with \_\_\_\_\_ (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for settling stock exchange trades [settlement related transactions] effected through such Power of Attorney holder - Clearing Member / by PMS manager/ for executing delivery instructions through eDIS.

Yours faithfully

	First/Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures			

**OR**

**OPTION 2:**

I / We do not require the Delivery Instruction Slip (DIS) booklet for the time being, since I / We have issued a POA/ registered for eDIS / executed PMS agreement in favour of / with \_\_\_\_\_ (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for settling stock exchange trades [settlement related transactions] effected through such Power of Attorney Holder - Clearing Member / by PMS manager or for executing delivery instructions through eDIS. However, the Delivery Instruction Slip (DIS) booklet should be issued to me / us immediately on my / our request at any later date.

Yours faithfully

	First/Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures			

----- (Please Tear Here) -----

**Acknowledgement Receipt**

Received OPTION FORM FOR ISSUE / NON ISSUE OF DIS BOOKLET from :

DP ID										Client ID								
Name of the Sole / First Holder																		
Name of Second Joint Holder																		
Name of Third Joint Holder																		

**Depository Participant Seal and Signature**