

# INANI SECURITIES LIMITED

**Annexure – 2.8**

## 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
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>	
<p>*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.</p>	

<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 [ECS is mandatory for locations notified by SEBI from time to time ] through ECS (If not marked, the default option would be 'Yes')	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Other Details</b>	<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																
Gross Annual Income Details	Net worth as on (Date) <table style="display: inline-table;"><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.	

# INANI SECURITIES LIMITED

## Nomination Details

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

- ☐ 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 **nominate** the following persons who is/are entitled to receive security balances lying in my/our account, particulars where of are given below, in the event of my / our death.

<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>

<b>I/ We</b> wish to receive dividend / Interest directly in to my bank account as given in SARAL FOR			
[ECS is mandatory for nomination identified by SEBI from time to time ]			
Details [Please tick any one of following and provide details of same]	Nominee 1	Nominee 2	Nominee 3
			<input type="checkbox"/> Yes <input type="checkbox"/> No

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<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID <b>[Optional Fields]</b>			
*Address:			
*City			
*State			
*Pin			
*Country			
Mobile no/Telephone No. <b>[Optional Fields]</b>			
Email ID: <b>[Optional Fields]</b>			
FAX No.: <b>[Optional Fields]</b>			
*Relationship with the BO:			
Date of birth (mandatory if Nominee is a minor) dd-mm-yyyy			
Name of the Guardian of Nominee (if nominee is a minor) *First Name: Middle Name: *Last Name	..... ..... .....	..... ..... .....	..... ..... .....
*Address of the guardian of nominee:			
*City			
*State			
*Country			
*PIN			
Age			
Mobile Telephone no.: <b>[Optional Fields]</b>			
Email ID: <b>[Optional Fields]</b>			
Fax No. <b>[Optional Fields]</b>			
<b>To be filled only if nominee(s) is a minor:</b>			
*Relationship of the Guardian with the Nominee			

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Guardian 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 Saving Bank account no. Proof of Identity <input type="checkbox"/> Demat Account ID <b>[Optional Fields]</b>			
*			

**Note :** Residual securities: in case of multiple nominees, remaining after distribution of securities as per percentage of allocation. shall be transferred to the first nominee .

**\* 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 [in both the cases i.e. nomination / opt out nomination]

Details of the Witness	
	Witness Details
Name of witness	
Address of witness	
Signature of witness	

This nomination shall supersede any prior nomination made by the account holder(s), if any.

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.

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

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

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

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

**Acknowledgement Receipt**

**Application No.:**

**Date:**

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**