

To, Marwadi Shares and Finance Limited "Marwadi Financial Plaza"  
Nana Mava Main Road, Off. 150 Feet Ring road Rajkot- 360 001.

<b>FORM 11 PART II – ACCOUNT OPENING FORM</b>	<input type="checkbox"/>	<b>NSDL</b>	<input type="checkbox"/>		<b>CDSL</b>
<b>For Non-individuals</b>	<b>DP ID: - NSDL – IN300974, CDSL – 12035100</b>				

(To be filled by the applicant in **BLOCK LETTERS** in English) (Please fill all the details in **CAPITAL LETTERS** only)  
I/We request you to open a demat account in my/ our name as per following details:-

**(A) Details of Account holder(s)**

First Holder's Name		PAN																
		UID																
Second Holder's Name		PAN																
		UID																
Third Holder's Name		PAN																
		UID																

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

Status										Sub – Status							
<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"/> FI <input type="checkbox"/> CM <input type="checkbox"/> HUF <input type="checkbox"/> Qualified Foreign Investor <input type="checkbox"/> LLP <input type="checkbox"/> Rag Co-operative Society Ltd. <input type="checkbox"/> Escrow Demat Account <input type="checkbox"/> Clearing House <input type="checkbox"/> Other (Specify) _____										<b>To be filled by the DP</b>							
SEBI Registration No. (If Applicable)					SEBI Registration date					D	D	M	M	Y	Y	Y	Y
SEBI Registration No. (If Applicable)					SEBI Approval date					D	D	M	M	Y	Y	Y	Y
Nationality					<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) _____												

**(C)** \*In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account Is opened in he name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.

<b>Name *</b>																			
<b>Pan No</b>																			
<b>Full Address :-</b>																			
<b>City</b>	<b>State</b>					<b>Pin Cod</b>													
										<b>Register Mobile No, Email ID, Telephone No, Fax No. Details</b>								<b>SMS Facility</b>	
Mobile Number :-																		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email ID :-																		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone Number:-																			
Fax Number:-																			

**(D) Other Details :-Non- Individual category Account (Corporate, HUF)**

<b>Gross Annual Income Details:-</b>	<u>Gross Annual Income Range:-(1)</u>				<u>Gross Annual Income Range:-(2)</u>				
	Below 20 Lacs <input type="checkbox"/>	20 – 50 Lacs <input type="checkbox"/>	Below 1 Lac <input type="checkbox"/>	1 – 5 Lacs <input type="checkbox"/>					
	50 – 100 Lacs <input type="checkbox"/>	More than 1 Crore <input type="checkbox"/>	5 – 10 Lacs <input type="checkbox"/>	10 – 25 Lacs <input type="checkbox"/>					
				25 Lacs – 1 Crore <input type="checkbox"/>	More than 1 Crore <input type="checkbox"/>				
Net worth as on (Date)		D	D	M	M	Y	Y	Y	Rs
[Net worth should not be older than 1 year]									

Please tick If any of the authorized signatories / Promoters / Karta / Trustees / Whole Time Directors is either Politically Exposed Person (PEP) or Related to Politically Exposed Person (RPEP) . Please provide details as per Annexure 2.2 A.

Any other information:

**(E) In case of FIIs/Others (as may be applicable)**

RBI Approval Reference Number	
RBI Approval date	D D M M Y Y Y
SEBI Registration Number (for FIIs)	

**(F) [Bank Details :-Dividend Bank Details]**

Bank Code (9 digit MICR code)									
IFSC Code (11 character)									
Account number									
Account type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify) _____								
Bank Name									
Branch Name									
Bank Branch Address									
City		State		Country		PIN code			

- (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
  - (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.

<b>(G)</b> Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:-	<input type="checkbox"/> Politically Exposed Person (PEP)
	<input type="checkbox"/> Related to a Politically Exposed Person (PEP)

**1)**

**2)**

**3)**

<b>(H) Clearing Member Details (to be filled up by Clearing Members only)</b>		
<b>1</b>	<b>Name of Stock Exchange</b>	
<b>2</b>	<b>Name of Clearing Corporation/ Clearing House</b>	
<b>3</b>	<b>Clearing Member ID</b>	
<b>4</b>	<b>Trading member ID</b>	
<b>5</b>	<b>SEBI Registration Number</b>	
<b>6</b>	<b>Trade Name</b>	
<b>7</b>	<b>CM-BP-ID (to be filled up by Participant)</b>	
<p>I/We have read the DP-BO agreement ( DP-CM agreement for BSE Clearing Member Account ) including the schedules thereto and the terms &amp; 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 of suppression of any material information will render my account liable for termination and suitable action.</p>		
<p><b>Mode of Operation for Sole/First Holder</b> (In case of joint holdings, all the holders must sign. In case of HUF this is not applicable)</p>		
<input type="checkbox"/>	<b>Any one singly</b>	
<input type="checkbox"/>	<b>Jointly by</b>	
<input type="checkbox"/>	<b>As per resolution</b>	
<input type="checkbox"/>	<b>Others (please specify)</b>	

**Notes:-**

1. In case of additional signatures, separate annexure should be attached to the application form.
2. Thumb impressions and 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.
3. 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. Similarly, Participant May also terminate this facility by giving 10 days prior notice.
4. Strike off whichever is not applicable.

**1)**

**2)**

**3)**

**(I) Standing Instructions:-**

<b>Type of Account</b>	
<b>Open Full Name :-</b>	
<b>Type of Account:-</b>	Director, Trustees, HUF Karta, Family Member Name:-
<b>First Holder</b>	
<b>Second Holder</b>	
<b>Third Holder</b>	
<b>1.</b>	I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes') <span style="float: right;">[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No</span>
<b>2.</b>	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') <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
<b>3.</b>	Account Statement Requirement <input type="checkbox"/> As per SEBI <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
<b>4.</b>	I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
<b>5.</b>	I / We wish to receive dividend / interest directly in to my bank account given below through ECS (if not marked, the default option would be 'Yes') <b>[ ECS is mandatory for locations notified by SEBI from time to time ]</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
<b>6.</b>	I / We would like to share the email ID with the RTA <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
<b>7.</b>	SMS Alert Facility (Mandatory, if you are giving DDPI ) <input type="checkbox"/> Type of A/c Registered Email ID _____ <input type="checkbox"/> Type of A/c Registered Mobil NO +91 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>1<sup>st</sup></b> I hereby declare that above mentioned mobile number and email ID belongs to <input type="checkbox"/> Mo or <input type="checkbox"/> My Spouse <input type="checkbox"/> Dependent child <input type="checkbox"/> Dependent Parent <input type="checkbox"/> <b>1<sup>st</sup></b> Holder Email ID _____ <input type="checkbox"/> <b>1<sup>st</sup></b> Holder Mobile No. +91 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>2<sup>nd</sup></b> I hereby declare that above mentioned mobile number and email ID belongs to <input type="checkbox"/> Mo or <input type="checkbox"/> My Spouse <input type="checkbox"/> Dependent child <input type="checkbox"/> Dependent Parent <input type="checkbox"/> <b>2<sup>nd</sup></b> Holder Email ID _____ <input type="checkbox"/> <b>2<sup>nd</sup></b> Holder Mobile No. +91 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>3<sup>rd</sup></b> I hereby declare that above mentioned mobile number and email ID belongs to <input type="checkbox"/> Mo or <input type="checkbox"/> My Spouse <input type="checkbox"/> Dependent child <input type="checkbox"/> Dependent Parent <input type="checkbox"/> <b>3<sup>rd</sup></b> Holder Email ID _____ <input type="checkbox"/> <b>3<sup>rd</sup></b> Holder Mobile No. +91 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>8.</b>	I / We would like to receive the statement of Account 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 'Electronic')

**1)**

**2)**

**3)**

To,  
Marwadi Shares and Finance Limited,  
Marwadi Financial Plaza, Nana Mava Main Road  
150 Feet Ring Road,  
Rajkot – 360001

Dear Sir / Madam,

**Declaration**

I/We have opened/applied to open a demat account with you in the name and style of \_\_\_\_\_ for our HUF.

In this regard, being a Karta of HUF, I hereby declare the details of the family members of the HUF as below; I hereby also declare that the particulars given by me as under are true to the best of my knowledge. I understand and agree that my false/misleading information given by me or suppression of any material information will render my said account liable for termination and further action. Further, I agree that I will immediately intimate any death/s or birth/s in the family as it changes the constitution of the HUF.

We the coparceners / members hereby declare that:

- We **wish to authorize Marwadi Shares And Finance Limited.** as our lawful attorney to operate the demat account for the purposes mentioned in the DDPI Demat Debit and Pledge Instruction Letter duly signed by Karta.
- We **do not wish to authorize Marwadi Shares And Finance Limited** to operate the demat account.  
*[Strike out whichever is not applicable.]*

**(J) List of HUF Family Members, Coparcener Details  
List of Director, Trustees, Society Members  
(Separate Annexure maybe used in case number of members is higher)**

Sir No.	Name of HUF Family/Member/Coparcener/ Director/Trustees/ Society Members	Gender	Date of Birth	Designation Relation with Karta	Whether Coparcener/ Member (please specify)
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

1)

2)

3)

To,  
Marwadi Shares and Finance Limited,  
Marwadi Financial Plaza, Nana Mava Main Road,  
150 Feet Ring Road, Rajkot – 360001

**Declaration**

**“Rights and Obligations of the Beneficial Owner and Depository Participant”**

The rules and regulations of the Depository and Depository Participants pertaining to an account which is in Force now have been read by us and we have understood the same and we agree to abide by and to be bound By the rules as are in force from time to time for such accounts. We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and 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, we are aware that we may be held liable for it. I/we acknowledge the receipt of copy of the Document,

“Rights and Obligations of the Beneficial Owner and Depository Participant”.

**Authorized Signatories**

**(Enclose a Board Resolution for Authorized Signatories. In case of HUF details of Karta to be given)**

<b>Sole/First Holder</b>	<b>Name</b>	<b>Signature(s)</b>
First Signatory /Karta of HUF		X
Second Signatory		X
Third Signatory		X
<b><u>Other Holders</u></b>		
Second Holder		X
Third Holder		X