



CENTRAL BANK OF INDIA

_____ **Branch**

Application Form for Opening a Demat Account

☐ **Individual** ☐ **NRI** ☐ **Foreign National**

Depository Participant Name/Address

(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										

(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					
Correspondence Address										
City					State					
Country					PIN					
Telephone NO.					Fax No.					
PAN/GIR No.										
IT Circle										
Ward/District										
E-mail ED										
MAPIN Code										

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							
PAN/GIR No.												
IT Circle												
Ward/District												
Date of Birth	D	D	M	M	Y	Y	Y	Y				
E-mail ID												
MAPIN Code												

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							
PAN/GIR No.												
IT Circle												
Ward/District												
Date of Birth	D	D	M	M	Y	Y	Y	Y				
E-mail ID												
MAPIN Code												

Type of Account (Please tick)

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 <input type="checkbox"/> Individual HUF/AOP
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI – Depository Receipts	<input type="checkbox"/> NRI Non-Repatriable
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National – Depository Receipts

Details For First Holder

Date of Birth		D	D	M	M	Y	Y	Y	Y	
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"/> Professional		<input type="checkbox"/> Business		<input type="checkbox"/> Student			
	<input type="checkbox"/> Retired		<input type="checkbox"/> Housewife							
	<input type="checkbox"/> Others (Specify)									

I/We authorize you to receive credits in my/our account Without any instruction from me/us.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Account Statement Requirement	<input type="radio"/> Daily	<input type="radio"/> Weekly	<input type="radio"/> Fortnightly	<input type="radio"/> 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:

Bank Code (9 digit MICR Code)									
Bank Name									
Branch									
Bank Address									
City		State		PIN					
Account Number									
Account Type	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> Cash Credit								

I/We have read the DP-BO agreement including the schedules thereto and the terms and 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 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 blank ink)

Details of introduction by an existing demat account holder																	
Introducer's name																	
DP ID										Client ID							
Signature of the Introducer										Verified							
										Signature of the DP Official							

Details of introduction by an Bank Official									
Name/Designation									
Bank Name/Branch									
Signature									
Additional Details									
Permanent Address (If Different from correspondence Address)									
City					State				
Country					PIN				
Telephone No.					Fax No.				

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.						
E-mail ID								

For NRIs

City		State									
Country		PIN									
RBI Ref No.		RBI Date	Approval	D	D	M	M	Y	Y	Y	Y

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(Perforated Card)

(To be filled by the Depository Participant)

DP ID										Client ID									
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	First/Sole Holder	Second Holder	Third Holder
Name			
Specimen Signatures			

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

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

Instructions for the Applicants for account opening:

1. Signatures can be in English or 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 a Magistrate or a Notary Public or a Special Executive Magistrate under his/her official seal must attest languages.
2. Signatures should be preferably in black ink.
3. 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.
4. In case of additional signatures (for accounts other than individuals), separate annexure should be attached to the application form.
5. In case of applications under a Power of Attorney, the relevant Power of Attorney or the certified and duly notarized copy thereof must be lodged alongwith the application.
6. All correspondence/queries shall be addressed to the first/sole applicant.
7. Fields marked with * are compulsory.
8. Strike off whichever is not applicable.



Application Form for Opening a Demat Account
(For entities other than Individuals)

Central Bank Of India
_____ Branch

Depository Participant Name/Address/ DP ID
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(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								

(To be filled by the applicant in BLOCK LETTERS in English)

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

Name							
Search Name							
Correspondence Address							
City				State			
Country				PIN			
Telephone No.				Fax No.			
PAN/GIR No.							
IT Circle							
Ward/District							
E-mail ID							
MAPIN Code							

Other 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					
PAN/GIR No.										
IT Circle Ward/District										
Date of Birth	D	D	M	M	Y	Y	Y	Y		
E-mail ID										
MAPIN Code										

Other 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					
PAN/GIR No.										
IT Circle Ward/District										
Date of Birth	D	D	M	M	Y	Y	Y	Y		
E-mail ID										
MAPIN Code										

Type of Account (please tick whichever is applicable)

Status										Sub-status										
♦ Body Corporate ♦ Banks ♦ Trust ♦ Mutual Fund ♦ OCB ♦ FII ♦ CM ♦ FI ♦ Clearing House ♦ Other (Specify)										To be filled by the DP										
Date of Incorporation	D	D	M	M	Y	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"/> Others (specify)																			
I/We authorize you to receive credits in my/our account without any instruction from me/us.										<input type="checkbox"/> Yes <input type="checkbox"/> No										
Account Statement Requirement	♦ Daily Monthly ♦ Weekly ♦ Fortnightly ♦																			
Do you wish to receive dividend/interest directly into your Bank Account given below through ECS?										<input type="checkbox"/> Yes <input type="checkbox"/> No										

Bank Details

Bank Code (9 digit MICR Code)									
Bank Name									
Branch									
Bank Address									
City		State		PIN					
Account Number									
Account type	◆ Savings			◆ Current			◆ Cash Credit		

For OCBs

Foreign Address											
City		State									
Country		PIN									
Telephone No.		Fax No.									
E-mail ID											
Indian Address											
City		State									
Country		PIN									
Telephone No.		Fax No.									
E-mail ID											
Currency											
RBI Reference No.		RBI Date	Approval	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	

I/We have read the DP-BO agreement including the schedules thereto and the terms and 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			

===== Please Tear Here =====
Acknowledgement Receipt

Application NO.

Date:

We hereby acknowledge the receipt of the Account Opening Application Form from:

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

Depository Participant Seal and Signature

(Perforated Card)

(To be filled by the Depository Participant)

DP ID										Client ID									
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	First/Sole Holder	Second Holder	Third Holder
Name			
Specimen Signature			

Instructions for the Applicants for account opening

1. Signatures can be in English or 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 a Magistrate or a Notary Public or a Special Executive Magistrate under his/her official seal must attest languages.
2. Signatures should be preferably in blank ink.
3. 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.
4. In case of additional signatures (for accounts other than individuals), separate annexure should be attached to the application form.
5. In case of applications under a Power of Attorney, the relevant Power of Attorney or the certified and duly notarized copy thereof must be lodged alongwith the application.
6. All correspondence/queries shall be addressed to the first/sole applicant.
7. Fields marked with * are compulsory.
8. Strike off whichever is not applicable.

AGREEMENT BETWEEN THE DEPOSITORY PARTICIPANT (CENTRAL BANK OF INDIA) AND THE PERSON SEEKING TO OPEN AN ACCOUNT WITH THE DEPOSITORY PARTICIPANT

This agreement made and entered into this _____ day of _____ between _____ situated/resident of _____ (hereinafter called 'the client') and Central Bank of India having its Head/Central Office at 'Chandermukhi' Nariman Point, Mumbai – 400 021 (hereinafter called 'the Depository Participant') having their branch office situated at _____.

Witnessed

WHEREAS the client has furnished to the Depository Participant the duly filled in application form requesting therein to open an account with the Depository Participant. NOW THEREFORE in consideration of the Depository Participant having agreed to open an account for the client, both the parties to the agreement hereby covenant and agree as follows:

1. The client shall pay such charges to the Depository Participant for the purpose of opening and maintaining his/her account, for carrying out the instructions of the client and for rendering such other services as may be agreed from time to time between the Depository Participant and the client as set out in Schedule 'A'. The Depository Participant shall reserve the right to revise the charges by giving not less than thirty days notice in writing to the Client or for this purpose notice will be displayed in the office.
2. The client shall have the right to get the securities which have been admitted on the Depository dematerialized in the form and manner laid down under the Bye Laws and Business Rules. The Depository Participant further undertakes that it shall not create or permit to subsist any mortgage, charge or other encumbrance over all or any of such securities submitted for dematerialized except on the instructions of the client.
3. The Depository Participant hereby undertakes that it shall maintain a separate account of the client of its own securities held in dematerialized form with the Depository and shall not commingle the same with the securities held in dematerialized form on behalf of the client.
4. The Depository Participant undertakes that a transfer to and from the accounts of the client shall be made only on the basis of an order, instruction, direction or mandate duly authorized by client and that the Depository Participant shall maintain adequate audit trail of such authorization.
5. The Depository Participant agrees that the client may give standing instructions with regard to the crediting of securities in his/her account and the Depository Participant shall act according to such instructions.

6. The Depository Participant undertakes to provide a transaction statement including statement of accounts, if any, to the client at monthly intervals unless at the Depository Participant and the client have agreed for provision of such statements at shorter intervals. However, if there is not transaction in the account, then the Depository Participant shall provide such statement to the client atleast once in a quarter.
7. The Depository Participant shall have the right to terminate this agreement, for any reason whatsoever, provided the Depository Participant had given a notice on writing of not less than thirty days to the client as well as to the Depository. Similarly, the client shall have the right to terminate this agreement and close his/her account held with the Depository Participant, provided no charges are payable by him/her to the Depository Participant. In such an event, the client shall specify whether the balances in its account should be transferred to another account of the client held with another Depository Participant or to rematerialize the security balances held. Based on the instructions of the client, the Depository Participant shall initiate the procedure for transferring such security balances or rematerializes such security balances within a period of thirty days, as per the procedure laid down in the Bye Laws and Business Rules. Provided further, termination of this agreement shall not affect the rights, liabilities and obligations of either party and shall continue to bind the parties to their satisfactory completion.
8. On the failure of the client to pay the charges as laid down in clause (1) of this agreement within a period of thirty days from the date of demand, Depository Participant may terminate this agreement and close the account of the Client by requiring it to specify whether the balances in its account be transferred to the account of the Client held with another Participant or be rematerialized in the manner specified in the Bye Laws and Business Rules.
9. The Client further agrees that in the event of the Client committing a default in the payment of any of the amounts provided in clause (1) within a period of thirty days from the date of demand, without prejudice to the right of the Depository Participant to close the account of the client, the Depository Participant may charge interest @ not more than 24% p.a. or such other rate as may be specified by the Depository Participant from time for the period of such default. In case the Client has failed to make the payment of any of the amounts provided in clauses (1) of this agreement, the Depository Participant shall have the right to discontinue the Depository Services till such time he/she makes the payment along with interest, if any after giving two days notice to the Client.
10. The Depository Participant shall have a right to provide such information related to the Client's account as may be requested by the Depository from time to time.
11. The Client shall have the right to create a pledge of the securities held in the dematerialized form with the Depository Participant only in accordance with the procedure and subject to the restrictions laid down under the Bye Laws and Business Rules.
12. The Depository Participant shall not be liable to Client in any manner towards losses, liabilities and expenses arising from the claims of third parties and from

- taxes and other governmental charges in respect of securities credited to the Client's account.
13. The Client may exercise the right to freeze his/her account maintained with the Depository Participant so as to lock the securities held with the Depository Participant in accordance with the procedure prescribed in the Bye Laws and Business Rules.
 14. The Client may exercise the right to defreeze his/her account maintained with the Depository Participant in accordance with the procedure prescribed in the Bye Laws and Business Rules.
 15. The Client shall notify the Depository Participant, within seven days, of any change in the details set out in the application form submitted to the Depository Participant at the time of opening of the account or furnish to the Depository Participant from time to time.
 16. The Depository Participant undertakes to resolve all legitimate grievances of the Client against the Depository Participant within a period of thirty days.
 17. The Depository Participant and the Client shall abide by the arbitrator and conciliation procedure prescribed under the Bye Laws of the Depository and that such procedure shall be applicable to any disputes between the Depository Participant and the Clients.
 18. The Depository Participant and the Client further agree that all claims differences and Disputes, arising out of or in relation to dealings on the Depository including any transaction made subject to the Bye Laws or Business Rules of the Depository or with reference to any incidental thereto or in pursuance thereof or relating to their validity, construction, interpretation, fulfillment or the right, obligations and liabilities to the parties thereto and including any question of whether such dealings, transactions have been entered into or not shall be subject to the exclusive jurisdiction of the courts at MUMBAI only.

IN WITNESS WHEREOF the Client and the Depository Participant has caused these presents to be executed as of the day and year first above written.

Signed and delivered by

Witness

(1) Signature
 Name
 Address

(For and on behalf of the Client)

Signed and delivered by

Witness

(2) Signature
 Name
 Address

(For and on behalf of the Client)

**For Central Bank of India
Manager (Depository Services)
_____ Branch**

Schedule 'A'

* Account Maintenance Charges * Transaction Charges * Rematerialisation Charges
* Other Applicable Related Charges as per Free Schedule of the DP informed to Client
from time to time.



CENTRAL BANK OF INDIA

DPID 1 3 0 3 8 7 0 0

FEES SCHEDULE FOR INVESTERS (Beneficial Owner's Account on CDSL)

Sr No	PARTICULARS	INVESTORS
<u>1</u>	Account Opening Charges	NIL
<u>2</u>	Account Maintenance Charges	Rs .200/- (For Corporate A/Cs Rs. 700/-
<u>3</u>	Documentation Charges	Actual Stamp Cost
<u>4</u>	Custody Charges	NIL
<u>5</u>	Purchases (Market/Off Market)	NIL
<u>6</u>	Sale ((Market/Off Market)	0.20%of the transaction Value (Mini. Rs.20/- per transaction)
<u>7</u>	Dematerialization	Rs. 2/- Per Certificate
<u>8</u>	Postage per Demat Request	Rs. 25/-
<u>9</u>	Rematerialization	Rs.25/- Per Certificate
<u>10</u>	Postage for Remat Request	Rs.25/-
<u>11</u>	Creation /Confirmation of Creation of Pledge	0.02% of the transaction value (Minimum Rs 25/- per transaction.)
<u>12</u>	Closure / Confirmation of Closure of Pledge	0.02% of the transaction value (Minimum Rs 25/- per transaction.)
<u>13</u>	Pledge Invocation	0.02% of the transaction value (Minimum Rs 25/- per transaction.)
<u>14</u>	Account Closing Charges	NIL
<u>15</u>	Securities Leanding	NIL
<u>16</u>	Securities Borrowing	Rs.50/-
<u>17</u>	Late Transaction Charges	Rs. 10/- per Transaction
<u>18</u>	Failed Transaction/Rejultion	Rs. 25/-
<u>19</u>	Other Charges	All Taxes/Services Tax/Levies/cess as applicable

- **Notes:**

- All the percentage in the fee schedule would be applied on the value of the transaction as
Computed by CDSL.
- Annual Maintenance Charges are non-refundable and are levied upfront for a one year at the beginning of the year.
- Late Charges would be collected for all instructions received after 4 .P.M for same day execution or execution date as pay in date.
- Transaction cum billing statement will be sent once in a month. Provided there is transaction at least once in a quarter.
- Any extra statement would be charged @Rs .15/- per statement for first 10pages, thereafter it would be charged @Rs. 2/- per page
- The rates depend on the existing CDSL charges and will be revised if these are revised by CDSL. The charges are also subject to revision from time to time by the Bank.
- The scheme once selected will be valid for one year and will be automatically renewed at the end of the year unless a written communication in the prescribed format is received.
- Please note that incase we are unable to recover charges due to non-maintenance of adequate balance in the specified bank account with us. Depository services for the concerned account holder will be temporarily discontinued.
- Any request for the resume of the services shall be initiated on the payment of charges of Rs.200/-.

Date _____

In charge. Depository Services.

Central Bank Of India

_____ Branch

_____ - PIN _____

Dear Sir,

I/we agree to pay abovementioned charges as well as charges revised by the Bank from time to time. I/We irrevocably authorize to debit my Saving Bank/ Current deposit Account Number_____ maintained at your _____ branch.

Thanking you,

Yours faithfully,

Signature

(Name-_____)

(Name-_____)

(Name _____)