DEMAT ACCOUNT OPENING FORM

(For Individuals only)

B.O. ID

बैंक ऑफ महाराष्ट्र
Bank of Maharashtra
भारत सरकार का उद्यम
एक परिवार एक बैंक

DP Internal Reference Number									Date		Branch Code Number							
DPID									**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: Type of Account (Please tick whichever is applicable)

STATUS	SUB-STATUS	
☐ Individual	☐ Individual Resident ☐ Individual Director's Relative ☐ Individual Promoter ☐ Minor	☐ Individual-Director ☐ Individual HUF / AOP ☐ Individual Margin Trading A/C (MANTRA) ☐ Other(specify)_____
☐ NRI	☐ NRI Repatriable ☐ NRI - Depository Receipts ☐ NRI Non-Repatriable Promoter	☐ NRI Non – Repatriable ☐ NRI Repatriable Promoter ☐ Others(Specify)_____
☐ Foreign National	☐ Foreign National	☐ Foreign National - Depository Receipts

SOLE / FIRST HOLDERS DETAILS

First Name	Middle Name	Last Name

Father/ Husband's Name				
Title	☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other.		Suffix	
Correspondence Address				
City			State	
Country			PIN	
PAN Number			Fax No.	
Telephone No. (with STD code)			Fax No.	
Alert Facility – SMS	☐ Yes - Mob:		(Terms and Conditions – Annexure A)	☐ No
Alert Facility – E-mail ID				
EASI (view portfolio online facility)	☐ Yes - To view ISIN balance, transaction and Portfolio value online(www.cdslindia.com)			☐ No
GST State / GST No.				

I / We authorize you to receive credits in my / our account without any instruction from us.	☐ Yes ☐ No
Account to be operated through Power of Attorney(POA)	☐ Yes ☐ No
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	☐ Yes ☐ No
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID	☐ Yes ☐ No
I / We would like to share the email ID with the RTA	☐ Yes ☐ No
Account Statement Requirement	☐ As per SEBI Regulation ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly
I / We would like to receive the Annual Report (Tick the applicable box. If not marked the default option would be in Physical)	☐ Electronic ☐ Physical ☐ Both Physical and Electronic
I/ We wish to receive dividend / interest directly in to my bank account as given below through ECS (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	☐ Yes ☐ No

JOINT HOLDERS - SECOND HOLDER'S DETAILS

First Name	Middle Name	Last Name

Father/ Husband's Name			
Title	☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other.	Suffix	
PAN Number			
GST State / GST No.			
E-mail ID		MAPIN Code	

JOINT HOLDERS - THIRD HOLDER'S DETAILS

First Name	Middle Name	Last Name

Father/ Husband's Name			
Title	☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other.	Suffix	
PAN Number			
GST State / GST No.			
E-mail ID		MAPIN Code	

DETAILS OF ACCOUNT HOLDERS

	Sole / First Holder	**Sole / Second Holder**	**Sole / Third Holder**
Date of Birth (dd/mm/yyyy)			
Nationality	☐ Indian ☐ Others(Specify)________	☐ Indian ☐ Others(Specify)________	☐ Indian ☐ Others(Specify)________
Sex	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female
Occupation	☐ Central Govt ☐ Private Sector ☐ Professional ☐ Retired ☐ State Govt ☐ NGO ☐ Business ☐ Housewife ☐ Public Sector ☐ Statutory body ☐ Student ☐ Agriculturist	☐ Central Govt ☐ Private Sector ☐ Professional ☐ Retired ☐ State Govt ☐ NGO ☐ Business ☐ Housewife ☐ Public Sector ☐ Statutory body ☐ Student ☐ Agriculturist	☐ Central Govt ☐ Private Sector ☐ Professional ☐ Retired ☐ State Govt ☐ NGO ☐ Business ☐ Housewife ☐ Public Sector ☐ Statutory body ☐ Student ☐ Agriculturist
	☐Others(Specify)__________________	☐ Others(Specify)__________________	☐ Others(Specify)__________________
Nature of Business	(Product / Services provided):	(Product / Services provided):	(Product / Services provided):
Income Range per annum:	☐ Up to 1 lac ☐ 1 lac - 5 lac ☐ 5 lac - 10 lac ☐ 10 lac - 25 lac ☐ More than 25 lacs	☐ Up to 1 lac ☐ 1 lac - 5 lac ☐ 5 lac - 10 lac ☐ 10 lac - 25 lac ☐ More than 25 lacs	☐ Up to 1 lac ☐ 1 lac - 5 lac ☐ 5 lac - 10 lac ☐ 10 lac - 25 lac ☐ More than 25 lacs
	Net Worth ________________________ as on Date:dd/mm/yyyy	Net Worth ________________________ as on Date:dd/mm/yyyy	Net Worth ________________________ as on Date:dd/mm/yyyy
Please tick , if applicable:	☐ Politically Exposed Person (PEP)	☐ Related to Politically Exposed Person (RPEP)	

BANK DETAILS (OF FIRST HOLDER) DIVIDEND BANK DETAILS

Bank Code (9-digit MICR code)				
Bank IFSC Code				
Bank Name				
Branch				
Branch Address				
City		State		PIN
Account number				
Account type	☐ Savings	☐ Current	☐ Cash Credit	

ADDITIONAL DETAILS			
Permanent Address (If Different from Correspondence Address)			
City		State	
Country		PIN	
Telephone No.		Fax No.	

DETAILS OF GUARDIAN (IF THE HOLDER IS 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			
PAN Card Details			

FOR NRI's			
Foreign Address			
City		State	
Country		PIN	
RBI Ref no.		RBI Approval date:	

I/ We have read the DP-BO agreement and the 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 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			
Speciman Signature			
Passport size Photograph Please sign across the photograph)			

SECTION D — LETTER OF AUTHORITY TO DEBIT CHARGES

To
Bank of Maharashtra,

I/We hereby also authorize the Bank to debit all charges in respect of the Demat Account, payable by me/us to my/our S.B./CA. account number _____ with your _____ Branch. I/We undertake that sufficient balances shall be maintained by me/us and shall in no way impair the right of the Bank to debit the Service Charges. I/We hereby further authorize the Bank to charge interest, at the prevailing commercial rate, on overdrawn balances in the said account(s) due to the debiting of service charges. The Bank shall not be obliged to provide overdraft facility on the said account except those arising out of debit of service charges payable by me/us. I1We hereby undertake to remit the amount of debit balance plus the interest within 15 days of being notified about the same. I/We also authorize the Bank to arrange to exercise a lien over the de-materialized shares till the dues are remitted in full by me/us. I/We hereby undertake not to revoke this authority without the written approval from the Bank. I/We hereby specifically agree and confirm that any matter or issue arising hereunder shall be governed by and construed exclusively in accordance with the Indian laws and shall be subject to the jurisdiction of the courts of Mumbai in India. I/We hereby, declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I / We would not hold BOM/CDSL responsible. I/We hereby agree to discharge the responsibility expected of me as a participant under the scheme.

SIGNATURES			
	Sole / First Holder	Second Holder	Third Holder

SECTION E HUF DECLARATION (FOR HUF A/C ONLY)

To,
Bank of Maharashtra,

We the undersigned no.2 _____ no.3 _____

no.4 _____ being the adult co-parceners for ourselves and no. 1_____as

manager and karta of the family and also as guardian of (minor son/s) request you to take notice that we are the members of an undivided Hindu family and that the business carried on under the name and style of _____is our joint family trade which is binding on the aforesaid minors being ancestral trade and further request that all transactions hitherto entered with you or obligations incurred or to be hereafter entered into with you by all or anyone or more of us, the signatories hereto who are the only adult members of the family at present whether, under the signature of the trade name or subscribed by the individual signature of the person or persons entering upon the transaction (as notice below) may be regarded by you as entered into for and on behalf of the joint family and trade referred to above. We further hereby intimate to you that the Joint Family Trade aforesaid is being conducted and managed by the adult members of the family and all of them have been jointly and individually empowered to do so.

We all undertake that claims due to the bank from the said family shall be recoverable personally from all or any of us and also from the entire family properties of which the first signatory is the Karta, including the shares of minor co-parceners.

In view of the fact that ours is not a firm governed by the Indian Partnership Act of 1952, we have not got our said firm registered under the said Act

We hereby undertake to inform the bank of the death or birth of a co-parcener or any change occurring at any time in the membership of our joint family during the currency of the account.

Name & Signature of Karta/Adult Co-parcener	Date of Birth (dd-mm- yyyy)	Relationship with Karta	Signatures
1.			
2.			
3.			
4.			

Name of the Minor Co-parceners	Date of Birth (dd-mm- yyyy)	Relationship with Karta	Guardian's Signatures
1.			
2.			
3.			

DECLARATION BY BRANCH OFFICIAL OR DP OFFICIAL WHERE THE DEBIT BANK CHARGE ACCOUNT IS MAINTAINED

We have verified in person the identity of the under mentioned applicant. We have verified the documents of proof enclosed herewith and confirmed the bank account/s to be in the name of holder/s and the authorization letter to debit charges is signed by all holders of the debit charge account. The signatures of the applicants on the application form have been taken in our presence. We have scrutinized the application form and all relevant columns have been filled.

1st Holder name.		Name of verifying official	
2nd Holder name.		Signature code	
3rd Holder name		Branch code	

Stamp/Signature of Verifying Official

RIGHTS AND OBLIGATIONS OF BENEFICIAL OWNER AND DEPOSITORY PARTICIPANT AS PRESCRIBED BY SEBI AND DEPOSITORIES

We have verified in person the identity of the under mentioned applicant. We have verified the documents of proof enclosed herewith and confirmed the bank account/s to be in the name of holder/s and the authorization letter to debit charges is signed by all holders of the debit charge account. The signatures of the applicants on the application form have been taken in our presence. We have scrutinized the application form and all relevant columns have been filled.

General Clause

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Rules and Regulations of Securities and Exchange Board of India (SEBI), Circulars/ Notifications/Guidelines issued there under, Bye Laws and Business Rules/Operating Instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.
2. The DP shall open/activate demat account of a beneficial owner in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time.

Beneficial Owner information

3. The DP shall maintain all the details of the beneficial owner(s) as mentioned in the account. opening form, supporting documents submitted by them and/or any other information pertaining to the beneficial owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.
4. The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of opening the demat account or furnished to the DP from time to time.

Fees/Charges/Tariff

5. The Beneficial Owner shall pay such charges to the DP for the purpose of holding and transfer of securities in dematerialized form and for availing depository services as may be agreed to from time to time between the DP and the Beneficial Owner as set out in the Tariff Sheet provided by the DP. It may be informed to the Beneficial Owner that “no charges are payable for opening of demat accounts “
6. In case of Basic Services Demat Accounts, the DP shall adhere to the charge structure as laid down under the relevant SEBI and/or Depository circulars/directions/notifications issued from time to time.
7. The DP shall not increase any charges/tariff agreed upon unless it has given a notice in writing of not less than thirty days to the Beneficial Owner regarding the same.

Dematerialization

8. The Beneficial Owner shall have the right to get the securities, which have been admitted on the Depositories, dematerialized in the form and manner laid down under the Bye Laws, Business Rules and Operating Instructions of the depositories. ‘

Separate Accounts

9. The DP shall open separate accounts in the name of each of the beneficial owners and securities of each beneficial Owner shall be segregated and shall not be mixed up with the securities of other beneficial owners and/or DP’s own securities held in dematerialized form.
10. The DP shall not facilitate the Beneficial Owner to create or permit any pledge and/ or hypothecation or any other interest or encumbrance over all or any of such securities submitted for dematerialization and/ or held in demat account except in the form and manner prescribed in the Depositories Act, 1996, SEBI. (Depositories and Participants) Regulations, 1996 and Bye-Laws/Operating Instructions/ Business Rules of the Depositories.

Transfer of Securities

11. The DP shall effect transfer to and from the demat accounts of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the Beneficial Owner and the DP shall maintain the original documents and the audit trail of such authorizations.
12. The Beneficial Owner reserves the right to give standing instructions with regard to the crediting of securities in his demat account and the DP shall act according to such instructions.

Statement of account

13. The DP shall provide statements of accounts to the beneficial owner in such form and manner and at such time as agreed with the Beneficial Owner and as specified by SEBI/depository in this regard.
14. However, if there is no transaction in the demat account, or if the balance has become Nil during the year the DP shall send one physical statement of holding annually to such BOs and shall resume sending the transaction statement as and when there is a transaction in the account.
15. The DP may provide the services of issuing the statement of demat accounts in an electronic mode if the Beneficial Owner so desires. The DP will furnish to the Beneficial Owner the statement of demat accounts under its digital signature, as governed under the Information Technology Act, 2000. However, if the DP does not have the facility of providing the statement of demat account in the electronic mode, then the Participant shall be obliged to forward the statement of demat accounts in physical form.
16. In case of Basic Services Demat Accounts, the DP shall send the transaction statements as mandated by SEBI and/or Depository from time to time.

Manner of Closure of Demat account

17. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository, Similarly, the Beneficial Owner shall have the right to close his/ her demat account held with the DP provided no charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their demat account should be transferred to another demat account of the Beneficial Owner held with another DP or to rematerialize the security balances held.
18. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of thirty days as per procedure specified from time to time by the depository. Provided further, closure of demat account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

SIGNATURES			
	Sole / First Holder	Second Holder	Third Holder

Default in payment of charges

19. In event of Beneficial Owner committing a default in the payment of any amount provided in Clause 5 & 6 within a period of thirty days from the date of demand, without prejudice to the right of the DP to close the demat account of the Beneficial Owner, the DP may charge interest at a rate as specified by the Depository from time to time for the period of such default.

20. In case the Beneficial Owner has failed to make the payment of any of the amounts as provided in Clause 5&6 specified above, the DP after giving two days' notice to the Beneficial Owner shall have the right to stop processing of instructions of the Beneficial Owner till such time he makes the payment along with interest, if any.

Liability of the Depository

21. As per Section 16 of Depositories Act, 1996,

    I. Without prejudice to the. provisions of any other law for the time being in force, any loss caused to the beneficial owner due to the negligence of the depository or the participant, the depository shall indemnify such beneficial owner.

    II. Where the loss due to the negligence of the participant under Clause (1) above, is Indemnified by the depository, the depository shall have the right to recover the same from such participant.

Freezing / Defreezing of accounts

22. The Beneficial Owner may exercise the right to freeze/defreeze his/her demat account maintained with the DP in accordance with the procedure and subject to the restrictions laid down under the Bye Laws and Business Rules/Operating Instructions.

23. The DP or the Depository shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any regulator or court or any statutory authority.

Redressal of Investor grievance

24. The DP shall redress all grievances of the Beneficial Owner against the DP within a period of thirty days from the date of receipt of the complaint.

Authorized representative

25. If the Beneficial Owner is a body corporate or a legal entity, it shall, along with the account opening form, furnish to the DP, a list of officials authorized by it, who shall represent and interact on its behalf with the Participant. Any change in such list including additions, deletions or alterations thereto shall be forthwith communicated to the Participant.

Law and Jurisdiction

26. In addition to the specific rights set out in this document, the DP and the Beneficial owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Rules, Bye Laws and Regulations of the respective Depository in which the demat account is opened and circulars/notices issued there under or Rules and Regulations of SEBI.

27. The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars/notices issued by SEBI and Rules, Regulations and Bye-laws of the relevant Depository, where the Beneficial Owner maintains his/ her account, that may be in force from time to time.

28. The Beneficial Owner and the DP shall abide by the arbitration and conciliation procedure prescribed under the Bye-laws of the depository and that such procedure shall be applicable to any disputes between the DP and the Beneficial Owner.

29. Words and expressions which are used in this document but which are not defined herein shall unless the context otherwise requires, have the same meanings as assigned thereto in the Rules, Bye-laws and Regulations and circulars/notices issued there under by the depository and/or SEBI.

30. Any changes in the rights and obligations which arc specified by SEBI/ Depositories shall also be brought to the notice of the clients at once.

31. If the rights and obligations of the parties hereto are altered by virtue of change in Rules and regulations of SEBI or Bye-laws, Rules and Regulations of the relevant Depository, where the Beneficial Owner maintains his/her account, such changes shall be deemed to have been incorporated herein in modification of the rights and obligations of the parties mentioned in this document.

SECTION B	SCHEDULE OF CHARGES / TARIFFS		
Sr. No.	**Tariff / Charges Head**	**Rate / Charges**	**Other Terms**
1	Documentation including stamp duty	Actuals	1. If the DEMAT account is closed during the financial year no proportionate refund of Annual Maintenance Charges will be made. 2. The mentioned charges will attract service or other taxes levied by the Central / State Govt. or Local bodies from time to time. 3. Any service that is not indicated here will be charged separately from time to time. 4. The BOM reserves the rights to revise the tariff structure from time to time.
2	Dematerialisation	Rs. 02/- per cer. Min. Rs. 25/- per request	
3	Transaction (Sell/ Debit)	0.03% of value subject to Min. Rs. 25, Max. Rs. 500 For Maha e trade Online customers flat Rs. 10 per Transaction	
4	Pledge	Rs. 60 per ISIN for Pledgor, Rs. 40 per ISIN for Pledgee.	
5	Unpledge	Rs. 30 per ISIN for Pledgor, Rs. 20 per ISIN for Pledgee.	
6	Pledge Invocation	Rs. 40/- per transaction	
7	Rematerialisation / Repurchase	Rs. 30/- per transaction	
8	Failed Transaction	Rs. 25/- per transaction	
9	Late Transactions	Rs. 20/- per transaction	
10	Demat / Other Mail Charges	Actuals. Min. Rs. 25/- per transaction	
11	Freeze / Unfreeze Charges	Rs. 20/- per transaction	
12	Annual Maintenance Charges	Rs. 500 p.a. For individual, HUF. Rs. 150 for Existing/ Retired Staff. Rs. 1000 for others.	
13	BSDA	All Charges as per Demat except AMC Charges, which is NIL.	

SIGNATURES

Sole / First Holder	Second Holder	Third Holder

FATCA/CRS DECLARATION FORM (SELF-CERTIFICATION FOR INDIVIDUAL)

Part I - Please fill in the country for each of the following:

1	Country of:	
a)	Birth	
b)	Citizenship	
c)	Residence for Tax Purposes	
2	US Person (Yes / No)	

Part II - Please note:

a. If in all fields above, the country mentioned by you is India and if you do not have US person status, please proceed to Part III for signature.

b. if for any of the above field, the country mentioned by you is not India and/or if your US person status is Yes, please provide the Tax Payer Identification Number (TIN) or functional equivalent as issued in the specific country in the table below:

i)	TIN	
	Country of Issue	
ii)	TIN	
	Country of Issue	
iii)	TIN	
	Country of Issue	

Signature:	Name:	Date (DD/MM/YYYY):

a. In case any of the parameters in Part I indicates that you are a US person or a person resident outside of India for tax purpose and you do not have Taxpayer Identification Numbers/functional equivalent, please complete and sign the Self-Certification section given in Part IV.

b. In case you are declaring US person status as 'No' but your Country of Birth is US, please provide document evidencing Relinquishment of Citizenship. If not available provide reasons for not having relinquishment certificate _____
Please also fill Part IV Self-Certification

Part III - Customer Declaration (Applicable for all customers)

i. Under penalty of perjury, I/we certify that:

1. The applicant is (i) an applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof. (This clause is applicable only if the account holder is identified as a US person)

2. The applicant is an applicant taxable as a tax resident under the laws of country outside India. (This clause is applicable only if the accountholder Is a tax resident outside of India)

ii. I/We understand that the Bank is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. The Bank is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.

iii. I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.

iv. I/We agree that as may be required by domestic regulators/tax authorities the Bank may also be required to report, reportable details to CBDT or close or suspend my account.

v. I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.

Signature:	Name:	Date (DD/MM/YYYY):

Part IV - Self-Certification: To be filled only if- (a) Name of the country in Part I is other than India and TIN or functional equivalent is not available, or (b) US person is mentioned as Yes in Part I, and TIN is not available

I confirm that I am neither a US person nor a resident for Tax purpose in any country other than India, though one or more parameters suggest my relation with the country outside India. Therefore, I am providing the following document as proof of my citizenship and residency in India.

Document Proof submitted (Pls tick document being submitted)

☐ Passport ☐ Election Id Card ☐ PAN Card ☐ Driving License ☐ UIDAI Letter ☐ NREGA Job Card ☐ Govt. Issued ID Card

PROOF OF TAX PAYERS IDENTIFICATION NUMBER/FUNCTIONAL EQUIVALENT
(FOR FATCA/CRS) - Copy of any of these -

I. Tax Payer Identification Number **II.** Social security number **III.** National insurance number **IV.** Citizen/personal identification code/ number **V.** Resident registration number etc.

DECLARATION-CUM UNDERTAKING (FEMA)

I/We hereby declare that the transaction the details of which are specifically mentioned in the schedule hereunder does not involve and is not designed for the purpose of any contravention or evasion of the provisions of the aforesaid act of any rule, regulation, notification, direction or order made thereunder.

I/We also hereby agree and undertake to give such information/documents as will reasonably satisfy you about this transaction in terms of the above declaration. I/We also undertake that if I/ We refuse to comply with any such requirements or make only unsatisfactory compliance therewith. The Bank shall refuse in writing to undertake the transaction and shall if it has reason to believe that any contravention/evasion is contemplated by me /us report the matter to Reserve Bank of India.

*I/We further declare that the undersigned has/have the authority to give this declaration and undertaking on behalf of the firm/company.

* Applicable when the declaration/undertaking is signed on behalf of the firm/company SCHEDULE
Nature/Purpose of Foreign Exchange transaction_____

Signature of the Applicant

DECLARATION FOR AVAILING OF BSDA (BASIC SERVICES DEMAT ACCOUNT) FACILITY

☐ I wish to avail the BSDA facility for the new account for which we have submitted my/our Account Opening form

☐ I don't wish to avail the BSDA facility for the new account for which we have submitted my/our Account Opening form

Date: _____

Charge Structure will be as under for BSDA Accounts:

HOLDING VALUE	AMC
Up to Rs. 50,000/-	NIL
From Rs. 50,000/-to Rs.2 Lacs	Rs.500/-
Transaction Charges	0.03% of value subject to Min. Rs 25, Max. Rs.500, For Mahaetrade Online customer flat Rs.10 per Transaction
Failed Transanction	Rs.25/- per transaction
Creation of Pledge	Rs.60 per ISIN for Pledgor, Rs.40 per ISIN for Pledgee.
Closure of pledge	Rs.30 per ISIN for Pledgor, Rs.20 per ISIN for Pledgee.
Invocation of pledge	Rs. 40/- per transaction
Dematerialization	Rs.02/- per cer. Min.25/- per request
Rematerialization	Rs.30/- per transaction
Delivery Instructin Book/Leaves	5 slips/ 1 DIS booklet Free

I/ We have read and understood the regulatory (SEBI) guidelines for opening a basic Demat Account and undertake to comply with the aforesaid guidelines from time to time. I/We also undertake to comply with the guidelines issued by any such authority for BSDA facility from time to time. I/ We also agree that in case our demat account opened under BSDA Account or a account converted to BSDA Account does not meet the eligibility conditions as laid for BSDA facility as per guidelines issued by SEBI or any such authority at any point of time, my / our BSDA account will be converted to regular Demat account without further reference to me/us and charges (Schedule-A) will be levied as applicable to regular accounts.

Eligibility for availing the facility of BSDA:

- It is mandatory to register for the SMS alert facility before opting for the facility of BSDA.
- Facility is available only for Individual Demat accounts (Excluding HUF accounts).
- Customer should have only one demat account in his capacity as a sole holder or a first holder
- in the whole depository system. i.e. NSDL and CDSL
- Value of the holding in this demat account should not exceed 2 lac.

I, the first/Sole holder also hereby declare and undertake that I do not have/propose to have any other demat account across depositories as first/sole holder

	NAME	SIGNATURE
Sole/First Holder		
Second Holder		
Third Holder		

NOMINATION FORM

To,

Bank of Maharashtra
Depository Services,
Fort, Mumbai.

Dear Sir/ Madam,

I/We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:

☐ I/We do not wish to nominate any one for this demat account.

☐ I/We nominate the following person/s who is entitled to receive security balances lying in my/our account, particulars whereof are given below, in the event of the death of the Sole holder or the death of all the Joint Holders.

Date	D	D	M	M	Y	Y	Y	Y	DP ID								Client ID								

Nomination Details * Marked is Mandatory field

Nomination can be made upto three nominees in the account.			**Details of 1st Nominee**	**Details of 2nd Nominee**	**Details of 3rd Nominee**
1	Name of the nominee(s) (Mr./Ms.)				
2	Share of each Nominee	Equally	%	%	%
		[If not equally, please specify percentage]	Any odd lot after division shall be transferred to the first nominee mentioned in the form.		
3	Relationship With the Applicant (If Any)				
4	Address of Nominee(s) City / Place: State & Country:				
	PIN Code				
5	Mobile / Telephone No. of nominee(s)				
6	Email ID of nominee(s)				
7	Nominee Identification details – [Please tick any one of following and provide details of same] ☐ Photograph & Signature ☐ PAN ☐ Aadhaar ☐ Saving Bank account no. ☐ Proof of Identity ☐ Demat Account ID				

Guardian Details:				
Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:				
8	Date of Birth {in case of minor nominee(s)}			
9	Name of Guardian (Mr./Ms.) {in case of minor nominee(s) }			
10	Address of Guardian(s) City / Place: State & Country:			
	PIN Code			
11	Mobile / Telephone no. of Guardian			
12	Email ID of Guardian			
13	Relationship of Guardian with nominee			
14	Guardian Identification details – [Please tick any one of following and provide details of same] ☐ Photograph & Signature ☐ PAN ☐ Aadhaar ☐ Saving Bank account no. ☐ Proof of Identity ☐ Demat Account ID			
Residual securities * [please tick any one nominee; if not tick marked, default will be first nominee]				

Note: Residual securities: in case of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be marked as nominee entitled for residual shares, if any. This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

Place: Date:

	Name(s) of holder(s)	**Signature(s) of holder***
Sole / First Holder (Mr./Ms.)		
Second Holder (Mr./Ms.)		
Third Holder (Mr./Ms.)		

Details of the Witness (First Witness **)**	
Name/s of the Witness	
Address of the Witness	
Signature of the Witness	

(To be filled by Bank of Maharashtra, DP)

Nomination Form accepted and registered wide

Registration No. _____

Dated _____

For Bank of Maharashtra, Depository services
(Authorised Signatory)

Know Your Client (KYC) Application Form (For Individuals only)

(Please fill the form in English and in BLOCK Letters)
Fields marked with '*' are mandatory fields

Application Type* ☐ New BO ID: ☐ Update KYC Number*

KYC Type* ☐ Normal (PAN is mandatory) ☐ PAN Exempt Investors (Refer instruction K)

1. Identity Details (Please refer instruction **A** at the end)

PAN Please enclose a duly attested copy of your PAN Card

	Prefix	First Name	Middle Name	Last Name
Name* (same as ID proof)				
Maiden Name (If any*)				
Father / Spouse Name*				
Mother Name*				

Date of Birth* D D – M M – Y Y Y Y

Photo

Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender

Marital Status* ☐ Married ☐ Unmarried ☐ Others

Citizenship* ☐ IN- Indian ☐ Others – Country_____Country Code

Residential Status* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

Occupation Type* ☐ S-Service ☐ Private Sector ☐ Public Sector ☐ Government Sector ☐ O-Others ☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student ☐ B-Business ☐ X-Not Categorised

2. Proof of Identity (PoI)* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

(Certified copy of <u>any one</u> of the following Proof of Identity [PoI] needs to be submitted)

☐ A- Passport Number Passport Expiry Date D D – M M – Y Y Y Y

☐ B- Voter ID Card

☐ D- Driving Licence Driving Licence Expiry Date D D – M M – Y Y Y Y

☐ E- Aadhaar Card

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government) Identification Number

3. Proof of Address (PoA)*

☐ 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

(Certified copy of <u>any one</u> of the following Proof of Address [PoA] needs to be submitted)

Proof of Address*

☐ Passport Number Passport Expiry Date D D – M M – Y Y Y Y

☐ Voter ID Card

☐ Driving Licence Driving Licence Expiry Date D D – M M – Y Y Y Y

☐ Aadhaar Card

☐ NREGA Job Card

☐ Others (any document notified by the central government) Identification Number

☐ 3.2 Correspondence / Local Address Details* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)

Line 1*

Line 2

Line 3 City / Town / Village*

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end) **Page - 16**

Email ID

Mobile – Tel. (Off – Tel. (Res –

5. FATCA/CRS Information (Tick if Applicable) ☐ Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction **B** at the end)

Additional Details Required* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence* Country Code of Jurisdiction of Residence as per ISO 3166

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* Country of Birth* Country Code as per ISO 3166

Address Line 1*

Line 2

Line 3 City / Town / Village*

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

6. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

☐ Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

Name* Prefix First Name Middle Name Last Name

(If KYC number and name are provided, below details of section 6 are optional)

☐ Proof of Identity [PoI] of Related Person* (Please see instruction (**H**) at the end)

(Certified copy of <u>any one</u> of the following Proof of Identity[PoI] needs to be submitted)

☐ A- Passport Number Passport Expiry Date D D – M M – Y Y Y Y

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence Driving Licence Expiry Date D D – M M – Y Y Y Y

☐ E- Aadhaar Card

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government) Identification Number

7. Remarks (If any)

8. Applicant 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 declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date: – – Place:

Signature / Thumb Impression of Applicant

9. Attestation / For Office Use Only

Documents Received ☐ Certified Copies

KYC Verification Carried Out by *(Refer Instruction I)*

Date D D – M M – Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

Institution Details

Name

Code

Emp. Branch

In-Person Verification (IPV) Carried Out by *(Refer Instruction J)*

Date D D – M M – Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

Institution Details

Name

Code

Emp. Branch

CHECK LIST

बैंक ऑफ महाराष्ट्र
Bank of Maharashtra
भारत सरकार का उद्यम
एक परिवार एक बैंक

Attested Photocopies of the following documents to be enclosed with the application: (Subject to change from time to time as per the guidelines from CDSL/ SEBI)

A. Proof of Identity (Any one of the following) (Of all the Applicant/s)

- ☐ **I.** PAN Card with Photograph (Mandatory)
- ☐ **II.** Aadhaar Card
- ☐ **III.** Voter ID Card
- ☐ **IV.** Driving License
- ☐ **V.** Passport
- ☐ **VI. Identity card / document with Applicant's photo, issued by**
  - **a.** Central/State government and its Departments,
  - **b.** Statutory/ Regulatory Authorities,
  - **c.** Public Sector Undertakings,
  - **d.** Scheduled Commercial Banks,
  - **e.** Public Financial Institutions,
  - **f.** Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, Bar Council etc., to their member

B. Correspondence / Permanent Address Proof (Any one of the following) (Of first holder only)

- ☐ **I.** Ration Card
- ☐ **II.** Aadhaar Card
- ☐ **III.** Passport
- ☐ **IV.** Voter ID Card
- ☐ **V.** Driving License
- ☐ **VI.** Bank Passbook
- ☐ **VII. Verified copies of**
  - **a.** Electricity bills (not more than two months old),
  - **b.** Residence Telephone bill (not more than two months old) and
  - **c.** Leave and License agreement / Agreement for sale
- ☐ **VIII. Self-declaration by High Court & Supreme Court judges, giving the new address in respect of their own accounts**.
- ☐ **IX. Identity card / document with address, issued by**
  - **a.** Central/State Government and its Departments,
  - **b.** Statutory / Regulatory Authorities,
  - **c.** Public Sector Undertakings,
  - **d.** Scheduled Commercial Banks,
  - **e.** Public Financial Institutions,
  - **f.** Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, Bar Council etc., to their members.

C. Photocopy of blank cheque for MICR code.

D. PAN card of Karta as well as HUF in case of HUF accounts.

E. PAN card of guardian of the nominee if Nominee is Minor.

F. Birth Certificate in case of Applicant/Nominee is Minor.

G. Proof of Foreign Address and Indian Address (if any) for NRI.

H. NRI /Foreign National-Semi declaration

Other Important Mandatory Checks:

- ☐ PAN Card (Self attested & verified with original)
- ☐ Aadhar Card / Address Proof (Self attested & verified with original)
- ☐ Bank Proof (Self attested & verified with original)
- ☐ Duly attested copies of PAN card for HUF as well as Karta (In case of HUF A/Cs)

ACKNOWLEDGEMENT

1177, Janmangal, 3rd Floor, Demat-cell, Bajirao Road, Pune-411002

Email: demat_mum@mahabank.co.in

DP ID-13013800

Received the application from Mr./Ms. _____

as the sole / First Holder alongwith _____

_____ and _____

as the Second and Third Holders respectively for opening of a depository account. Your Client ID will be intimated to you shortly onacceptance.Please quotethe DPID& ClientIDallotted to youinall yourfuture correspondence.

Date:_____ Participant Stamp & Signature

Checklist Verified: (To be verified by branch official while accepting the Application)

By Shri/Smt _____ **Sign** _____