

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

BASAN EQUITY BROKING LIMITED.

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 Street No. 6 Himayathnagar Hyderabad Telangana - 500029 India
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|------|---|---|---|---|---|---|---|---|
| Date | D | D | M | M | Y | Y | Y | Y |
| | | | | | | | | |

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|---------------------------|-----------|---|---|---|---|---|---|---|---|
| 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 | | | | | | | | |

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|--|--|
| Name * | <input style="width: 95%;" type="text"/> |
| *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. | |

| | |
|-------------------------------------|--|
| Status | Sub – Status |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Individual Resident |

| | |
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| 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 (Tick the applicable box. If not marked the default option would be in Physical) | <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic |

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| I/ We wish to receive dividend / interest directly in to my 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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|------------------------------|--|---|---|---|---|---|---|---|---|
| Other Details | Income Range per annum: <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; border: none;"> <tr> <td style="width: 3%;">D</td> <td style="width: 3%;">D</td> <td style="width: 3%;">M</td> <td style="width: 3%;">M</td> <td style="width: 3%;">Y</td> <td style="width: 3%;">Y</td> <td style="width: 3%;">Y</td> <td style="width: 3%;">Y</td> </tr> </table> Rs | 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: | | | | | | | | | |

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| SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4 | 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 www.cdslindia.com . <i>Easi</i> allows a BO to view his ISIN balances, transactions and value of the portfolio online. | |

Nomination Details

| | |
|------------------------------------|--------------|
| Nomination Registration No. | Dated |
|------------------------------------|--------------|

- 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.

| | First/Sole Holder or Guardian (in case of Minor) | Second Holder | Third Holder |
|------------|--|---------------|--------------|
| 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

| Nomination Details | Nominee 1 | Nominee 2 | Nominee 3 |
|--|-------------------------|-------------------------|-------------------------|
| Nominee Name : *First Name: Middle Name: *Last Name | | | |
| *Percentage of allocation of securities Equally [If not equally, please specify percentage] Or <input type="checkbox"/> Share of each Nominee | % | % | % |
| 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 in case 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 | |
|------------------------|-----------------|
| | Witness Details |
| 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.

| | First/Sole Holder or Guardian (in case of Minor) | Second Holder | Third Holder |
|------------|---|---------------|--------------|
| 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)

===== 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