

Aldan Investments Private Limited

DP ID 40600

701 Heritage Plaza, Opp. Indian Oil Nagar
JP Road, Andheri (W), Mumbai 400053



SARAL Account opening form

Applicable for Resident Individuals trading in Cash Segment

Please fill this form in BLOCK LETTERS.

PHOTOGRAPH

*Please affix your recent
passport size photograph
and sign across it.
Signature must not cover
the face*

A. IDENTITY DETAILS

1. Name of applicant: _____
2. Father's/Spouse's name: _____
3. a. Gender: Male / Female b. Marital Status: Single / Married c. Date of birth _____ (DD/MM/YYYY)
4. Nationality: _____
5. a. PAN _____ b. AADHAR number, if any: _____
6. Specify the proof of identity submitted _____

B. ADDRESS DETAILS

1. Residence/Correspondence address: _____
City/town/village _____ Pin code _____ State _____ Country _____
2. Contact details: Mobile _____ Email _____ Telephone _____
(Residence) _____ Telephone (Office) _____ Fax _____
3. Permanent address (if different from above) _____
City/town/village _____ Pin code _____ State _____ Country _____
4. Specify the proof of address submitted for residence/correspondence/permanent address: _____

C. 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.

Date: _____ (DD/MM/YYYY)

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	Originals verified and self-attested document copies received
	Name and signature of the authorized signatory Seal/Stamp of the intermediary

Date: _____ (DD/MM/YYYY)

D. OTHER DETAILS

1. Bank account details

Bank name	
Branch Address	
Account number	
Account type (current/savings)	
MICR Number	
IFSC Number	

2. DEMAT account details

DP Name	
NSDL/CDSL	
Beneficiary Name	
DP ID	
BO ID	

3. Whether DP account is also to be opened by the same intermediary (YES/NO) _____

4. Trading preferences: Please sign the relevant boxes where you wish to trade

Exchange	Sign	Exchange	Sign	Exchange	Sign
NSE		BSE		MCX-SX	

5. Mode of receiving contract note/Statement of account Physical OR Electronic: _____

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6. Standing instructions to receive credits automatically into my BO account (YES/NO): _____

7. Nomination details (Name, PAN, Address and Phone number of nominee); Relationship with the nominee (if nominee is minor, details of Guardian like name, address, phone number of guardian and signature of guardian may be obtained)

I have understood the contents of policy and procedures document, tariff sheet, 'Rights and Obligations' document and 'Risk Disclosure Document'. I do hereby agree to be bound by such provisions as outlined in these documents. I have also been informed that the standard set of documents has been displayed for information on stockbroker's designated website.

Date: _____ (DD/MM/YYYY)

E. FOR OFFICE USE ONLY

UCC allotted to the client: _____

DP Name	
NSDL/CDSL	
Beneficiary Name	
DP ID	
BO ID	

	Documents originals	verified with	Client interviewed by	In-person verification done by
Name of the employee				
Employee Code				
Designation of employee				
Date				
Signature				

I/We undertake that I/we have made the client aware of 'Policy and Procedures', tariff sheet. I/We have also made the client aware of 'Rights and Obligations' document (s), RDD and Guidance Note. I/We have given/sent him a copy of all the KYC documents. I/We undertake that any change in the 'Policy and Procedures' tariff sheet would be duly intimated to the clients. I/We also undertake that any change in the 'Rights and Obligations' and RDD would be made available on my/our website, if any, for the information of the clients.

If the client chooses to avail the demat facility from the same stock-broker who is also a depository participant, the stock-broker may use the same form and provide the details of the demat account opened for the said client to the client while providing a copy of the KYC documents.

(Signature of the authorized signatory)

Date (DD/MM/YYYY)

Seal/stamp of the stock-broker

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**ANNEXURE 2.8**

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

Date								
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To be filled by the Depository Participant

Application No																											
DP Internal Reference No																											
DP ID																		Client ID									

Holder Details

Sole/First Holder name		UID																		
		PAN																		
		UCC																		
		Exchange name & ID																		
Second holder name		UID																		
		PAN																		
Third holder name		UID																		
		PAN																		

Name*																							
* 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		Individual	Sub-status		Individual Resident
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This form is applicable for individual investors trading in the cash segment. If such investors wish to trade in segments other than cash segment and / or wish to avail facilities such as internet trading, running account, margin trading, Power of Attorney etc., they may furnish additional details required as per prescribed regulations to the concerned intermediary.

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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')	Yes	No
Account Statement Requirement	As per SEBI regulation	
	Daily	
	Weekly	
	Fortnightly	
	Monthly	
I/We request you to send Electronic Transaction-cum-Holding Statement at the email ID mentioned below:	Yes	No
I/We would like to share the email ID with the RTA	Yes	No
I/We would like to receive the Annual Report (Tick the applicable box. If not marked the default option would be in electronic)	Physical	
	Electronic	
	Physical and electronic	
I/We wish to receive dividend/interest directly into 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
Gross Annual Income Details	Income range per annum:	
	Up to INR 1,00,000	INR 1,00,000 to 5,00,000
	INR 5,00,000 to 10,00,000	INR 10,00,000 to 25,00,000
	More than INR 25,00,000	
(Net worth should not be older than one year)	Net worth as on (Date)	
	Amount (INR)	
Occupation	Private/Public sector	Government service
	Business	Professional
	Agriculture	Retired
	Housewife	Student
	Others (specify)	
Please tick if applicable	Politically exposed person	Related to politically exposed person
Any other information		

SMS Alert facility Refer to T&Cs given in Annexure 2.4	+	9	1									
	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											

Nomination Details

Nomination Registration number									
Dated									

I/We hereby confirm that I/We do not wish to appoint any nominee(s) in my/our MF Folio/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 MF Folio/demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio/demat account.			
	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signature			

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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 of out nomination]

To be filled in by individual applying singly or jointly																		
Date									DP ID	1	2	0	4	0	6	0	0	
Client ID	0			0			0											
I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my/our account in the event of my/our death																		
Nomination details																		
Up to 3 nominations per account				Details of 1 st Nominee				Details of 2 nd Nominee				Details of 3 rd Nominee						
MANDATORY DETAILS																		
1	Name of the nominee(s) (Mr./Mrs.)*																	
2	Share of each nominee (mention % of share)			%				%				%						
	Equally			Any odd lot after division shall be transferred to the first nominee mentioned in the form.														
Specific share of each nominee																		
3	Relationship w/ account holder (if any)																	
*Date of birth and name of Guardian to be provided in case of minor nominee(s)																		
NON-MANDATORY DETAILS																		
4	Registered address of nominee (as per address proof)																	
	PIN Code																	
5	Mobile number																	
6	Email address																	

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7	Nominee/Guardian ID Proof			
	<i>Tick the list of nominee documents submitted</i>			
	☐	Photograph and signature	☐	PAN
	☐	Bank account details	☐	DEMAT account ID
Aadhar card				
Others (<i>specify</i>)				
Serial number 8 to 14 should be filled only if the nominee(s) is a minor				
8	Date of birth			
9	Name of the guardian(s)			
10	Address of the guardian(s)			
	PIN Code			
11	Mobile number of the guardian(s)			
12	Email address of the guardian(s)			
13	Relationship of guardian(s) w/ the nominee			
14	Guardian identification details			
	<i>Tick the list of nominee documents submitted</i>			
	☐	Photograph and signature	☐	PAN
	☐	Bank account details	☐	DEMAT account ID
Aadhar card				
Others (<i>specify</i>)				
Name(s) of the holder(s)			Signature of holder(s)*	
* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature				

Witness Details	
Name of witness	
Address of witness	
Signature of witness	

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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.

	Sole/First holder or Guardian (in case of minor)	Second holder	Third holder
Name			
Signature*			

**Signature in blue ink only*

===== (tear from here) =====

Acknowledgement receipt

Application Number		Date								
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We hereby acknowledge the receipt of the account opening application form:

Name of Sole/First holder	
Name of Second holder	
Name of Third holder	

Depository participant seal and signature

===== (tear from here) =====

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