



# Karnataka Bank Ltd

Your Family Bank Across India

(Regd. & H.O.Mahaveera Circle, Mangaluru -575002)

## APPLICATION FOR OPENING A DEMAT ACCOUNT – INDIVIDUAL

Branch Name				Branch Code			
Introduced by ( Staff Name)		Staff No	Designation	Signature			
Lead Management System No - (LEAD NO)							

Application No.				DP Internal Reference No.				Date									
DP ID	1	3	0	4	0	5	0	0	Client ID								

I/We request you to open a Demat account in my/ our name as per following details:-

BSDA -  YES  NO

STAFF -  YES  NO

<b>1<sup>st</sup> Holder</b>	<b>2<sup>nd</sup> Holder</b>	<b>3<sup>rd</sup> Holder</b>
<u>Photograph to be pasted</u>	<u>Photograph to be pasted</u>	<u>Photograph to be pasted</u>
Please <b>sign across</b> the <u>photograph</u>	Please <b>sign across</b> the <u>photograph</u>	Please <b>sign across</b> the <u>photograph</u>
Finacle CUST ID ↓	Finacle CUST ID ↓	Finacle CUST ID ↓

### Holders Details:

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

Sole / First Holder's Name																				
PAN																				
Mobile No																				
Second Holder's Name																				
PAN																				
Mobile No																				
Third Holder's Name																				
PAN																				
Mobile No																				

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.																

**Details of Guardian (in case the account holder is minor)**

Guardian's Name												PAN								
Relationship with the applicant																				

**Address of the Holders:**

**Sole / First Holder - Both correspondence and permanent address required**

Correspondence address																				
	<b>State</b>					<b>City</b>					<b>Pin Code</b>									
Permanent Address																				
	<b>State</b>					<b>City</b>					<b>Pin Code</b>									
Second Holder (Permanent Address)																				
	<b>State</b>					<b>City</b>					<b>Pin Code</b>									
Third Holder (Permanent address)																				
	<b>State</b>					<b>City</b>					<b>Pin Code</b>									

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

<b>Status</b>	<b>Sub Status</b>	
<input type="checkbox"/> <b>Individual</b>	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual-Director <input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Individual HUF / AOP	<input type="checkbox"/> Individual Promoter <input type="checkbox"/> Minor <input type="checkbox"/> Individual Margin Trading A/C (MANTRA) <input type="checkbox"/> Others(specify) _____
I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes')	[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> 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 (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 - <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 in Physical)		

<b>Other Details :</b> Gross Annual Income Details	<b>Income Range per annum:</b> <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		
	<b>OR</b>		
	Net worth as on (Date) _____ Rs. _____ [Net worth should not be older than 1 year]		
Occupation	<input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Student <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <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:			
<b>SMS Alert Facility:</b> 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)]		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>TRUST Facility:</b> Transactions Using Secured Texting Facility Refer to Terms and Conditions  Annexure – 2.6	I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for the same. <input type="checkbox"/> Yes <input type="checkbox"/> No I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST		
	Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)
<b>Easi</b>	To register for easi, please visit our website www.cdslindia.com. Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I/ We</b> 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 ]			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>UCC mapping for DP Account:</b>	1)	2)	3)

**Bank Details [Dividend Bank Details]**

Bank Code (9 digit MICR code)											
IFS Code (11 character)											
Account number											
Customer ID (Ktk Bank)											
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					

**If Other Bank account is provided for Dividend Bank details, Please provide the documents as below:**

- 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  
**(OR)**
- (iii) Photocopy of the Passbook having name and address of the BO,  
**(OR)**
- (iv) Letter from the Bank.

(In all the cases above, MICR code & IFSC of the branch should be present / mentioned on the Document)

### **CHARGES FOR DEMAT SERVICES FOR INDIVIDUAL ACCOUNTS**

Services	Charges
Annual Maintenance Charges (AMC)	Rs.300/-per year
Dematerialization	Rs.10/- per certificate min of Rs.50/-
Rematerialization	Rs.100/- per certificate
Transaction: Per Debit Transaction	Rs.25/-
Pledge/ Unpledge/ invocation	Rs 100/- per ISIN
Delivery Instruction Book	Rs. 2 per leaf
Statement Charges	Free as per the guidelines of CDSL/SEBI. Additional statement @ Rs 10/- per page
Others – Account Modification	Rs 50/- per occasion

- ◆ **AMC** - Annual Maintenance Charge is levied upfront on yearly basis as detailed below-
  - a) **For the 1<sup>st</sup> year** – from the month of account opened to the succeeding financial year end on prorata basis and from **2<sup>nd</sup> year onwards** at the beginning of the financial year.
  - b) On closure of Demat account, AMC is **refundable** on quarterly basis as per SEBI guidelines.
  
- ◆ The Billing/ Recovery interval of the charges (at present monthly) is at the sole discretion of Karnataka Bank Ltd. Depository Customer (BO) have to provide a debit authorization for recovery of charges/fees. This document will be treated as authorization by BO for recovering the DP fees/charges by debiting the registered account as mentioned in the account opening form. Please note that in case we are unable to recover charges due to inadequate balances in the bank account, the bank reserves right to “freeze” depository account for debit transaction.
  
- ◆ All the instructions for transfer (debit) must be received at the designated branches of the bank at least by **4.00 P.M** for the next day's pay-in. Same day execution / late instructions will be accepted on a “best effort basis” at the sole risk and responsibilities of the BO [account holder(s)]. The bank will not be held responsible for non-execution of any “same day” instruction. For further details please visit [www.karnatakabank.com](http://www.karnatakabank.com).
  
- ◆ The above charges are exclusive of Postage, other charges, Service Tax or surcharge, if any, stipulated by Government Bodies / Statutory Authorities from time to time.

**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/Guardian	Second Holder	Third Holder
<b>Name</b>			
<b>Signature</b>			

## **Nomination Details:**

**A)** I/We wish to make a nomination. *(As per the details given below)*

**B)** 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.

DP ID	1	3	0	4	0	5	0	0	Client ID								
<b>Nomination Details :</b> <i>(Nomination can be made upto three nominees in the account)</i>		<b>Nominee 1</b>				<b>Nominee 2</b>				<b>Nominee 3</b>							
<b>Nominee Name:</b>																	
<b>% of allocation :</b>		%				%				%							
<i>Any odd lot after division shall be transferred to the first nominee mentioned in the form.</i>																	
<b>Relationship with BO:</b>																	
<b>Address of Nominees:</b> <i>City/Place:</i> <i>State &amp; Country:</i>																	
<b>PIN Code:</b>																	
<b>Tele/Mobile No.:</b>																	
<b>Email ID:</b>																	
<b>Nominee Identification details</b> <i>(please tick any one)</i>																	
<input type="checkbox"/> PAN No.:																	
<input type="checkbox"/> Aadhaar No. :																	
<input type="checkbox"/> Savings Bank Account no.																	
<input type="checkbox"/> Proof of Identity :																	
<input type="checkbox"/> DP / BO ID :																	
<input type="checkbox"/> Photograph & Signature :		<b><u>Nominee 1</u></b> Please affix a recent passport size photo and sign across it				<b><u>Nominee 2</u></b> Please affix a recent passport size photo and sign across it				<b><u>Nominee 3</u></b> Please affix a recent passport size photo and sign across it							
<b>Guardian Details *</b> <i>(Mandatory if Nominee is a Minor)</i>																	
<b>Date of Birth</b>																	
<b>Name of Guardian</b>																	
<b>Address:</b> <i>City/Place:</i> <i>State &amp; Country:</i>																	
<b>PIN Code</b>																	
<b>Tele/Mobile No.:</b>																	
<b>Email ID:</b>																	
<b>Relationship with Nominee</b>																	
<b>Guardian Identification Details</b> <i>(Please tick any one of the following and provide details of the same)</i>																	
<input type="checkbox"/> PAN No.:																	
<input type="checkbox"/> Aadhaar No. :																	
<input type="checkbox"/> Savings Bank Account no.																	
<input type="checkbox"/> Proof of Identity :																	

<input type="checkbox"/> DP / BO ID :			
<input type="checkbox"/> Photograph & Signature :	<b><u>Guardian 1</u></b> Please affix a recent passport size photo and sign across it	<b><u>Guardian 2</u></b> Please affix a recent passport size photo and sign across it	<b><u>Guardian 3</u></b> Please affix a recent passport size photo and sign across it

	First/Sole Holder	Second Holder	Third Holder
<b>Name</b>			
<b>*Signature</b>			

\* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

Note: 1. This nomination shall supersede any prior nomination made by the account holder(s), if any.

2. The Trading Member / Depository Participant shall provide acknowledgement of the nomination form to the account holder(s).

Nomination form accepted and registered wide Registration No. \_\_\_\_\_ dated \_\_\_\_\_

**For Depository Participant  
(Authorized Signatory)**

\* Mandatory fields

**For DP Cell USE:**

CVL KRA STATUS			
CKYC NUMBER			

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

**Acknowledgement Receipt**

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

<b>Name of the Sole / First Holder</b>	
<b>Name of Second Holder</b>	
<b>Name of Third Holder</b>	

**Application No:**

**Date:**

**Depository Participant Seal and Signature**

## Declaration form for opting out of nomination

Date									
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<b>DP ID</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>Client ID</b>								
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Sole/First Holder	
Second Holder	
Third Holder	

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / 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 trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.

	<b>First/Sole Holder</b>	<b>Second Holder</b>	<b>Third Holder</b>
Name			
Signature			