

AIRAN FINSTOCKS PRIVATE LIMITED

Depository Participant of Central Depository Services (India) Limited

Corporate & Communication Office: 407, The Grand Mall, OPP. SBI Zonal Office,
Ambawadi, Ahmedabad - 380015. GUJARAT. | Tel: (079) 4022 2666 | info@finwave.co



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ADDITIONAL INFORMATION TO BE OBTAINED ALONG WITH THE SARAL ACCOUNT OPENING FORM FOR RESIDENT INDIVIDUALS

Application No.		Date	
DP ID	12062700	Client ID	
DP Internal Ref. No.			

HOLDERS DETAILS

Sole/First Holder's Name		PAN	
Second Holder's Name		PAN	
Third Holder's Name		PAN	
UCC		Exchange Name & ID	

* 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

STANDING INSTRUCTIONS & PREFERENCES

1. 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

2. Account Statement Requirement (As per SEBI Regulation):

Daily Weekly Fortnightly Monthly

3. I/We request you to send Electronic Transaction-cum-Holding Statement at the email ID provided:

Yes No

4. I/We would like to share the email ID with the RTA:

Yes No

5. I/We would like to receive the Annual Report:

Physical Electronic Both Physical and Electronic

(Tick the applicable box. If not marked the default option would be in Physical)

6. I/We wish to receive dividend/interest directly into my bank account as given in SARAL AOF through ECS (If not marked, the default option would be 'Yes'):

Yes No

[ECS is mandatory for locations notified by SEBI from time to time]

OTHER DETAILS & GROSS ANNUAL INCOME RANGE

Income Range per annum:

- Up to Rs. 1,00,000 Rs. 1,00,000 to Rs. 5,00,000 Rs. 5,00,000 to Rs. 10,00,000
 Rs. 10,00,000 to Rs. 25,00,000 More than Rs. 25,00,000

Net Worth as on (Date)	DD / MM / YYYY	Amount (Rs.)	
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[Net worth should not be older than 1 year]

Occupation Details:

- Private/Public Sector Govt. Service Business Professional
 Agriculture Retired Housewife Student
 Others (Specify): _____

Please tick, if applicable:

- Politically Exposed Person (PEP) Related to Politically Exposed Person (RPEP)

Any other information:

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SMS ALERT & ONLINE FACILITIES

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).

Easi Facility: 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.

NOMINATION DETAILS

Nomination Registration No.	Dated
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OPTION 1: DO NOT WISH TO NOMINATE

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:	Name:	Name:
Signatures:	Signatures:	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].

OPTION 2: WISH TO MAKE NOMINATION

I/We wish to make nomination and do here by nominate the following person (s) who shall receive all the assets held in my/our account, in the event of my / our death.

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MANDATORY DETAILS

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name: *First Name: Middle Name: *Last Name:			
*Percentage of allocation of securities	<input type="checkbox"/> Equally [If not equally, please specify percentage] Or Share: ____ %	<input type="checkbox"/> Equally [If not equally, please specify percentage] Or Share: ____ %	<input type="checkbox"/> Equally [If not equally, please specify percentage] Or Share: ____ %
<i>Any odd lot after division shall be transferred to the first nominee mentioned in the form</i>			
*Relationship with the BO:			
* Date of birth and Name of Guardian to be provided in case of minor nominee (s)	DOB: Guardian:	DOB: Guardian:	DOB: Guardian:

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 (incase 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 A/c No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank A/c No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank A/c No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID

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* Marked is Mandatory field

WITNESS DETAILS

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

Name of witness	
Address of witness	
Signature of witness	Signature of witness:

DECLARATION & UNDERTAKING

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 investigate 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:	Name:	Name:
Signatures:	Signatures:	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	

Prepared / Checked By

Depository Participant
Seal and Signature