



DP ID : 13087300

For office use only

(To be filled by financial institution)

Application Type*

☐ New☐ Update

KYC Number

(Mandatory for KYC update request)

Account Type*

☐ Normal

Please read the Instructions before filling the form.

☐ **1. PERSONAL DETAILS** (Please refer instruction A at the end)☐ Name* (Same as ID proof)

Prefix

First Name

Middle Name

Last Name

Maiden Name (If any*)

Father / Spouse Name*

Mother Name*

Date of Birth*

Gender*

☐ M- Male☐ F- Female☐ T-Transgender

Marital Status*

☐ Married☐ Unmarried☐ Others

Citizenship*

☐ IN- Indian☐ Others (ISO 3166 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

[Signature/Thumb Impression]

Signature/Thumb Impression

PHOTO

☐ **2. 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 section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

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

Place/City of Birth*

ISO 3166 Country Code of Birth*

☐ **3. PROOF OF IDENTITY (PoI)*** (Please refer instruction C at the end)(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)☐ A- Passport Number

Passport Expiry Date

☐ B- Voter ID Card☐ C- PAN Card☐ D- Driving Licence

Driving Licence Expiry Date

☐ E- UID (Aadhaar)☐ F- NREGA Job Card☐ Z- Others (any document notified by the central government)

Identification Number

☐ S- Simplified Measures Account - Document Type code

Identification Number

4. PROOF OF ADDRESS (PoA)*☐ **4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS** (Please see instruction D at the end)(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type*

☐ Residential / Business☐ Residential☐ Business☐ Registered Office☐ Unspecified

Proof of Address*

☐ Passport☐ Driving Licence☐ UID (Aadhaar)☐ Voter Identity Card☐ NREGA Job Card☐ Others☐ Simplified Measures Account - Document Type code

Address

Line 1* Line 2 Line 3 District*

Pin/Post Code*

City/ Town/ Village*

State/U.T Code*

ISO 3166 Country Code*

To,
The Federal Bank Ltd
Depository Services Division, Operations Department
3rd Floor, Parackal Towers, Parur Jn, Thottakkattukara
UC College P.O., Aluva, Kerala-683102
DP ID: 13087300

ADDITIONAL FORM FOR OPENING A DEMAT ACCOUNT

For Individuals

Application No.									Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.																	
DP ID	1	3	0	8	7	3	0	0	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:

Holder Details

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

Name*																	
<p>*In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account 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</p>																	

Type of Account (Please tick wherever is application)

Status	Sub-Status	
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Individual Margin Trading A/C (MANTRA)	<input type="checkbox"/> Individual-Director <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Minor <input type="checkbox"/> Others (specify) _____
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Repatriable Promoter <input type="checkbox"/> NRI-Depository Receipts	<input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> NRI Non-Repatriable Promoter <input type="checkbox"/> Others (specify) _____
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National – Depository Receipts <input type="checkbox"/> Others (specify) _____	

Mode of operation to be updated (in case of joint demat account):

<input type="checkbox"/> Jointly	<input type="checkbox"/> Either of the holders or survivor(s)	<input type="checkbox"/> Anyone of the holders or survivor(s)	<input type="checkbox"/> First holder
----------------------------------	---	---	---------------------------------------

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

Guardian's Name			PAN	
Relationship with the applicant				

I / We Request you to link my demat account with FedNet If Yes user ID	<input type="checkbox"/> Yes <input type="checkbox"/> No
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)	
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]	<input type="checkbox"/> Yes <input type="checkbox"/> No

Bank Details [Dividend Bank Details]

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

(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

(iii) Photocopy of the Passbook having name and address of the BO, (or)

(iv) Letter from the Bank.

- In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

Other Details Gross Annual Income 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									
	Net worth as on (Date)	D	D	M	M	Y	Y	Y	Y	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"/> 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:										
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	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.									

Consent for Communication to be received by first account holder/all Account holder: (Tick the applicable box. If not marked the default option would be first holder .		
<input type="checkbox"/> First Holder	<input type="checkbox"/> All Holder	<input type="checkbox"/> Email Id
	<input type="checkbox"/> Second Holder	
	<input type="checkbox"/> Third Holder	

NOMINATION FORM

To,
The Federal Bank Ltd
Depository Services Division, Operations Department
3rd Floor, Parackal Towers, Parur Jn, Thottakkattukara
UC College P.O., Aluva, Kerala-683102
DP ID: 13087300

Nomination Registration No.	Date

Annexure-A

Date	D	D	M	M	Y	Y	Y	Y	UCC/DP ID							Client ID							
-------------	---	---	---	---	---	---	---	---	------------------	--	--	--	--	--	--	------------------	--	--	--	--	--	--	--

Nomination Details

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 demat account in the event of my/our death, as trustee and on behalf of my/our legal heir(s).

Nomination can be made up to 3 nominees in the account	Mandatory Details					
	Name of Nominee	Share of Nominee (%) **	Relationship with the applicant	Postal address with pin code	Mobile number & Email Address	Identity Number ***
Nominee 1						
Nominee 2						
Nominee 3						

Date of Birth and Name of Guardian to be provided in case of minor nominee(s)

Additional Details ****				
Should be filled only if nominee(s) is a minor:				
D.O.B. of Nominee	Name of Guardian [in case of minor nominee(s)]	Relationship of Guardian with Nominee	Postal Address of Guardian	Mobile Number & Email ID of Guardian

** If % is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division shall be transferred to the first nominee mentioned in the form.

*** Provide only number: PAN or Driving License or Aadhar (last 4 digit). Copy of the document is not required. However, in case of NRI/OCI/PIO, passport number is acceptable.

**** To be furnished only in the following conditions/circumstances:

- Date of Birth (D.O.B): Please provide, only if the nominee is minor
- Guardian: It is optional for you to provide, only if the nominee is minor

1. I/We want the details of my/our nominee(s) to be printed in the statement of holding or statement of account, provided to me/us by the DP as follows: (please tick as appropriate)

☐ Name of nominee(s)

☐ Nomination Status: Yes/No

(If BO has not selected either of the above options, then nomination status will be printed by default.)

2. I hereby authorize _____ (nominee number _____) to operate my account on my behalf, in case of my incapacitation in terms of paragraph 3.5 of the SEBI circular SEBI/HO/OIAE/OIAE_IAD-3/P/ON/2025/01650 dated January 10, 2025. He / She is authorized to encash my assets up to _____% of assets in the account or Rs. _____ (optional).
(strike off portions that are not relevant)
3. This nomination shall supersede any prior nomination made by me / us, if any.
4. Refer terms

Signatures	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

Place: _____

Date: _____

Details of Witness:

	First Witness	Second Witness
Name of Witness		
Address of Witness		
Signature of Witness		

(To be filled by DP)

Nomination form accepted and registered wide Registration No. _____ dated _____.

Note:

- The Trading Member / Depository Participant shall provide acknowledgement of the nomination form to the account holder(s). Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature
- This nomination shall supersede any prior nomination made by the account holder(s), if any.

FORM FOR OPT OUT OF NOMINATION

To,
The Federal Bank Ltd
Depository Services Division, Operations Department
3rd Floor, Parackal Towers, Parur Jn, Thottakkattukara
UC College P.O., Aluva, Kerala-683102
DP ID: 13087300

	DATE	D	D	M	M	Y	Y	Y	Y
UCC / DP ID									
Client ID (only for Demat Account)									
Sole/First Holder Name									
Second Holder Name									
Third Holder Name									

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 am / are that in case of death of all 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.

Name and Signature of Holder(s)*

1. _____ 2. _____ 3. _____

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

----- (Please Tear Here) -----

Acknowledgement

DP ID									Client ID								
Name																	
Address																	
Nomination in favour of First Nominee																	
Second Nominee																	
Third Nominee																	
No Nomination	<input type="checkbox"/> Does not wish to nominate																
Registration No.									Registration On	D	D	M	M	Y	Y	Y	Y

Depository Participant Seal and Signature

Instructions related to nomination, are as below:

1. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non- individuals including society, trust, body corporate and partnership firm, Karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly, all joint holders will sign the nomination form.
2. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
3. Thumb impressions must be attested by witness or a Magistrate or a Notary Public or a Special Executive Magistrate.
4. Signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
5. The nomination and declaration form may be signed using e-Sign facility or wet signature and in these cases, witness will not be required.
6. The nominee(s) shall not be a trust, society, body corporate, partnership firm, Karta of Hindu Undivided Family or a Power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
7. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
8. Transfer of securities in favour of a nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.
9. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non-individuals including society, trust, body corporate and partnership firm, Karta of Hindu Undivided Family, holder of Power of Attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
10. On cancellation of the nomination, the nomination shall stand rescinded, and the depository shall not be under any obligation to transfer the securities in favour of the nominee(s).
11. Nomination can be made up to three nominees in a demat account. In case of multiple nominees, the client must specify the percentage of share for each nominee that shall total up to hundred percent. In the event of the beneficiary owner not indicating any percentage of allocation/share for each of the nominees, the default option shall be to settle the claims equally amongst all the nominees.
12. On request of substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned in the nomination form at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.
13. Copy of any proof of identity must be accompanied by original for verification.
14. Savings bank account details shall only be considered if the account is maintained with the same participant.
15. DP ID and client ID shall be provided where demat details is required to be provided.
16. If you are opening a new demat account, you have to provide nomination. Otherwise, you must follow procedure as per 3.10 of SEBI circular SEBI/HO/OIAE/OIAE_IAD-3/P/ON/2025/01650.
17. You can make nomination or change nominee any number of times without any restriction.
18. You are entitled to receive acknowledgement from the DP for each instance of providing or changing nomination.
19. Upon demise of the investor, the nominees shall have the option to either continue as joint holders with other nominees or for each nominee(s) to open separate single account.
20. In case all your nominees do not claim the assets from the DP, then the residual unclaimed asset shall continue to be with the concerned Depository in case of demat account.
21. You have the option to designate any one of your nominees to operate your account, in case of your physical incapacitation, at any point of time and not just during opening of account. This mandate can be changed any time you choose.
22. The signatories for this nomination form shall be as per mode of holding in the demat account(s) i.e.
 - 'Either or Survivor' Accounts - any one of the holders can sign'
 - 'First holder' Accounts - only First holder can sign
 - 'Jointly' Accounts - all holders have to sign
 - The mode of operation mentioned above may be used only for the following transactions:
 - i. Transfer of securities including Inter-Depository Transfer.
 - ii. Pledge / Hypothecation / margin pledge / margin re-pledge (Creation, Closure and Invocation and confirmation thereof, as applicable).
 - iii. Freeze/ unfreeze account and/ or the ISIN and / or specific number of securities.
 - However, for all transactions other than the abovementioned, the mode of operation shall be jointly.
23. DPs shall transmit the account to the nominee(s) upon receipt of 1) copy of death certificate and 2) completion / updation of KYC of the nominee(s). The nominee is not required to provide affidavits, indemnities, undertakings, attestations or notarization.
24. In case of a joint account, for transmission to the surviving joint holder(s) by name deletion, the surviving joint holder(s) shall have the option to update residential address(es), mobile number(s), email address(es), bank account detail(s), annual income and nominee(s), either along with transmission or at a later date. The regulated entity cannot seek KYC documents at the time of transmission, unless it was sought earlier but not provided by the holder.
25. Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the AMC / DP.
26. In case of multiple nominees, the assets shall be distributed pro-rata to the surviving nominees, as illustrated below:

% share as specified by investor at the time of nomination		% assets to be apportioned to surviving nominees upon demise of investor and nominee 'A'			
Nominee	% share	Nominee	% initial share	% of A's share to be apportioned	Total % share
A	60%	A	0	0	0
B	30%	B	30%	45%	75%
C	10%	C	10%	15%	25%
Total	100%	-	40%	60%	100%

I/We require you to issue Delivery Instruction Slips (DIS) booklet to me/us immediately on opening my/our CDSL account through I/we have issued a Power of Attorney (POA) / executed PMS agreement in favour of/with _____ (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through such Clearing Member / by PMS manager.

I/we do not require the Delivery Instruction Slip (DIS) for the time being, since I/we have issued a POA / executed PMS agreement in favour of/with _____ (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through such Clearing Member / by PMS manager. However, the Delivery Instruction Slip (DIS) booklet should be issued to me/us immediately on my/our request at any later date.

I/We have received and read the 'Rights and Obligation' document and the 'Terms and Conditions' document along with the 'Investor Charter' document 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 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 by account liable for termination and suitable action.

Signatures	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signature			

STANDING INSTRUCTIONS FOR DEBITING CHARGES

Operative Bank Account No.														RBI Approval Date	D	D	M	M	Y	Y	Y	Y
----------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	-------------------	---	---	---	---	---	---	---	---

THE MANAGER

BRANCH:

Dear Sir,

We hereby authorise you to debit my/our operative Branch A/c with the Federal Bank Ltd. for all the charges relating to my/our demat account. Please treat this authorisation as irrevocable till further instruction from my/our side in writing and duly acknowledged by you.

SCHEDULE OF CHARGES		
Activity	Regular Services Demat Account (RSDA)	Basic Services Demat Account (BSDA)
Account Opening	Nil	Nil
Account Closing	Nil	Nil
Demat	₹5/- per certificate for a maximum of 4 certificates. ₹20/- per certificate from 5th certificate onwards subject to a maximum of ₹5000/- plus mailing charge ₹100/- per request.	₹5/- per certificate for a maximum of 4 certificates. ₹20/- per certificate from 5th certificate onwards subject to a maximum of ₹5000/- plus mailing charge ₹100/- per request.
Reconversion / Repurchase of Mutual Fund Units	₹ 100/- per transaction	₹ 100/- per transaction
Redemption of Mutual Fund Units	Nil	Nil

Remat	a) ₹25/- per certificate per request	a) ₹25/- per certificate per request	
	b) ₹25/- for every hundred securities or part thereof subject to max fee of ₹5,00,000/ whichever is higher plus mailing charge ₹100/-	b) ₹25/- for every hundred securities or part thereof subject to max fee of ₹5,00,000/ whichever is higher plus mailing charge ₹100/-	
Transaction Charge	Credit: Nil	Credit: Nil	
	1. Debit (Individual Accounts)		
	a) ₹30/- per instruction	a) ₹30/- per instruction	
	b) ₹20/- per instruction for Fed-eTrade customer.	b) ₹20/- per instruction for Fed-eTrade customer.	
	2. Debit (Non-individual Accounts)		
	a) 0.025 % subject to a minimum of ₹50/- and maximum of ₹600/- per transaction.	N. A.	
Pledge Creation / Confirmation / Closure/ Closure confirmation / Invocation	₹75/- per transaction (per ISIN)	₹75/- per transaction (per ISIN)	
Margin pledge initiation charge	₹5/- per transaction (per ISIN)	₹5/- per transaction (per ISIN)	
Fees for NDU (Non-Disposal Undertaking / Agreement)	24/- per request or 0.01% on transaction value whichever is higher payable by the borrower for NDU requests accepted by the lender	24/- per request or 0.01% on transaction value whichever is higher payable by the borrower for NDU requests accepted by the lender	
Annual Maintenance Charge	1. Individual Accounts		
	a) ₹600/- per annum collected quarterly	Holding Value	Charges
		Up to ₹ 4 lakhs	Nil
		More than ₹ 4 lakhs but up to ₹ 10 lakhs	₹100
		For Holding Value above ₹ 10 lakhs the tariff for Regular Service Demat Account (RSDA) will be applicable.	
2. Non-Individual Accounts			
	a) ₹2000/- per annum collected quarterly	N. A.	
Account Freezing / Unfreezing	₹150/- per instruction	₹150/- per instruction	
Account Modification	₹10/- per instruction	₹10/- per instruction	
DIS Book Re-Issue Charges	₹100/- per booklet (for 5 slips)	₹100/- per booklet (for 5 slips)	
	₹150/-per booklet (for 10 slips)	₹150/-per booklet (for 10 slips)	
	₹250/-per booklet (for 100 slips)	₹250/-per booklet (for 100 slips)	
Late Entry Charges	₹100/- per transaction	₹100/- per transaction	
Ad-hoc Statement charges (electronic & printouts)	₹20/- per statement	₹20/- per statement	

- **Depository charges (CDSL) will be collected from the customers over and above the given charge structure.**
- All charges are exclusive of applicable GST and other taxes/statutory charges levied by government bodies/statutory authorities from time to time, which will be charged as applicable.
- A one-time charge of ₹150/- towards administrative/conveyance costs will be charged extra for all account categories.
- Schedule of charges is in tune with depository (CDSL) guidelines. An interest of 15% will be applied on the pending charges to be paid by the defaulting customers after a buffer of 20 days from the date of bill generation.
- The charges are subject to revision at the discretion of the Bank and are subject to change giving 30 days' notice to the client.
- An individual having more than one depository account as a sole / first holder across depositories is not eligible to opt for BSDA facility.
- As and when an account becomes RSDA, automatically RSDA charges will be applied.
- The value of holding will be calculated in accordance with rates provided by CDSL.
- Transaction charges, Custody charges, Demat and Remat charges are payable on a quarterly basis.
- Pledge charges are payable at the time of respective request.
- Mailing charges are payable at the time of request.

- Apart from AMC & Transaction Charge, tariff will be same for all the other services for Individual and Non-Individual demat accounts
- For CDSL Charges, please visit <https://www.cdslindia.com/dp/dpfees.html>

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

***in case of joint holders, declaration should be obtained from each account*

Declaration – Same Mobile Number or Email Address

(Please tick wherever applicable)

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

DP ID	1	3	0	8	7	3	0	0	Client ID								
Name of Account Holder																	
Mob No.																	
Email ID																	

I hereby declare that the aforesaid mobile number or e-mail ID belongs to ☐ Me or ☐ My Family (spouse, dependent children and dependent parents)

Signature

Signature of 1st Holder

Signature

Signature of 2nd Holder

Signature

Signature of 3rd Holder

I/We Want to avail Depository services for my/our demat account under ☐ BSDA ☐ RSDA status

The following points apply to customers option for BSDA:

- I/We have read and understood the Securities and Exchange Board of India's guidelines for facility for a BSDA.
- I/We are aware that if I/we are eligible to open a depository account as a BSDA, the account shall be opened as a BSDA.
- I/We also understand that in case I/we at any point of time do not meet the eligibility criteria as a BSDA holder, my/our demat account is liable to be converted to regular account.
- I/We also state that if at any time I/we choose to opt out of BSDA i.e. avail the facility of regular account, the same will be communicated to the Participant from Sole / First Holder's registered email ID.

SIGNATURE	1 st Holder	2 nd Holder	3 rd Holder

AT THE BRANCH	AT DP OFFICE
Confirmed that all the relevant documents are completely verified and filled.	Verified by:

DOCUMENTS CHECKLIST

	Sole/First Holder	Second Holder	Third Holder
Pan & Aadhar Copy – Self-attested and Branch verified/attested	✓	✓	✓
Address Proof* - Self-attested and Branch verified/attested	✓	✓	✓
Bank Account Statement – Self-attested and Branch verified/attested	✓		
One recent passport size photograph for KYC	✓	✓	✓

*Address proof mentioned in KYC form should be exactly matching in the proof given.

*In case of joint account, separate KYC form and declaration form for same mobile number/email ID should be obtained from each joint holder(s).

*For NRIs, FATCA declaration needs to be obtained.

SIGNATURE CHECKLIST

Document	Page No.	Client Signature	Branch Official's Signature
Signature below photograph	1	✓	
Signature in KYC Application Form	2	✓	✓
Signature in Nomination Form	6	✓	
Signature in opt out of Nomination Form (Only required if opting out of nomination)	7	✓	
Signature under declaration	9	✓	
Schedule of Charges	11	✓	
Declaration – Same mobile/email ID	11	✓	
Signature for confirming BSDA/RSDA status	11	✓	
Confirmation – at the branch	11		✓
FATCA Declaration	13	✓	
FEMA Declaration	14	✓	
Signature in proof of ID and proof of address submitted		✓	✓

----- (Please Tear Here) -----

Acknowledgement

The Manager

Branch: _____

Received the application from Mr./Ms. _____ as the sole/first holder along with _____ and _____ as the second and third holders respectively for opening of a depository account. Please quote the DP ID & Client ID allotted to you in all your future correspondence.

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Branch Seal & Signature

Annexure 1

FATCA – CRS Self Certification Form Individuals – New Accounts

1. Name of the Account Holder _____
2. Aadhar Number _____ (optional)
3. Nationality _____
4. City of Birth _____
5. Country of Birth _____
6. Occupation Type _____ (Service, Business, Others-please specify)
7. Residence address for tax purposes (include city, state, country & pin code)
☐ Same as overseas address ☐ Same as permanent address (please tick anyone)
8. Address Type ☐ Residential ☐ Business ☐ Registered Office (please tick anyone)
9. Tax residence declaration-please tick anyone, as applicable to you
☐ I am a tax resident of India and not resident of any other country
☐ I am a tax resident of the country/ies mentioned in the table below

Please include ALL the countered in which you are a resident for tax purposes and the associated Tax ID Number below:

Country [#]	Tax Identification Number [%]	Identification Type (TIN or other [%] , please specify)

[#] To also include USA, where the individual is a citizen/green card holder of USA

[%] In case Tax Identification Number is not available kindly provide functional equivalent \$

\$ It is mandatory to supply a TIN or functional equivalent if the country in which you are a tax resident issues such identifies. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Declaration

I, _____ holder of passport number _____ residing at _____ hereby declare that: I am neither a citizen of USA nor a resident of USA for tax purposes despite being my place of birth is in USA (by persons having US birthplace, but not a US citizen/tax resident)

OR

I am neither a citizen of USA nor a tax resident of any country other than India even though

a) My residence/mailling address/telephone number is of a country other than India

b) I have a standing instruction to an account maintained outside India

(By persons having foreign country indicia, but are tax residents of India)

Certification

I/We have understood the information requirements of this form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by me/us on this form is true, correct and complete. I/We also confirm that I/we have read and understood the FATCA CRS Terms and Conditions below and hereby accept the same.

Name:

Signature:

Date: ____/____/____

Place: _____

FATCA-CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income Tax Rules, 1962, which rules require Indian financial institutions such as the bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to the tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Please note that you may receive more than one request for information if you have multiple relations with Federal Bank or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information. If you have any questions about your tax residency, please contact your tax advisor. **If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number.**

FEMA Declaration
(Only Applicable for NRI Customers)

From

Name: _____

Client ID: _____

To

The Compliance Officer

The Federal Bank Ltd

Depository Services Division, Operations Department

Parackal Towers, Parur Jn, Thottakkattukara

UC College, Aluva – 683102

Dear Sir,

Reg: Compliance of FEMA Guidelines

I hereby declare that I have complied and will continue to comply with FEMA regulations in respect of my client
account number _____ with DP The Federal Bank Ltd and DP ID: 13087300.

Yours faithfully,

(Signature)

(Name)