FORM 11

ACCOUNT OPENING FORM (FOR NON-INDIVIDUALS)



Client -ID Dhanlaxmi Bank Ltd. DP ID: IN302687 (To be filled by Participant) **DP** Operations Corporate Office, Punkunnam, Thrissur, Kerala – 680 002 We request you to open a depository account in our name as per the following Date details: (Please fill all the details in CAPITAL LETTERS only) Details of Account holder(s): **PAN** Name Sole/ First Holder Second Holder Third Holder B) Type of account FΙ FII **Body Corporate** Mutual Fund Trust Qualified Foreign Investor CM HUF Bank Other (Please specify) For Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., although the account is opened in the name of C) the partner(s), trustee(es) etc., the name & PAN of the Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., should be mentioned below: Name b) PAN D) Income Details (please specify) Net worth Income Range per annum Below ₹20 Lac Amount (`) As and ₹20 - 50 Lac (date) (Net worth should not be older than 1 year) ₹50 Lac - 1 crore Above ₹1 crore E) In case of FIIs/Others (as may be applicable) RBI Approval Reference Number RBI Approval Date SEBI Registration Number (for FIIs) F) **Bank details** Bank Account Type Savings Account Current Account Others (Please specify) 2 Bank Account Number 3 Bank Name

	4	Br	ranch Address																
				City/town/									\neg						
				village				PIN	Cod	.e									
				State				Cou	ıntry										
	5	M	ICR Code																
	6	IF	SC																
G)	Ple	ease	tick, if applicable, for any	y of your auth	orized		Polit	ically	Expo	osed Pe	erson ((PEP)			ı				
	_	natori ectors	es/Promoters/Partners/Karta/7	Trustees/whole	time		Rela	ted to	a Po	liticall	y Expo	osed P	erson	(PEP)					
H)	Cl	earin	g Member Details (to be fille	ed up by Clearing	g Membe	ers only)													
	1	Na	me of Stock Exchange																
	2	Na	me of Clearing Corporation/	Clearing House															
	3	Cle	earing Member ID																
	4	SE	BI Registration Number																
	5	Tra	nde Name																
	6	CM	1-BP-ID (to be filled up by P	Participant)															
I)	Sta	andin	g Instructions																
	1	W	e authorise you to receive cre	dits automaticall	y into ou		Yes No												
	2	Ac	ecount to be operated through	Power of Attorn	ey (PoA		Yes No												
	3	Ac	ecount to be operated through		Yes No														
	4_	SM	IS Alert facility																
			Sr. No.	Holder			Yes	s No											
			1	Sole/First	Holder														
			2	Second H															
			3	Third Ho	der]											
	5_		le of receiving Statement of ount [Tick any one]	Physical Form															
				Electronic Form [Read Note 3 and ensure that email ID is provided in KYC Application Form].															
J)	List	t of fa	mily members (Separate Ar	nnexure maybe	used in	case nur	nber of	mem	bers	is high	ier)								
	Sr N	No.	Name of Coparcener/Memb	ber Gender	Date	of Birth	Re Ka	elation rta	1	with		Whether Coparcener Member (please speci							
															• •				
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Declaration

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by us and we have understood the same and we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and we 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, we are aware that we may be held liable for it. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

Authorised Signatories (Enclose a Board Resolution for Authorised Signatories. In case of HUF details of Karta to be given)

Sole/First Holder	Name	Signature(s)
First Signatory/Karta of HUF		X
Second Signatory		X
Third Signatory		X
Other Holders		
Second Holder		X
Third Holder		X

Mode of Operation for Sole/First Holder (In case of joint holdings, all the holders must sign. In case of HUF this is not applicable)												
Any one singly												
Jointly by												
As per resolution												
Others (please specify)												

Notes:

- 1. In case of additional signatures, separate annexures should be attached to the application form.
- 2. Thumb impressions and 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.
- 3. For receiving Statement of Account in electronic form:
 - I. Client must ensure the confidentiality of the password of the email account.
 - II. Client must promptly inform the Participant if the email address has changed.
 - III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.

4.	Stril	ke off	whic.	hever	is no	ot ap	plic	abl	e.																									
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Acknowledgement

Dhanlaxmi Bank Ltd., Corporate Office, Punkunnam, Thrissur – 680 002, DP ID: IN302687

Received	the	aŗ	plica	tion		n I	M/s		as the sole/first holder along with as the second and third holders respectively for
opening of all your fut	•		•		. Pleas	se qu	iote th	e DP	& Client ID allotted to you (CM-BP-ID in case of Clearing Members) in
Date:	D	D	М	М	Y	Y	Y	Y	Participant Stamp & Signature