

FORM - 9



Tamilnad Mercantile Bank Limited,
DPS Cell,
 269/2-4, 3rd Floor,
 Avvai Shanmugam Road,
Royapettah, Chennai – 600014.
 Phone : 044-28130552, 28131574.

NAME OF AUTHORISED BRANCH	
BRANCH CODE NO	
BRANCH INWARD NO.	

DP ID	I	N	3	0	3	0	6	9
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CLIENT ID								
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DATE								
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DEMAT ACCOUNT OPENING FORM

(Individuals Only)

TYPE OF ACCOUNT

<input type="radio"/> RESIDENT	<input type="radio"/> MINOR
<input type="radio"/> JOINT ACCOUNT	<input type="radio"/> PROMOTER
<input type="radio"/> MARGIN	<input type="radio"/> OTHERS

CHECK LIST

Please Tick the relevant boxes.

	To be verified	Page No.	Check to be Made	Please Tick
1.	Signatures			
	<ul style="list-style-type: none"> • Individual KYC Details and Declaration • FATCA and CRS Declaration 	Part I 2 Part I 3	Signature of the applicant & Verification officer Signature of the applicant	0
	<ul style="list-style-type: none"> • Direct Debit Mandate (only for TMB account Holder(s)) 	Part II 2	Signature of TMB A/c. holder(s) (If the given SB A/c is Joint Account, all the joint account holders' signature must be obtained)	0
	<ul style="list-style-type: none"> • Client's signature across the photograph • Declaration (we are registering this signature in our record, hence, please be careful) 	Part II 3 Part II 6	Signature of all holders	0
	<ul style="list-style-type: none"> • Letter of confirmation 	Part II 4		0
	<ul style="list-style-type: none"> • Schedule of charges 	Part II 6	Signature of all holders	0
	<ul style="list-style-type: none"> • In-person Verification Details 	Part II 5	Signature of all holders & signature of Verification officer	0
	<ul style="list-style-type: none"> • Acknowledgment of Rights and Obligations of BO and DP 	Part II 5		0
	<ul style="list-style-type: none"> • Same Mobile No / email ID declarations (For Joint Account Holders obtain the same separately) 	Part II 7	Signature of each holder	0
	<p>For Nomination, please obtain Form No-10</p> <p>Nominee's signature across the photograph and at the specified place (in case of nomination only)</p> <p>Guardian's signature across the photograph and at the specified place (in case of nominee is minor)</p> <p>Witness for nominee's signature at he specified place (in case of nomination only)</p>	Part II 9	Signature of all holders	0
2	Enclosures			
	<ul style="list-style-type: none"> • Duly verified copies of Proof of Identity of all the demat account holders • Duly verified copies of Proof of Address of all the demat account holders. (Permanent / Correspondence) 	Part II 8	As per option listed inside. As per option listed inside. Address on the proof must be same as specified	0
	<ul style="list-style-type: none"> • Date of Birth Proof (in case of minor) • Duly verified copies of MAPIN ID, if the client has specified the MAPIN Details 			0
	<ul style="list-style-type: none"> • Canceled copy of cheque of non TMB account specified • Certified copy of Power of Attorney (POA) and Identity & Address proofs of POA holder (if applicable) 			0
3.	Photographs (All the photographs should be pasted, do not staple)			
	<ul style="list-style-type: none"> • Photographs of all holders (even if holder is minor) 			0
	<ul style="list-style-type: none"> • Photograph of Guardian (in case of holder is minor) • Photograph of Nominee (in case of nomination only) and also his / her guardian (in case nominee is minor) 	Part II 3 Part II 7		0
	<ul style="list-style-type: none"> • Photograph of POA holders (in case of POA only) 			0
4.	Other Important Mandatory Checks:			
	<ul style="list-style-type: none"> • PAN details • Bank Account Number and IFSC Code Details 	Part II 1		0
	<ul style="list-style-type: none"> • Minors cannot open Join A/c. with other holders and cannot nominate. 			
	<ul style="list-style-type: none"> • Separate cheque for each account opening form. 			
	<ul style="list-style-type: none"> • Name mentioned on all the documents and on the form is legible and is the same everywhere. 			
	<ul style="list-style-type: none"> • Avoid writing "Same as above" in the address fields. 			
	<ul style="list-style-type: none"> • The client(s) should not use more than one specimen signature and the same should be uniform across the form. 			
	<ul style="list-style-type: none"> • The demat account opening form should be filled-in completely in 'all respects. If any alteration, it must be authenticated by applicant. 			
	<ul style="list-style-type: none"> • Telephone No. and Fax No. should be mentioned with the STD Codes. • The client should authenticate any corrections / alteration in the account opening form. 			

Form – 9 PART I Know Your Client (KYC) Application Form - For Individuals



**Tamilnad Mercantile Bank Limited, DPS Cell,
269/2-4, 3rd Floor, Avvai Shanmugam Road,
Royapettah, Chennai – 600014.
Phone: 044-28130552, 28131574.**

DP ID

IN303069

Please fill this form in ENGLISH and in BLOCK LETTERS

A. IDENTITY DETAILS

1	Name of the Applicant													
2	Father's / Husband's Name													
	Mother's Name													
3	a) Gender	<input type="checkbox"/> Male	b) Marital status	<input type="checkbox"/> Married	c) Date of Birth (DD/MM/YYYY)									
		<input type="checkbox"/> Female		<input type="checkbox"/> Unmarried										
		<input type="checkbox"/> Transgender		<input type="checkbox"/>										
4	a) Nationality	<input type="checkbox"/> Indian	b) Status	<input type="checkbox"/> Resident Individual										
		<input type="checkbox"/> Other (Please specify _____)		<input type="checkbox"/> Non-Resident										
				<input type="checkbox"/> Foreign National										
5	a) PAN Card Number					b) Unique Identification Number (UID) / Aadhaar Number								

B. ADDRESS DETAILS

1	Permanent/Residence Address (Please Tick the the relevant box)	<input type="checkbox"/> Permanent Address		<input type="checkbox"/> Residence Address									
		City /Town/ Village					PIN Code						
		State					Country						
2	Contact Details	Mobile No.											
		Email ID											
		Tel Ph. (Res)											
		Tel Ph. (Off)											
3	Correspondence Address (If different from above)												
		City /Town/ Village					PIN Code						
		State					Country						
4	Foreign Address (In case of NRI)												
		Country											
Specify the proof of address submitted:													

Form – 9 PART I Know Your Client (KYC) Application Form - For Individuals

5	Address for Communication (Default option is Permanent / Residence Address)	Permanent / Residence Address <input type="checkbox"/> Correspondence Address <input type="checkbox"/> Foreign Address (In case of NRI) <input type="checkbox"/>
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6	Proof of Identity 1.PAN Card with Photograph 2.UID / Aadhar Card 3.Passport 4.Driving License 5.Voter ID Card 6.If others _____ (Please Specify)	Proof of Address 1.UID / Aadhar Card 2.Passport 3.Driving License 4.Voter ID Card 5.If others _____ (Please Specify)
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C. OTHER DETAILS

Gross Annual Income Details (please specify):		
1	Income Range per Annam	Networth
	<input type="checkbox"/> Below ₹ 1 lakh <input type="checkbox"/> ₹ 1 lakh – upto ₹ 5 lakh <input type="checkbox"/> More than ₹ 5 lakh – upto ₹ 10 lakh <input type="checkbox"/> More than ₹ 10 lakh – upto ₹ 25 lakh <input type="checkbox"/> More than ₹ 25 lakh	OR Amount (₹) _____ As on (date): (DD MM YYYY) (Networth should not be older than 1 year)

Occupation / Nature of Business (please tick any one and give brief details):	
2	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Professional <input type="checkbox"/> Student <input type="checkbox"/> Service in Private / Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business / Others (Please specify; _____) In case of Business please specify the Nature of Business :

3	Please tick, if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)
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4	Any other information
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D. 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. Further I hereby give my consent to link the Aadhar card with my Demat account and also for the registration with NDML KRA / CKYC (Central Know Your Customer) / any other KYC Registration Agency at your end.

Date : _____ ✍ Client / Applicant Signature

FOR OFFICE USE ONLY

<input type="checkbox"/> (Originals verified) True copies of documents received (Self- <input type="checkbox"/> Attested) Self Certified Document copies received Please mention the CUST ID / CKYC Number _____

Branch Name: Branch No: Branch Seal/Stamp	for Tamilnad Mercantile Bank Ltd Authorized Signatory Name of the Officer & PA Number: Staff Number:
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FATCA and CRS Declaration Form - Individual (be obtained with Account Opening Form for Individual)

Demat A/c No.

Customer ID

Details under FATCA and CRS: (see instruction)

(Please consult your professional advisor for further guidance on your tax residency, if required)

Name of the Applicant			
Father's Name			
Spouse Name			
Date of Birth		Gender	Male Female
Place of Birth		Country of Birth	
Nationality		Occupation Type	
Identification Type ¹		Identification No.	
PAN		Or Form No.60	Aadhaar No.
Address for Tax purpose		Communication	Permanent Other
Full Address			
Landmark		City	
Pincode		State	Country
Please tick the applicable tax resident declaration			
I am a tax resident of India and not resident of any other country Or I am a tax resident of the country/ies mentioned in the table below			
Country#	Tax Identification Number%	Identification Type (TIN or Other%, please specify)	

¹ Permissible document: Passport Election ID PAN Driving License UIDAI card NREGA Job card Others

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 equivalents

Certification:

I have understood the information requirements of this Form (and Terms & Conditions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I also confirm that I have read and understood the FATCA-CRS Terms and Condition and hereby accept the same.

Signature:

 Client / Applicant Signature

Date: _____

Place: _____

FATCA-CRS Instructions

Details under FATC-CRS/Foreign Tax Laws: Towards compliance with tax information sharing laws, such as FATCA and CRS, we would be required to seek additional personal, tax and beneficial owner information and certain certification and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share the information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any **change in any information provided by you, please ensure you advise us promptly, ie., within 30 days**. Toward compliance with such laws, 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. As may be required by domestic or overseas regulators / tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If you are a US citizen or resident or green card holder, please include United States in the foreign country information field with your US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are constrained in the US Hire Act 2010.

§ It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form. Please note that you may receive more than one request for information if you have multiple relationships with ABC or its group entities. Therefore, it is important that you respond to our request, if you believe you have already supplied any previously requested information.

Form – 9 PART II Account Opening Application Form - For Individuals



**Tamilnad Mercantile Bank Limited, DPS Cell,
269/2-4, 3rd Floor, Avvai Shanmugam Road,
Royapettah, Chennai – 600014.
Phone : 044-28130552, 28131574.**

DP ID : IN303069

CLIENT ID

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I / We request you to open a depository account in my/our name as per the following details :
(Please fill all the details in CAPITAL LETTERS only)

Date of Opening

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Details of Account holder(s):

Name of the Account holder(s):

PAN

A)	Sole/ First Holder																			
	Second Holder																			
	Third Holder																			

Type of Account

- B) Resident Individual Joint Account (Joint A/c is not allowed in case any holder is Minor)
 Minor Margin Promoter Foreign Nationals
 NRI - Repatriable NRI - Non Repatriable Others (Please specify) _____

In case of NRIs/ Foreign Nationals

C) RBI Approval Reference Number (Copy must be enclosed) :

RBI Approval date (DD MM YYYY)

D) ACCOUNT TO BE OPERATED THROUGH POWER OF ATTORNEY (POA) Yes No
(If yes, please provide the certified true copy of PA along with photo signed across by POA Holder and CKYC details)

E) **BSDA Option** I/We wish to open my/our account as BSDA and understood the rules & regulation governing BSDA.
 I/We do not wish to open my/our account as BSDA and understood the rules & regulation governing BSDA.

Bank Account Details

1) Bank Account Holder(s) Name(s)																				
2) Bank account type	<input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify) _____																			
3) Bank Account Number																				
4) Particulars of Bank	A. Name of the Bank																			
	B. Branch Name																			
5) Branch Address																				
	City/Town/Village						PIN Code													
	State						Country													
6) MICR Code																				
7) IFSC																				
8) UPI ID																				

Form – 9 PART II Account Opening Application Form - For Individuals

In case of other bank, please attach one canceled cheque leaf without signature, copy of the Pass Book and latest 2 months Statement copy.

- It is Mandatory to provide complete details required above. In absence of complete details, the form may be rejected.
- The Bank account will be used for disbursing dividends / interest and may also be used for recovering all DP charges in respect of the account. Please provide correct details to avoid errors while doing the same.
- For Tamilnad Mercantile Bank account holders, mode of payment will be Direct Debit.
- ECS mode of recovery will be used at the discretion of Tamilnad Mercantile Bank.

I / We hereby also authorise the Bank to debit all charges in respect of the Demat Account payable by me / us to the above-mentioned account. I / We undertake that sufficient balances shall be maintained by me / us and shall in no anyway impair the right of the Bank to debit the Service Charges.

I / We hereby further authorise the Bank to charge interest, at the prevailing commercial rate, on overdrawn balances in the said Account(s) due to the debiting of Service Charges. The Bank shall not be obliged to provide overdraft facility on the said account except those arising out of debit of Service Charges payable by me / us. I / We hereby undertake to remit the amount of debit plus the interest within 15 days of being notified about the same.

I / We also authorise the Bank to arrange to exercise a lien over the dematerialised shares till the dues are remitted in full by me / us. I / We hereby undertake not to revoke this authority without the written approval from the Bank. I / We hereby specifically agree and confirm that any matter or issue arising here under shall be governed by and construed exclusively in accordance with the Indian laws and shall be subject to the jurisdiction of the courts of Chennai in India.

I / We hereby, declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I / We would not hold the user institution responsible. I / We hereby agree to discharge the responsibility expected of me/us as a participant under the scheme.



Signature of Bank Account Holder(s)

G) Standing Instructions (Please Tick any one)

1) I / We authorise you to receive credits automatically into my / our account Yes No
(if not ticked, it will be assumed "Yes" by default)

2) Account to be operated through Power of Attorney (PoA) Yes No

3) Mode of Receiving of Demat Account Opening Kit Physical Mode Electronic Mode

4) Mode of Receiving of statement of account Physical Mode Electronic Mode
(Please provide the Email ID. **For Joint Account, please provide the Sole/ First Holder Email ID.**)
Email ID _____

5) SMS Alert facility: Please furnish the Mobile Number and select the option. [Mandatory if you are giving Power of Attorney (PoA).]

Sr. No.	Name of the Holder(s)	Mobile Number	Yes	No
1	Sole/ First Holder		<input type="checkbox"/>	<input type="checkbox"/>
2	Second Holder		<input type="checkbox"/>	<input type="checkbox"/>
3	Third Holder		<input type="checkbox"/>	<input type="checkbox"/>

6) Receive Annual Reports, AGM Notices and Communication from Issuer & RTA in Physical Form Yes No

Form – 9 PART II Account Opening Application Form - For Individuals

H) **Guardian Details (Where Sole Holder is a Minor):** [For Account of a minor, two KYC Application Forms must be filled i.e. one for the guardian and another for the minor (to be signed by guardian)]

Guardian Name		Photograph Please affix the recent passport size photograph of Guardian & Sign Across the Photo
PAN		
Relationship of Guardian with Minor		

RECENT COLOUR PHOTOGRAPH OF ALL HOLDERS:

Sole / First Holder	Second Holder	Third Holder
Please affix the recent Colour passport size Photograph & Sign Across the Photo	Please affix the recent Colour passport size Photograph & Sign Across the Photo	Please affix the recent Colour passport size Photograph & Sign Across the Photo

DECLARATION:

I/We declare that all the particulars and information given in the application are true, correct, complete and upto date in all respects and I/We have not withheld any information. I/We agree and confirm that I/We have read the terms and conditions of the account facility, and the terms and conditions pertaining to usage of as may be in force from time to time. I/We further declare that I/We have read and am / are aware of and will adhere to the rules of the Depository in relation to maintenance and operation of the account.




I/We understand that certain particulars given by me / us are required by the operational guidelines governing banking companies. I/We understand that Tamilnad Mercantile Bank reserve the right to reject any application without providing any reason. I / We further declare and confirm that the credit facilities. If any, enjoyed by me / us with other banks has been disclosed herein. I/We authorise Tamilnad Mercantile Bank to make references and enquiries in respect of the information required by the application form which Tamilnad Mercantile Bank consider necessary I / We undertake to inform Tamilnad Mercantile Bank regarding change in my / our residence / employment and to provide any further information that Tamilnad Mercantile Bank may require.

I / We authorise Tamilnad Mercantile Bank to exchange, share or part with all the information relating to my / our application and transaction information to Banks / Financial Institutions / Credit Bureaus / Statutory Bodies and shall not hold liable Tamilnad Mercantile Bank or others to whom such information is disclosed liable for the disclosure or use of such information.

We, the joint applicants hereby confirm that we have instructed and authorised the first applicant to view / access the information on the said account for and on behalf of all of the undersigned and under our specific instructions as stated in this letter. We hereby state that should we wish to revoke the above authorisation, we shall duly issue a letter of revocation to Tamilnad Mercantile Bank in this regard. We hereby agree that until ten days after Tamilnad Mercantile Bank receives such letter revoking the above mandate, the authorisation as aforesaid shall hold good.

Date:

Place:

	NAME	SIGNATURE
Sole / First Holder (Sign of Guardian in case of Minor)		
Second Holder		
Third Holder		

Thumb impression and signatures other than English or Hindi or any of the other languages not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public.

Form – 9 PART II Account Opening Application Form - For Individuals

LETTER OF CONFIRMATION

Dear Sirs,

Sub: Opening of an Account for holding Dematerialised Securities

I/We refer to my / our application for opening of a Dematerialised securities Account (DP Account) with Tamilnad Mercantile Bank Limited (hereinafter called "TMB"), at our request, I/We hereby agree and confirm that:

1. TMB as Depository Participant (DP) will not be liable to us for any action taken or authorised to be taken by it pursuant to the DP agreement or for any claim, loss, damages-or expenses arising in connection with any such action or omission except in so far as the same results from bad faith, willful default or negligence on the part of TMB.
2. TMB as DP will not be liable or responsible for the loss or damages arising on account of any natural calamities or on account of malicious damages caused on account of any strike, civil commotion, riots, war, war like events or circumstances beyond the control of TMB.
3. TMB as DP, will not be responsible for the title, validity or genuineness of any securities which have been dematerialised and notified subsequently by the Registrars of any defects in its title/validity which has resulted in a reduction of the dematerialised holdings of the client and the consequences thereon.
4. I/We hereby agree to hold TMB harmless against all actions, proceedings, claims and demands, cost and expenses incidental thereto which may be brought against, suffered or incurred by TMB as Depository Participant by reason of all acts done by it pursuant to the provisions of the above referred agreement executed at the time of opening the DP account, including any action or omission undertaken in compliance with any instructions received by TMB which TMB believes in good faith to have been given by me/us and make good the losses incurred by TMB on all legal, professional and other expenses incurred by TMB.
5. I/We undertake to send TMB instructions relating to the transfer of securities latest by 4 p.m. on business day (excluding Saturday, Sunday and bank holidays) prior to the execution date indicated by me/us in the debit instruction. We note that the instructions received by TMB after this, will be carried out and updated only' on 'Best Effort' basis. TMB is not liable for any losses and arising out of Delivery Instructions accepted on the "Best Effort" basis.
6. TMB will not be responsible for any failure as a result of non-receipt or receipt of incomplete/erroneous instructions though received within the stipulated time.
7. All instructions will be signed by me/us or by an authorised person on my/our behalf whose signature has been lodged with TMB along with relevant documents as required by TMB. I/We shall inform TMB about the changes in the list of authorised persons and their specimen signatures from time to time.
8. I/We am/are agreeable to pay the fees for the services rendered by TMB as per Schedule of Charges for Depository Services executed by me/us for opening the DP account. I / We hereby authorise and instruct TMB to debit the bank account to be notified by me/us for the fees and other charges and undertake to ensure that adequate balances are made available in the bank account I / We further confirm that, the securities held in my/our DP account are subject to a lien/right of set off in favour of TMB for the claims of monies payable to TMB pursuant to the DP Agreement executed by me/us at the time of opening the DP account.
9. I/We am/are agreeable for your changes in the rules and procedures and revision in tariff structure from time to time.
10. The particulars given and declarations made by me/us in the account opening form, other declarations and in this letter are true as on the date hereof and any changes will be informed to you within Seven days I/ We further confirm that TMB is not liable and responsible for any incorrect information given to TMB nor for any false declaration furnished to TMB and the consequential effects thereon.
11. I/We have read and understood the. rules and regulations pertaining to the Depository and Depository Participants in connection with opening and operating of DP accounts.
12. I/We authorise TMB to issue/re-issue a Delivery Instructions booklet through Post or Courier or as per your standard practice. The Courier charges will be debited in my/our account.
13. I/We also agree that, in case of my/our not following the terms and conditions TMB reserves the right to discontinue execution of any instruction in my/ our account.
14. a) I/We hereby authorise TMB, to claim from my/our bank account mentioned under Electronic Clearing Service (Debit Clearing) Mandate/Direct Debit Mandate and Bank details for receiving dividend / interest", the charges in respect of the Demat Account. I/We further confirm that:
 - i) I/We am/are agreeable to participate in Electronic Clearing Services (Debit Clearing) of RBI and enclose the Mandate Form.
 - ii) The Bank has been authorised to debit my/our account with your charges and remit the proceeds to TMB in the manner advised by TMB from time to time. TMB may forward a copy of the authorisation to the Bank.
- b) I/We hereby undertake not to revoke the standing instruction given to my Bank for the above without the written approval from TMB over after complying with clause'd' below.
- c) We will ensure that sufficient balance will be maintained in the said account for meeting the dues.
- d) I/We will provide fresh authorisation / instruction for claiming TMB dues from the new bank account in the event of our closing this bank account. I/We will provide fresh authorisation to TMB atleast one month prior to our closing the account.
- 15) I/We have agreed to TMB accepting any facsimile (fax) instructions I/We confirm that TMB as DP shall not be liable for any losses or damages which I/We may suffer as a consequence of TMB as DP acting in accordance with or in reliance upon any fax instructions. I/We hereby agree that I/We shall indemnify the DP and keep TMB as DP indemnified and saved harmless, at all times against any claims, losses, damages, in connection with or arising out of or in relation to any fax submission.
- 16) I /We further confirm that the above confirmations are in addition to those agreements and confirmation given by me/us in the account opening form and the DP agreement executed by me/us for opening the DP account.
- 17) I /We hereby confirm that, I /We have complied with all the procedures relating to the norms / regulations issued by the statutory authorities from time to time viz. Income Tax / SEBI / NSDL / FEMA / PMLA / FCRA / FIU-IND / Enforcement directorate etc.

Form – 9 PART II Account Opening Application Form - For Individuals

TAMILNAD MERCANTILE BANK LTD. - DP ID: IN303069




Branch Name:

Acknowledgment (Annexure B)

With reference to my / our application for opening a depository account, I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

In-person Verification Details

It is hereby certified by the branch officer under column (E) that the applicant detailed in column (B) is the person (i) whose photo is affixed in the account opening form (ii) whose original PAN Card is verified with the photo copy attached to the account opening form (iii) whose identity is verified in-person at the address given in column (C) at the date and time in column (D) (iv) Whose signature is obtained at the time of in-person verification.

S.No.	Name & Signature of the Applicant	Address where in-person verification was carried out	Verification Date & Time	Verification Officer Name, Staff No. & Date
(A)	(B)	(C)	(D)	(E)
1	Sole / First Holder  Signature Name Date			Signature: Name: Staff No: Date
2	Second Holder  Signature Name Date			Signature: Name: Staff No: Date
3	Third Holder  Signature Name Date			Signature: Name: Staff No: Date

Do you have relationship with any other organization for the following?

❖ Demat Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, specify name	
❖ Loan against shares	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, specify name	
❖ Brokers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, specify name	

Form – 9 PART II Account Opening Application Form - For Individuals

SCHEDULE OF CHARGES FOR DEPOSITORY SERVICES

S.No.	FEE HEAD	FEES
1	Account Opening and Closing	Nil
2	Stamp Duty, if any	Actual
3	DEMAT	Rs.2 per certificate Minimum Rs.10 Plus Actual Postage Charges. (Subject to a minimum of Rs.50/-)
4	Account Maintenance Charges Resident Individual and HUF Others	Rs.250 Per Annum (upfront) Rs.500 Per Annum (upfront)
5	Transaction (Market, Off Market and Inter Depository [includes transfer to own account]) Sell Buy	Sell : Rs.15 per transaction Buy : Nil
6	Pledge Creation	0.02 % of Market value with a minimum of Rs.25 per transaction
7	Pledge Closure	0.02 % of Market value with a minimum of Rs.20 per transaction
8	Pledge Invocation	Rs.20 per transaction
9	Remat	Rs.15 + Actual Postage Charges. (Subject to a minimum of Rs.50/-)
10	Securities Lending / Borrowings	Rs.25 per transaction
11	Failed Instruction Charges	Rs.10 per transaction

NSDL Charges are chargeable extra at actual. Present NSDL Charges are:

SELL (Market and Off-Market)	Rs. 5.00 per Debit Instruction
Rematerialisation	Rs.10/- for every hundred securities or part thereof with a minimum of Rs. 10/-
Pledge Creation	Rs. 25/- per Instruction




CONDITIONS:

- 1) The value of shares and charges are calculated as per NSDL formula and rates.
- 2) There will be a charge of Rs. 100/- for dishonor of any cheque or unsuccessful attempt to recover payment through direct debit or ECS. The depository services are liable to discontinuation if TMB is unable to recover charges from the customer, for any reason whatsoever. In such cases, there will be a charge of Rs.250/- for resumption of services and the services will be resumed after a minimum of three working days from the date of receipt of request at TMB Demat Service Office at Chennai.
- 3) Any service that is not indicated above will be charged separately as per the rates applicable from time to time.
- 4) TMB reserves the rights to revise the tariff structure from time to time, with a notice of 30 days.
- 5) If the Demat Account is closed during the year pro-rata refund of annual service charges will be made.
- 6) The mentioned charges are exclusive of all taxes and any other charges levied by Govt. Bodies / Statutory authorities, etc. from time to time.

Declaration

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/we hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/ 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, I am/ we are aware that I/we may be held liable for it. In case non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant". I/We have also been informed that the same is available in Bank's (DP's) website.


I / We understand / agree the above			
	Signature of Sole / First Holder	Signature of Second Holder	Signature of Third Holder

Form – 9 PART II Account Opening Application Form - For Individuals


Declaration of Same Mobile Number and Email ID

(for Joint Account, 2nd / 3rd Joint Account holder's signature must be obtained in the respect places)


Sole / First Account Holder:

DP ID: IN 303069	Client ID	Date
Name of Sole / First Account Holder		
<input type="checkbox"/> Mobile Number		
<input type="checkbox"/> Email ID		
I like to receive Annual Reports, AGM Notices and Communication from Issuer & RTA in Physical Form - <input type="checkbox"/> Yes <input type="checkbox"/> No. I hereby declare that the aforesaid mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family (<i>spouse, dependent children and dependent parents</i>).		
Signature of <u>Sole/ First Account Holder.</u>		

Second Account Holder:

DP ID : IN 303069	Client ID	Date
Name of Second Account Holder		
<input type="checkbox"/> Mobile Number		
<input type="checkbox"/> Email ID		
I like to receive Annual Reports, AGM Notices and Communication from Issuer & RTA in Physical Form - <input type="checkbox"/> Yes <input type="checkbox"/> No. I hereby declare that the aforesaid mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family (<i>spouse, dependent children and dependent parents</i>).		
Signature of <u>Second Account Holder</u>		

Third Account Holder:

DP ID : IN 303069	Client ID	Date
Name of Third Account Holder		
<input type="checkbox"/> Mobile Number		
<input type="checkbox"/> Email ID		
I like to receive Annual Reports, AGM Notices and Communication from Issuer & RTA in Physical Form - <input type="checkbox"/> Yes <input type="checkbox"/> No. I hereby declare that the aforesaid mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family (<i>spouse, dependent children and dependent parents</i>).		
Signature of <u>Third Account Holder</u>		

Notes:

1. All Communication shall be sent at the address/email of the Sole/First Holder only.
2. For receiving Statement of Account in electronic Form:
 - 2.1) Client must ensure the confidentiality of the password of the email account.
 - 2.2) Client must promptly inform the Participant if the email address has changed.
 - 2.3) 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.

Form – 9 PART II Account Opening Application Form - For Individuals

DOCUMENTARY PROOF :	(Tick below) (Should be verified with the original by the official at Branch)
	As per NSDL rules & regulations, all account holders need to provide proof of address & proof of identity. In case of joint holdings all joint holders need to provide these proofs.

PROOF OF IDENTITY (POI)	PROOF OF ADDRESS (POA) <u>(Documents having an expiry date should be valid on the date of Submission)</u>
<ol style="list-style-type: none"> 1. <input type="checkbox"/> PAN Card with Photograph 2. <input type="checkbox"/> Voter ID Card issued by the Election Commission of India 3. <input type="checkbox"/> Aadhaar Card 4. <input type="checkbox"/> Passport 5. <input type="checkbox"/> Driving License 6. Identity Card / document with applicant's Photo, issued by <ul style="list-style-type: none"> <input type="checkbox"/> Central / State government and its Departments <input type="checkbox"/> Statutory / Regulatory Authorities <input type="checkbox"/> Public Sector Undertakings <input type="checkbox"/> Scheduled Commercial Banks <input type="checkbox"/> Public Financial Institutions <input type="checkbox"/> Colleges affiliated to Universities (this can be treated as valid only till the time the applicant is a student) <input type="checkbox"/> Professional Bodies such as ICAI, ICWAI, ICSI & Bar Council, etc. to their members. 	<ol style="list-style-type: none"> 1. <input type="checkbox"/> Aadhaar Card 2. <input type="checkbox"/> Ration Card 3. <input type="checkbox"/> Passport 4. <input type="checkbox"/> Voter ID Card 5. <input type="checkbox"/> Driving License 6. <input type="checkbox"/> Bank Pass Book 7. Verified copies of <ul style="list-style-type: none"> <input type="checkbox"/> a. Electricity Bills (Not more than two months old) <input type="checkbox"/> b. Residence Telephone Bills (Land Line Only - Not more than two months old) <input type="checkbox"/> c. Leave and License Agreement / Agreement for Sale. 8. <input type="checkbox"/> Self-declaration by High Court & Supreme Court judges, giving the new address in respect of their own accounts. 9. Identity Card / Document with address, issued by <ul style="list-style-type: none"> <input type="checkbox"/> Central / State Government and its Departments. <input type="checkbox"/> Statutory / Regulatory Authorities. <input type="checkbox"/> Public Sector Undertakings. <input type="checkbox"/> Scheduled Commercial Banks. <input type="checkbox"/> Public Financial Institutions. <input type="checkbox"/> College; affiliated to Universities (this can be treated as valid only the time the applicant is a student). <input type="checkbox"/> Professional bodies such as ICAI, ICWAI, ICSI & Bar Council



FORM 10
FORM FOR NOMINATION/ CANCELLATION OF NOMINATION
(To be filled in by individual applying singly or jointly)



Date: D D M M Y Y Y Y DP ID I N 3 0 3 0 6 9 Client ID

I/We wish to make a nomination. *[As per details given below]*

I/We do not wish to make a nomination.

I/We wish to cancel the nomination made by me/ us earlier and consequently all rights and liabilities in respect of beneficiary ownership in the securities held by me / us in the said account shall vest in me/ us. *[Strike off the nomination details below]*

Nomination Details

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all securities held in the Depository by me / us in the said beneficiary owner account in the event of my / our death.

Nomination can be made upto three nominees in the account.		Details of 1 st Nominee	Details of 2 nd Nominee	Details of 3 rd Nominee
1	Name of the nominee(s) (Mr./Ms.)			
2	Share of each Nominee Equally [If not equally, Please specify %]	%	%	%
Any odd lot after division shall be transferred to the first nominee mentioned in the form.				
3	Relationship With the Applicant (If Any)			
4	Address of Nominee(s)			
	PIN Code			
5	Mobile/Telephone No. of nominee(s)			
6	Email ID of nominee(s)			
7	Nominee Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN Card <input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Demat Account ID <input type="checkbox"/> Proof of Identity			

Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:

8	Date of Birth {in case of minor nominee(s)}			
9	Name of Guardian (Mr./Ms.) {in case of minor nominee(s) }			
10	Address of Guardian(s)			
	PIN Code			
11	Mobile/Telephone no. of Guardian			
12	Email ID of Guardian			
13	Relationship of Guardian with nominee			
14	Guardian Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN Card <input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Demat Account ID <input type="checkbox"/> Proof of Identity			

Name(s) of holder(s)	Signature(s) of holder
Sole/ First Holder/ Guardian (in case sole holder is minor) (Mr./Ms.)	
Second Holder (Mr./Ms.)	
Third Holder (Mr./Ms.)	

Signature of Witness for Nomination		
Name of the Witness	Address	Signature of witness
		Date:

Notes:

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.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.

4.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.

5.Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.

6.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.

7.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).

8.Nomination can be made upto 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 upto 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.

9.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 FORM 10 at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.

10. Copy of any proof of identity must be accompanied by original for verification or duly attested by any entity authorized for attesting the documents.

11. Savings bank account details shall only be considered if the account is maintained with the same participant.

12.DP ID and client ID shall be provided where demat details is required to be provided.

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual



Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only

(To be filled by financial institution)

Application Type* New Update


KYC Number (Mandatory for KYC update request)

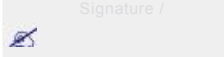
Account Type* Normal Simplified (for low risk customers) Small

1. PERSONAL DETAILS (Please refer instruction **A** at the end)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M-Male	<input type="checkbox"/> F-Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector)	
	<input type="checkbox"/> O-Others (<input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife <input type="checkbox"/> Student)
	<input type="checkbox"/> B-Business			
	<input type="checkbox"/> X- Not Categorized			

PHOTO



Signature / 

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)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input type="text"/>

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*

T Code* 3166 Country Code*

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*

Line 2

Line 3

District*

 Pin / Post Code*

 City / Town / Village*

 T Code*

 3166 Country Code*

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

Same as Current / Permanent / Overseas Address details Same as Correspondence / Local Address details

Line 1*

Line 2

Line 3

State*

 ZIP / Post Code*

 City / Town / Village*

 ISO 3166 Country Code*

5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Tel. (Off)

 -

 Tel. (Res)

 -

 Mobile

 -

FAX

 -

 Email ID

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* Guardian of Minor Assignee Authorized Representative

Name* Prefix

 First Name

 Middle Name

 Last Name

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)

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

7. REMARKS (If any)

8. APPLICANT 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.

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date :

 Place :

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name

Code

[Institution Stamp]

Form – 9 PART II Account Opening Application Form - For Individuals

SCHEDULE OF CHARGES FOR DEPOSITORY SERVICES (Client Copy)

S.No.	FEE HEAD	FEES
1	Account Opening and Closing	Nil
2	Stamp Duty, if any	Actual
3	DEMAT	Rs.2 per certificate Minimum Rs.10 Plus Actual Postage Charges. (Subject to a minimum of Rs.50/-)
4	Account Maintenance Charges (AMC) Resident Individual and HUF Others	Rs.250 Per Annum (upfront) Rs.500 Per Annum (upfront)
5	Transaction (Market, Off Market and Inter Depository [includes transfer to own account]) Sell Buy	Sell : Rs.15 per transaction Buy : Nil
6	Pledge Creation	0.02 % of Market value with a minimum of Rs.25 per transaction
7	Pledge Closure	0.02 % of Market value with a minimum of Rs.20 per transaction
8	Pledge Invocation	Rs.20 per transaction
9	Remat	Rs.15 + Actual Postage Charges. (Subject to a minimum of Rs.50/-)
10	Securities Lending / Borrowings	Rs.25 per transaction
11	Failed Instruction Charges	Rs.10 per transaction

NSDL Charges are chargeable extra at actual. Present NSDL Charges are :

SELL (Market and Off-Market)	Rs. 5.00 per Debit Instruction
Rematerialisation	Rs.10/- for every hundred securities or part thereof with a minimum of Rs. 10/-
Pledge Creation	Rs. 25/- per Instruction

CONDITIONS :

- 1) The value of shares and charges are calculated as per NSDL formula and rates.
- 2) There will be a charge of Rs. 100/- for dishonor of any cheque or unsuccessful attempt to recover payment through direct debit or ECS. The depository services are liable to discontinuation if TMB is unable to recover charges from the customer, for any reason whatsoever. In such cases, there will be a charge of Rs.250/- for resumption of services and the services will be resumed after a minimum of three working days from the date of receipt of request at TMB Demat Service Office at Chennai.
- 3) Any service that is not indicated above will be charged separately as per the rates applicable from time to time.
- 4) TMB reserves the rights to revise the tariff structure from time to time, with a notice of 30 days.
- 5) If the Demat Account is closed during the year pro-rata refund of annual service charges will be made.
- 6) The mentioned charges are exclusive of all taxes and any other charges levied by Govt. Bodies / Statutory authorities, etc. from time to time.

I / We understand / agree the above			
	Signature of Sole / First Holder	Signature of Second Holder	Signature of Third Holder

Acknowledgment

Tamilnad Mercantile Bank Limited	DP ID: IN 303069
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. Your Client ID will be intimated to you after the account opened. Please quote the DP ID & Client ID allotted to you in all your future correspondence.	
Branch Name: Branch No: Branch Address Seal/Stamp	_____ for Tamilnad Mercantile Bank Ltd Authorized Signatory