



THE KAPOL CO-OP BANK LTD.

ANNEXURE J

(MULTI-STATE SCHEDULED BANK)

CENTRALISED DEMAT DEPARTMENT

19/21 Kapol Bank Bldg., 1st Floor, Picket Cross Road, Mumbai - 400 002. Phone : 2203 4360, 2203 6595, 2207 9389 Fax : 22037297

PART II ACCOUNT OPENING FORM (FOR INDIVIDUALS)

DP ID-IN 300907

Sr. No. **7634617**

Branch	Client - Id (To be filled by Participant)																			
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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																				
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A) Details of Account Holder(s):

	Name	PAN
Slor/First Holder		
Second Holder		
Third Holder		

B) For HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name & PAN of the HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below:

a) Name		b) PAN																		
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C) Type of account

<input type="checkbox"/> Ordinary Resident	<input type="checkbox"/> NRI-Repatriable	<input type="checkbox"/> NRI-Non Repatriable
<input type="checkbox"/> Qualified foreign Investor	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Promoter
<input type="checkbox"/> Margin	<input type="checkbox"/> Others (Please specify) _____	

D) In case of NRI/Foreign Nationals

RBI Approval Reference No.	
RBI Approval date	

E) Bank Details

1	Bank account Type: <input type="checkbox"/> Saving Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify) _____																			
2	Bank Account Number																			
3	Bank Name																			
4	Branch Address																			
	City/town/village	PIN Code																		
	State	Country																		
5	MICR Code																			
6	IFSC																			

F) Standing Instructions

1	I/We authorise you to receive credits automatically into my/our account.	<input type="checkbox"/> Yes
		<input type="checkbox"/> No.

2.	Account to be operated through Power of Attorney (POA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No.
3	SMS Alert facility:(Mandatory if you are giving Power of Attorney (POA), Ensure that the mobile number is provided in the KYC Application Form)		
	Sr. No.	Holder	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"/>
G)	Guardian Details (Where sole holder is a minor) (For account of a minor, two KYC Application Forms must be filled i.e. one guardian and another for the minor (to be signed by guardian))		
	Guardian Name		
	PAN		
	Relationship of guardian with minor		
H)	Nomination Option		
	<input type="checkbox"/> I/We wish to make a nomination. (As per details given below)	<input type="checkbox"/> I/We do not wish to make a nomination. (Strick off the nomination details below)	
	Nomination Details		
	I/We wish to make a nomination and do hereby nominate the following person in whom all rights and / or amount payable in respect of securities held in the Depository by me / us in the said beneficiary owner account shall vest in the event of my / our death.		
1	Name of the Nominee (Mr./Ms.)	Photograph of Nominee	
2	Relationship with the applicant (If any)		
		Signature of nominee across photograph	
3	Address of Nominee		
	City/town/village	PIN Code	
	State	Country	
4	Contact Details of Nominee	Tel. (Off.)	Tel. (Res.)
		Fax No.	Mobile No.
		Email ID	
5	Signature of Nominee	X	
To be filled-up (Sr. Nos. 6-11) only if nominee is a minor:			
6	Date of Birth (in case of minor nominee)	D M Y Y Y Y	

7	Name of Guardian (Mr./Ms.) (In case of minor nominee)					Photograph of Guardian (for minor nominee)	
8	Address of Guardian						Signature of Guardian across photograph
		City/town/village	PIN Code				
		State	Country				
9	Contact Details of Guardian	Tel. (Off.)	Tel. (Res.)				
		Fax No.	Mobile No.				
		Email ID					
10	Relationship of Guardian with nominee						
11	Signature of Guardian	X					
Signature of two Witnesses for nomination							
	Name of witness	Address			Signature of witness with date		
	a.				X		
	b.				X		

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.

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

Standing instruction for Debit to my Saving/Current/OD Account for Demat Account charges.

In above reference, I/We irrevocably authorise you to debit my / our Saving / Current / OD. Account Number _____ in the name of _____ maintained with your _____ Branch, towards Custody Fee/Transaction Fee/Other Charges arising out of my Demat Account with you.

Yours faithfully,

**Sign & Stamp of Branch
Authorised Signatory**

(Client Signature)

Notes :

1. All communication shall be sent at the address of the Sole/First holder only.
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. Instructions related to nomination, are as below:
 - I. 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, 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.
 - II. 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.
 - III. The Nominee 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.
 - IV. 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.
 - V. Transfer of securities in favour of a Nominee shall be valid discharge by the depository and the Participant against the legal heir.
 - VI. 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, 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.
 - VII. 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.
4. Strike off whichever is not applicable.

Acknowledgment

Sr. No. 7634617



THE KAPOL CO-OP BANK LTD.
(MULTI-STATE SCHEDULED BANK)

CENTRALISED DEMAT DEPARTMENT

19/21 Kapol Bank Bldg., 1st Floor, Picket Cross Road, Mumbai - 400 002. Phone : 2203 4360, 2203 6595, 2207 9389 Fax : 22037297

Received the application from Mr/Ms _____ as the sole/first holder alongwith _____ 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:

Participant Stamp & Signature

Client - ID :

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AGREEMENT BETWEEN THE DEPOSITORY PARTICIPANT AND THE PERSON SEEKING TO OPEN AN ACCOUNT WITH THE DEPOSITORY PARTICIPANT.

This agreement is made at Mumbai and entered into this _____ day of _____

between _____

situated at _____

(hereinafter called the client') and THE KAPOL CO-OP. BANK LTD. A Scheduled Co-operative Bank Having its Registered Office situated at 105, Kapol Bank Building, 1st Floor, 19/21, Picket Cross Road, Mumbai - 400 002. (Hereafter called "The Depository Participant")

witnesseth

WHEREAS the Client has furnished to the Depository Participant the duly filled in application form requesting there in to open as account with the Depository Participant.

NOW THEREFORE in consideration of the Depository Participant having agreed to open an account for the Client both the parties to the agreement hereby covenant and agree as follows.

1. The Client shall pay such charges to the Depository Participant for the purpose of opening and maintaining of his account, for carrying out the instructions of the Client and for rendering such other services as may be agreed to between the Depository Participant and the Client as set out in Schedule A. The Depository Participant shall reserve the right to revise the charged by giving not less than thirty days notice in writing to the client.
2. The Client shall have the right to get the securities which have been admitted on the Depository dematerialised in the form and manner laid down under the Bye Laws and Business Rules. The Depository Participant further undertakes that it shall not create or permit to subsist any mortgage, charge or other encumbrance over all or any such securities submitted for dematerialisation except on the instructions of the Client.
3. The Depository Participant hereby undertakes that it shall maintain a separate account of its own securities held in dematerialised form with the depository and shall not commingle the same with securities held in dematerialised form on behalf of the Client.
4. The Depository Participant undertakes that a transfer to and from the accounts of the Client shall be made only on the basis of an order, instruction, direction or mandate duly authorised by the client and that Depository Participant shall maintain adequate audit trail of such authorization.
5. The Depository Participant agrees that the Client may give standing instructions with regard to the crediting of securities in his account and that Depository Participant shall act according to such instructions
6. The Depository Participant undertakes to provide a transaction statement, including statement of accounts, if any to the Client at monthly unless the Depository Participant and the Client have agreed for provision of _____ such statements at shorter intervals. However if there is no transaction in the account, the Depository Participant shall provide such statement to the Client at least once a quarter.
7. The Depository Participant shall have the right to terminate this agreement for any reasons whatsoever provided the Depository Participant has given a notice in writing of not less than thirty days to the Client as well as to the Depository. Similarly the Client shall have the right to terminate this agreement and close his account held with Depository Participant, provided no charges are payable by him to the Depository Participant. In such an event, the Client shall held with another specify whether the balance in the accounts should be transferred to another account of the Client held with another Depository Participant or to rematerialise the security balances held. Based on the instructions of the Client, the Depository Participant shall initiate the procedure for transferring such security balances or rematerialise such security balance within a period of thirty days, as per the procedure laid down in the Bye Laws and Business Rules. Provided further, termination of this agreement shall not affect the rights, liabilities and obligations of either party and shall continue to bind the parties to their satisfactory completion.
8. On the failure of the Client to pay the charges as laid out in clauses (1) of this agreement within a period of thirty days from the date of demand Depository Participant may terminate this agreement and close the account of the Client by requiring it to specify whether the balances in its account be transferred to the account of the Client held with another Participant or be rematerialised in the manner specified in the Bye Laws and Business Rules.
9. The Client further agrees that is the event of the Client committing a default in the payment of any of the amounts provided in clause (1) within a period of thirty days from the date of demand, without prejudice to the right of the Depository Participant of close the account of the Client, the Depository Participant may charge interest @not more than 24% p.a. Or such rate as may be specified by the Executive Committee from time to time for the period of such default. In case the Client has failed to make the payment of any of the amounts as provided in cause (1) of this agreement, the Depository Participant shall have the right to discontinue the Depository till such time he makes the payment along with interest, if any after giving two days notice to the Client.
10. The Depository Participant shall have a right to provide such information related to the Client's account as may be requested by the Depository from time to time.
11. The Client shall have the right to create a pledge of the securities held the dematerialised form with the Depository Participant in only in accordance with the procedure and subject to the restrictions laid down under the Bye Laws and Business Rules.
12. The Depository shall not be liable to the Client in any manner towards losses and expenses arising from the claims

of third parties and from taxes and other governmental charges in respect of securities credited to the Clients account.

13. The Client may exercise the right to freeze his account maintained with the Depository Participant in accordance with the procedure prescribed and subject to the restrictions laid down under the Bye Laws and Business Rules.
14. The Client may exercise the right to defreeze his account maintained with the Depository Participant in accordance with the procedure and subject to restrictions laid down under the Bye Laws and Business Rules.
15. The Client shall notify the Depository Participant, within seven days, of any change in the details set out in the application form submitted to the Depository Participant, at the time of opening the account or furnished to the Depository Participant from time to time.
16. The Depository Participant undertakes to resolve all legitimate grievances of the Client against the Depository Participant within a period of thirty days.
17. The Depository Participant and the Client further agree that all arbitration and conciliation procedure prescribed under the Bye Laws of the Depository Participant and that such procedure shall be applicable to any disputes between the Depository Participant and the Client.
18. The Depository Participant and the Client further agree that all claims, differences and disputes, arising out of or in relations to dealings on the depository including any transactions made subject to the Bye Laws or Business Rules of the Depository or with reference to anything incidental thereto or in pursuance thereof or relating to their validity, construction, interpretation, fulfillment of the rights, obligations and liabilities of the parties there to and including any question of whether such dealings, transactions have been entered into or not, shall be subject to the exclusive jurisdiction of the courts at Mumbai only.

IN WITNESS WHEREOF the Client and the Depository Participant has caused these presents to be executed as of the day and year first above written.

Signed and delivered by

(Mr. / Ms. _____)

(Mr. / Ms. _____)

(Mr. / Ms. _____)

(For and behalf of the Client)

Witness

Name : (Mr./Ms. _____)

Resi. Address : _____

Signed and delivered by

Witness

Name : (Mr./Ms. _____)

Resi. Address : _____

(for and behalf of the DP)

THE KAPOL CO-OPERATIVE BANK LTD.

Schedule A

1. Account Maintaining charges.
2. Transaction charges.
3. Rematerialisation charges.
4. Other charges.

ADDITIONAL NOTE TO SCHEDULE A

1. Savings/Current account should be opened by the depository account holder with the Bank. Charges will be debited to the Savins/Current Account.
2. The Demat account can be opened after executing the stamped agreement cost of which will be recovered from the client.
3. All Charges will be recovered on monthly basis.
4. Courier/Postage at actuals will be extra
5. Charges on % terms will be as per NSDL formula.
6. Statements will be provided on monthly basis. Additional copy of statement at Rs.15/- for first two pages & Rs.5/- for extra each page if any.
7. Charges are subject to revision at Banks Sole discretion.

THE KAPOL CO-OPERATIVE BANK LIMITED - DEMAT DEPARTMENT

(DP ID - IN300907)

(MULTI STATE SCHEDULE BANK)

SCHEDULE OF DEMAT SERVICE CHARGES WITH EFFECT FROM 01.04.2011

<u>Sr.No.</u>	<u>Service offered</u>	<u>Tariff</u>
1	Account Opening	NIL
2	Account Closing	NIL
3	Custody Fees	NIL
4	Instruction rejection charges	NIL
5	Redemption and Repurchase of MF units	NIL
6	Account Freeze / Defreeze	NIL
7	Transaction Charges	
	Purchase	NIL
	Sale: (Market/Off Market Trf.)	0.03 % off the market value. Minimum Rs. 20/=.
8	Pledge	NIL in case of loan from our Bank.
	Pledge Creation	Rs. 30/= per ISIN.
	Pledge Closures	Rs. 30/= per ISIN.
	Pledge Invocation	Rs. 30/= per ISIN.
9	Dematerialization / Conversion of MF units	Rs. 1/= per certificate/statement plus Rs.30/= courier.
10	Rematerialization	Rs. 11/= for every 100 securities or part thereof OR a flat fee of Rs. 11/- per certificate whichever is higher.
11	Annual Maintenance Charges	Rs. 400/= per Demat Account per annum.
12	SPEED-e Facility for SMART CARD User	Rs. 125/= per Quarter as per NSDL's Rues.

Conditions:

- 1 The above charges are exclusive of Service Tax.
- 2 The AMC will be refundable as per SEBI's guidelines.
- 3 All other charges are payable monthly.
- 4 Market value of transactions will be as per the rates provided by NSDL.
- 5 All instructions for transfer must be received at the designated branches of the Bank at least one day prior to the execution date.
- 6 Late charges Rs. 50/= per instruction would be collected in cash for all instructions received after 4 pm for same day execution or execution date and pay in date being the same.
- 7 All instructions for off market transfer and inter depository transfer for same day execution will be accepted at client risk.
- 8 Transaction cum Billing statements will be sent once in a month provided there is a transaction, else once in a quarter as per business rule of NSDL.
- 9 Any extra statement will be charged in cash minimum Rs.15/= for first two pages and Rs. 5/= per each additional page.
- 10 Please note that in case the Bank is unable to recover the charges due to inadequate balances in the saving / current account or due to invalid / closed accounts, the depository services for such accounts will be temporarily suspended till the receipt of such charges.
- 11 In case of misplace or Lost of instruction booklet, Rs. 50/= would be levied in cash at branch.
- 12 Password base Speed-e/DeAS and SMS Alert facility is provided at free of cost.
- 13 One time E-token charges of Rs. 1,000/= for smart card user will be charged extra.

First Holder

Second Holder

Third Holder



THE KAPOL CO-OP BANK LTD.
(MULTI-STATE SCHEDULED BANK)

ANNEXURE J

CENTRALISED DEMAT DEPARTMENT

19/21 Kapol Bank Bldg., 1st Floor, Picket Cross Road, Mumbai - 400 002. Phone : 2203 4360, 2203 6595, 2207 9389 Fax : 22037297

PART I - KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Individuals)

DP ID-IN 300907

Please fill this form in ENGLISH and in CAPITAL LETTERS		Photograph Please affix your recent passport size photograph Signature across photograph
A. IDENTITY DETAILS		
1	Name of the Applicant	
2	Father's/ Husband's Name	
3	a) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female b) Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married c) Date of Birth	
4	a) Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Others (Please Specify _____) b) Staus <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National	
5	a) PAN b) Unique Identification No. (UID) / Aadhaar, if any	
6	Specify the proof of identity submitted <input type="checkbox"/> PAN Card <input type="checkbox"/> Any other (Please specify: _____)	
B. ADDRESS DETAILS		
1	Correspondence Address	
	City/town/village	PIN Code
	State	Country
2	Specify the proof of address submitted for correspondence address	
3	Contact Details	
	Tel. (Off.)	Tel. (Res.)
	Fax No.	Mobile No.
	Email ID	
4	Permanent Address (If different from above. Mandatory for Non-Resident. Applicant to specify overseas address)	
	City/town/village	PIN Code
	State	Country
5	Specify the proof of address submitted for permanent Address	
C. OTHER DETAILS		
1	Gross Annual Income Details (Please specify):	
	Income Range per annum	Networth
	<input type="checkbox"/> Below ₹ 1 lac <input type="checkbox"/> ₹ 10 -25 lac <input type="checkbox"/> ₹ 1 - 5 lac <input type="checkbox"/> More than ₹ 25 lac <input type="checkbox"/> ₹ 5 - 10 lac	Amount (₹) As on (date) _____ (Networth should not be older than 1 year)

2	Occupation (Please tick any one and give brief details): _____	
	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Services <input type="checkbox"/> Business <input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Please Specify): _____
3	Please tick, if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)	
4	Any other information _____	
D. DECLARATION		
<p>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.</p>		
Signature of the Applicant _____		Date _____

FOR OFFICE USE ONLY	
<input type="checkbox"/> (Original verified) True copies or documents received <input type="checkbox"/> (Self Attested) Self Certified Document copies received	
Signature of the Authorised Signatory _____	Seal/Stamp of the intermediary
Date _____	

IN PERSON VERIFICATION	
The Kapol Co-operative Bank Ltd. (IN 300907)	
Branch: _____	
Name of the Staff: _____	
EMP. Code: _____	Sign _____
Date: _____	Place _____
Applicant/s sign/s _____	
(Signed before the DP Staff)	