



# BCB Brokerage Private Limited

CIN-U67120MH2000PTC129742

SEBI Registration No. IN-DP-438-2019

Regd. Off. : 1207-A, P. J. Towers, Dalal Street, Fort, Mumbai-400 001.

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## Additional information to be obtained along with the SARAL Account Opening Form for Resident Individuals

(Updated as per CDSL Operating Instructions as on March, 2026)

(To be filled by the Depository Participant)

Application No.		Date				DP Internal Reference No.											
DP ID	1	2	0	1	0	4	0	0	Client ID								

### Holders Details

Sole / First Holder's Name	PAN	
	UID	(Last 4 Digits Only)
UCC	EXCHANGE NAME AND ID	
Second Holder's Name	PAN	
	UID	(Last 4 Digits Only)
Third Holder's Name	PAN	
	UID	(Last 4 Digits Only)

Name*	
*In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.	

### Type of Account (Please tick whichever is applicable)

Status	Sub – Status
<input type="checkbox"/> Individuals	<input type="checkbox"/> Individual Resident

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 (Tick the applicable box. If not marked the default option would be Physical)	<input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical & Electronic

I / We wish to receive dividend / interest directly in to my bank account as given in SARAL AOF 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
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Other Details	
Gross Annual Income Details	Income Range per annum: <input type="checkbox"/> Up to Rs. 1,00,000 <input type="checkbox"/> 1,00,000 to Rs.5,00,000 <input type="checkbox"/> Rs.5,00,000 to Rs. 10,00,000 <input type="checkbox"/> 10,00,000 to Rs. 25,00,000 <input type="checkbox"/> More than Rs.25,00,000
	Net worth as on (Date) _____ Rs. <i>[Net worth should not be older than 1 year]</i>
	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 _____	<input type="checkbox"/> Yes
	[(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 <i>easi</i> , please visit our website <a href="http://www.cdslindia.com">www.cdslindia.com</a> . <i>Easi</i> allows a BO to view his ISIN balances, transactions and value of the portfolio online.	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### Nomination Details

<b>Nomination Registration No.</b>	
<b>Dated</b>	

I/We hereby confirm that I/We do not wish to appoint any nominee in my demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the demat account.

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

*Note: Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature [in both the cases i.e. nomination // opt out nomination]*

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

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name			
First Name *			
Middle Name			
Last Name *			

<b>Percentage of allocation of securities *</b> <input type="checkbox"/> Equally <i>(if not equally, please specify percentage)</i> OR <input type="checkbox"/> Share of each nominee	%	%	%
<i>Any odd lot after division shall be transferred to the first nominee mentioned in the form</i>			
Nomination Identification Details – <i>[Please tick any one of following and provide details of same]</i>	Nominee 1	Nominee 2	Nominee 3
<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			
Address *			
City *			
State *			
PIN *			
Country *			
Mobile no/Telephone No. <i>[Optional Fields]</i>			
Email ID: <i>[Optional Fields]</i>			
FAX No. <i>[Optional Fields]</i>			
Relationship with the BO*			
<b>To be filled only if nominee(s) is a minor:</b>			
Date of birth (mandatory if Nominee is a minor) dd/mm/yyyy			
Name of the Guardian of Nominee (if nominee is a minor)			
First Name *			
Middle Name			
Last Name *			
Address of the guardian of nominee *			
City *			
State *			
PIN *			
Country *			
Age			
Mobile no/Telephone No. <i>[Optional Fields]</i>			
Email ID: <i>[Optional Fields]</i>			

FAX No. <i>[Optional Fields]</i>			
Relationship of the Guardian with the Nominee *			
Guardian Identification details – <i>[Please tick any one of following and provide details of same]</i>			
<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			

**\* Marked is Mandatory field**

*Note: Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature [in both the cases i.e. nomination /negative nomination.*

Details of the Witness	
	<b>Witness Details</b>
Name of witness	
Address of witness	
Signature of witness	

I / We have received and read the Rights and Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to 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 my account liable for termination and suitable action.

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

*(Signatures should be preferably in black ink).*

===== (Please Tear Here) =====

**Acknowledgement Receipt**

<b>Application No.:</b>		<b>Date</b>	
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We hereby acknowledge the receipt of the Account Opening and nomination Application Form:

Name of the Sole / First Holder	
Name of Second Holder	
Name of Third Holder	

**For BCB Brokerage Private Limited (DP ID 12010400/ 01)**

**(Authorised Signatory)**

**Name:**

**Designation and Employee ID:**

**Place:**

**Date:**