UNIFI CAPITAL
Investing With Conviction

Saral Account Opening Form
For Resident Individuals

CASH SEGMENT ONLY

SARAL ACCOUNT OPENING FORM FOR RESIDENT INDIVIDUALS

[DEMAT & TRADING in CASH SEGMENT only]

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

I KYC - Please fill this form in BLOCK LETTERS.

A. IDENTITY DETAILS – First / Sole holder

1. **Name of the Applicant:** _____
2. **Father's/ Spouse Name:** _____
3. **a. Gender:** Male/ Female **b. Marital status:** Single/ Married **c. Date of birth:**_____ **(dd/mm/yyyy)**
4. **Nationality:** _____
5. **a. PAN:** _____ **b. Aadhaar Number, if any:** _____ **(last 4 digits only)**
6. **Specify the proof of Identity submitted:** _____

B. ADDRESS DETAILS

1. **Residence/ Correspondence Address:** _____

   _____

   City/town/village: Pin Code:

   State : Country:
2. **Contact Details: Tel. (Off.)** **Tel. (Res.)** **Mobile No.:**

   Email id:
3. **Permanent Address** (if different from above address): _____

   City/town/village: Pin Code:

   State: Country:
4. **Specify the proof of address submitted for residence/correspondence /permanent address:**

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.

_____ Date:_____ (dd/mm/yyyy)

Signature of the Applicant

☐ Originals verified and Self- Attested Document copies received (_____)

Date: _____

Name & Signature of the Authorised Signatory

Seal/Stamp of the Intermediary

OTHER DETAILS:

1. Bank account details:

Bank Name	Branch address	Bank account no	Account Type: Saving/Current/	MICR Number	IFSC code

2. Demat account details:(In case the client does not have DP account, this column may be crossed)

DP Name	NSDL/CDSL	Beneficiary name	DP ID	BO ID

3. Whether DP account is also to be opened with the same intermediary (Yes/No)
4. Trading Preferences: Please sign the relevant boxes where you wish to trade.

Exchange	Sign	Exchange	Sign
NSE cash		BSE cash	

5. Mode of receiving Contract Note/ Statement of Account: Physical☐ Electronic ☐
(Please indicate your preference)
6. Standing instructions to receive credits automatically into my BO account ☐ Yes ☐ No

I have understood the contents of policy and procedures document, tariff sheet, 'Rights and Obligations' document and 'Risk Disclosure Document'. I do hereby agree to be bound by such provisions as outlined in these documents. I have also been informed that the standard set of documents has been displayed for information on stock broker's designated website.

_____ Date: _____ (dd/mm/yyyy)

Signature of the Applicant

FOR OFFICE USE ONLY

UCC Code allotted to the Client: _____

DP Name	NSDL/CDSL	Beneficiary name	DP ID	BO ID
	Documents verified with Originals	ClientInterviewed By	In-Person Verification done by	
Name of the Employee				
Employee Code				
Designation of the employee				
Date				
Signature				

I / We undertake that I/we have made the client aware of 'Policy and Procedures', tariff sheet. I/We have also made the client aware of 'Rights and Obligations' document (s), RDD and Guidance Note. I/We have given/sent him a copy of all the KYC documents. I/We undertake that any change in the 'Policy and Procedures', tariff sheet would be duly intimated to the clients. I/We also undertake that any change in the 'Rights and Obligations' and RDD would be made available on my/our website, if any, for the information. of the clients.

If the client chooses to avail the demat facility from the same stock broker who is also a depository participant, the stock broker may use the same form and provide the details of the demat account opened for the said client to the client while providing a copy of the KYC documents.

_____

Signature of the Authorised Signatory

Date _____ **Seal/Stamp of the stock broker**

NOTE: This form is applicable for individual investors trading in the cash segment. If such investors wish to trade in segments other than cash segment and / or wish to avail facilities such as internet trading, running account, margin trading, Power of Attorney etc., they may furnish additional details required as per prescribed regulations to the concerned intermediary.

Additional information regarding opening SARAL Demat Account

Date	D	D	M	M	Y	Y	Y	Y

(To be filled by the Depository Participant)

Application No.		Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.										
DPID									Client ID								

Other Details

Occupation	☐ Private/ Public Sector ☐ Govt.Service ☐ Business ☐ Professional ☐ Agriculture ☐ Retired ☐ Housewife ☐ Student ☐ Others (Specify)
Annual Income	**Income Range per annum:** ☐ Upto Rs.1,00,000 ☐ Rs.1,00,000 to Rs.5,00,000 ☐ Rs.5,00,000 to Rs.10,00,000 ☐ Rs.10,00,000 to Rs.25,00,000 ☐ More than Rs.25,00,000 Networth a son (Date) _____ [Networth should not be older than 1year]
Please tick, if applicable:	☐ Politically Exposed Person(PEP) ☐ Related to Politically Exposed Person(RPEP)
Any other information:	

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')	☐ Yes ☐ No
Account Statement Requirement	☐ AsperSEBI ☐ Regulation ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly
I/Werequest you to send Electronic Transaction-cum-Holding Statement at the email ID	☐ Yes ☐ No
I/We would like to share the email ID with the RTA	☐ Yes ☐ No
I/We would like to share the email ID with the I / We would like to receive the Annual Report Physical/ Electronic/ Both Physical and Electronic (Tick the applicable box .If not marked the default option would be in Physical)	

I/ We wish to receive dividend / interest directly in tomy bank account as given in SARAL AOFthrough ECS(If not marked, the default option would be 'Yes') [ECS is mandatory for locations not ified by SEB Ifromtime to time]	☐ Yes ☐ No

SMS Alert Facility Refer to Terms & Conditions given as Annexure-2.4 of CDSL Operating Instructions	MOBILE NO.+91_____ [(Mandatory, if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).
Easi	To register for easi,please visit our websitewww.cdslindia.com. Easi allows a Boto view his ISINbal ances,transaction sand value of the portfolio online.

NOMINATION FORM

NominationDetails(As per SEBI/HO/OIAE/OIAE_IAD-3/P/ON/2025/01650, dated January 10, 2025)

I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s) *

Nomination can be made upto three nominees in the account		Details of Nominee	Details of 2nd Nominee	Details of 3nd Nominee
MANDATORY DETAILS				
1.	Name of the Nominees (Mr. / Mrs.)			
2.	Share of each Nominee	%	%	%
		In case the investor specifies multiple nominees, then he/she shall also specify the % share for each nominee. If % is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division /fraction of %, shall be transferred to the first nominee mentioned in the nomination form. (see table in 'Transmission aspects').		
3.	Relation with the Applicant			
4.	Postal Address with City, State and Pincode (If nominee is minor, please provide Guardian's details)			
5	Mobile number (If nominee is minor, please provide Guardian's details)			
6	E-mail Id (If nominee is minor, please provide Guardian's details)			
7	Nominee identification details (please tick any of the following and provide details of the same) ☐ Photograph and Signature ☐ PAN ☐ Aadhar ☐ Savings Bank Account Number ☐ Proof of Identity ☐ Demat Account ID	IDENTITY NUMBER		
	Provide only number: PAN or Driving Licence or Aadhaar (last 4 digits). Copy of the document is not required. However, in case of NRI / OCI / PIO, Passport number is acceptable.			
ADDITIONAL DETAILS				
8	Date of Birth of Nominee please provide, only if the nominee is minor.			
9	Guardian Name please provide, only if the nominee is minor.			

* For Joint Accounts:

Event	Transmission of Account / Folio to
Demise of one or more joint holder(s)	The surviving holder(s) shall inherit the assets as owners
Demise of all joint holders simultaneously - having nominee	Nominee
Demise of all joint holders simultaneously - not having nominee	Legal heir(s) of the youngest holder

NOMINATION FORM (Continued)

Declaration

1. I/We acknowledge that the transfer of the cash/securities (post necessary deduction of charges) lying in the portfolio in favour of the Nominee shall be full and valid discharge of the liability by Unifi Capital Private Limited (UCPL) against my/our legal heir.

2. If the nomination percentage is not mentioned, equal weightage would be given to each nominee stated therein.

3. In the event of the nominee(s) pre-deceasing me or us, the nomination will automatically stand cancelled and thereupon, I/we will make a fresh nomination. In case of multiple nominations, if any of the nominees is deceased, the said nominee's share will be distributed proportionately amongst the surviving nominees or in such proportion as may be communicated by me/us.

4. UCPL will not entertain any claim other than that of the registered nominee(s), unless so directed by any competent court.

Name(s) of the holder(s)		Signature(s) of the holder(s) / Thumb Impression	Signature of two witnesses*	Name & Aaddress of the Witnesses (wherever applicable)*
Sole/1st Applicant (Mr./Ms.)				
2nd Applicant (Mr./Ms.)				
3rd Applicant (Mr./Ms.)				

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

Rights, Entitlement and Obligation of the investor and nominee:

- You can make nomination or change nominee any number of times without any restriction.
- You are entitiled to receive acknowledgement from the intermediary for each instance of providing or changing nomination.
- In case all your nominees do not claim the assets from the intermediary, then the residual unclaimed asset shall continue to be with the intermediary.

Transmission aspects

- The intermediary shall transmit the assets to the nominee(s) upon receipt of 1) copy of death certificate and 2) completion / updation of KYC of the nominee(s). The nominee is not required to provide affidavits, indemnitites, undertakings, attestations or notarization.
- Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the Intermediary
- In case of multiple nominees, the assets shall be distributed pro-rata to the surviving nominees, as illustrated below,

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

DECLARATION FORM FOR OPTING OUT OF NOMINATION

I/ We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio/ 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 MF Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio / demat account.

Name and Signature of Holder(s)

1._____ 2._____ 3._____

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

Acknowledgement Receipt

Application No : **Date:**

We here by 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	

Depository **Participant Seal and Signature**

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 timetotime. 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.

Name			
Signatures			

(Signatures should be preferably in black ink).

UNIFI CAPITAL

Investing With Conviction

Registered office
11, Kakani Towers, No.15, Khader Nawaz Khan Road, Chennai - 600 006.
Ph: +91-44 -2833 1556

www.unificap.com

Chennai | Ahmedabad | Bangalore
Delhi | Hyderabed | Kolkata | Mumbai | Pune

SEBI Stock Broker Registration: INZ000246334
SEBI Depository by Participant Registration: CDSL: IN-DP-18-2015