

CONSTITUENT SGL ACCOUNT OPENING FORM (CORPORATES)

To,
IDBI Gilts Limited
01st Floor, Janmabhoomi Bhavan,
Janmabhoomi Marg, Fort,
Mumbai 400 001.
RBI Registration Number:

1. Name of Customer:

2. Constitution of Customer:

3. I In case of company

A) CIN No:

B) Date of Incorporation: _____

C) Date of commencement: _____

D) PAN Number of the Company: _____

E) Name of the Board members / promoters and their addresses: _____

II In case of trust

A) Date of formation: _____

B) PAN Number of the Trust: _____

C) Names of the trustees of the Board: _____

4. Address of Customer:

Registered: _____

Correspondence: _____

5. Contact person's name and designation: _____

6. Phone No:

7. Fax No:

8. Details of any action taken by any regulatory authority against the constituent or its partners / promoters / whole time directors / authorized persons in charge of dealing in securities for violation of securities laws / other economic offences.

9. Name of the bank and current / saving account No:

10. CSGL account No:

11. Whether registered with any other Primary Dealer / Bank: (if registered with multiple members, provide details of all)

Name of Primary Dealer / Bank: _____

Client code no./ CSGL Account No. (as given by the other dealer / Bank): _____

12. Authorised signatories for constituent SGL account

(Please attach the Board Resolution delegating authority)

Sr. No.	Name	Specimen Signature
1		
2		
3		
4		
5		
6		

13. Authorised officials for making investments

(Please attach the Board Resolution delegating authority)

Sr. No.	Name	Specimen Signature
1		
2		
3		
4		
5		
6		

Declaration

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.

Authorised Signatory (with company seal)

Name:

Place:

Date:

Authorised Signatory

Authorised Signatory

Authorised Signatory

Authorised Signatory

Authorised Signatory

Authorised Signatory

For Office Purposes ONLY:

Name and designation of the employee who interviewed the client: _____

(Name) _____

(Designation) _____

Signature of the employee: _____

CSGI Account No:

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(To Be Inserted By the employee of IDBI Gilts)

Original documents

Verified By _____ Authorised By : _____

Date : _____

LIST OF KYC DOCUMENTS (the employee interviewing the Constituent is expected to tick the documents received along with, While accepting the Account Opening Form)