VERIQUS | **FORM 38 – ADDITIONAL FORM FOR OPENING SARAL ACCOUNT** | NSDL Technology, Trust & Reach

Veriqus Partners Private Limited DP ID: IN304908 8, Ground Floor, Nirlon House, Dr. Annie Besant Road, Worli, Mumbai, India - 400030	Client –ID (To be filled by Participant)

I request you to open a depository account in my name as per the details provided in SARAL AOF. **Date** D D M M Y Y Y Y

A) Details of Account holder:

Name						
PAN						
Occupation *(please tick any one and give brief details)*	☐ Private Sector	☐ Agriculturist	☐ Public Sector	☐ Retired	☐ Government Service	☐ Housewife
	☐ Business	☐ Student	☐ Professional	☐ Others (Please specify)		
Brief details of occupation:						

B) **Gross Annual Income Details**

Income Range per annum (please tick any one)

☐ Below Rs 1 lac ☐ Rs. 1- 5 lac ☐ Rs. 5- 10 lac ☐ Rs. 10- 25 lac ☐ More than Rs. 25 lac

C) Please tick, if applicable: ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

D) **SMS Alert facility*:** ☐ Yes ☐ No

(*Ensure that mobile no. is provided in SARAL application form)

E) **Nomination Option:** (# As per details given in SARAL application form.)

☐ I/We wish to make nomination# ☐ I/We do not wish to make a nomination.

F) **Correspondence / residence address proof not available :** If yes, Please tick ☐

I confirm that my correspondence / residence address as mentioned in the Account Opening Form is correct and same shall be used for any further communication addressed to me. In case of any change in aforesaid address, I hereby undertake to intimate the new address within two weeks of such a change.

Declaration

The Bye Laws and Business Rules of NSDL 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. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

Signature of holder	**X**