

Annexure – J

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

Bajaj Capital Limited
 Regd. Office: Mezzanine Floor, Bajaj House 97, Nehru Place, New Delhi-110019
 Ph: 011-41633000, 66161111 Fax: 011-660858
 Exclusive E-mail Id for Redressal of Investor grievance :dp@bajajcapital.com

Please fill this form in ENGLISH and in BLOCK LETTERS

A. IDENTITY DETAILS

| | | | | | | | | | | | | | |
|---|---|--|---|--|------------------|---|---|---|---|---|---|---|---|
| 1 | | Name of the Applicant | | Photograph Please affix your recent passport size photograph Signature Across photograph | | | | | | | | | |
| 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 | D | D | M | M | Y | Y | Y | Y |
| 4 | a) Nationality | <input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify, _____) | a) Status | <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National | | | | | | | | | |
| 5 | a) PAN | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 6 | Specify the proof of identity submitted | | <input type="checkbox"/> PAN card <input type="checkbox"/> Any other (Please specify: _____) | | | | | | | | | | |

B. ADDRESS DETAILS

| | | | | | | | | | | | | | | | |
|---|---|---|--|--|--|-------------|--|--|--|--|--|--|--|--|--|
| 1 | Residence / Correspondence Address | <input type="checkbox"/> Correspondence Address | | <input type="checkbox"/> Residence Address | | | | | | | | | | | |
| | | _____ _____ _____ | | | | | | | | | | | | | |
| | | City/town/village | | | | PIN Code | | | | | | | | | |
| | | State | | | | Country | | | | | | | | | |
| 2 | Specify the proof of address submitted for Residence / 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 | | | | | | | | | |

C. 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.

Signature of the Applicant _____ Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

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| FOR OFFICE USE ONLY | | | | | | | | | | | |
|--|--|------------------------------|---|---|---|---|---|---|---|--------------------------------|--|
| Sr. No. | Particulars | | | | | | | | | | |
| 1 | <input type="checkbox"/> Originals verified and Self-Attested Document copies received | | | | | | | | | | |
| 2 | In-Person-Verification (IPV) details: | | | | | | | | | | |
| | a) | Name of the person doing IPV | | | | | | | | | |
| | b) | Designation | | | | | | | | | |
| | c) | Name of Organization | | | | | | | | | |
| | d) | Signature | | | | | | | | | |
| | e) | Date | D | D | M | M | Y | Y | Y | Y | |
| Name & Signature of the Authorised Signatory _____ | | | | | | | | | | Seal/Stamp of the intermediary | |
| Date | | D | D | M | M | Y | Y | Y | Y | | |

Annexure – J
PART II – ACCOUNT OPENING FORM
(FOR INDIVIDUALS)

| | | | | | | | | | |
|---|------------------|--|--|--|--|--|--|--|--|
| Bajaj Capital Limited Regd. Office: Mezzanine Floor, Bajaj House 97, New Delhi-110019 Ph.: 011-41693000, 66161111 Fax: 011-66608888 Exclusive E-mail Id for Redressal of Investor grievance : dp@bajajcapital.com | DP ID : IN303237 | Client –ID (To be filled by Participant) | | | | | | | |
| | | | | | | | | | |

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** D D M M Y Y Y Y

| | | | | | | |
|--|---|--|---|--|---|--|
| A) Details of Account holder(s): Account holder(s) Name PAN Occupation (please tick any one and give brief details) Brief details: | Sole/ First Holder | | Second Holder | | Third Holder | |
| | | | | | | |
| | | | | | | |
| | <input type="checkbox"/> Private Sector | <input type="checkbox"/> Agriculturist | <input type="checkbox"/> Private Sector | <input type="checkbox"/> Agriculturist | <input type="checkbox"/> Private Sector | <input type="checkbox"/> Agriculturist |
| | <input type="checkbox"/> Public Sector | <input type="checkbox"/> Retired | <input type="checkbox"/> Public Sector | <input type="checkbox"/> Retired | <input type="checkbox"/> Public Sector | <input type="checkbox"/> Retired |
| | <input type="checkbox"/> Government Service | <input type="checkbox"/> Housewife | <input type="checkbox"/> Government Service | <input type="checkbox"/> Housewife | <input type="checkbox"/> Government Service | <input type="checkbox"/> Housewife |
| <input type="checkbox"/> Business | <input type="checkbox"/> Student | <input type="checkbox"/> Business | <input type="checkbox"/> Student | <input type="checkbox"/> Business | <input type="checkbox"/> Student | |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Others (Please specify; _____) | <input type="checkbox"/> Professional | <input type="checkbox"/> Others (Please specify; _____) | <input type="checkbox"/> Professional | <input type="checkbox"/> Others (Please specify; _____) | |

| | | | | | | | | | | |
|---|--------|--|--|--|--|--|--|--|--|--|
| 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 | | | | | | | | | |

| | | | |
|---------------------------|---|--|--|
| 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) Gross Annual Income Details | Income Range per annum (please tick any one) | | |
| | <input type="checkbox"/> Below ₹ 1 lac | <input type="checkbox"/> ₹ 1- 5 lac | <input type="checkbox"/> ₹ 5- 10 lac |
| | <input type="checkbox"/> ₹ 10- 25 lac | <input type="checkbox"/> More than ₹ 25 lac | |

| | | | | | | | | | | |
|--|-------------------------------|--|--|--|--|--|--|--|--|--|
| E) In case of NRIs/ Foreign Nationals | RBI Approval Reference Number | | | | | | | | | |
| | RBI Approval date | | | | | | | | | |
| | | | | | | | | | | |

| | | |
|------------------------|---|--|
| F) Bank details | 1 | Bank account type <input type="checkbox"/> Savings 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 | | | | | | | | | | | |

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

H) **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 |
| | 1 | Sole/First Holder | <input type="checkbox"/> |
| | 2 | Second Holder | <input type="checkbox"/> |
| | 3 | Third Holder | <input type="checkbox"/> |
| 4 | Mode of receiving Statement of Account [Tick any one] | <input type="checkbox"/> Physical Form | |
| | | <input type="checkbox"/> Electronic Form [Read Note 4 and ensure that email ID is provided in KYC Application Form]. | |

I) **Guardian Details** (where sole holder is a minor):
 [For account of a minor, two KYC Application Forms must be filled i.e. one for the guardian and another for the minor (to be signed by guardian)]

| | | | | | | | | | | |
|-------------------------------------|--|--|--|--|--|--|--|--|--|--|
| Guardian Name | | | | | | | | | | |
| PAN | | | | | | | | | | |
| Relationship of guardian with minor | | | | | | | | | | |

J) **Nomination Option**

I/We wish to make a nomination. [As per details given below] I/We do not wish to make a nomination. [Strike 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.) |
| 2 | Relationship with the Applicant (if any) |

| | | | | | | | |
|---|----------------------------|-------------------|--|-------------|--|--|--|
| 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. Nominee Identification details (please tick any one from (a) to (f) and provide details of the same)

| | | | | | | |
|-----|--------------------------|---|--|------|---|--|
| (a) | <input type="checkbox"/> | (i) | Photograph | (ii) | Signature | |
| | | | <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> Photograph of nominee <i>(Signature of nominee across photograph)</i> </div> | | <input checked="" type="checkbox"/> <i>Signature of nominee</i> | |
| (b) | <input type="checkbox"/> | PAN of nominee | | | | |
| (c) | <input type="checkbox"/> | Aadhaar number of nominee | | | | |
| (d) | <input type="checkbox"/> | Savings bank account number of nominee, if maintained with the same Participant | | | Bank Account Number | |
| (e) | <input type="checkbox"/> | Copy of any proof of identity document (accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure JB) | | | | |
| (f) | <input type="checkbox"/> | Demat account details of nominee | | | DP ID | |
| | | | | | Client ID | |

Sr. Nos. 6-11 should be filled only if nominee is a minor:

| | | | | | | | | | |
|----|---|-------------------|---|-------------|---|---|---|---|---|
| 6 | Date of Birth (in case of minor nominee) | D | D | M | M | Y | Y | Y | Y |
| 7 | Name of Guardian (Mr./Ms.) (in case of minor nominee) | | | | | | | | |
| 8 | Address of Guardian | | | | | | | | |
| | | 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. Guardian Identification details (please tick any one from (a) to (f) and provide details of the same) | | | | | | | | | | |
|---|--------------------------|---|---|------|-------------------------|--|--|--|--|--|
| (a) | <input type="checkbox"/> | (i) | Photograph | (ii) | Signature | | | | | |
| | | | <div style="border: 1px solid black; padding: 5px; text-align: center;"> Photograph of guardian (Signature of guardian across photograph) </div> | | X Signature of guardian | | | | | |
| (b) | <input type="checkbox"/> | PAN of guardian | | | | | | | | |
| (c) | <input type="checkbox"/> | Aadhaar number of guardian | | | | | | | | |
| (d) | <input type="checkbox"/> | Savings bank account number of guardian, if maintained with the same Participant | | | Bank Account Number | | | | | |
| (e) | <input type="checkbox"/> | Copy of any proof of identity document (accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure JB) | | | | | | | | |
| (f) | <input type="checkbox"/> | Demat account details of guardian | | | DP ID | | | | | |
| | | | | | Client ID | | | | | |

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. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

| 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 |

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. For receiving Statement of Account in electronic form:
- I. Client must ensure the confidentiality of the password of the email account.
 - II. Client must promptly inform the Participant if the email address has changed.
 - III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
5. Strike off whichever is not applicable.

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Acknowledgement

Participant Name, Address & DP ID

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:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Participant Stamp & Signature