

**Declaration for availing of Basic Services Demat Account (BSDA) facility**

To,  
 Bajaj Capital Limited,  
 DP ID: IN303237  
 Mezzanine Floor, Bajaj House,  
 97, Nehru Place ,  
 New Delhi-110019.

**Date:** \_\_\_\_\_

Dear Sir/Madam

I / We wish to avail the BSDA facility for my/our below mentioned New/Existing Demat Account.

|            |   |   |   |   |   |   |   |   |
|------------|---|---|---|---|---|---|---|---|
| DP ID      | I | N | 3 | 0 | 3 | 2 | 3 | 7 |
| Client ID* |   |   |   |   |   |   |   |   |

|                          | Name | PAN |  |  |  |  |  |  |  |  |  |
|--------------------------|------|-----|--|--|--|--|--|--|--|--|--|
| <b>Sole/First Holder</b> |      |     |  |  |  |  |  |  |  |  |  |
| <b>Second Holder</b>     |      |     |  |  |  |  |  |  |  |  |  |
| <b>Third Holder</b>      |      |     |  |  |  |  |  |  |  |  |  |

I/We have read and understood the regulatory (SEBI) guidelines for opening a Basic Services Demat Account and undertake to comply with the aforesaid guidelines from time to time. I/we also undertake to comply with the guidelines issued by any such authority for BSDA facility from time to time. I/We also agree that in case our demat account opened under BSDA facility does not meet the eligibility for BSDA facility as per guideline issued by SEBI or any such authority at any point of time, my / our BSDA account will be converted to regular demat account without further reference to me/us and will be levied charges as applicable to regular accounts as informed by the DP.

I, the first / Sole holder also hereby declare that I do not have / propose to have any other demat account across depositories as a first / sole holder.

|                          | Signature |
|--------------------------|-----------|
| <b>Sole/First Holder</b> |           |
| <b>Second Holder</b>     |           |
| <b>Third Holder</b>      |           |

(Please Tear Here)

Received BSDA declaration form from:

|         |   |   |   |   |   |   |   |   |           |  |  |  |  |  |  |  |
|---------|---|---|---|---|---|---|---|---|-----------|--|--|--|--|--|--|--|
| DP ID   | I | N | 3 | 0 | 3 | 2 | 3 | 7 | Client ID |  |  |  |  |  |  |  |
| Name    |   |   |   |   |   |   |   |   |           |  |  |  |  |  |  |  |
| Address |   |   |   |   |   |   |   |   |           |  |  |  |  |  |  |  |

**Date :**

**Depository Participant Seal and Signature**