NJ India Invest Private Limited
DP of Central Depository Services (India) Limited
8th Floor, B Tower, Udhna Udyog Nagar Sangh Commercial Complex, Central Road No.10. Udhna, Surat-394210, Gujarat, India.
BSE - SEBI Registration No: INB011360535 NSE - SEBI Registration No: INB231360539 CSDL - SEBI Registration No: IN-DP-CDSL-548-2010
Contact No. : 0261 3985500 Email : dpservices@njgroup.in Website : www.njindiainvest.com

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

Date : D D M M Y Y Y Y

To,
NJ IndiaInvest Pvt. Ltd.,
8th Floor, B Tower, Udhna Udyog Nagar Sangh Commercial Complex, Central Road No. 10. Udhna, Surat - 394210, Gujarat, India.

Dear Sir / Madam,

☐ I / We wish to avail the BSDA facility for the new account for which we have submitted my / our account opening form

☐ I / We wish to avail the BSDA facility for my / our below mentioned demat account number

DP ID: 1 2 0 6 4 2 0 0 Client ID:

	Name	PAN
Sole/First Holder		
Second Holder		
Third Holder		

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.

Sole/First Holder | Second Holder | Third Holder

==========(Please Tear here)==========

Acknowledgement Receipt

Received BSDA declaration form from:

DP ID: 1 2 0 6 4 2 0 0 Client ID:

Name:

Address:

City:

State: Country:

Pin/Zip Code: Fax:

Phone (Resi.): Mobile No. + 9 1

Date : D D M M Y Y Y Y

Depository Participant Seal and Signature