

APPLICATION FOR BSDA ACCOUNT

 $Paragon \ Center, \ C-06, \ Ground \ floor, \ PB\ Marg, \ Worli, \ Mumbai-400013; \ Tel: \ 91\ 22\ 66175454/66299299; \ Fax: \ 91\ 22\ 66175434, \ E-mail: \ dp@emkayglobal.com, \ Website: \ www.emkayglobal.com, \ ww.emkayglobal.com, \ ww.emka$

To, Emkay Global Financi Paragon Center, C-06	ial Services Ltd. , Ground floor, P B Marg, Worli, Mumbai-400	0013			Date				
	il the BSDA facility for the new account for w il the BSDA facility for my / our below mention		pening fo	orm					
DP ID 1 2 0 2	3 0 0 0 CLIENT ID								
	Name			PAN					
First/Sole Holder	Nume	<u> </u>							
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.									
Name	First/Sole Holder	Second Holder	Third Holder						
Signature									
Received BSDA dec	Acki claration form from:	nowledgment Receipt							
DP ID 1 2 0 2	2 3 0 0 0 Client ID			Date:					
Name									
									\dashv
Signature									

For Emkay Global Financial Services Limited