DEMAT ACCOUNT OPENING FORM (KYC/ KRA/ CKYC) - INDIVIDUAL

☐ NEW ☐ UPDATE CKYC NUMBER

Please fill the form in English and in BLOCK Letters, Fields marked with '*' are mandatory

☐ Normal ☐ Minor ☐ eKYC Tran.ID

CLIENT ID

☑ 1.PERSONAL DETAILS

KRA Ref. :

Customer ID :

☑ Name* (Same as ID Proof)

Maiden Name (If Any*)

Father Name*

Spouse Name*

Mother Name*

Date of Birth* - - Gender* ☐ Male ☐ Female ☐ T-Transgender

PHOTO

Marital Status* ☐ Married ☐ Unmarried ☐ Other

Citizenship* ☐ Indian ☐ Others (ISO 3168 Country Code ☐☐)

Residential Status* ☐ Resident Indian ☐ Non Resident Indian ☐ Foreign National ☐ PIO / OCI

Occupation Type* ☐ S-Service (☐ Private Sector ☐ Public Sector ☐ Government Sector)

☐ O-Others (☐ Professional ☐ Self-Employed ☐ Retired ☐ Housewife ☐ Student)

☐ X-Not categorised (☐ Politician ☐ Farmer/ Agriculturist ☐ Other .....)

☐ B-Business (Specify.....)

Education* ☐ Non Metric ☐ SSC/ HSC ☐ Graduate ☐ Post Graduate ☐ Other .....)

Permanent Account Number (PAN)*

☐ PAN Linked with Aadhaar

☐ PAN Not Linked with Aadhaar

1/6

Signature / Thumb Impression of Applicant

☐ 2.PROOF OF INDENTITY (POI)* AND ADDRESS

☐ A – Passport Number — Passport Expiry Date

☐ B – Voter ID Card

☐ C – Driving Licence — Driving Licence Expiry Date

☐ F – UID (Aadhaar)

☐ D – NREGA Job Card

☐ E – National Population Register (NPR) Letter

Proof of Address ☐ Passport ☐ Driving Licence ☐ UID (Aadhaar) ☐ Voter Identy Card ☐ NREGA Job Card ☐ NPR Letter

Address

Line1*

Line2

Landmark City

District* PIN Code State / U.T.Code* ISO 3166 Country Code I N

☐ 3. CURRENT ADDRESS DETAILS*

☐ Same as above mentioned address

☐ Passport ☐ Driving Licence ☐ UID (Aadhaar) ☐ Voter Identy Card ☐ NREGA Job Card ☐ NPR Letter

Address (Deemed PoA) ☐ Utility Bill ☐ Property or Municipal tax receipt ☐ Pension payment orders ☐ Letter of allotment of accommodation from Employer

Line1*

Line2

Landmark City

District* PIN Code State / U.T.Code* ISO 3166 Country Code I N

4. FATCA & CRS Information (Tick If Applicable)

☐ RESIDENCE FOR TAX PURPOSES IN JURIDICTIONS(S) OUTSIDE INDIA

	Part-A	YES	NO
a.	Are you Citizen of any country other than India (Duel / Multiple [Including Green Card])	☐	√
b.	Is your Country of birth is any country other than India	☐	√
c.	Are you Tax Resident of ANY country / ies other than India	☐	√
d.	Do you have POA or a mandate holder who has an address outside India	☐	√
e.	Is your Address or Telephone number outside India	☐	√

If your answer to any of the above questions is a "YES",Please fill Part B

Part-B

Address For the Tax Residence .....

..... City.....

*Country Of Birth..... Place within the country of Birth.....

Source of Wealth..... nationality.....

Please list below the details,confirming ALL countries of Tax residency/permanent residency/citizenship and ALL Tax Indentification Numbers

Country of Tax Residency	Tax Identification Number	Tax Identification Document (TIN)

"It is mandatory to supply as TIN or functional equivalent (In case TIN available) if the country in whitch yor are tax resident issues such identifiers,if no TIN/functional equivalent is yet available or has not yet been issued,please provide an explanation below"

I being the beneficial owner of the account opened / to be opened with The Mehsana Urban Co. Op. Bank Ltd. and the income credited therein, declare that the above information and information in the submitted documents to be true, correct and updated, and the submitted documents are genuine and duly executed. I acknowledge that towards compliance with tax information sharing laws, such as FATCA / CRS, the Bank may be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from the account holder. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if the Bank does not receive a valid self-certification from me) the Bank may be obliged to share information on my account with relevant tax authorities. Should there be any change in any information provided by me I ensure that I will intimate the Bank promptly, i.e., within 30 days. Towards compliance with such laws, the Bank may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, the Bank may also be constrained to withhold and pay out any sums from my account or close or suspend my account(s).I also understand that the account will be reported if any one of the aforesaid FATCA / CRS criteria for any of the account holders i.e. primary or joint are met.

√ 5. CONTACT DETAILS {All communications will be sent on provide Mobile No./ Email-ID (maximum 5 own family demat a/c can be linked with same Mobile No/ Email ID)}

Tel.(Off) - Tel.Res - Fax

Mobile 9 1 ☐ Self ☐ Spouse ☐ Dependant Child ☐ Dependant Parents

Email ID ☐ Self ☐ Spouse ☐ Dependant Child ☐ Dependant Parents

☐ 6. DETAILS OF RELATED PERSON ☐ Addition ☐ Deletion ☐ Updation KYC No. of Related person (If available)

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

Name*

Permanent Account Number (PAN)*

PROOF OF INDENTITY (POI)* OF RELATED PERSON (Certified copy of Any One of the following Proof of Identity(POI) needs to be Submitted)

☐ A-Passport Number — Passport Expiry Date - -

☐ B-Voter ID Card

☐ C – Driving Licence — Driving Licence Expiry Date - -

☐ F – UID (Aadhaar)

☐ D – NREGA Job Card

☐ E – NPR Letter

☐ 7.REMARKS (If Any)

8.APPLICANT'S DECLARATION

* I hereby declare the the details furnished above are ture and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein,immediately. In case of the above information is found to be false or misleading or misrepresenting,I am aware that I may be held liable for it

Date : - -

* My Personal KYC details may be shared with central KYC registry

Place :

* I hereby consent to receiving information from Central KYC Registry through SMS/ Email on the above Register Phone No./ Email ID address

* I Have understood the information requirements (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me is true, correct and complete and updated. I also confirmed that I have read and understood the FATCA/CRS/CBDT Terms and Conductions and hereby accept the same.

* I, the holder of Aadhaar, hereby give my consent to The Mehsana Urban Co - Op. Bank Ltd. to obtain my Aadhaar Number, Name, Other demographic information and Figerprint / IRIS/ OTP for authentication with UIDAI. The Mehsana Urban Co-Op. Bank Ltd. has informed me that my identity information would only be used for KYC/CKYC/eKYC and also informed that my biometrics will not be stored/ shared and will be submitted to CIDR only for the purspose of authentication.

2/6

Signature / Thumb Impression of Applicant

9.ATTESTATION AND IN PERSON VERIFICATION (IPV) DETAIL / FOR OFFICE USE ONLY

Documents Received √ Certified Copies (Self) √ Verified with Original **Risk Category** ☐ Low ☐ Medium ☐ High

IPV AND KYC VERIFICATION CARRIED OUT BY

Date of IPV / KYC Attestation - - ☐ IPV Done

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

Sign. of Bank official who has done IPV/ KYC Attestaion

INSTITUTION DETAIL

Name **THE MEHSANA URBAN CO. OPERATIVE BANK LTD.**

Code **I N 1 0 5 8** (**MI ID - A1261**)

THE MEHSANA URBAN CO.OP.BANK LTD.

Institution Stamp

PART || - ACCOUNT OPENING FORM (FOR INDIVIDUALS) **Form : 9**

The Mehsana Urban Co-Operative Bank Limited (MUCB)

(Multi State - Scheduled Bank) Website : www.mucbank.com

Head Office, Urban Bank Road, Mahesana, Gujarat, India - 384002

Phone: (02762) 240551/ 251908 | Email ID: demat@mucbank.com

DEPOSITORY PARTICIPANT (DP) ID : IN304166

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 :**

1 Details of Account Holder (s) :

A/C Holder(s)	Sole/ First Holder	Second Holder	Third Holder
Name			
PAN			

2 For 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 Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below:

a) Name | **b) PAN**

3 Type of Account

☐ Ordinary Resident ☐ NRI – Repatriable ☐ Promoter ☐ Qualified Foreign Investor

☐ Foreign National ☐ NRI – Non Repatriable ☐ Margin ☐ Other (Please Specify) ....

4 Gross Annual Income Details

Income Range per Annum (Please tick any one)

☐ Below ₹ 1 Lac ☐ ₹ 1 Lac - ₹ 5 Lac ☐ ₹ 5 Lac - ₹ 10 Lac ☐ ₹ 10 Lac - ₹ 25 Lac ☐ More than ₹ 25 Lac

5 In case of NRIs/ Foreign Nationals

RBI Approval Reference Number | **RBI Approval date** - -

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

7 Bank Details:

1	**Bank account Type**	☐ Saving Account ☐ Current Account ☐ Others (Please specify) . . . . .
2	**Bank Account Number**	
3	**Bank Name**	**The Mehsana Urban Co Operative Bank Ltd.**
4	**Branch Address**	**Branch Name :**
		City/Town/Village #N/A
		PIN CODE **State** **COUNTRY** INDIA
5	**MICR Code**	
6	**IFSC**	
8	**UPI ID**	

9 Standing Instructions (SI)

1	I/ We authorise you to receive credits automatically into my/ our account. (if not indicated, Standing Instruction will be treated as 'Yes')	☑ Yes	☐ No
2	I/ We would like to Receive Annual Reports, AGM notices and other communications from Issuers & RTAs in physical form (if not indicated, Standing Instruction will be treated as 'No')	☐ Yes	☑ No
3	I/ We request MUCB to enable standing Instruction for Auto Pledge Confirmation	☑ Yes	☐ No
4	**SMS Alert facility:** [*Mandatory (Yes) if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form*]		
	Sole/ First Holder ☑ Yes ☐ No **Second Holder** ☐ Yes ☐ No **Third Holder** ☐ Yes ☐ No		
5	**Mode of receiving Statement of Account** [*Tick any one*]	☐ Physical Form	☑ Electronic Form [*Read Note 3 and ensure that email ID is provided in KYC Application Form*]
6	For Joint accounts, Communication to be sent to	☐ First Holder	☐ All Joint accounts holders

10 Mode of Operation for Joint Accounts ☐ Jointly ☐ Anyone of the holder or survivor(s)

If Mode of Operation for Joint Account is chosen as anyone of the holder or survivor(s), only specified operations such as transfer of securities including Inter-Depository Transfer, pledge / hypothecation / margin pledge / margin re-pledge (creation, closure and invocation and confirmation thereof as applicable) of securities and freeze/unfreeze of account and / or securities and / or specific number of securities will be permitted.

11 Guardian Details (*where sole holder is 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**

Important Instructions

1) Produce this Acknowledgement Slip to get Demat Account Number (Client ID)
2) You shall receive Client Master Report (CMR) once your account is activated. You are advised to bring to our notice mistakes/ errors, if any in the client master report.
3) You shall receive delivery instruction slip (DIS) book alongwith CMR. Please use requisition slip being sent included in DIS book for awailing fresh DIS book in future.
4) Please contact us in case of loss/ misplace of DIS Book/ requistion slip.
5) Please follow all instructions printed on DIS carefully.
6) Please use IdeAS service offered by NSDL for access to your Demat Account Statement through Internet.

12	☐ Yes, I/ We requerst to receive Delivery Instruction Slips **(DIS)** Booklet in Physical at the time of Opening of Demat Account ☐ No, however, DIS Booklet should be issued to me/ us immediately on my/ our request at later date.
13	**Nomination Option**
	☐ I/ We wish to make a nomination **[*Details are provided at FORM 10*]** ☐ I/ We do not wish to make a nomination
14	**Standing Instruction for Debiting Charges/ Fees** Sir/ Madam, I/ We hereby authorise you to Debit my/ our operative Bank Account Number : with The Mehsana Urban Co-Operative Bank Limited, Branch for all the charges/ fees relating to my/ our demat account. Please treat this authorisation as irrevocable till further Instruction from my/ our side is received in writing and duly acknowledged by you. Thanking You, Yours Faithfully, 1) ..... 3/6 2) ..... 3) ..... Signature of Operative Bank Account all holder(s) Signature Verified By Emp. Name : .... Emp. Signature and Seal of Bank

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 read and receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant". And all other documents executed by me/ us**

Name(s) of holder(s)		Signature(s) of holder
Sole/ First Holder/ Guardian (in case Sole holder is minor) (Mr./ Mrs.)		4/6
Second Holder (Mr./ Mrs.)		
Third Holder (Mr./ Mrs.)		

Notes:

A) All communication shall be sent at the Address/ Email of the Sole/First holder only

B) 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.

C) For receiving Statement of Account in electronic form : **(1)** Client must ensure the confidentiality of the password of the email account. **(2)** Client must promptly inform the Participant if the email address has changed. **(3)** 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.

D) Instruction related to Nomination, are as **(1)** 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 and Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly, all joint holders will sign the nomination form.**(2)** 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.**(3)** Only individual / natural person(s) can be a nominee(s). The Nominee(s) shall not be artificial person created/dressed by the law or by a fiction such as trust, society, body corporate, partnership firm, Hindu Undivided Family, etc. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.**(4)** 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.**(5)** Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.**(6)** 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 and 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.**(7)** 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(s).**(8)** Nomination can be made upto three nominees in a demat account. In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total upto hundred percent. In the event of the beneficiary owner not indicating any percentage of allocation/share for each of the nominees, the default option shall be to settle the claims equally amongst all the nominees.**(9)** On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned in the FORM 10 at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.**(10)** Copy of any proof of identity must be accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure D.**(11)** Savings bank account details shall only be considered if the account is maintained with the same participant. **(12)** DP ID and client ID shall be provided where demat details is required to be provided.

E) In case of joint account, on death of any of the joint account holders, the surviving account holder(s) has to inform Participant about the death of account holder(s) with required documents within one year of the date of demise.

F) In case if 'first holder' is selected, the communication will be sent as per the preference mentioned in instruction-E In case 'All joint account holders' is opted, communication to first holder will be sent as per the preference mentioned in instruction-E and communication to other holders will be in electronic mode. The default option will be communication to 'first holder', if no option selected.

G) Strike off whichever is not applicable

For Office use : Received by :..... Entered by :..... Verified by :..... Ref. No : ..... Date : .....

---------- **cut from here** ----------

Acknowledgement

The Mehsana Urban Co-Operative Bank Limited (MUCB) (Multi State - Scheduled Bank) DP ID : **IN304166**

Head Office, Urban Bank Road, Maheana, Gujarat, India – 384002 : Phone: (02762) 240551/ 251908 | Email : demat@mucbank.com

Received the application from Mr./ Mrs. '' as the Sole/ First Holder alongwith '' as Second Holder and '' as Third Holder for opening of a depository account. Please quote the DP ID & Client ID allotted to you in all your future correspondence.

Date : ☐☐ - ☐☐ - ☐☐☐☐ Participant (Bank) Stamp with Signature

THE MEHSANA URBAN CO. OP. BANK LIMITED
(Multi State Scheduled Bank)

FORM 10

FORM FOR NOMINATION/ CANCELLATION OF NOMINATION

(*To be filled in by individual applying singly or jointly*)

NSDL

Date		**DEPOSITORY PARTICIPANT ID**	**I N 3 0 4 1 6 6**	**CLIENT ID**								

☑ I/ We wish to make a nomination, and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.

☐ I/We wish the supersede the nomination made by me/ us earlier and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.

OR

Declaration for opting out of nomination

☐ I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the demat account.

Nomination can be made upto three nominees in the account		**Details of 1st Nominee**	**Details of 2nd Nominee**	**Details of 3rd Nominee**
1	**Name of the nominee(s)** (Mr./ Mrs.)			
2	**Share of each Nominee** **Equally** ☐			
	[If not equally, please specify percentage]	*Any odd lot after division shall be transferred to the first nominee mentioned in the form*		
3	Relationship With the Applicant (If Any)			
4	**Address of Nominee(s)** City / Place State & Country & PIN Code			
5	Mobile/ Telephone No. of nominee(s)			
6	Email ID of nominee(s)			
7	**Nominee Identification details** [Please tick any one of following and provide details of same] ☐ Photograph & Signature ☐ PAN ☐ Demat Account ID ☐ Proof of Identity ☐ SB Account No ☐ Aadhaar	PAN UID POI BO ID SB A/C		

Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:

8	Date of Birth {in case of minor nominee(s)			
9	Name of Guardian (Mr./ Ms.) {in case of minor nominee(s) }			
10	**Address of Nominee(s)** City / Place State & Country & PIN Code			
11	Mobile / Telephone no. Of Guardian			
12	Email ID of Guardian			
13	Relationship of Guardian with nominee			
14	**Guardian Identification details –** [Please tick any one of following and provide details of same] ☐ Photograph & Signature ☐ PAN ☐ Demat Account ID ☐ Proof of Identity ☐ SB Account No ☐ Aadhaar	PAN UID POI BO ID SB A/C		

Name(s) of holder(s)		**Signature(s) of holder***
Sole/ First Holder/ Guardian (in case Sole holder is minor) (Mr./ Mrs.)		5/6
Second Holder (Mr./ Mrs.)		
Third Holder (Mr./ Mrs.)		
Name of Witness **	Address of Witness **	Signature of Witness **
		Date - -

**** Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature**

This nomination shall supersede any prior nomination made by the account holder(s), if any.

The Mehsana Urban Co-Operative Bank Limited (MUCB)
(Multi State - Scheduled Bank) Website : www.mucbank.com
Head Office, Urban Bank Road, Mahesana, Gujarat, India - 384002
Phone: (02762) 240551/ 251908 | Email : demat@mucbank.com

DEPOSITORY PARTICIPANT (DP) ID : IN304166

DEPOSITORY

TARIFF SHEET FOR CUSTOMERS

Sir/ Madam,

Tariff will be applicable for the customer opting for the Regular Demat Account / Basic Services Demat Account (BSDA)

DESCRIPTION OF CHARGES	☐ I wish to Open a Regular Demat Account	☐ I wish to Open a BSDA
Statutory charges at the time of Account Opening Charges	NIL	NIL
Advance/ Deposit	NIL	NIL
Account Closing Charges	NIL	NIL
Annual Maintenance Charges (**) (AMC)	₹ 18.00 (Monthly)	NIL (**)
Demat Charges	NIL	NIL
	₹ 30.00 per Instruction for Post/ Courier	Same as per regular account
Remat Charges	a) ₹ 50/- for every hundred securities or part thereof subject to maximum fee of ₹ 5,00,000/-; or b) a flat fee of ₹ 50/- per certificate, whichever is higher.	Same as per regular account
Debit Transaction	₹ 15.00 for per Instruction	₹ 40.00 per instruction
Credit Transaction	NIL	NIL
Ad-hoc Statement	₹ 5.00 per page	Same as per regular account
Failed/ Rejected Instruction	₹ 15.00 for per Instruction	Same as per regular account
Delivery Issuance Slip (DIS)	₹ 20.00 per booklet – DIS reissuance	₹ 40.00 per booklet – DIS reissuance
Pledge / Hypothecation (Creation/ Closure/ Invocation)	₹ 40.00 for per Instruction	Same as per regular account
Pledge / Hypothecation (Confirmation)		NIL
Margin Pledge Charges	₹ 15.00 for per Instruction	Same as per regular account
Fees for hold on securities for Non- Disposal Undertakings/Agreement (NDU)	0.02% of the value of securities upon creation of hold subject to a minimum of ₹ 50/-	Same as per regular account
Mutual Fund – Debit Transaction	₹ 15.00 for per Instruction	Same as per regular account
Converstion of Mutual Fund units represented by SOA into dematerialised form	NIL	NIL
	₹ 30.00 per Instruction for Post/ Courier	Same as per regular account
Re-conversion of Mutual Fund units into SOA	₹ 15.00 for per Instruction	Same as per regular account
Redemption of Mutual Fund units through Participants	₹ 15.00 for per Instruction	Same as per regular account

Securities Deposit : Bank A/c should be opened with any of our branches with minimum balance of ₹ 1000

Notes:

- The Value of shares & securities are calculated as per NSDL formula and rates.
- (**) BSDA account applicable only to eligible customers as per SEBI circulars. BSDA account on value of holding will be determined on billing day, account will be levied higher applicable AMC on value of holding exceeding such limit-as upto ₹ 50,000.00 – NIL, ₹ 50,001.00 to ₹ 2,00,000.00 – ₹ 100.00 and above ₹ 2,00,000 – Charges for regular account will be applicable.
- In case of non-recovery of depository service charges due to non-payment or inadequate balance in you linked bank account, the depository services for your demat account are liable to be discontinue. Any request for resuming the services will be charged at 100.00 per request as activation charge and services will be resumed in a minimum of Three working days from the date of receipt of request with us and post payment of all dues including activation charged.
- In case of corporate accounts, Additional fees of ₹ 500.00 p.a. As per NSDL will be charged.
- The above charges are exclusive of Service Tax/ GST/ CESS levied and other taxes/ statutory charges levied by Government bodies/ statutory authorities from time to time, which will be charged as applicable.
- MUCB reserves the right to revise the depository Tariff from time to time and the same will be communicated to the customers with a notice of 30 days
- The charges quoted above are for the services listed. Any service not quoted above will be charged separately
- The operating instructions for the joint accounts must be signed by all the holders.
- The charges for processing of instruction submitted on the execution date (accepted at client's risk) will be additionally ₹ 25.00 per instruction

I/ We Agree to pay the charge as set out herein above subject to any change therein from time to time and authorise you to debit all types of charges as per mandate given by you.

.....	.....	.....
Sole/ First Holder/ Guardian (in case Sole holder is minor)	Second Holder	Third Holder

* All holders should must sign the application