

INDOC No.	
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DP ID No. : 13019300 SEBI Regn. No.: IN-DP-CDSL-80-2000

State Bank of India

DP Centralised Processing Cell, CMC Hous, C-18, Bandra-Kurla Complex, Bandra (East), Mumbai - 400 051. • Help Desk : 1800 209 9080 (Toll free) • Fax : 022-66813381 • Email : querydp@sbi.co.in

Declaration	for availing	of Basic Services	Domet Assount	/DCDAY	facility
Deciaration	ioi avaiiiiig	OI Dasic Services	Demai Account	(DODA)	, racility

Beolara	dion for availing of basis	OCIVIOCS D		Journe	,טטטי	A) Idoli	ıty	
All the forms should be route	ed through a branch designated for CDS	L-DEMAT activity. Pl	ease see www.	sbidema	at.com for (CDSL-DP de	esignated br	anches.
Dear Sir / Madam,				L	Date: D	D M M	YYYY	/
I / We wish to	o avail the BSDA facility for the ne	w account for whi	ch we have s	submitte	ed my / o	ur accour	nt opening	form
I / We wish to	o avail the BSDA facility for my / o	ur below mention	ed demat acc	count n	umber			
	DP ID	Client ID						
	Name		PAN					
Sole/First Holder								
Second Holder								
Third Holder								
BSDA facility as per guide demat account without fur	I/We also agree that in case our deline issued by SEBI or any such aut rther reference to me/us and will be also hereby declare that I do not h	hority at any point levied charges as	of time, my/o applicable to	ur BSD regular	Aaccounts	nt wil be co s as inform	nverted to r ed by the D	egular P.
Name(s) of the holder(s)								
Signature(s) of the holder(s)								
	First / Sole Holder Sec		cond Holder Third Holde				rd Holder	
			Signature of	the Bra	anch offic		ature Verif	
· %							·- %	
	Acknowl	edgement F	Receipt					
Received BSDA declarate	tion form from:							
DP ID		Client ID						
Name		1 1						
Address								