

REGD.OFFICE:

'SIHL HOUSE', Opp.Ambawadi Jain Temple,
Nehrunagar Cross Road, Ahmedabad -380015.
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Website: www.sihl.in , **Email:** helpdesk@sihl.in

LIFETIME NO AMC FOR DEMAT ACCOUNT SCHEME – FOR INDIVIDUAL CLIENTS ONLY

Dear Sir/Madam,

I / We request you to enroll me/us in the above mentioned scheme.

Date:...../...../.....

IN DP NSDL: IN 300343	<input type="checkbox"/>	NSDL	(Please tick on relevant box)
IN DP CDSL: IN 12029300	<input type="checkbox"/>	CDSL	
Demat Client ID:			
Name of Sole/1 st Holder:			
Name of 2 nd Holder			
Name of 3 rd Holder			

Terms & Conditions:

- Prospective Client / BO has to deposit an amount of Rs. 5500/- (Rupees Five thousand Five hundred only) to enroll / join & avail the benefit of the above scheme.
- If the existing client desires to join the scheme, they can join the same by
 - Depositing the deposit amount but in that case current year AMC will not be refunded, and
 - The benefit will accrue from the next financial year, i.e. , April Onwards.
- The above deposit does not include any trade or other charges for which the client avails the benefit and said charges will not be adjusted against the outstanding AMC.
- If the client who has joined/enrolled the scheme desires to discontinue or close the demat account
 - They have to pay the AMC of the respective year in which they desires to close/discontinue plus outstanding dues and,
 - The residual payment after deducting the amount referred in above point will be refunded.
 - The above deposit is interest free deposit.
- If the client registers email ID in the account, discount of Rs. 500/- will be given in the deposit amount. Effective deposit for such account will be Rs. 5,000/- only.**

I/we submit my/our free consent. I/We also agree to abide by the terms and conditions stipulated here above, accordingly I/We subscribe my/our signature/s here below.

First Holder Signature

Second Holder Signature

Third Holder Signature

Office Use Only

Branch Name:.....Place:.....

Received By.....Date.....Entered By.....Date.....

ACKNOWLEDGEMENT FOR LIFE TIME AMC SCHEME

Your request for Demat ID on Date...../...../.....is received and will be entered in our records.

Received By Branch/Franchisee/Subbroker:

Place & Date:

SIHL Stamp &