

Form Code : SIHLAMC 001



REGD. OFFICE : 'SIHL HOUSE', Opp. Ambawadi Jain Temple, Nehrunagar Cross Road, Ahmedabad-380 015. Phone : 079-3002 5325, Fax : 079-3002 9029 Website : www.sihl.in, E-mail : helpdesk@sihl.in

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

Dear Sir/Madam,

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

Date : ____/____/____

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

Terms & Conditions:

- Prospective Client / BO has to deposit an amount of Rs. 4000/- (Rupees four thousand 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.

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

Received By _____ Date _____ Entered By _____ Date _____

ACKNOWLEDGEMENT FOR LIFE TIME AMC SCHEME

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

HO / Branch / Subbroker / Franchisee

Received by : _____

Place & Date : _____

SIHL Stamp & Date

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