

**REGD.OFFICE:**

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

**Terms & Conditions:**

- Prospective Client / BO has to deposit an amount of Rs. 3500/- (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. 3,000/- 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 &