

Email*

* OTP & Transaction Alerts will be received on the Mobile No. & Email id mentioned above

Authorized Signatory I / Partner Details / Sole Proprietor

First Name	
Middle Name	
Last Name	

Permanent Address	
	Pin Code

City	
State	

Tel No.		Aadhar No.	
PAN		D.O.B	
Mobile No.			

Email

Authorized Signatory II / Partner Details

First Name	
Middle Name	
Last Name	

Permanent Address	
	Pin Code

City	
State	

Tel No.		Aadhar No.	
PAN		D.O.B	
Mobile No.			

Email

Authorized Signatory III / Partner Details

First Name	
Middle Name	
Last Name	

Permanent Address	
	Pin Code

City

State

Tel No.

 Aadhar No.

PAN

 D.O.B

Mobile No.

Email

B. OTHER DETAILS

> 1 Lac 1-5 Lac 5-10 Lac 10-25 Lac < 25 Lac

Net-worth as on

 Date

(Net worth should not be older than 1 year)

Please tick, as applicable for any of your Authorized Signatories/Promoters/Partners /Trustee/Whole Time Directors:

Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

Not a Politically Exposed Person (PEP) Not Related to a Politically Exposed Person (PEP)

C. Mode Of Operation

Mode of Operation	Yes / No	Signatures
Any One Singly		
Jointly By		
As per resolution		
Others (please specify)		

D. BANK ACCOUNT(S) DETAILS

Bank Name	Branch address	Bank account no.	Account Type: Saving/ Current/ Others	MICR Number	IFSC code

Note: Provide a copy of cancelled Cheque leaf/ pass book/bank statement specifying name of the client, MICR Code or/and IFSC Code of the bank.

E. PAST REGULATORY ACTIONS

Details of any action/proceedings initiated/pending/ taken by FMC/ SEBI / Stock Exchange / Commodity exchange / WDRA / any other authority against the client during the last 3 years

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IN PERSON VERIFICATION (FOR OFFICE USE ONLY)

Application No:

Client ID

Documents verified with Originals: YES NO

I / We undertake that we have made the client aware of tariff sheet. I/We have also made the client aware & given/ sent him a copy of Rights and Obligations of Client and Repository Participant including the schedules thereto. I/We undertake that any change in the tariff sheet would be duly intimated to the clients.

Employee Name	
Employee Code	
Designation	
Signature	

Date Repository Participants Seal

Please Tear here

Acknowledgement Receipt

Application No:

We hereby acknowledge the receipt of KYC & Account opening Application.

Name of the Client:

Client ID

Employee Name	
Employee Code	
Designation	
Signature	

Repository Participant Stamp with Date & Time