**KNOW YOUR CLIENT (KYC) APPLICATION FORM**

**Photograph**

**Please affix your recent passport size photograph and sign across it**

 **(For Non Individuals)**

**Please fill this form in ENGLISH and in BLOCK LETTERS.**

1. **IDENTITY DETAILS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Repository / Comtrack Participant Name** |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Address** |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Name of the Applicant** |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Date of incorporation** |   |  |  |  |  |  |  |  | **Date of commencement of business** |  |  |  |  |  |  |  |  |

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| **Place of incorporation** |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **PAN** |  |  |  |  |  |  |  |  |  |  | **Registration No. (e.g. CIN)** |  |  |  |  |  |  |  |  |  |  |

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| **Any other additional proof of identity** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Status** **(Please tick any one)**

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|  | **Private Ltd Company** |  | **Private Body** |  | **Partnership** |  |  **Public Limited Company** |
|  |  |  |  |  |  |  |  |
|  | **Trust** |  | **LLP** |  | **HUF** |  |  **Sole Proprietor** |
|  |  |  |  |  |  |  |  |
|  | **Others ( Plz Specify)** |  |  |

**(In case of foreign entity or entity with foreign shareholders, self-certified copy of statutory approval obtained must be attached)**

1. **ADDRESS DETAILS *(Proof of address must be different from the proof of identity submitted).***

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| **Add. for Correspondence** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **City/ District** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **State** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Country** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Pin Code** |  |  |  |  |  |  |

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| **Tel. (Off.)** |  |  |  |  |  |  |  |  |  |  | **Tel. (Resi.)** |  |  |  |  |  |  |  |  |  |  |
| **Mobile No.** |  |  |  |  |  |  |  |  |  |  | **Fax** |  |  |  |  |  |  |  |  |  |  |

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| **Email id** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Specify the proof of address**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Registered Address (If different)**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **City/ District** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **State** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Country** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Pin Code** |  |  |  |  |  |  |

**Contact Details**

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| **Tel. (Off.)** |  |  |  |  |  |  |  |  |  |  | **Tel. (Resi.)** |  |  |  |  |  |  |  |  |  |  |
| **Mobile No.** |  |  |  |  |  |  |  |  |  |  | **Fax** |  |  |  |  |  |  |  |  |  |  |

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| **Specify the proof of address submitted for correspondence address** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. **OTHER DETAILS - Gross Annual Income Details (Please Specify)**

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **> 1 Lac** |  | **1-5 Lac** |  | **5-10 Lac** |  | **10-25 Lac** |  | **25 Lac - 1 Cr** |  | **< 1 Cr** |   |

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| **Net-worth as on** |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Date** |  |  |  |  |  |  |  |  |

**(Net worth should not be older than 1 year)**

**Name, PAN, residential address and photographs of Promoters/Partners/ Karta/Trustees and whole time directors**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Landline Number** |  |  |  |  |  |  |  |  |  |  |  |

**DIN / DPIN / UID of Promoters/Partners/LLP Partners and whole time directors:**

***(Please tick, as applicable)***

|  |  |  |  |  |  |  |
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| **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)** |  |  |

1. **BANK ACCOUNT(S) DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Bank Name** | **Branch address** | **Bank account no.** | **Account Type:****Saving/Current/Oth.** | **MICR Number** | **IFSC code** |
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**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.**

1. **DEPOSITORY ACCOUNT(S) DETAILS, if available**

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| --- | --- | --- | --- | --- |
| **D P Name** | **Depository Name (NSDL/CDSL)** | **Beneficiary Name** | **DP ID** | **Beneficiary ID (BO ID)** |
|  |  |  |  |  |
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**Note: Provide a copy of either Demat Master or a recent holding statement issued by DP bearing name of the client.**

1. **TRADING PREFERENCES**

***Note: Please sign in the relevant boxes against the Exchange with which you wish to trade. The Exchange not chosen should be struck off by the client.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No.** | **Name of the Commodity Exchanges #** | **Date of Consent for trading on the Exchange** | **Signature of the Client** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |

***# At the time of printing the form, the Member must specify the names of the Exchanges where the Member has membership.***

[In case of allowing a client for trading on any other Exchange at a later date, which is not selected now, a separate consent letter is required to be obtained by the Member from client and to be kept as enclosure with this document]

1. **INVESTMENT/TRADING EXPERIENCE**

|  |  |  |  |  |  |  |  |  |  |
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| **Other Investment Related Fields** |  |  | **Commodities** |  |  |  | **No Prior Experience** |  |   |

|  |  |  |  |  |  |
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|  |  | **Years** |  |  | **Years** |

1. **SALES TAX REGISTRATION DETAILS (As applicable, State wise)**

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| **Local Sales Tax Regn. No.** |  |  |  |  |  |  |  |  |  |  |  |  | **Validity** |  |  |  |  |  |  |  |  |

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| **Name of the State**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Central Sales Tax Regn. No.** |  |  |  |  |  |  |  |  |  |  |  |  | **Validity** |  |  |  |  |  |  |  |  |

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| **Other Sales Tax Regn. No.** |  |  |  |  |  |  |  |  |  |  |  |  | **Validity** |  |  |  |  |  |  |  |  |

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| **Name of the State**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. **VAT DETAILS (As applicable, State wise)**

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| **Local VAT Registration No.** |  |  |  |  |  |  |  |  |  |  |  |  | **Validity** |  |  |  |  |  |  |  |  |

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| **Name of the State**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Other VAT Registration No.** |  |  |  |  |  |  |  |  |  |  |  |  | **Validity** |  |  |  |  |  |  |  |  |

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| **Name of the State**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. **PAST REGULATORY ACTIONS**

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

1. **DEALINGS THROUGH OTHER MEMBERS**

If client is dealing through any other Member, provide the following details

**(In case dealing with multiple Members, provide details of all in a separate sheet containing all the information as mentioned below):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Member’s / Authorized Person (AP)’s Name** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Exchange** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Exchange’s Registration number** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Concerned Member’s Name with whom the AP is registered** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Registered office address** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Tel.**  |  |  |  |  |  |  |  |  |  |  | **Fax** |  |  |  |  |  |  |  |  |  |  |

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| **Email** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Website** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Client Code** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Details of disputes/dues pending**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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1. **INTRODUCER DETAILS (optional)**

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| **Name of the Introducer** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Status of the Introducer**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Authorized Person** |  |  | **Existing Client** |  |  |  | **No Prior Experience** |  |   |
|  |  |  |  |  |  |  |  |  |  |
| **Others ( Plz Specify)** |  |   |
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| **Phone No.** |  |  |  |  |  |  |  |  |  |  |

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| **Signature** |  |

1. **ADDITIONAL DETAILS**

**Whether you wish to receive communication from Member in electronic form on your Email-id Yes No**

{If yes then please fill in Appendix-A}

**DECLARATION**

1. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any change therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.
2. I/We confirm having read/been explained and understood the contents of the tariff sheet and all voluntary/non-mandatory documents.
3. I/We further confirm having read and understood the contents of the ‘Rights and Obligations’ document(s), ‘Risk Disclosure Document’ and ‘Do’s and Dont’s’. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on Member’s designated website, if any.

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| **Details** |  |
| **Place** |  |  |  |  |  |  |  |  |  |  |
| **Date** |  |  |  |  |  |  |  |  |  |  | **Signature of Client** |

**FOR OFFICE USE ONLY**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **UCC Code allotted to the Client** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Name of the Employee** | **Documents verified with Originals** |
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| **Employee Code** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Designation of the employee** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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|  |  |
| **Date** |  |  |  |  |  |  |  |  |  |  | **Signature**  |

*I / We undertake that we have made the client aware of tariff sheet and all the voluntary/non-mandatory documents. I/We have also made the client aware of ‘Rights and Obligations’ document (s), RDD, ‘Do’s and Don’ts and Guidance Note. I/We have given/sent him a copy of all the KYC documents. I/We undertake that any change in the tariff sheet and all the voluntary/non-mandatory documents would be duly intimated to the clients. I/We also undertake that any change in the ‘Rights and Obligations’ and RDD would be made available on my/our website, if any, for the information of the clients.*

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| **Date** |  |  |  |  |  |  |  |  |

**Signature**

**Repository / Comtrack Participant Seal**

**\*Form need to be signed by all the authorized signatories.**