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KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Individuals) Annexure – 1

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Other VAT Regn No.

Name of the State

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.

| | F. DEPOSITORY | ACCOUNT(S) DETAILS, | if available | | |
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| Depository Participant Name | Depository Name (NSDL/CDSL) | Beneficiary name | DP ID | Beneficiar (BO ID | |
| Name | (NSDL/CDSL) | | | (60 10 | <u>, , </u> |
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| Note: Provide a copy of either Den | nat Master or a recent holdi | ng statement issued by DP | bearing name o | f the client. | |
| (Note: Please sign in the relevant boxes | | RADING PREFERENCES | nnga not shasan sh | ould be struck off by the | o client) |
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| | al Commodity Exchange# | Date of Consent for | trading | Signature of the Cl | lient |
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| # At the time of printing the form, | the Member must specify t | ho names of the Evenance | s where the Mor | har has mamharshi | <u> </u> |
| In case of allowing a client for trading obtained by the Member from client a | g on any other Exchange at a la | ater date, which is not selecte | | | |
| | H. INVESTM | MENT/TRADING EXPERI | ENCE | | |
| Other Investment Related Fields | Commod | lities | No Pri | or Experience | |
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Validity Date



| | | K. PAST REGULATORY ACTIONS s of any action/proceedings initiated/pending/ taken by FMC/ SEBI / Stock nge / Commodity exchange/any other authority against the client during the | | | | | | | | | | | | | | K. | P | AST | RE | GUI | .AT | ORY | / A(| CTI | ONS | 5 | | | | | | | | | | |
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| Relationship with the PAN of Nominee Address City State Country | ne Nor | | | uardi | an: | | | | | | | | | | | | | D.O. | | Pin | | | | | | |
| Relationship with the PAN of Nominee Address City State Country Phone no If Nominee is a mino | ne Nor | | | uardi | an: | | | | | | | | | | | | | D.O. | | Pin | | | | | | |
| Relationship with the PAN of Nominee Address City State Country Phone no | ne Nor | | | uardi | an: | | | | | | | | | | | | | D.O. | | Pin | | | | | | |
| Relationship with the PAN of Nominee Address City State Country Phone no If Nominee is a mino Name of Guardian | ne Nor | | | uardii | an: | | | | | | | | | | | | | D.O. | | Pin | | | | | | |
| Relationship with the PAN of Nominee Address City State Country Phone no If Nominee is a mino | ne Nor | | | uardi | an: | | | | | | | | | | | | | D.O. | | Pin | | | | | | |



| City | | | | | | | | | | | | | | | | |
|----------------------|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| State | | | | | | | | | | | | | | | | |
| Country | | | | | | | | | | | | | | | | |
| Phone no | | | | | | | | | | | | | | | | |
| Signature of Guardia | an | | | | | | | | | | | | | | | |

WITNESSES (Only applicable in case the account holder has made nomination)

| | | | | Wit | nes | s 1 | | | | | | | W | /itn | ess | 2 | | | |
|-----------|--|--|--|-----|-----|-----|--|--|--|--|--|--|---|------|-----|---|--|--|--|
| Name | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | | | | | | | | | | | | | |

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 Don'ts'. 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.



PLEASE TEAR HERE

| FC | OR OFF | ICE | USE | ONL | Y | | | | | | | | | | | | |
|--|------------------------|-----------------|-----------------|-----------------|----------------|-------|--------------|-------------|--------------|----------------|---------------|---------------|------|--------|-------|----------------|-------------------|
| UCC Code allotted to the Client | | | | | | | | | | | | | | | | | |
| Oocuments verified with Originals | | | | | | | | | | | | | | | | | |
| Name of the Employee | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Emp. | | | | | | | D | esig | gnat | tion | | | | | | | |
| Date | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | | | | | | | | | | | |
| We undertake that we have made the client aware of tariff so ware of 'Rights and Obligations' document (s), RDD, 'Do's and We undertake that any change in the tariff sheet and all the undertake that any change in the 'Rights and Obligations' and clients. | d Don'ts d voluntar | and Gu y/non | uidano -mano | e Not datory | te. I/ / do | /We I | have ents | give wou | en/s Id b | ent h e dul | im a y int | cop) imate | of a | ll the | KYC (| docur . I/W | nents. 'e also |
| Date | | | | | | | | | | | | | | | S | iana | ature |

Repository / Comtrack Participants Seal