

Know Your Client (KYC)
Application Form (For Individuals Only)



Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

Fields marked * are pertaining to CKYC and mandatory only if processing CKYC also

Application Number: _____

Moneywise. Be wise.

Application Type*: New KYC Modification KYC

KYC Mode*: Please Tick (✓)

Normal EKYC OTP EKYC Biometric Online KYC Offline EKYC Digilocker

1. Identity Details (please refer guidelines overleaf)

PAN* _____ Trading Code: _____ DP Id: _____ Client Id: _____

Name* (same as ID proof) _____

Maiden Name* (if any) _____

Fathers/Spouse's Name* _____

Date of Birth* _____

Gender* Male Female Transgender

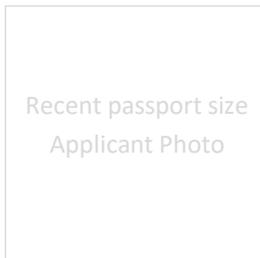
Marital Status* Single Married

Nationality* Indian Other _____

Residential Status* Resident Individual Non Resident Indian

Please Tick (✓) Foreign National Person of Indian Origin*

(Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC. Select NRI or Foreign National based on Nationality of the individual)



Cross Signature across photograph

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

A — Aadhaar Card XXXX XXXX _____ (Expiry Date) _____

B — Passport Number _____

C — Voter ID Card _____ (Expiry Date) _____

D — Driving License _____

E — NREGA Job Card _____

F — NPR _____

Z — Others _____ (any document notified by Central Government)

Identification Number _____

2. Address Details* (please refer guidelines overleaf)

A. Correspondence/ Local Address*

Line 1* _____

Line 2 _____

Line 3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified

Financial Details

Applicant SIGN

Gross Annual Income Details (Please Specify)

Below Rs 1 Lakh Rs 1 - 5 Lakh Rs 5 - 10 Lakh
 Rs 10 - 25 Lakh Above Rs 25 Lakh

Net worth (should not be older than 1 year)
(Mandatory for Non- Individual)

Rs. _____ as on date ___/___/20___

#Provide document in support of financial details (mandatory for Derivatives)

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1* _____
 Line 2 _____
 Line3 _____
 City/ Town/Village* _____ District* _____ Pin Code* _____
 State* _____ Country* _____
 Address Type* Residential/Business Residential Business Registered Office Unspecified

Proof of Address* (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

A — Aadhaar Card XXXX XXXX _____
 B — Passport Number _____ (Expiry Date) _____
 C — Voter ID Card _____
 D — Driving License _____ (Expiry Date) _____
 E — NREGA Job Card _____
 F — NPR Letter _____
 Z — Others _____ (any document notified by Central Government)
 Identification Number _____

3. Contact Details (in CAPITAL)

Email ID* _____
 Mobile No. * _____
 Tel (off) _____ Tel (Res) _____

One mobile number or Email id is not allowed in multiple accounts.**If exist kindly tick on relation: () Spouse / () Dependent child / () Dependent parents.****4. Applicant Declaration**

I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take to inform you of any changes 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.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

DATE: _____ (DD-MM-YYYY)

PLACE: _____

Applicant Wet Signature

5. For Office Use Only**In-Person Verification (IPV) carried out by***

IPV Date _____
 Emp. Name _____
 Emp. Code _____
 Emp. Designation _____

Employee Signature and Stamp

Intermediary Details*

- Self certified document copies received (OVD)
 True Copies of documents received (Attested)

AMC / Intermediary Name :

SMC GLOBAL SECURITIES LTD.

Institution Name and Stamp