Photograph

Please affix your recent passport size photograph and sign across it

# KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Individuals)

Please fill this form in **ENGLISH** and in **BLOCK** LETTERS. **IDENTITY DETAILS ComRIS Participant Name** Address Name of the Applicant Father's/ Spouse Name **Marital Status** Gender Status Male Single Married Resident Female Date of birth Nationality PAN Identification Number (UID)/ Aadhaar Any other additional proof of identity  ${\bf ADDRESS\ DETAILS\ (Proof\ of\ address\ must\ be\ different\ from\ the\ proof\ of\ identity\ submitted\ ).}$ Address City State Pin Country Telephone (Off) Telephone ( Res) **Mobile Number Email ID** Specify the proof of address for Correspondence Address

Permanent Addres	s (if different)				
				Pin	
City					
State					
Country					
Tel. (Off.)				Tel. (Res.)	
Mobile No.				Fax	
Email id					
Specify the proof o	f address (For Perman	ent Address)			
C. OTHE	R DETAILS (Gross An	nual Income Details (	Please Specify) (Inco	me Range per annum)	
	<u> </u>				
> 1 La	ıc 1	-5 Lac	5-10 Lac	10-25 Lac	< 25 Lac
Net-worth as on				Date	
(Net worth should n	ot be older than 1 year	)		<u> </u>	
D. OCCU	PATION (Please ticks	any one and give brid	ef details)		
Private Sector	Pub	lic sector	Government	Service Busi	ness
Professional	Far	mer	Others (	Plz Specify)	
Please tick, as ap	nlicable				
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Not a Politically Ex	posed Person (PEP)		Not R	elated to a Politically Expo	sed Person (PEP)
If you have a lar	ndline connection, ki	ndly provide the sa	ame		
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		L. DAN		, . = U	
		Bank	Account Type: Saving/		
Bank Name	Branch address	account no.	Current/	MICR Number	IFSC code
			Others		
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Note: Provide a copy of cancelled Cheque leaf/ pass book/bank statement specifying name of the applicant, MICR Code or/and IFSC Code of the bank.

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### I/We wish to nominate I/ we do not wish to nominate Yes No Name of the Nominee Relationship with the Nominee D.O.B **PAN of Nominee** Address Pin City State Country Phone no If Nominee is a minor, details of guardian: Name of Guardian Address Pin City State Country Phone no Signature of Guardian WITNESSES (Only applicable in case the account holder has made nomination) Witness 1 Witness 2 Name Address Signature

O. NOMINATION DETAILS

DECLARATION

	D	etails																							
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## KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Non Individuals)

ComRIS Participant Name			
Address			
			<del></del>
			Pin
Name of the Applicant			
Date of incorporation		Date of commencement of bus	iness
Place of incorporation			
PAN	F	Registration No. (e.g. CIN)	
Any other additional proof of ide	ntity		
Status (Please tick any one)			
Private Ltd Company	Private Body	Partnership	Public Limited Company
Trust	LLP		
		HUF	Sole Proprietor
Others ( Plz Specify)		HUF	Sole Proprietor
Others ( PIz Specify)		HUF	Sole Proprietor
(In case of foreign entity or entity	with foreign shareholders, self	-certified copy of statutory appro	val obtained must be attached)
(In case of foreign entity or entity  B. ADDRESS DI	with foreign shareholders, self		val obtained must be attached)
(In case of foreign entity or entity	with foreign shareholders, self	-certified copy of statutory appro	val obtained must be attached)
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Note: Provide a copy of either Remat Master or a recent holding statement issued by RP bearing name of the applicant.

#### **G. 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 applicant.

Sr. No.	Name of the Stock Exchanges #	Date of Consent for trading on the Exchange	Signature of the Applicant
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]

H. INVESTMENT/TRADING EXPERIENCE  Other Investment Related Fields  Commodities  Years  Years														
Other Investment Related Fields Commodities No Prior Experience														
Years														
I. Goods and Services Tax Registration Details														
GST No. Validity														
Name of the State														
In case Client wishes to provide multiple GST No., provide details of all in a separate sheet containing all the information as mentioned above														
In case Client wishes to provide multiple GST No., provide details of all in a separate sheet containing all the information as mentioned above  J. PAST REGULATORY ACTIONS														
Details of any action/proceedings initiated/pending/ taken by Regulatory /Stock exchange / any other authority against the applicant during the last 3 years														
K. DEALINGS THROUGH OTHER MEMBERS														
If applicant 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):														
Member's / Authorized Person (AP)'s Name														
Exchange														
Exchange Exchange's Registration number														
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Exchange's Registration number														
Registered office address														
Exchange's Registration number														
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Registered office address  Tel.  Fax														
Registered office address Pin Pin														
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	Signature  M. ADDITIONAL DETAILS  hether you wish to receive communication from Member in electronic form on your Email-id Yes No																										
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\*Form need to be signed by all the authorized signatories.

### **Annexure IV**

#### **Nomination Form**

#### **ONLY FOR Existing Individual ComRIS Account Holders**

Please affix your recent passport size photograph and sign across it

Photograph

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