

Annexure – II

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

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

Photograph

Please fill this form in **ENGLISH** and in **A. IDENTITY DETAILS**

Father's/ Spouse Name

For more information about the study, please contact Dr. Michael J. Hwang at (310) 794-3030 or via email at mhwang@ucla.edu.

Gender

Marital Status

Status

Male Fem

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Nationality

Resident

PAN

Nationality

PAN _____ **Identification Number (UID)/ Aadhaar** _____

Any other additional proof of identity

For more information about the study, please contact Dr. Michael J. Hwang at (310) 794-3030 or via email at mhwang@ucla.edu.

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

Address													
City		State											
Pin		Country											

Telephone (Off)

A horizontal row of 10 empty white boxes, each with a black border, intended for handwritten responses.

Telephone (Res)

Mobile Number

Fax

Email ID

Table 1. Summary of the main characteristics of the four groups of patients.

Specify the proof of address for Correspondence Address

Permanent Address (if different)																									
													Pin												

City **State** **Country**

Tel. (Off.) **Tel. (Res.)**
Mobile No. **Fax**

Email id

Specify the proof of address (For Permanent Address)																									

C. OTHER DETAILS (Gross Annual Income Details (Please Specify) (Income Range per annum)

> 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)

D. OCCUPATION (Please ticks any one and give brief details)

<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business
<input type="checkbox"/> Professional	<input type="checkbox"/> Farmer	Others (Plz Specify) <input type="text"/>	

Please tick, as applicable

Politically Exposed Person (PEP) <input type="checkbox"/>	Related to a Politically Exposed Person (PEP) <input type="checkbox"/>
Not a Politically Exposed Person (PEP) <input type="checkbox"/>	Not Related to a Politically Exposed Person (PEP) <input type="checkbox"/>

If you have a landline connection, kindly provide the same

E. 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 applicant, MICR Code or/and IFSC Code of the bank.

Phone No. **Fax**

Email _____

Website _____

Client Code

M. INTRODUCER DETAILS (optional)

Name of the Introducer _____

Authorized Person **Existing Client** **No Prior Experience**

Others (Plz Specify)

Phone no. _____

Signature of the Introducer

N. ADDITIONAL DETAILS

Whether you wish to receive communication from Member in electronic form on your Email-id:

Yes

No

O. NOMINATION DETAILS

I/We wish to nominate I/ we do not wish to nominate

Yes

No

Name of the Nominee									

Relationship with the Nominee

PAN of Nominee

D.O.B

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																																							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10">Name</td> </tr> <tr> <td colspan="10"></td> </tr> <tr> <td colspan="10"></td> </tr> <tr> <td colspan="10"></td> </tr> </table>		Name																																						
Name																																									
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.

Details																			
Place	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
										Signature of Applicant									

PLEASE TEAR HERE

FOR OFFICE USE ONLY

UCC Code allotted to the Applicant

<input type="text"/>																			
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Documents verified with Originals

Name of the Employee																			
<input type="text"/>																			

Emp. Code

Designation

Date

Signature

<input type="text"/>																			
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Date

<input type="text"/>						
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Signature

ComRIS Participants Seal

**KNOW YOUR CLIENT (KYC) APPLICATION FORM
(For Non Individuals)**

Please fill this form in ENGLISH and in BLOCK LETTERS.

A. IDENTITY DETAILS

ComRIS Participant Name																										
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Address																									
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Pin

Name of the Applicant																									
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Date of incorporation **Date of commencement of business**

Place of incorporation

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

Any other additional proof of identity

Status (Please tick any one)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Private Ltd Company | <input type="checkbox"/> Private Body | <input type="checkbox"/> Partnership | <input type="checkbox"/> Public Limited Company |
| <input type="checkbox"/> Trust | <input type="checkbox"/> LLP | <input type="checkbox"/> HUF | <input type="checkbox"/> 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)

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

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

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

Email id

Specify the proof of address

Registered Address (If different)	

City/ District	
State	
Country	Pin Code

Contact Details

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

Email id

Specify the proof of address submitted for correspondence address

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

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)

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)

D. BANK ACCOUNT(S) DETAILS

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

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.

E. DEPOSITORY ACCOUNT(S) DETAILS, if available

D P Name	Depository Name (NSDL/CDSL)	Beneficiary Name	DP ID	Beneficiary ID (BO ID)

Note: Provide a copy of either Demat Master or a recent holding statement issued by DP bearing name of the applicant.

F. REPOSITORY ACCOUNT(S) DETAILS, if available

Repository Participant Name	Repository Name (CCRL/NERL)	Beneficiary name	RP ID	Beneficiary ID (BO ID)

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	<input type="checkbox"/>	Commodities	<input type="checkbox"/>
			<input type="checkbox"/> No Prior Experience
			<input type="checkbox"/>
[]	[]	[]	Years

I. Goods and Services Tax Registration Details

GST No.	<input style="width: 100%; height: 1.5em; border: 1px solid black;" type="text"/>	Validity <input style="width: 100%; height: 1.5em; border: 1px solid black;" type="text"/>
Name of the State	<input style="width: 100%; height: 1.5em; border: 1px solid black;" type="text"/>	

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	<input style="width: 100%; height: 1.5em; border: 1px solid black;" type="text"/>

Exchange	<input style="width: 100%; height: 1.5em; border: 1px solid black;" type="text"/>
Exchange's Registration number	

Registered office address	<input style="width: 100%; height: 1.5em; border: 1px solid black;" type="text"/>
	Pin

Tel.	<input style="width: 100%; height: 1.5em; border: 1px solid black;" type="text"/>	Fax <input style="width: 100%; height: 1.5em; border: 1px solid black;" type="text"/>
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Email	<input style="width: 100%; height: 1.5em; border: 1px solid black;" type="text"/>
Website	

Client Code	<input style="width: 100%; height: 1.5em; border: 1px solid black;" type="text"/>
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Details of disputes/dues pending	<input style="width: 100%; height: 1.5em; border: 1px solid black;" type="text"/>
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L. INTRODUCER DETAILS (optional)

Name of the Introducer																												
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Status of the Introducer

Authorized Person Existing Client No Prior Experience

Others (Plz Specify)

Phone No.

Signature

M. ADDITIONAL DETAILS

Whether you wish to receive communication from Member in electronic form on your Email-id

Yes

No

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.

Details			
Place			
Date			
		Signature of Applicant	

FOR OFFICE USE ONLY

UCC Code allotted to the

Name of the Employee		Documents verified with Originals	

Employee Code

Designation of the employee

Date			
		Signature	

Date Signature

ComRIS Participant Seal

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

Annexure IV

Nomination Form

ONLY FOR Existing Individual ComRIS Account Holders

Date:-

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Dear Sir/ Madam,

I/We the sole holder Guardian (in case of minor) hereby declare that:

We do not wish to nominate any one for this account.

1

We nominate the following person, who is entitled to receive commodity balances lying in my /our account, in the event of the death of the Sole holder.

1

[Strike out what is not applicable.]

[Signatures of all account holders should be obtained on this form].

RP / CP ID

Client ID

--	--	--	--	--	--	--	--	--

Name of First / Sole Holder

Nominee details:

First Name

Middle Name

Last Name

City

State	<input type="text"/>
Country	<input type="text"/>

Telephone No.	<input type="text"/>
Mobile No.	<input type="text"/> Fax No. <input type="text"/>

E-mail ID	<input type="text"/>
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Relationship with BO (If any)	<input type="text"/>
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Date of Birth

<input type="text"/>

<input type="text"/>

Signature of Nominee

As the nominee is a minor as on date, I/We appoint following person to act as Guardian:

First Name	<input type="text"/>
Middle Name	<input type="text"/>
Last Name	<input type="text"/>

Address	<input type="text"/>
	<input type="text"/> Pin

City	<input type="text"/>
State	<input type="text"/>
Country	<input type="text"/>

Telephone No.	<input type="text"/>
Mobile No.	<input type="text"/> Fax No. <input type="text"/>

E-mail ID	<input type="text"/>
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Relationship with BO (If any)	<input type="text"/>
To receive the commodities in this account on behalf of the nominee in the event of the death of the Sole holder / all Joint holders.	



<input type="text"/>

Signature of Guardian

This nomination is in accordance with the **section 109 A of the Companies Act, 1956**, and shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

Place	<input type="text"/>
	Date <input type="text"/>

Name	First Authorized Signatory	Second Authorized Signatory	Third Authorized Signatory
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Specimen Signature			
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Note: Two witnesses shall attest signature(s) / Thumb impression(s).

Details of the Witness:

Name	Witness 1	Witness 2
Address		
Signature		

(To be filled by RP)

Nomination Form accepted and registered wide Registration No

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date

--	--	--	--	--	--

Please tear here

Acknowledgement Receipt

Received nomination form:

Application No.

--	--	--	--	--	--	--	--	--	--	--	--	--

 Date

--	--	--	--	--	--	--	--	--	--	--	--	--

CP ID

--	--	--	--	--	--	--	--	--	--	--	--

 Client ID

--	--	--	--	--	--	--	--	--	--	--	--

Name of First / Sole Holder

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Second joint Holder

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Third joint Holder

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Nomination in favor of

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

No Nomination Does not wish to nominate

Date

--	--	--	--	--	--	--	--	--	--

Signature

ComRIS Participants Seal