



# ANNEXURE TO eKYC

(For Individuals)

## DECLARATION

I/We declare that for opening the trading and/or Demat account, I/We have executed a digital KYC and Account Opening Form (eKYC) by electronically signing the same using the eSign services and my/our Aadhaar. My/our identity verification for the eKYC was done on the basis of my/our biometric with / OTP received from UIDAI. I/we further declare that my/our personal data with UIDAI was used for the purpose of eKYC and the eSign were generated and integrated with eKYC with my/our informed consent and with the intention that I/we shall remain at all time bound thereby. The eKYC and this Annexure constitute one integral document and it shall always be read together. I/we confirm that I/we have given consent to SMC Global Securities Limited to obtain my/our Aadhaar number and identity information and that I/we was informed that the same shall be used for eKYC and eSign and shall not be shared with anyone.

CLIENT SIGNATURE			
	First / Sole Holder	Second Holder	Third Holder
PAN			
Name			
Sign of Client	(1)	(1) <input checked="" type="checkbox"/>	(1) <input checked="" type="checkbox"/>

## FOR OFFICE USE ONLY

<input type="checkbox"/> IN-PERSON VERIFICATION (IPV)
<input type="checkbox"/> DOCUMENTS VERIFIED WITH ORIGINALS
<input type="checkbox"/> CLIENT INTERVIEWED BY
<b>SMC GLOBAL SECURITIES LTD.</b>
Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
Employee/Sub-Broker/AP Details:
Name: _____
Code: _____
Designation: _____
Signature: _____

Client Code

Demat Account No.

**NOMINATION FORM**
**FOR INDIVIDUAL ONLY**
 I/We do not wish to make nomination.

 I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all securities held in the Depository by me / us in the said beneficiary owner account in the event of my / our death.

**For Office Use**

Nomination Regn. No. \_\_\_\_\_

Date \_\_\_\_\_

Nomination can be made upto three nominees in the account.		Details of 1 <sup>st</sup> Nominee	Details of 2 <sup>nd</sup> Nominee	Details of 3 <sup>rd</sup> Nominee
1	Name of the nominee(s) (Mr./Ms.)	%	%	%
2	Share of each Nominee Equally <input type="checkbox"/> [If not equally, specify %]	Any odd lot after division shall be transferred to the first nominee mentioned in the form.		
3	Relationship With the Applicant (If Any)			
4	Address of Nominee(s)			
	PIN Code			
5	Mobile/Telephone No. of nominee(s)			
6	Email ID of nominee(s)			
7	Nominee Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			
<b>Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:</b>				
8	Date of Birth (if nominee is minor)			
10	Name of Guardian (Mr./Ms.) {in case of minor nominee(s) }			
9	Address of Guardian(s)			
	PIN Code			
11	Mobile/Telephone no. of Guardian			
12	Email ID of Guardian			
13	Relationship of Guardian with nominee			
14	Guardian Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			

CLIENT SIGNATURE			
	First / Sole Holder	Second Holder	Third Holder
Sign of Client	(2)	(2)	(2)
Date :	DD MM 20YY Place :		

WITNESS FOR CLIENT	
Name	
Address	
Sign of Witness	

## POWER OF ATTORNEY

(As per SEBI Guidelines vide circular no. CIR/MRD/DMS/13/2010 Dt. April 23, 2010)

BY THIS POWER OF ATTORNEY I/WE the undersigned

(Sole / Ist Holder Name)

(IInd Holder Name)

(IIIRD Holder Name)

(hereinafter referred to as "client(s)" / "I" / "We") residing at

\_\_\_\_\_ wish to avail various services offered (hereinafter referred to as "services") by SMC Global Securities Limited (hereinafter referred to as SMC) a company duly incorporated under the Companies Act, 1956 and having Registered Office at 11/6B, Shanti Chamber, New Delhi-110005 subject to the following recitals and terms and conditions.

WHEREAS SMC is providing various securities related services which inter alia include but not limited to transactions in connection with purchase or sale of securities, scrips, stocks, bonds, debentures, mutual fund units or any other financial instruments, or subscription to any offer or public issue of shares, mutual funds, including initial public offering (IPO) thereof, buyback of shares or any other such transactions relating to securities and financial instruments which has been mentioned in detail in the website [www.smcindiaonline.com](http://www.smcindiaonline.com) and [www.smctradeonline.com](http://www.smctradeonline.com).

WHEREAS I/We in this connection have Beneficiary Account No. \_\_\_\_\_

\_\_\_\_\_ /will open Beneficiary Account(s) with Depository Participant as will be specified in the Client Registration Form with SMC.

WHEREAS in order to avail the various services being offered by SMC, I/We have submitted Client Registration Form with SMC.

WHEREAS SMC has the following Demat accounts to receive securities from the clients in pool and keep them separate from its own securities and in any of which only the securities shall be received on my/our account when not credited to my aforesaid Beneficiary Account(s)

### Sr. No. DEMAT Account No.

01	12019101 00000412 (CDSL BSE Pool)
02	12019101 00000372 (CDSL NSE Pool)
03	IN564844 (NSDL NSE Pool)
04	IN655267 (NSDL BSE Pool)
05	12019101 00000391 (CDSL Margin A/c)
06	12019101 00055137 (CDSL Margin A/c)
07	IN303655 10000116 (NSDL Margin A/c)
08	12019101 02068772 (CDSL MSEI Pool)
09	IN471837 (NSDL MSEI Pool)
10	11000010 00013363 (CDSL BSE early payin A/c)

11	11000011 00014914 (CDSL NSE early payin A/c)
12	IN565576 (NSDL NSE MF Redemption)
13	IN620031 (NSDL BSE MF Redemption)
14.	12019101 03392681 (MTF Collateral A/c)
15.	IN303655 10061511 (MTF Collateral A/c)

WHEREAS in order to facilitate SMC in properly executing the various transactions on my/our behalf, I am/we are appointing SMC as my/our attorney for all acts, deeds and things in connection with my/our transactions with SMC.

NOW THESE PRESENTS WITNESSETH THAT I/We for availing various services and for completing the various securities related transactions do hereby jointly and severally nominate, constitute and appoint SMC, acting through its Director(s), employees or such other person as may be authorised by it for the aforesaid purposes as my/our true and lawful attorney to do, execute and perform severally the following acts, deeds, matters and things:

1. To operate the specified Beneficiary Account(s) and issue instructions relating to dematerializing or rematerializing shares and securities and to sign and execute delivery instruction slips to effect transfer of shares /securities from my / our beneficiary account, to execute receipt instructions, pledge instructions, pledge closure instructions and all such other instructions that may be required towards stock exchange related margin / delivery obligations arising out of trades executed by me/us on the stock exchange through SMC or to otherwise facilitate the transactions undertaken by me /us pursuant to the Member Client relation;
2. To instruct the Depository Participant to debit securities and /or to transfer securities from my Beneficiary Account(s) with SMC for the purpose of delivering the same to the clearing house of the recognized stock exchange toward any segment in respect of securities sold by me / us through them;
3. To do all such acts, deeds and things as may be required to ensure that all deliveries of securities arising out of transactions undertaken by me/us as client through SMC are duly and properly completed;
4. To apply for, subscribe to, and/or redeem various securities and instruments specified herein above including equity shares, mutual fund units or any other investment product(s) offered by SMC on my/our behalf on my/our instructions and to make payments for the same;
5. To facilitate SMC to credit the refund amount on account of non-allotment/part allotment received by SMC against my/our application in the designated bank account as specified in the Client Registration Form;
6. To charge / debit my / our account(s) towards charges / fees /

amounts etc., payable to SMC / Depository Participant / Principal by virtue of my/our using any of the facilities/ services provided by SMC at my/our instance;

7. To send/receive communications, instructions, statements, requisitions, acknowledgments etc., in connection with the aforesaid instruments to various parties including, the company, issuer, registrar & transfer agent, asset management company, trustee, stock exchange, Government/statutory Authority etc.;
8. To execute, all documents, forms, deeds, bonds, redemption requests etc., and to do all such acts or deeds in connection with the above;
9. To register this Power of Attorney with the Bank / Issuer / Registrar to an Issue, Depository Participant and or with any other party concerned;
10. To authorize the Stock Broker/Depository Participant to send consolidated summary of my / our scrip-wise buy and sell positions taken with average rates to me / us by way of SMS / email on a daily basis, notwithstanding any other document to be disseminated as specified by SEBI from time to time.
11. To do all such other acts or deeds which SMC in its sole

discretion considers necessary in this connection in order to complete the transaction(s); so, however, that nothing herein shall preclude me from operating the designated bank account and the Beneficiary Account, subject always to powers granted herein to SMC for the purposes of the Member Client relationship.

Subject only to the satisfaction of all amounts/ dues payable by me/us to SMC in respect of any services/facilities provided in connection with this Power of Attorney, the Member Client relationship or any other document(s) executed between the parties this Power of Attorney is revocable by me at any time without notice.

Provided always that SMC would return to me/us the securities or fund that may have been received by it erroneously or those securities or fund that it was not entitled to receive from me/us.

I DO HEREBY for myself, my heirs, executors and administrators agree to ratify, confirm and validate all and whatsoever my said Attorney shall do or purport to do or cause to be done by virtue of these presents.

This Power of Attorney shall be subject to the jurisdiction of the Courts in Delhi.

In witness whereof I/We have executed this Power of Attorney on the day, date and year herein below mentioned.

CLIENT NAME & SIGNATURE				ACCEPTED FOR & BEHALF OF SMC	
	First / Sole Holder	Second Holder	Third Holder	Name	
Name				Sign of SMC Signatory	For <b>SMC GLOBAL SECURITIES LTD.</b>  Authorised Signatory
Sign of Client	(4)	(4)	(4)		
Date :	Place :			Date :	Place :
WITNESS FOR CLIENT (Mandatory)				WITNESS FOR SMC	
Name				Name	
Address				Address	
Sign of Witness	☉☉			Sign of Witness	

UMRN Date (tick ✓)<sup>7</sup>Sponsor Bank Code <sup>3</sup> Y E S B 0 0 0 0 0 0 1Utility Code <sup>4</sup> Y E S B 0 0 1 7 1 0 0 0 0 0 5 5 0 4CREATE   
MODIFY   
CANCEL I/We hereby authorize <sup>5</sup>  to debit (tick ✓)<sup>6</sup> Bank Account Number <sup>8</sup> With Bank <sup>9</sup>  IFSC <sup>10</sup>  or MICR <sup>11</sup> an amount of Rupees <sup>12</sup>  (Name of Customers Bank) <sup>13</sup> ₹ <sup>14</sup> FREQUENCY  Mthly  Qtly  H-Yrly  Yrly  as & when presented <sup>15</sup> DEBIT TYPE  Fixed Amount  Maximum AmountReference-1 <sup>16</sup>  Phone No <sup>18</sup> Reference-2 <sup>17</sup>  Email ID <sup>19</sup> 

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

<sup>20</sup> PERIOD  
From   
To          
 Until Cancelled(5)  Signature of the account holder  
(5)   Signature of the account holder  
(5)   Signature of the account holder  
Name of the account holder Name of the account holder Name of the account holder

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/Corporate to debit my account, based on the instructions as agreed and signed by me.
- I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/corporate or the bank where I have authorized debit.

MANDATE INSTRUCTION (Refer Instruction over leaf before filling)

UMRN Date (tick ✓)<sup>7</sup>Sponsor Bank Code <sup>3</sup> Utility Code <sup>4</sup> CREATE   
MODIFY   
CANCEL I/We hereby authorize <sup>5</sup>  to debit (tick ✓)<sup>6</sup> Bank Account Number <sup>8</sup> With Bank <sup>9</sup>  IFSC <sup>10</sup>  or MICR <sup>11</sup> an amount of Rupees <sup>12</sup>  (Name of Customers Bank) <sup>13</sup> ₹ <sup>14</sup> FREQUENCY  Mthly  Qtly  H-Yrly  Yrly  as & when presented <sup>15</sup> DEBIT TYPE  Fixed Amount  Maximum AmountReference-1 <sup>16</sup>  Phone No <sup>18</sup> Reference-2 <sup>17</sup>  Email ID <sup>19</sup> 

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

<sup>20</sup> PERIOD  
From   
To          
 Until Cancelled(6)  Signature of the account holder  
(6)   Signature of the account holder  
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Name of the account holder Name of the account holder Name of the account holder

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/Corporate to debit my account, based on the instructions as agreed and signed by me.
- I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/corporate or the bank where I have authorized debit.

MANDATE INSTRUCTION (Refer Instruction over leaf before filling)

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Instructions to fill Mandate:

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- |   |  |
|---|--|
| 1. UMRN-To be left blank  | 12. Amount in words  |
| 2. Date in DD/MM/YYYY format  | 13. Amount in figures  |
| 3. Sponsor Bank IFSC code - YES80000001 - already printed   | 14. Frequency at which the debit should happen   |
| 4. Utility Code: Unique code of the entity to whom mandate is being given - To be provided by the entity. | 15. Whether the amount is fixed or variable  |
| 5. Name of the entity to whom the mandate is being given  | 16. Reference-1 : Any details requested by the entity to whom mandate is being given   |
| 6. Account type - SB /CA/ CC / SB-NRE / SB-NRO / OTHER  | 17. Reference - 2 : Any details requested by the entity to whom mandate is being given |
| 7. Tick - Select your appropriate Action  | 18. Your phone number  |
| a. Create - For New Mandate   | 19. Your email id  |
| b. Modify - For Changes/Amendment on existing mandate   | 20. Period for which the debit mandate is valid  |
| c. Cancel - For cancelling the existing registered Mandate  | a. Start date  |
| 8. Your Bank Account Number for debiting the amount   | b. End Date  |
| 9. Name of your bank and branch   | c. Or until cancelled  |
| 10. Your Bank branch IFSC code OR   | 21. Signatures of the account holder   |
| 11. Your Bank branch MICR code  | 22. Name of the account holder   |
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Instructions to fill Mandate:

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- |   |  |
|---|--|
| 1. UMRN-To be left blank  | 12. Amount in words  |
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| 8. Your Bank Account Number for debiting the amount   | b. End Date  |
| 9. Name of your bank and branch   | c. Or until cancelled  |
| 10. Your Bank branch IFSC code OR   | 21. Signatures of the account holder   |
| 11. Your Bank branch MICR code  | 22. Name of the account holder   |
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