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## Know Your Client (KYC) Application Form



Application No. :

Please fill in ENGLISH and in BLOCK LETTERS with black ink

A. Identity Details (please see guidelines overleaf)	
1. Name of Applicant (Please write complete name as per Certificate of Incorporation	/ Registration; leaving one box blank between 2 words. Please do not abbreviate the Name).
2. Date of Incorporation ddd/mm//yyyyy	
Place of Incorporation	
3. Registration No. (e.g. CIN)  Date of commencement of business d d d / m m / y y y y	
4. Status Please tick (✓) ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Body Co☐ FI ☐ FI ☐ HUF ☐ AOP ☐ Bank ☐ Government Body☐ Defence Establishment ☐ Body of Individuals ☐ Society ☐ LLP	
5. Permanent Account Number (PAN) (MANDATORY)	Please enclose a duly attested copy of your PAN Card
	, , ,
B. Address Details (please see guidelines overleaf)	
Address for Correspondence	
City / Town / Village State	Postal Code Country
2. Contact Details	Country
Tel. (Off.) (ISD) (STD)	Tel. (Res.) (ISD) (STD)
Mobile (ISD) (STD) E-Mail Id.	Fax (ISD) (STD)
	NE of the following valid documents & tick (✓) against the document attach
□ *Latest Telephone Bill (only Land Line) □*Latest Electricity Bill □*La	test Bank Account Statement Registered Lease / Sale Agreement of Office Premis
Any other proof of address document (as listed overleaf). (Please specify) *Not more than 3 Months old. Validity/Expiry date of proof of address submitted	<b>d</b>   d   d   <b>/</b>   m   m   <b>/</b>   y   y   y
4. Registered Address (If different from above)	u
4. Registered Address (if different from above)	
City / Town / Village	Postal Code Postal Code
State	Country
	NE of the following valid documents & tick (✓) against the document attach test Bank Account Statement □ Registered Lease / Sale Agreement of Office Premis
☐ Any other proof of address document (as listed overleaf).(Please specify)	
*Not more than 3 Months old. Validity/Expiry date of proof of address submitted	d <u>a a 7 [m m 7 [y   y   y   y   y   </u>
C. Other Details (please see guidelines overleaf)	
1. Name, PAN, DIN/UID, residential address and photographs o	f Promoters/Partners/Karta/Trustees/whole time directors
(Please use Annexure on next page to fill in the details)	
2. Any other information :	
DECLARATION	(1)⊗
AAV TOOL TO TO TOO HE TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE	NAME & SIGNATURE(S)
correct to the best of my/our knowledge and belief and I/we undertake	OF AUTHORISED
correct to the best of my/our knowledge and belief and I/we undertake 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	(1)
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correct to the best of my/our knowledge and belief and I/we undertake 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.  FOR OF intermediary name OR code	PERSON(S)  (1) ⊗  Date:
correct to the best of my/our knowledge and belief and I/we undertake 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.  FOR OF other meterical many many of the code is the code in the code is the code in the code is the	Place:
correct to the best of my/our knowledge and belief and I/we undertake 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.  FOR OF ontermediary name OR code  SMC Global Securities Ltd.	Place: Date:  FICE USE ONLY  Seal/Stamp of the intermediary should contact Staff Name Designation
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 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.  FOR OF Intermediary name OR code SMC Global Securities Ltd.  (Originals Verified) Self Certified Document copies received  (Attested) True copies of documents received	Place:

## Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form

Photograph					
Relationship with Applicant (i.e. promoters, whole time directors etc.)					
Residential / Registered Address					
DIN (For Directors) / UID (For Others)					
Name					
PAN					
Sr. No.					
	Residential / with Applicant DIN (For Directors) / Registered (i.e. promoters, whole time directors etc.)	PAN Name DIN (For Directors) / Registered (i.e. promoters, whole time directors etc.)	PAN Name DIN (For Directors) / Registered with Applicant (i.e. promoters, whole time directors etc.)	PAN Name DIN (For Others) Residential / With Applicant UID (For Others) Address directors etc.)	PAN Name DIN (For Directors) Residential / With Applicant (a. promorters, Address directors etc.)





Date | d | d | / | m | m | / | 2 | 0 | y | y |

(2)  $\bigotimes$  Name & Signature of the Authorised Signatory(ies)