N

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 be	tween 2 words. Please do not abbreviate the Name).	
2. Date of Incorporation ddd/lmm//yyyyyy			
Place of Incorporation			
3. Registration No. (e.g. CIN)			
Date of commencement of business ddd/mm//yyyyyy			
4. Status Please tick (✓) ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Body Corp. ☐ FI ☐ FII ☐ HUF ☐ AOP ☐ Bank ☐ Government Body ☐ Defence Establishment ☐ Body of Individuals ☐ Society ☐ LLP	orate Partnership Trust Non-Government Organisation Others (Please specify)	/ Charities / NGOs	
5. Permanent Account Number (PAN) (MANDATORY)	Please enclose a d	uly attested copy of your PAN Card	
B. Address Details (please see guidelines overleaf)			
1. Address for Correspondence			
Ch (To a William		2016	
City / Town / Village State	Country	Postal Code	
2. Contact Details			
Tel. (Off.) (ISD) (STD) Mobile (ISD) (STD)	Tel. (Res.) (ISD) (STD) Fax (ISD) (STD)		
E-Mail Id.	rax (ISD) (STD)		
Provide your mobile number & E-mail ID to receive information of your transactions of	firectly from Exchange & Depository or	n your mobile / E-mail at the end of the day.	
*Not more than 3 Months old. Validity/Expiry date of proof of address submitted 4. Registered Address (If different from above) City / Town / Village	Country E of the following valid docume st Bank Account Statement Rec	gistered Lease / Sale Agreement of Office Premises	
DECLARATION			
DECLARATION	NAME & SIGNATURE	(6)	
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	(S) (1) <u>@</u>		
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.	PERSON(S)	(1) @	
inistepresenting, rank we are aware that two may be need hable for it.		(1)	
	Place:	Date:	
	ICE LICE ONLY		
FOR OFF ntermediary name OR code	ICE USE ONLY	Cool/Channe of the Statement Laboration	
SMC Global Securities Ltd.		Seal/Stamp of the intermediary should contain Staff Name	
☐ (Originals Verified) Self Certified Document copies received	Designation		
☐ (Attested) True copies of documents received	Name of the Organization		
v. Accessory inde-copies of adequirence received		Signature	
		Date	

Application Form	ant	t , Photograph			
our Client (KYC)	PAN of the Applicant	Relationship with Applicant (i.e. promoters, whole time directors etc.)			
and whole time directors forming a part of Know Your Client (KYC) Application Form		Residential / Registered Address			Moneywise. Be wise.
nd whole time dire		DIN (For Directors) / UID (For Others)			/ 2 0 y y
Details of Promoters/ Partners/ Karta / Trustees a		Name			Date d d / m m / 2 0 y y
Promoters/ Partn		2			(2) (2) Juthorised Signatory(ies)
Details of	Name of Applicant	PAN			(2) (2) (2) Name & Signature of the Authorised Signatory(ies)
	Name of	Sr. No.			Nar