

ACCOUNT OPENING FORM

Centricity Securities Private Limited
Member of NSE, BSE, NSDL



SEBI Registration No : INZ000323234

Registered Address : 207A & 207B, Tower-B, Global Business Park, Gurugram, Haryana-122002

S. No.	Name of the Document	Brief Significance of the Document	Page No	
MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI, EXCHANGES & DEPOSITORY				
1	Account Opening Form	A. KYC form - Document captures the basic information		
		B. Document captures additional information about the constituent relevant to trading account and Demat account including Fact/CRS declaration		
		C. Nomination Form		
2	Most Important Terms and Condition	These documents covered the most important terms and condition relating to the trading and demat account of client	S H A R E D S E P R A T E L Y	
3	Rights and Obligations of Stockbroker and Client	Document stating the Rights & Obligations of stockbroker/trading member and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology)		
4	Rights and Obligations of Depository participant and Beneficial Owner	Document stating the Rights & Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories		
5	Risk Disclosure Document	Document detailing risks associated with dealing in the securities market		
6	Guidance Note	Document detailing do's and don'ts for trading on exchange for the education of investor		
7	Policies and Procedures	Document describing significant policies and procedures of trading and demat account of investor		Also available on
8	Investor Charter	Investor Charter for Stockbroker and Depository Participant		https://oneinvest.co.in/

9	Tariff sheet		
VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCKBROKER			
11	Demat Debit and Pledge Instructions (DDPI)	Document seeking authorization by client to the stock broker, to access the demat account of the client for specified purposes only.	
12	Basic Service Demat Account (BSDA)	Account opening form for BSDA	
13	Letter of authority for Individual and Non-Individual	Letter of Authority for providing authorization to trade on behalf of client	
14	Letter of Authority	Helps the clients to enjoy exposures linked to the credit in the Trading Account	

Name of the Trading Member	Centricity Securities Private Limited
SEBI Stock Broker Registration No	INZ000323234
NSE Trading Code	90456
BSE Trading Code	6912
SEBI Depository Participant Registration No	IN-DP-831-2026
NSDL DP ID	IN304924
PAN	AALCC8384K

GST Registration No.	06AALCC8384K1Z1
Registered Office Address	207A & 207B, Tower-B, Global Business Park, Gurugram, Haryana-122002
Main/ Correspondence Office Address	207A & 207B, Tower-B, Global Business Park, Gurugram, Haryana-122002
Compliance officer's name	Sachin Jasuja
Phone no and email id	8368283594 compliance@centricity.co.in
Director Name, Phone No & Email ID	Aditya Shankar, Email : brokingservices@centricity.co.in Phone :9811044926

For any Trading related grievance/dispute please contact Centricity Securities Limited at the above address or email compliance@centricity.co.in

For DP related grievance/dispute please Email at compliance@centricity.co.in

In case not satisfied with the response, please contact the concerned exchange(s)
at NSE-Email: ignse@nse.co.in Phone No. 022-26598190, BSE-Email: is@bseindia.com
Phone No. 022-22728097

You can also contact NSDL-E mail ID: relations@nsdl.com. Phone No. 022-48867000

You can also lodge your grievances with SEBI at <http://scores.gov.in>. For any queries, feedback or assistance, please contact SEBI Office on Toll Free Helpline at 1800 22 7575 / 1800 266 7575

PART-A

MANDATORY DOCUMENTS

Important instructions of Account Opening Form

01. Use capital letters for all entries.
02. Pen color must be black or blue.
03. Email and mobile number are mandatory.
04. KYC corrections must be counter-signed.
05. Strike-off any options that are not applicable.
06. All original documents are required for physical verification.
07. Regional language proofs must be translated into English.
08. Sole proprietors must apply in their individual name.
09. Name and address must match submitted proofs.
10. Whiteners/Correction fluids should not be used on the AOF.

CHECKLIST FOR KYC (PLEASE TICK WHEREVER APPLICABLE)

 CKYC Reference No. :

Valid Documents (Copies of all documents to be self attested)		Please Tick
PAN Card	Account Holder & Joint Holder's (If any)	
Photograph	One Colored Passport Size Photograph	
Additional Proof of Identity (Any One)	a. PAN Card	<input type="checkbox"/> KRA document used (Email Id to be provided on given KRA Form)
	b. Voter ID	
	c. Valid Passport	
	d. Valid Driving License	
	e. Unique Identification Number (UID) (Aadhaar)	
	f. Other (Pls. Specify) _____	
Proof of Address (Any One) Permanent / Correspondence	a. Voter ID	<input type="checkbox"/> KRA document used
	b. Valid Passport	
	c. Valid Driving License	
	d. Unique Identification Number (UID) (Aadhaar)	
	e. Bank Statement/Passbook (not more than 3 month old must contain complete address of client)	
	f. Electricity Bill (not more than 3 months old)	
	g. Resident landline Tel. Bill (not more than 3 month	
	h. Other (Pls. Specify) _____	
Bank Proof With MICR / IFSC Code (1st Holder only)	a. Bank Statement / Bank Passbook with cheque left (not more than 3 month old)	
	b. Bank's Certificate on letter head of the Bank (ORIFINAL)	
	c. Cancelled Personalized Cheque left	
Demat Proof (Any One) (1st Holder only)	a. Client Master (CML copy duly attested by DP)	
	b. DP Statemnt / Transaction cum Holding Statement (Duly attesed by DP)	
Proof of Income (Any One) Mandatory for Derivatives Segments) (1st Holder)	a. Copy of latest ITR acknowledgment	
	b. In case of salary income - Salary Slip, Copy of Form 16	
	c. Net-worth certificate (Not more than 1 year old)	
	d. Copy of Demat Account Holding Statemnt (not more than 3 months old)	
	e. Bank Account Statement for last 6 month reflecting income	

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity/ Other than Individuals

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Tick "✓" wherever applicable.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please fill the form in English and in BLOCK letters.
- E) KYC number of applicant is mandatory for update application.
- F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- G) List of two character ISO 3166 country codes is available at the end.
- H) Please read section wise detailed guidelines / instructions at the end.
- I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



For office use only

Application Type* New Update

(To be filled by financial institution) KYC Number

(Mandatory for KYC update request)

1. ENTITY DETAILS* (Please refer instruction A at the end)

Name* _____

Entity Constitution Type* Others (Specify) _____ (Please refer instruction B at the end)

Date of Incorporation / Formation* DD - MM - YYYY Date of Commencement of Business DD - MM - YYYY

Place of Incorporation / Formation* _____ Country of Incorporation / Formation* _____ TIN or Equivalent Issuing Country _____

PAN * _____ Form 60 furnished

TIN / GST Registration Number _____

2. PROOF OF IDENTITY (PoI)* (Please refer instruction B at the end)

Officially valid document(s) in respect of person authorised to transact

Certificate of Incorporation / Formation _____ Registration Certificate _____ Regn Certificate No. _____

Memorandum and Articles of Association Partnership Deed Trust Deed

Resolution of Board / Managing Committee Power of attorney granted to its manager, officers or employees to transact on its behalf

Activity Proof - 1 (For Sole Proprietorship Only) Activity Proof - 2 (For Sole Proprietorship Only)

3. ADDRESS* (Please see instruction C at the end)

3.1 Registered Office Address / Place of Business*

Proof of Address* Certificate of Incorporation / Formation Registration Certificate Other Document _____

Line 1* _____

Line 2* _____

Line 3* _____ City / Town / Village* _____

District* _____ PIN / Post Code* _____ State / U.T Code* _____ ISO 3166 Country Code* _____

3.2 Local Address in India (If different from Above)*

Line 1* _____

Line 2* _____

Line 3* _____ City / Town / Village* _____

District* _____ PIN / Post Code* _____ State / U.T Code* _____ ISO 3166 Country Code* _____

4. CONTACT DETAILS (All communications will be sent to Mobile number/ Email-ID provided* may be used) (Please refer instruction D at the end)

Tel. (Off) _____ FAX _____

Mobile _____ Email ID _____

Mobile _____ Email ID _____

5. NUMBER OF RELATED PERSONS _____ (Please refer instruction E at the end)

6. REMARKS (If any)

7. APPLICANT DECLARATION (Please refer Instruction G at the end)

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I 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 aware that I may be held liable for it.
- I/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date: DD - MM - YYYY

Place: _____

[Signature / Thumb Impression]

Signature / Thumb Impression of Authorised Person(s)

8. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies Equivalent e-document

KYC VERIFICATION CARRIED OUT BY

Identity Verification Done Date DD - MM - YYYY

Emp. Name _____

Emp. Code _____

Emp. Designation _____

Emp. Branch _____

INSTITUTION DETAILS

Name _____

Code _____

[Institution Stamp]

[Employee Signature]

Annexure A2 | Legal Entity / Other than Individuals

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Tick "✓" wherever applicable.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please fill the form in English and in BLOCK letters.
- E) KYC number of applicant is mandatory for update application.
- F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- G) List of two character ISO 3166 country codes is available at the end.
- H) Please read section wise detailed guidelines / instructions at the end.
- I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated



For office use only Application Type* New Update Delete
 (To be filled by financial institution) KYC Number _____ (Mandatory for KYC update and delete request)

1. DETAILS OF RELATED PERSON* (Please refer instruction E at the end)

Addition of Related Person Deletion of Related Person Update Related Person Details
 KYC Number of Related Person (if available)* _____ If KYC number is available, only 'Related Person Type' & 'Name' is mandatory
Related Person Type* Director Promoter Karta Trustee Partner Court Appointment Official Proprietor
 Beneficiary Authorised Signatory Beneficial Owner Power of Attorney Holder Other (Please specify)
 DIN (Director Identification Number) _____ (Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS (Please refer instruction E at the end)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)				
Maiden Name				
Father / Spouse Name				
Mother Name				
Date of Birth*	DD-MM-YYYY			
Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender			
Nationality*	<input type="checkbox"/> IN- Indian <input type="checkbox"/> Others (ISO 3166 Country Code _____)			
PAN*				<input type="checkbox"/> Form 60 furnished

1.2 PROOF OF IDENTITY AND ADDRESS* (Please refer instruction E at the end)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number _____
- B-Voter ID Card _____
- C- Driving Licence _____
- D-NREGA Job Card _____
- E- National Population Register Letter _____
- F - Proof of Possession of Aadhaar _____
- II E-KYC Authentication _____
- III Offline verification of Aadhaar _____



Address
 Line 1* _____
 Line 2 _____
 Line 3 _____
 District* _____ Pin / Post Code* _____ City / Town / Village* _____ State / U.T Code* _____ ISO 3166 Country Code* _____

1.3. CURRENT ADDRESS DETAILS (Please refer instruction E and the end)

Same as above mentioned address (In such cases address details as below need not be provided)
 I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number _____
- B-Voter ID Card _____
- C- Driving Licence _____
- D-NREGA Job Card _____
- E- National Population Register Letter _____
- F - Proof of Possession of Aadhaar _____
- II E-KYC Authentication _____
- II Offline verification of Aadhaar _____
- IV Deemed PoA
- V Self Declaration

Address
 Line 1* _____
 Line 2 _____
 Line 3 _____
 District* _____ Pin / Post Code* _____ City / Town / Village* _____ State / U.T Code* _____ ISO 3166 Country Code* _____

1. 4 CONTACT DETAILS (All communication will be sent on provided mobile no. / Email-ID) (Please refer instruction D at the end)

Tel. (Off) _____ Tel. (Res) _____ Mobile _____
 Email ID _____

2. APPLICANT DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I 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 aware that I may be held liable for it.
 I/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : DD-MM-YYYY _____ Place: _____ Signature /Thumb Impression of Applicant _____

3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification
 Digital KYC process Equivalent e-document

KYC VERIFICATION CARRIED OUT BY		INSTITUTION DETAILS	
Date	_____	Name	_____
Emp. Name	_____	Code	_____
Emp. Code	_____		
Emp. Designation	_____		
Emp. Branch	_____		
[Employee Signature]		[Institution Stamp]	

केंद्रीय केवाईसी अभिलेख रजिस्ट्री। अपने ग्राहक को जानिए (केवाईसी) आवेदन पत्र । विधिक इकाई/ वैयक्तिक से इतर

महत्वपूर्ण निर्देश।

- क) “*” के साथ चिह्नित क्षेत्र अनिवार्य रूप से भरे जाने हैं। च) भारतीय मोटर वाहन अधिनियम 1988 के अनुसार राज्यों/केंद्र शासित प्रदेशों के कोड प्रपत्र के अंत में उपलब्ध हैं।
- ख) जहाँ आवश्यक हो वहाँ ✓ चिह्न लगाइए। छ) दो वर्णों वाले आई एस ओ 3166 देश कोड की सूची अंत में उपलब्ध है।
- ग) कृपया दिनांक को तिथि-मास-वर्ष (DD/MM/YYYY) के प्रारूप में भरें। ज) कृपया अंत में दिए गए खंडवार विस्तृत दिशा-निर्देश/निर्देशों को पढ़ें।
- घ) कृपया आवेदन पत्र को साफ अक्षरों में भरिए। झ) अनुभाग विशेष को अद्यतन करने के लिए अनुभाग बॉक्स में (✓) सही का निशान लगाएँ और जिन अनुभागों को अद्यतन न करना हो उन्हें काट दें।
- ड) केवाईसी अद्यतन करने के लिए आवेदक की केवाईसी संख्या अनिवार्य है।



केवल कार्यालय प्रयोग के लिये आवेदन का प्रकार* नवीन अद्यतनीय
(वित्तीय संस्थान द्वारा भरा जायेगा) केवाईसी संख्या (केवाईसी अद्यतन-आवेदन के लिए अनिवार्य है)

1. व्यक्तिगत विवरण (कृपया अंत में दिये गये “क” निर्देश देखें)

नाम*

इकाई के संघटन का प्रकार* अन्य (उल्लिखित करें) (कृपया अंत में दिये गये “ख” निर्देश का संदर्भ लें)

इकाई के निगमन/गठन की तिथि* DD - MM - YYYY व्यवसाय आरंभ करने की तिथि DD - MM - YYYY

इकाई के निगमन/गठन का स्थान* इकाई के निगमन/गठन का देश* टिन या समकक्ष जारीकर्ता देश

पैन* फार्म 60

टिन/जीएसटी पंजीकरण संख्या

2. पहचान का प्रमाण* (कृपया अंत में दिये गये “ख” निर्देश देखें)

- संव्यवहार के लिये प्राधिकृत व्यक्ति का ‘आधिकारिक रूप से मान्य दस्तावेज़(ओवीडी)’
- इकाई के निगमन/गठन का प्रमाण पत्र पंजीकरण प्रमाण पत्र पंजीकरण प्रमाण क्रमांक
- संस्था के बहिर्नियम एवं अंतर्नियम सहभागिता विलेख न्यास विलेख
- बोर्ड/प्रबंध समिति द्वारा संकल्प संव्यवहार के लिये प्रबंधक, अधिकारी या कर्मचारी को दिया गया प्रतिनिधित्वाधिकार पत्र /मुख्तारनामा
- व्यवसायिक गतिविधि का प्रमाण -1 (केवल एकल स्वामित्व इकाई के लिये) व्यवसायिक गतिविधि का प्रमाण -2(केवल एकल स्वामित्व इकाई के लिये)

3. पते का प्रमाण* (कृपया अंत में दिये गये “ग” निर्देश देखें)

3.1 पंजीकृत कार्यालय का पता/व्यवसाय का स्थान*

पते का प्रमाण* निगमन / गठन का प्रमाणपत्र पंजीकरण प्रमाण पत्र अन्य दस्तावेज़

पंक्ति-1*

पंक्ति-2*

पंक्ति-3* शहर/कस्बा/गाँव*

ज़िला* पिन/पोस्ट कोड* राज्य/ संघ राज्य क्षेत्र कोड* आईएसओ 3166 देश कोड*

3.2 भारत में स्थानीय पता (यदि ऊपर दिये गये पते से भिन्न है)।

पंक्ति-1*

पंक्ति-2*

पंक्ति-3* शहर/कस्बा/गाँव*

ज़िला* पिन/पोस्ट कोड* राज्य/संघ राज्य क्षेत्र कोड* आईएसओ 3166 देश कोड*

4. संपर्क विवरण (सभी संदेश दिये गये मोबाइल व ई मेल पर भेजे जायेंगे। कृपया अंत में दिये गये ‘घ’ निर्देश देखें)

दूरभाष(कार्यालय) - फैक्स -

मोबाइल - ई-मेल पता

मोबाइल - ई-मेल पता

अनुलग्नक ए2 । विधिक इकाई / वैयक्तिक से इतर

केंद्रीय केवाईसी रजिस्ट्री । अपने ग्राहक को जानिए (केवाईसी) आवेदन पत्र । संबंधित व्यक्ति

महत्वपूर्ण निर्देश।

- क) "*" के साथ चिह्नित क्षेत्र अनिवार्य रूप से भरे जाने हैं। च) भारतीय मोटर वाहन अधिनियम 1988 के अनुसार राज्यों/ केंद्र शासित प्रदेशों के कोड प्रपत्र के अंत में उपलब्ध हैं।
 ख) जहाँ आवश्यक हो वहाँ ✓ चिह्न लगाइए। छ) दो वर्षों वाले आईएसओ 3166 देश कोड की सूची अंत में उपलब्ध है।
 ग) कृपया दिनांक को दिनांक-महीना-वर्ष (DD/MM/YYYY) के प्रारूप में भरें। ज) कृपया अंत में दिए गए खंडवार विस्तृत दिशा-निर्देश/निर्देशों को पढ़ें।
 घ) कृपया आवेदन पत्र को साफ अक्षरों में भरिए। झ) अनुभाग विशेष को अद्यतन करने के लिए अनुभाग बॉक्स में (✓) सही का निशान लगाएँ और जिन अनुभागों को अद्यतन न करना अनिवार्य है।
 ङ) आवेदन पत्र को अद्यतन करने के लिए आवेदक का केवाईसी नंबर होना अनिवार्य है।



केवल कार्यालय प्रयोग के लिये आवेदन का प्रकार* नवीन अद्यतनीय विलोपन
 (वित्तीय संस्थान द्वारा भरा जायेगा) केवाईसी संख्या (केवाईसी अद्यतन और विलोपन के लिए अनिवार्य है)

1. संबंधित व्यक्ति का विवरण* (कृपया अंत में दिये गये निर्देश "ड" देखें)।

- संबंधित व्यक्ति को जोड़ना संबंधित व्यक्ति का विलोपन संबंधित व्यक्ति विवरण अद्यतन करें
 संबंधित व्यक्ति का केवाईसी नंबर यदि केवाईसी नंबर उपलब्ध है तो केवल 'संबंधित व्यक्ति प्रकार' और 'नाम' देना अनिवार्य है
 संबंधित-व्यक्ति का प्रकार* निदेशक प्रवर्तक कर्ता न्यासी सहभागी न्यायालय द्वारा नियुक्त अधिकारी स्वत्वधारी
 लाभार्थी प्राधिकृत हस्ताक्षरकर्ता लाभित स्वामी मुख्तारनामा/ प्रतिनिधित्वाधिकार पत्र धारक अन्य (कृपया उल्लेख करें)

DIN (निदेशक पहचान संख्या) (संबंधित व्यक्ति के निदेशक होने पर अनिवार्य)

1.1 व्यक्तिगत विवरण (कृपया अंत में दिये गये निर्देश "ड" देखें)

	आदि-सूचक	प्रथम नाम	मध्य नाम	उपनाम
नाम* (पहचान प्रमाण पत्र के अनुसार)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
विवाह से पहले नाम	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
पिता/ पति, पत्नी का नाम	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
माता का नाम	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
जन्म तिथि*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
लिंग*	<input type="checkbox"/> पु <input type="checkbox"/> स्त्री <input type="checkbox"/> इतर			
राष्ट्रीयता*	<input type="checkbox"/> IN-भारतीय <input type="checkbox"/> अन्य (आईएसओ 3166 देश कोड)	<input type="text"/>	<input type="text"/>	<input type="text"/>
पैन	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1.2 पहचान और पते का प्रमाण* (कृपया अंत में दिये गये निर्देश "ड" देखें)

- I. निम्नलिखित में से किसी एक 'आधिकारिक रूप से मान्य दस्तावेज़ (ओवीडी)' की प्रमाणित प्रति अथवा ओवीडी के समकक्ष ई-दस्तावेज़ अथवा डिजिटल केवाईसी की प्रक्रिया से प्राप्त ओवीडी की प्रति जमा करवाना आवश्यक है -

- क - पासपोर्ट क्रमांक
 ख - मतदाता पहचान पत्र
 ग - ड्राइविंग लाइसेंस
 घ - मनरेगा जॉब कार्ड
 ङ - राष्ट्रीय जनसंख्या रजिस्टर पत्र
 च - आधार कार्ड धारक होने का प्रमाण
 II. ई - केवाईसी प्रमाणीकरण
 III. आधार का ऑफलाइन सत्यापन

फोटो*



पता

पंक्ति-1*
 पंक्ति-2
 पंक्ति-3 शहर/कस्बा/गाँव*
 जिला* पिन/पोस्ट कोड* राज्य/संघ शासित प्रदेश कोड* आईएसओ 3166 देश कोड*

1.3 वर्तमान पता विवरण (कृपया अंत में दिये गये निर्देश "ड" देखें)

- उपर्युक्त पते के समान । (ऐसा होने पर निम्नलिखित विवरण न भरें)

- I. आधिकारिक रूप से मान्य दस्तावेज़ (ओवीडी)' की प्रमाणित प्रति अथवा ओवीडी के समकक्ष ई-दस्तावेज़ अथवा डिजिटल केवाईसी की प्रक्रिया से प्राप्त ओवीडी की प्रति जमा करवाना आवश्यक है (निम्नलिखित में से कोई एक आधिकारिक रूप से मान्य दस्तावेज़)

- क - पासपोर्ट क्रमांक

<input type="checkbox"/>	ख - मतदाता पहचान पत्र	<input type="text"/>
<input type="checkbox"/>	ग - ड्राइविंग लाइसेंस	<input type="text"/>
<input type="checkbox"/>	घ - मनरेगा जॉब कार्ड	<input type="text"/>
<input type="checkbox"/>	ड - राष्ट्रीय जनसंख्या रजिस्टर पत्र	<input type="text"/>
<input type="checkbox"/>	च - आधार कार्ड धारक होने का प्रमाण	<input type="text"/>
II. <input type="checkbox"/>	ई - केवाईसी प्रमाणीकरण	<input type="text"/>
III. <input type="checkbox"/>	पते का मानद प्रमाण	
IV. <input type="checkbox"/>	स्वघोषित पता	

पता

पंक्ति-1*

पंक्ति-2

पंक्ति-3 शहर/कस्बा/गाँव*

ज़िला* पिन/पोस्ट कोड* राज्य/केंद्र शासित प्रदेश कोड* आईएसओ 3166 देश कोड*

1.4 संपर्क विवरण (सभी संदेश दिये गये मोबाइल व ई मेल पर भेजे जायेंगे (कृपया अंत में दिये गये निर्देश 'घ' देखें)

दूरभाष(कार्यालय) - दूरभाष(निवास) -

दूरभाष(मोबाइल) - ई-मेल पता

2. आवेदक द्वारा घोषणा

- मैं एतद्-द्वारा घोषणा करता हूँ/करती हूँ कि ऊपर दिया गया विवरण मेरी जानकारी और विश्वास के अनुसार सत्य और सही है और उसमें कोई भी परिवर्तन यदि होगा तो मैं तत्काल आपको इसकी सूचना देने का वचन देता हूँ/देती हूँ। यदि उपरोक्त में से कोई भी जानकारी गलत या असत्य या भ्रामक या गलत तरीके से प्रस्तुत करने वाली पाई जाती है, तो मुझे ज्ञात है कि मुझे इसके लिए उत्तरदायी ठहराया जा सकता है।
- केंद्रीय केवाईसी अभिलेख रजिस्ट्री द्वारा उपर दिये गये मोबाइल /ईमेल पर सूचना प्राप्त करने के लिये मैं अपनी सहमति देता/देती हूँ।

दिनांक -- स्थान:

हस्ताक्षर/आवेदक के अंगूठे का निशान

3. सत्यापन (केवल कार्यालय द्वारा प्रयोग के लिए)

दस्तावेज़ प्राप्त हुए प्रमाणित प्रतियाँ भारतीय विशिष्ट पहचान प्राधिकरण से प्राप्त ई-केवाईसी डेटा ऑफलाइन सत्यापन से प्राप्त विवरण

डिजिटल केवाईसी प्रक्रिया समकक्ष ई-दस्तावेज़

केवाईसी निम्नलिखित के द्वारा किया गया

दिनांक --

कर्मचारी का नाम

कर्मचारी कोड

पदनाम

कर्मचारी की शाखा


कर्मचारी का हस्ताक्षर

संस्थान का विवरण

नाम

कोड

संस्थान की मोहर

<p>Know Your Client (KYC) Application Form (For Individuals Only)</p> <p>Please fill the form in ENGLISH and in BLOCK letters</p> <p>Fields marked * are mandatory</p> <p>Fields marked * are pertaining to CKYC and mandatory only if processing CKYC also</p>	 CDSL VENTURES LIMITED <small>....Exploring New Horizons</small>	<div style="border: 1px solid #ccc; width: 100px; height: 50px; margin: 0 auto; text-align: center; line-height: 50px;">Intermediary Logo</div> <p>Application Number: _____</p> <p>Application Type*: <input type="checkbox"/> New KYC <input type="checkbox"/> Modification KYC</p>
<p>KYC Mode*: Please Tick (✓)</p> <p> <input type="checkbox"/> Normal <input type="checkbox"/> EKYC OTP <input type="checkbox"/> EKYC Biometric <input type="checkbox"/> Online KYC <input type="checkbox"/> Offline EKYC <input type="checkbox"/> Digilocker </p>		
<p>1. Identity Details (please refer guidelines overleaf)</p>		
<p>PAN* _____ Please enclose a duly attested copy of your PAN Card</p> <p>Name* (same as ID proof) _____</p> <p>Maiden Name* (if any) _____</p> <p>Fathers/Spouse's Name* _____</p> <p>Date of Birth* _____</p> <p>Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender</p> <p>Marital Status* <input type="checkbox"/> Single <input type="checkbox"/> Married</p> <p>Nationality* <input type="checkbox"/> Indian <input type="checkbox"/> Other _____</p> <p>Residential Status* <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian</p> <p>Please Tick (✓) <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin*</p> <p style="font-size: small;">(Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC. Select NRI or Foreign National based on Nationality of the individual)</p> <div style="border: 1px solid #ccc; width: 150px; height: 100px; margin: 10px auto; text-align: center; line-height: 100px;">Recent passport size Applicant Photo</div> <p style="font-size: x-small; text-align: right;">Cross Signature across photograph</p> <p>Proof of Identity (POI) submitted for PAN exempted cases (Please tick)</p> <p><input type="checkbox"/> A — Aadhaar Card XXXX XXXX _ _ _ _ _</p> <p><input type="checkbox"/> B — Passport Number _____ (Expiry Date) _____</p> <p><input type="checkbox"/> C — Voter ID Card _____ (Expiry Date) _____</p> <p><input type="checkbox"/> D — Driving License _____</p> <p><input type="checkbox"/> E — NREGA Job Card _____</p> <p><input type="checkbox"/> F — NPR _____</p> <p><input type="checkbox"/> Z — Others _____ (any document notified by Central Government)</p> <p>Identification Number _____</p>		
<p>2. Address Details* (please refer guidelines overleaf)</p>		
<p>A. Correspondence/ Local Address*</p> <p>Line 1* _____</p> <p>Line 2 _____</p> <p>Line3 _____</p> <p>City/Town/Village* _____ District* _____ Pin Code* _____</p> <p>State* _____ Country* _____</p> <p>Address Type* <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified</p>		
		<p>Applicant e-SIGN</p>

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1* _____
 Line 2 _____
 Line3 _____
 City/
 Town/Village* _____ District* _____ Pin Code* _____
 State* _____ Country* _____
 Address Type* Residential/Business Residential Business Registered Office Unspecified

Proof of Address* (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

A — Aadhaar Card XXXX XXXX _____
 B — Passport Number _____ (Expiry Date) _____
 C — Voter ID Card _____
 D — Driving License _____ (Expiry Date) _____
 E — NREGA Job Card _____
 F — NPR Letter _____
 Z—Others _____ (any document notified by Central Government)
 Identification Number _____

3. Contact Details (in CAPITAL)

Email ID* _____
 Mobile No. * _____
 Tel (off) _____ Tel (Res) _____

4. Applicant Declaration

<p>I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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.</p> <p>I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.</p> <p>I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.</p> <p>DATE: _____ (DD-MM-YYYY) PLACE: _____</p>	Applicant e-SIGN	Applicant Wet Signature

5. For Office Use Only

In-Person Verification (IPV) carried out by*	Intermediary Details*
IPV Date _____ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested) AMC / Intermediary Name : _____
Employee Signature and Stamp	Institution Name and Stamp

Instructions/Guidelines for filling Individual KYC Application Form

A. General Instructions:

1. Self-attestation of documents is mandatory.
2. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per below list mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent addresses are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCI Card and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
10. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/ Passport of Minor/Birth Certificate must be provided.
11. Politically exposed persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country e.g., Head of State or of Government, senior politician, senior government/judiciary/military officer, senior executive of state owned corporation, important political party official, etc.

B. Proof of Identity (POI):

1. PAN card with photograph is mandatory for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
2. Original Verified Documents (OVD) are acceptable: Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving License / Letter issued by NPR / NREGA job card
3. If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
4. Mention identification / reference number if 'Z – Others (any document notified by the central government)' is ticked.
5. Others – Identity card with applicant's photograph issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.

C. Proof of Address (POA):

1. PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
2. Others includes – Utility bill which is not more than 3 months old of any service provider (electricity, landline telephone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India
3. Identity card/document with address issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members.
4. Self declaration of High courts/Supreme court judges, giving the new address in respect of their own accounts.
5. For FII/Sub account, Power of attorney given by FII/Sub account to the custodians (which are duly notarized and/or apostilled or consularized) that gives registered address should be taken.
6. Proof of address in name of spouse may be accepted.
7. Registered lease or Sale agreement/ Flat maintenance bill / Insurance copy / Ration card / Latest Property tax
8. Original Verified Documents (OVD) are acceptable: Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving License / Letter issued by NPR / NREGA job card

D. Exemptions/Clarifications to PAN (*Sufficient documentary evidence in support of such claims to be collected)

1. Investments (including SIPs), in Mutual Fund schemes up to INR 50,000/- per investor per year per Mutual Fund.
2. Transactions undertaken on behalf of Central/State Government, by officials appointed by Courts, e.g., Official liquidator, Court receiver, etc.
3. Investors residing in the state of Sikkim.
4. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
5. In case of institutional clients, namely FIIs, MFs, VCFs, FVCIs, Scheduled commercial bank, Multilateral and Bilateral development financial institutions, State Industrial development corporations, insurance companies registered with IRDA and public financial institutions as defined under section 4A of the Company Act 1956, custodians shall verify the PAN card details with the original PANs and provide duly certified copies of such verified PAN details to the intermediary.

E. List of people authorized to attest the documents:

1. Authorized officials of Asset Management Companies (AMCs).
2. Authorized officials of Registrar & Transfer Agent (RTA) acting on behalf of the AMC.
3. KYC compliant mutual fund distributors affiliated to Association of Mutual Funds (AMFI) and have undergone the process of 'Know Your Distributor (KYD)'.
4. Notary Public, Gazette Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
5. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/ Consulate General in the country where the client resides are permitted to attest the documents.


F. Online Mode Processing of KYC:

1. EKYC BIOMETRIC
 - Applicant may directly upload their documents (OVD) as scanned images on intermediary's portal.
 - The documents should be e-signed.
 - Applicant details are verified using UIDAI Biometric details.
 - Original Seen Verification (OSV) of documents as well as IPV / VIPV is exempted.
 - Intermediary attestation on documents is exempted.
2. EKYC OTP
 - Applicant may directly upload their documents (OVD) as scanned images on intermediary's portal.
 - The documents should be e-signed.
 - Applicant details are verified using UIDAI details using OTP.
 - Original Seen Verification (OSV) of documents as well as IPV / VIPV is exempted.
 - Intermediary attestation on documents is exempted.
3. ONLINE KYC
 - Applicant may directly upload their documents (OVD) as scanned images on intermediary's portal.
 - The documents should be e-signed.
 - Virtual In Person Verification (VIPV) is mandatory as per SEBI guidelines.
 - Intermediary attestation on documents (OSV) is exempted.
4. OFFLINE EKYC
 - Applicant may directly upload their document (PAN copy) as scanned images on intermediary's portal.
 - The documents should be e-signed.
 - Digital KYC performed through Offline Aadhaar e-KYC. OVD sourced from Offline Aadhaar e-KYC.
 - Original Seen Verification (OSV) of documents as well as IPV / VIPV is exempted.
5. DIGILOCKER
 - Digital KYC performed through the documents (OVD) sourced from Digilocker.
 - Original Seen Verification (OSV) of documents as well as IPV / VIPV is exempted.
 - Intermediary attestation on documents is exempted.

Proof of Identity / PAN (mandatory)

Proof of Address (mandatory)

Applicant Wet Signature Page (mandatory)

<p>Know Your Client (KYC)</p> <p>Application Form (For Non- Individuals Only)</p> <p><small>Please fill the form in ENGLISH and in BLOCK letters Fields marked * are mandatory Fields marked † are pertaining to CKYC and mandatory only if processing CKYC also</small></p>	 <p>CDSL VENTURES LIMITED ...Exploring New Horizons</p>	<div style="border: 1px solid #ccc; width: 100px; height: 60px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <p style="font-size: 0.8em; color: #6c757d;">Intermediary Logo</p> </div>
<p>Application Number: _____</p>		
<p>Application Type*: <input type="checkbox"/> New KYC <input type="checkbox"/> Modification KYC</p>		
<p>1. Entity Details (please refer guidelines)</p>		
<p>PAN* _____ <small>Please enclose a duly attested copy of your PAN Card</small></p> <p>Name* (same as ID proof) _____</p> <p>Date of Incorporation* _____ Place of Incorporation* _____</p> <p>Date of Commencement* _____ Registration Number* _____</p> <p>Entity Type* <input type="checkbox"/> Private Ltd. Co. <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership</p> <p>Please Tick (✓) <input type="checkbox"/> Trust/Charity/NGO <input type="checkbox"/> HUF <input type="checkbox"/> FPI Category I <input type="checkbox"/> FPI Category II</p> <p> <input type="checkbox"/> AOP <input type="checkbox"/> Bank <input type="checkbox"/> Government Body <input type="checkbox"/> Defence Establishment</p> <p> <input type="checkbox"/> Body of Individuals <input type="checkbox"/> Society <input type="checkbox"/> LLP</p> <p> <input type="checkbox"/> Non-Government Organization</p> <p> <input type="checkbox"/> Others _____</p>		
<p>2. Proof of Identity* (please refer the guidelines)</p>		
<p><input type="checkbox"/> Officially Valid Document(s) in respect of person authorized to transact</p> <p><input type="checkbox"/> Certificate of Incorporation/Formation _____ <input type="checkbox"/> Registration Certificate _____</p> <p><input type="checkbox"/> Memorandum of Articles and Association <input type="checkbox"/> Partnership Deed <input type="checkbox"/> Trust Deed</p> <p><input type="checkbox"/> Board Resolution <input type="checkbox"/> Power of attorney granted to its manager, office, employees to transact on its behalf</p> <p><input type="checkbox"/> Activity Proof -1* (For Sole Proprietorship Only) <input type="checkbox"/> Activity Proof -2* (For Sole Proprietorship Only)</p>		
<p>3. Address Details* (please refer the guidelines)</p>		
<p>A. Registered Address*</p> <p>Line 1* _____</p> <p>Line 2 _____</p> <p>Line3 _____</p> <p>City/Town/Village* _____ District* _____ Pin Code* _____</p> <p>State* _____ Country* _____</p> <p>B. Correspondence/Local Address in India (if different from above)*</p> <p>Line 1* _____</p> <p>Line 2 _____</p> <p>Line3 _____</p> <p>City/Town/Village* _____ District* _____ Pin Code* _____</p> <p>State* _____ Country* _____</p>		
		<p>Applicant Digital Signature (DSC)</p>

Proof of Address* (attested copy of any one POA to be submitted—*Not more than 3 months old)		
<input type="checkbox"/> Certificate of Incorporation/Formation	<input type="checkbox"/> Registration Certificate	<input type="checkbox"/> Other document _____
<input type="checkbox"/> Latest Telephone Bill* (Landline only)	<input type="checkbox"/> Latest Electricity Bill*	<input type="checkbox"/> Latest Bank Account Statement*
<input type="checkbox"/> Registered Lease/ Sale Agreement of Office Premises	Validity/Expiry Date of POA (Expiry Date) ____ - ____ - ____	
<input type="checkbox"/> Any other proof of address document (as listed overleaf) _____		
4. Contact Details		
Email ID _____	Mobile No. _____	
Email ID _____	Mobile No. _____	
Tel (off) _____	Fax _____	
5. Annexures Submitted		
Number of Related Persons - <input style="width: 50px;" type="text"/>		
6. Remarks / Additional Information		
7. Applicant Declaration		
I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I 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. I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address. DATE: ____ - ____ - ____ (DD-MM-YYYY) PLACE: _____	Applicant Digital Signature (DSC)	Applicant Wet Signature
8. For Office Use Only		
KYC carried out by*	Intermediary Details*	
KYC Date ____ - ____ - ____ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input type="checkbox"/> Self certified document copies received (Originals Verified) <input type="checkbox"/> True Copies of documents received (Attested) AMC / Intermediary Name OR Code:	
Employee Signature and Stamp	Employee Signature and Stamp	

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Know Your Client (KYC)
Annexure (For Non- Individuals Only)



CDSL VENTURES LIMITED
....Exploring New Horizons

Intermediary
Logo

Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

Fields marked * are pertaining to CKYC and mandatory only if processing CKYC also

Application Number:

Application Type*: New KYC Modification KYC

1. Identity Details of Related Person (please refer guidelines overleaf)

PAN* _____ Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof) _____

Maiden Name* (if any) _____

Fathers/Spouse's Name* _____

Date of Birth* ____-____-____

Gender* Male Female Transgender

Nationality* Indian Other _____

Related Person Type*

Director Promoter Karta Trustee Partner Court Appointed Official Proprietor

Beneficiary Authorized Signatory Beneficial Owner Power of Attorney Holder

Others _____ (please specify)

DIN: _____ (mandatory if the related person is Director)

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

A — Aadhaar Card XXXX XXXX ____-____-____

B — Passport Number _____ (Expiry Date) ____-____-____

C — Voter ID Card _____ (Expiry Date) ____-____-____

D — Driving License _____ (Expiry Date) ____-____-____

E — NREGA Job Card _____

F — NPR _____

Z — Others _____ (any document notified by Central Government)

Identification Number _____

Applicant Photo

2. Address Details* (please refer guidelines overleaf)

A. Correspondence/ Local Address*

Line 1* _____

Line 2 _____

Line 3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified

Applicant e-SIGN

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1* _____
 Line 2 _____
 Line 3 _____
 City/Town/Village* _____ District* _____ Pin Code* _____
 State* _____ Country* _____
 Address Type* Residential/Business Residential Business Registered Office Unspecified

Proof of Address* (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

A — Aadhaar Card XXXX XXXX ____ _
 B — Passport Number _____ (Expiry Date) ____ _
 C — Voter ID Card _____
 D — Driving License _____ (Expiry Date) ____ _
 E — NREGA Job Card _____
 F — NPR Letter _____
 Z—Others _____ (any document notified by Central Government)
 Identification Number _____

3. Contact Details

Email ID _____
 Mobile No. _____
 Tel (Off) _____ Tel (Res) _____

4. Applicant Declaration

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I 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.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: ____ _ (DD-MM-YYYY)

PLACE: _____

Applicant e-SIGN

Applicant Wet Signature

5. For Office Use Only

KYC carried out by*	Intermediary Details*
KYC Date ____ _ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Employee Signature and Stamp	Institution Name and Stamp

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



For office use only (To be filled by financial institution)

Application Type* New Update

KYC Number (Mandatory for KYC update request)

Account Type* Normal Simplified (for low risk customers) Small

1. PERSONAL DETAILS (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Person of Indian Origin	
	<input type="checkbox"/> Foreign National			
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector)	
	<input type="checkbox"/> O-Others (<input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student)	
	<input type="checkbox"/> B-Business			
	<input type="checkbox"/> X- Not Categorised			

PHOTO

Signature / Thumb Impression

2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* ISO 3166 Country Code of Birth*

3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number <input type="text"/>	Passport Expiry Date <input type="text"/>
<input type="checkbox"/> B- Voter ID Card <input type="text"/>	
<input type="checkbox"/> C- PAN Card <input type="text"/>	
<input type="checkbox"/> D- Driving Licence <input type="text"/>	Driving Licence Expiry Date <input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar) <input type="text"/>	
<input type="checkbox"/> F- NREGA Job Card <input type="text"/>	
<input type="checkbox"/> Z- Others (any document notified by the central government) <input type="text"/>	Identification Number <input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code <input type="text"/>	Identification Number <input type="text"/>

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type* Residential / Business Residential Business Registered Office Unspecified

Proof of Address* Passport Driving Licence UID (Aadhaar)

Voter Identity Card NREGA Job Card Others please specify

Simplified Measures Account - Document Type code

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction **E** at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

Same as Current / Permanent / Overseas Address details Same as Correspondence / Local Address details

Line 1*

Line 2

Line 3 City / Town / Village*

State* ZIP / Post Code* ISO 3166 Country Code*

5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Tel. (Off) - Tel. (Res) - Mobile -

FAX - Email ID

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction **G** at the end)

Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* Guardian of Minor Assignee Authorized Representative

Prefix First Name Middle Name Last Name

Name*

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction **H**) at the end)

A- Passport Number Passport Expiry Date --

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date --

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document notified by the central government) Identification Number

S- Simplified Measures Account - Document Type code Identification Number

7. REMARKS (If any)

8. APPLICANT DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I 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 aware that I may be held liable for it.

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : -- Place :

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date --

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name

Code

[Institution Stamp]

ACCOUNT OPENING FORM- FOR INDIVIDUALS & NON-INDIVIDUALS

I WISH TO OPEN A NEW

S.No.	Accounts	Check Box
1.	Trading A/c	
2.	Demat A/c	
3.	Basis Service Demat A/c	

BANK ACCOUNT DETAILS

Bank Name	Branch address	Bank account no	Account Type: Saving/Current/ Others-In case of NRI/NRE/NRO	MICR Number	IFSC code

DEPOSITORY ACCOUNT(S) DETAILS

Depository Participant Name	Depository Name (NSDL/CDSL)	Beneficiary name	DP ID	Beneficiary ID (BO ID)

TRADING PREFERENCES

Please sign in the relevant boxes where you wish to trade. Please strike off the segment not chosen by you

Exchanges	NSE & BSE	
All Segments	Cash Segment	F & O Segment
E-sign		

If you do not wish to trade in any of segments/ exchange please mention here

OTHER DETAILS (FOR INDIVIDUALS)

S.No.	Details	Specification
1	Gross Annual Income OR Net Worth	Below 1 Lakh 1 Lakh to 5 lakh 5 Lakh to 10 lakh 10 Lakh to 25 lakh More than 25 Lakh Rs. _____ (Please provide accurate Net worth)
2	Occupation	Private Sector Public Sector Government Sector Business Professional Agriculturist Retired Housewife Students Others _____

3	Please tick, if applicable	Politically Exposed Person (PEP)/ Related to a Politically Exposed Person	<input type="checkbox"/>
4	Any other information		

OTHER DETAILS (FOR NON-INDIVIDUALS)

S.No.	Required Details	Category
1	Gross Annual Income And Net Worth as on date	Below 1 Lakh 1 Lakh to 5 lakh 5 Lakh to 10 lakh 10 Lakh to 25 lakh 25 Lakh to 1 Crore More than 1 Crore Rs. _____ (Please provide accurate Net worth)
2	Please tick, if applicable	Politically Exposed Person (PEP)/ Related to a Politically Exposed Person
4	Any other information	
5	i) Name	
	ii) PAN	
	iii) Residential Address	
	iv) Photographs Of Promoters/Partners/Karta/Trustees and whole-time directors	

PAST ACTIONS

Details of any action/proceedings initiated/ pending/taken by SEBI/Stock Exchange/ any other authority against the applicant/ constituent or its Partners /promoters/whole time directors/authorized persons in charge of dealing in securities during the last 3 years:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If, yes please provide details	

DEALINGS THROUGH OTHER STOCKBROKERS

Whether client is dealing through the sub-	Yes <input type="checkbox"/>
ADDITIONAL DETAILS	
	No <input type="checkbox"/>
If Yes, provide the following details:	
i) Name of Sub-broker	
ii) SEBI Reg. No:	
iii) Phone	
iv) Registered office address:	
v) Fax	
vi) Website	

Whether you wish to receive physical contract note or Electronic Contract Note (ECN) (please specify)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Specify your Email id, if applicable	
Whether you wish to avail of the facility of internet trading/ wireless technology	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of years of Investment/Trading Experience	
In case of non-individuals:	
a) Name	
b) Designation	
c) PAN	
d) UID	
e) Signature	
f) Residential Address	
g) Photographs of persons authorized to deal in securities on behalf of company/firm/others	
Any other information	

INTRODUCER DETAILS (optional)

Name of the Introducer (Surname) (Name) (Middle Name)	
Status of the Introducer i) Remisier ii) Authorized Person iii) Existing Client iv) Others, please specify	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Address and phone no. of the Introducer	

FOR OFFICE USE ONLY
NOMINATION DETAILS (FOR INDIVIDUALS ONLY) (PLEASE FILL THE FORM SEPARATELY)
I/WE DO NOT WISH TO NOMINATE/ OPTING OUT OF NOMINATION (FOR INDIVIDUALS ONLY)
DECLARATION

- i) 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
- ii) I confirm having read explained and understood the contents of the document on policy and procedures of the Stockbroker and the tariff sheet. I further confirm having read and understood the contents of Part B of the Account opening form comprising of Rights and Obligations of the Beneficial Owner and Depository Participant, Rights and Obligations of Stock Brokers, Sub Brokers /AP & clients, Risk Disclosure document, Policy & Procedures applicable to the clients, Guidance Note for Do's and Don'ts for Trading on the Exchanges) for Investors, Investment Charter- Stock Broker and Depository participant as prescribed by SEBI.
- iii) I have received the all the mandatory & voluntary documents.

- iv) have also been informed that the standard set of documents has been displayed for information on website www.oneinvest.co.in
- v) The Rules & Regulations of the Depository and Depository participant, pertaining to an account which are in force now, have been read by me and I have understood the same and I agree to abide by, and to be bound by the rules as are in force from time to time for such account.
- vi) My personal details /KYC details may be shared with Central KYC Registry.
- vii) Hereby consent to receiving information from Central KYC Registry through SMS Email on the registered number/Email address.
- viii) I will abide by the terms and conditions.

ix) PMLA Declaration:

I declare that I have read and understood the content and provisions of PMLA Act, 2002, which are also explained to me by company officials. I further declare that I shall also adhere to provisions of PMLA Act, 2002.

I further undertake and confirm that :

- i. I don't have any link with any known unlawful persons/institutions.
- ii. I am a genuine person and not involved or indulge knowingly or assisted directly and indirectly in any process and activity connected with the proceeds of crime nor I am a party to it. The investment money is derived from proper means and does not involve in any black or hawala money in any manner.

E-sign

Questionnaire Part-A

a)	I have already done my KYC KRA registration/documentation through a SEBI registered intermediary.	Yes <input type="checkbox"/> No <input type="checkbox"/>
b)	Below Declaration is applicable for Demat Account only:	
c)	Mode of receiving Demat Account Statement and Annual Report: <input type="checkbox"/> Electronic <input type="checkbox"/> Physical Frequency <input type="checkbox"/> As per SEBI Regulations <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	
d)	I request you to send electronic transaction cum holding statement at the email ID	Yes <input type="checkbox"/> No <input type="checkbox"/>
e)	Share the email ID with RTA	Yes <input type="checkbox"/> No <input type="checkbox"/>
f)	I want to receive the Delivery Instruction Slip booklet (DIS) (If not indicated, will be treated as 'No') (DIS Booklet should be issued to me immediately on my request at any later date)	Yes <input type="checkbox"/> No <input type="checkbox"/>
g)	I wish to receive Dividend/Interest directly in to my Bank account through ECS (If not marked, the default option would be Yes) (ECS is mandatory for location notified by SEBI from time to time)	Yes <input type="checkbox"/> No <input type="checkbox"/>
h)	I would like to instruct the DP to accept all the pledge instructions in my account without any other further instruction from my or our end. (If not marked the default option would be "No")	Yes <input type="checkbox"/> No <input type="checkbox"/>
i)	I/We wish to receive the Consolidated Account Statement from Depository	Yes <input type="checkbox"/> No <input type="checkbox"/>

FATCA - CRS Declaration - INDIVIDUAL

Please fill the information below as requested	First Account Holder	Second Account Holder	Third Account Holder
Name of the Account Holder			
Maiden Name (if any)			
Father's Name (mandatory)			
Spouse's Name			
Marital Status	Married Unmarried Other	Married Unmarried Other	Married Unmarried Other
Nationality	Indian Others _____	Indian Others _____	Indian Others _____
Aadhaar No.			
Identification Type Documents submitted as proof of identity of the individual	PAN Other (pls. Specify) _____	PAN Other (pls. Specify) _____	PAN Other (pls. Specify) _____
Please mention your Residential Status if it is any one of these	Resident Individual Non Resident Indian Foreign National Person of Indian Origin	Resident Individual Non Resident Indian Foreign National Person of Indian Origin	Resident Individual Non Resident Indian Foreign National Person of Indian Origin

Are you a tax resident (i.e. are you assessed for Tax) in any other country other than India ? Yes No

If 'Yes', please fill for all countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

S. No.	Country of Tax Residency	Tax Identification Number (TIN) or Functional Equivalent	Identification Type (TIN or other, please specify)	If TIN is not available, please tick (3) the reason A, B or C [as defined below]
1.				→ Reason A B C
2.				→ Reason A B C

- Reason A → The country where the Account Holder is liable to pay tax does not issue TIN to its residents.
- Reason B → No TIN required [Select this reason only if the authorities of the respective country of tax residence do not required the TIN to be collected]
- Reason C → Others – Please specify the reasons _____

Declaration:

I / We certify that: a) the information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income tax Rules, 1962. b) the information provided by me/us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete and that I/we have not withheld any material information that may affect the assessment/ categorization of the account as a Reportable account or otherwise. c) I/We permit/authorize the Company to collect, store, communicate and process information relating to the Account and all transactions therein, by the Company and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign. d) I / We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence. e) I / We also agree that our failure to disclose any material fact known to us, now or in future, may invalidate our application and the Company would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India (G01) /RBI/SEBI for the purpose or take any other action as may be deemed appropriate by the Company if the deficiency is not remedied by us within the stipulated period. f) I / We hereby accept and acknowledge that the Company shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me / us to the Company. g) It shall be my / our responsibilities to educate myself / ourself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules thereunder. h) I/We also agree to furnish such information and/or documents as the Company may require from time to time on account of any change in law either in India or abroad in the subject matter herein. i) I/We shall indemnify the Company for any loss that may arise to the Company on account of providing incorrect or incomplete information. j) I / We certify that I/we have the capacity to sign as per CBDT rules/SEBI guidelines.

I/We authorize KBS INDIA LIMITED/ Its Associates / subsidiaries to authenticate data in accordance with UIDAI (Authentication) Regulations.

First Applicant

Second Applicant

Third Applicant

Date: _____

Place : _____

Acknowledgement

We acknowledge the receipt of FATCA/CRS declaration form duly filled and signed from Mr./Ms./ M/s. _____

_____ PAN [] [] [] [] [] [] [] [] [] [] on [] [] - [] [] - [] [] [] []

Date: [] [] - [] [] - [] [] [] []

Signature with Name, Emp. ID & Seal



FATCA - CRS Declaration - NON-INDIVIDUAL

PAN		Date of Incorporation	
Name			
Address Type [for KYC address]	Registered Office Corporate Office		
Place of Incorporation		Country of Incorporation	
Gross Annual Income Details in INR	< 1 Lakh 5 10 Lacs 25 Lacs -1 Cr	1-5 Lacs 10-25 Lacs > 1 Cr	Net Worth in INR in Lacs Net Worth as of <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
Is the entity involved in / providing any of the following services:	Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates] Money Laundering / Pawning	Any other information [if applicable]	[Please specify]

Is "Entity" a tax resident of any country other than India — Yes No

(If "Yes", please provide country/ies in which the entity is a resident for tax purpose and the associated TIN)

S No	Country of Tax Residency	Tax Payer Identification Number/ Functional Equivalent / Company Identification Number or Global Entity Identification Number	Identification Type [TIN or other, please specify]
1			
2			
3			

In case the Entity's Country of Incorporation / Tax Residence is US but Entity is not a Specified US person, mention Entity's exemption code here

[to be filled by Financial Institutions or Direct Reporting NFFEs]

<p>We are a</p> <p><input type="radio"/> Financial Institution / FFI</p> <p><input type="radio"/> Direct Reporting NFFE</p>	<p>GIIN (Global Intermediary Identification Number):</p> <input type="text"/> <p>Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below</p> <p>Name of the sponsoring entity</p> <input type="text"/> <p>GIIN not available [tick any one]:</p> <p>Applied For <input type="checkbox"/></p> <p>Not required to apply for—specify sub-category code <input type="text"/><input type="text"/></p> <p>Not obtained - Non-participating FFI <input type="checkbox"/></p>
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Annexure - A

(SEBI/HO/OIAE/OIAE_IAD-3/P/ON/2025/01650, dated January 10, 2025)

Nomination Form for Demat Accounts and Mutual Fund (MF) Folios

I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s) *								
Nomination Details								
	Mandatory Details						Additional Details ****	
	Name of nominee	Share of nominee (%)**	Relation ship	Postal Address	Mobile number & E-mail	Identity Number ***	D.o.B. of nominee	Guardian
Nominee 1								
Nominee 2								
Nominee 3								
Nominee 4								
Nominee 5								
Nominee 6								
Nominee 7								
Nominee 8								
Nominee 9								
Nominee 10								

*Joint Accounts:

Event	Transmission of Account / Folio to
Demise of one or more joint holder(s)	Surviving holder(s) through name deletion The surviving holder(s) shall inherit the assets as owners.
Demise of all joint holders simultaneously – having nominee	Nominee
Demise of all joint holders simultaneously – not having nominee	Legal heir(s) of the youngest holder

** if % is not specified, then the assets shall be distributed equally amongst all the nominees (see table in 'Transmission aspects').

*** Provide only number: PAN or Driving Licence or Aadhaar (last 4). Copy of the document is not required.

**** to be furnished only in following conditions / circumstances:

- Date of Birth (DoB): please provide, only if the nominee is minor.
- Guardian: It is optional for you to provide, if the nominee is minor.

1) I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC / DP as follows; (please tick, as appropriate)

- Name of nominee(s) Nomination: Yes / No

2) I hereby authorize _____ (nominee number _____) to operate my account on my behalf, in case of my incapacitation in terms of paragraph 3.5 of the circular. He / She is authorized to encash my assets up to ____% of assets in the account / folio or Rs. _____.

(strike off portions that are not relevant)

3) This nomination shall supersede any prior nomination made by me / us, if any.

Name(s) of holder(s)		Signature(s) of holder	Witness Signature*
Sole / First Holder (Mr./Ms.)			
Second Holder (Mr./Ms.)			
Third Holder (Mr./Ms.)			

* Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.

Rights, Entitlement and Obligation of the investor and nominee:

- If you are opening a new demat account / MF folios, you have to provide nomination. Otherwise, you have to follow procedure as per 3.10 of this circular.
- You can make nomination or change nominee any number of times without any restriction.
- You are entitled to receive acknowledgement from the AMC / DP for each instance of providing or changing nomination.
- Upon demise of the investor, the nominees shall have the option to either continue as joint holders with other nominees or for each nominee(s) to open separate single account / folio.
- In case all your nominees do not claim the assets from the AMC / DP, then the residual unclaimed asset shall continue to be with the AMC in case of MF units and with the concerned Depository in case of Demat account.
- You have the option to designate any one of your nominees to operate your account / folio, in case of your physical incapacitation. This mandate can be changed any time you choose.
- The signatories for this nomination form in joint folios / account, shall be the same as that of your joint MF folio / demat account. i.e.
 - 'Either or Survivor' Folios / Accounts - any one of the holder can sign
 - 'Jointly' Folios / Accounts - both holders have to sign

Transmission aspects

- AMCs / DPs shall transmit the folio / account to the nominee(s) upon receipt of 1) copy of death certificate and 2) completion / updation of KYC of the nominee(s). The nominee is not required to provide affidavits, indemnities, undertakings, attestations or notarization.
- Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the AMC / DP.
- In case of multiple nominees the assets shall be distributed pro-rata to the surviving nominees, as illustrated below.

% share as specified by investor at the time of nomination		% assets to be apportioned to surviving nominees upon demise of investor and nominee 'A'			
Nominee	% share	Nominee	% initial share	% of A's share to be apportioned	Total % share
A	60%	A	0	0	0
B	30%	B	30%	45%	75%
C	10%	C	10%	15%	25%
Total	100%	-	40%	60%	100%

Nomination Form

TM / DP Name and Address		FORM FOR NOMINATION <i>(To be filled in by individual applying singly or jointly)</i>																				
Date	D	D	M	M	Y	Y	Y	UCC/DP ID	I	N			Client ID									
I/We wish to make a nomination. <i>[As per details given below]</i>																						
Nomination Details																						
I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.																						
Nomination can be made upto three nominees in the account.			Details of 1 st Nominee						Details of 2 nd Nominee						Details of 3 rd Nominee							
1	Name of the nominee(s) (Mr./Ms.)																					
2	Share of each Nominee	Equally <small>[If not equally, please specify percentage]</small>	%						%						%							
<i>Any odd lot after division shall be transferred to the first nominee mentioned in the form.</i>																						
3	Relationship With the Applicant (If Any)																					
4	Address of Nominee(s)																					
		City / Place:																				
		State & Country:																				
		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																				
Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:																						
8	Date of Birth {in case of minor nominee(s)}																					
9	Name of Guardian (Mr./Ms.) {in case of minor nominee(s) }																					
10	Address of Guardian(s)																					

	City / Place: State & Country:						
		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 Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID						
Name(s) of holder(s)						Signature(s) of holder*	
Sole / First Holder (Mr./Ms.)							
Second Holder (Mr./Ms.)							
Third Holder (Mr./Ms.)							

* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature

Optional Fields (Information required at Serial nos. 5, 6, 7, 11, 12 & 14 is not mandatory)

Note:

This nomination shall supersede any prior nomination made by the account holder(s), if any.

The Trading Member / Depository Participant shall provide acknowledgement of the nomination form to the account holder(s)

Name and Signature of Holder(s)*		
1. _____	2. _____	3. _____

* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature

Declaration Form for opting out of nomination

To	Date	D	D	M	M	Y	Y	Y	Y
Trading Member/Participant's Name									
Trading Member/Participant's Address									
UCC/DP ID	I	N							
Client ID (only for Demat account)									
Sole/First Holder Name									
Second Holder Name									
Third Holder Name									
<p>I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.</p>									
Name and Signature of Holder(s)*									
<p>1. _____ 2. _____ 3. _____</p>									

* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature

PART-B

VOLUNTARY DOCUMENTS

Demat Debit and Pledge Instruction

S.No.	Purpose	Signature of Client *
1.	Transfer of securities held in the beneficial owner accounts of the client towards Stock Exchange related deliveries / settlement obligations arising out of trades executed by clients on the Stock Exchange through the same stock broker	
2.	Pledging / re-pledging of securities in favour of trading member (TM) / clearing member (CM) for the purpose of meeting margin requirements of the clients in connection with the trades executed by the clients on the Stock Exchange.	
3.	Mutual Fund transactions being executed on Stock Exchange order entry platforms	
4.	Tendering shares in open offers through Stock Exchange platforms	

* the same may be signed physically against each purpose of DDPI. The same may also be eSigned. In case of eSign, client shall be given an option for choosing the specific purpose(s) of DDPI.

Option for availing BASIC SERVICE DEMAT ACCOUNT (BSDA)

To,

Centricity Securities Private Limited

207A&B, Tower-B, Global Business Park

Gurugram (Haryana) - 122002

DP ID: IN304924

Client ID

Sr. No.	Fee Hand	Basic Service Demat Account (BSDA) Fees	
1.	Account Opening	NIL	
2.	AMC	Up to Rs.4 Lakhs	NIL
		More than Rs.4 Lakhs But up to Rs. 10 Lakhs	Rs. 100/-
		More Than Rs.10 Lakhs	Not a BSDA Regular AMC may be levied

All other conditions as applicable to regular demat accounts, other than the ones mentioned above, shall continue to apply to basic services demat account.

I have read and understood the regulatory (SEBI) guidelines for opening a Basic Services Demat Account and undertake to comply with the aforesaid guidelines from time to time. I also undertake to comply with the guidelines issued by any such authority for BSDA facility from time to time. I also agree that in case our demat account opened under BSDA facility does not meet the eligibility for BSDA facility as per guideline issued by SEBI or any such authority at any point of time, my / our BSDA account will be converted to regular demat account without further reference to me/us and will be levied charges as applicable to regular accounts as informed by the DP.

I, the first / Sole holder also hereby declare that I do not have / propose to have any other demat account across depositories as a first/ sole holder

Signature of 1st Holder

Signature of 2nd Holder

Signature of 3rd Holder

Terms and Conditions

- a. The Client shall maintain such Margin as may be stipulated by Centricity Securities Private Limited ("CSPL") or prescribed by authorities from time to time. In case the Client does not provide the required Margin within the time frame stipulated by CSPL, then CSPL shall take such other action as it may think fit and proper. CSPL may require the Client to pay additional Margin immediately in case of high volatility.
- b. The Client undertakes to monitor the adequacy of the collateral on a continuous basis.
- c. The Client shall monitor margin shortfall as required from time to time, and whether or not any margin call is made or such other separate communication to that effect is sent by CSPL to the Client and /or whether or not such communication is received by the Client to avoid any liquidation.
- d. The Client agrees that CSPL may at its discretion, in accordance with its risk management policy, disable trading in certain securities or square off all open positions in such scrip which are not converted to delivery irrespective of margin availability. Client agrees that CSPL cannot be held liable for any losses arising out of such disablement or squaring off of such security.
- e. CSPL as a **risk containment measure** shall have the discretion to square off/sell all or some of the client positions/collaterals/securities, without any notice to the client.
- f. The Client is responsible for all orders, including any orders that may be executed without the required Margin in the Client's account.
- g. CSPL shall have the discretion to allow or disallow trading by the client in certain scrips / contracts / products / services.
- h. No transaction request shall be assumed to be executed / modified until a confirmation from CSPL is received by the Client.
- i. The client authorizes CSPL to close out the transactions in case the Client fails to make full payment to CSPL or if there is debit in client's account with CSPL. Also, may square off open client's margin/ leveraged positions in case the scrip price is nearing its daily price band or due to any adverse development concerning the client's position or scrip.
- j. The client agrees that CSPL shall not be liable for non-execution or delay in the execution of any order due to system/network issue or due to any reason beyond the control of CSPL.
- k. The client shall pay to CSPL outstanding debit balance if any in their account from time to time without any delay. In case of delay, interest on delayed payment shall be charged on outstanding amount including on interest amount already charged as per rates mentioned in Tariff Sheet for Trading and Demat.

- l. The losses incurred on client's account will be to the account of the client only. Neither CSPL nor any of its employees/agents shall in any circumstances be liable for any loss, lost profits, cost, liability, expense or damage occurred to the client.
- m. The client authorize CSPL to obtain details in relation to the transactions and balances in respect of the securities held in their demat account for the purpose of collating and displaying details under "Portfolio" Section. The client acknowledges that the Portfolio service is being provided as an add on facility and for client convenience/Information only and CSPL shall not be liable for any inaccurate display of data due to any unintended error etc.
- n. The client authorizes CSPL to deposit/pledge or repledge from time to time client's collateral and deposits with the Exchanges/Clearing Corporation for meeting client's margin requirements and other obligations.
- o. The client authorizes CSPL to provide the communications through SMS/WhatsApp and/or telephone calls on the registered mobile number(s), even if the clients contact number is registered with the National Do Not Call Registry ("NDNC") etc. The client confirms that they shall not make any complaint to the TRAI/ Service provider in relation to any call/communications received from CSPL and shall not hold CSPL liable.
- p. The client authorizes CSPL to set off outstanding in any of the account of the client against credits available or arising in any other accounts segments/exchanges maintained with CSPL.
- q. The client authorizes CSPL to use the client account details/KYC details/ registered telephone numbers/TIN etc. as method of verification of the client's identity as the caller and then take orders, instructions from the caller over the phone. All such orders, instructions etc. shall be deemed to have been placed by the client and binding on the client.
- r. The Client acknowledges that they are fully aware of and understands the risks associated with availing of the services for routing orders over the telephone including the risk of misuse and unauthorized use of their details and/or username and/or TPIN by a third party. The Client agrees that they shall be fully liable and responsible for any and all unauthorized transactions and unauthorized use of the above.
- s. The client shall not have recourse to dispute redressal mechanism/arbitration mechanism/investor protection schemes of the Stock Exchanges/SEBI, in case the client avails services under any schemes/leagues/competitions etc. offered by any third party/group company/associates of CSPL, and concerning such services.
- t. The client agrees that non-receipt of bounced mail notification by CSPL shall amount to delivery of the contract note at the email ID of the client.'
- u. The Trading Member may keep the unutilized margin deposits of the client in bank deposits in accordance with regulatory guidelines issued from time to time. However, no interest shall be passed on to the client earned for such deposits.
- v. Without prejudice to other rights and obligations of the parties, the client understand and agrees that CSPL may levy additional charges including Annual Maintenance charges and all charges with respect to Client Demat account for any service rendered by CSPL and as

may be required by the client and recover from the client at all reasonable costs, as may be incidental or consequential for rendering the said services. The said charges will be debited to the clients Trading Ledger account with CSPL and it shall be binding on the client.

- w. Aadhaar and Digi Locker Authorization: The Client agree to submit their Aadhaar number and voluntarily provide their consent as under: The Client hereby authorizes CSPL to use their Aadhaar Number and fetch data from UIDAI for verification. Further on, the client's Aadhaar Number is to be updated for their Trading / Demat account with CSPL. The client also authorize CSPL to link their Aadhaar number to their Trading / Demat Account, Biometric and/or One Time Pin (OTP) data (and/or any similar authentication mechanism) for Aadhaar based authentication for availing CSPL services. The client understand that CSPL will use Demographic Authentication service provided by UIDAI in authenticating the customer where CSPL doesn't take physical copy of the Aadhaar letter. The client hereby give their consent to CSPL for sharing their Aadhaar number mapped to their accounts with government agencies/Stock Exchanges/ Depositories/ Clearing Corporation/ Registrars & Transter Agents after authentication. The client hereby agree to carry out online KYC including Re KYC for opening or maintenance of their trading and demat account and hereby give their consent to CSPL to share their details and records with DigiLocker for enabling retrieval of Officially valid Documents from Digilocker as required for Online KYC/ReKYC.
- x. CSPL may undertake Trading on Exchanges, in its Own / Proprietary Account in addition to Client Based Trading
- y. The client is aware and agrees that CSPL may tape record the telephonic conversation between Client/Client's representative and CSPL as per regulatory guidelines of SEBI and Exchanges. CSPL may produce before the competent authorities voluntarily or on such production being required by such authorities. Recorded conversations or transcript there of or both as valid evidence of the content of the conversations so recorded.
- z. CSPL may disclose the client information to any person entity as required under law or regulatory direction or to any brokers association in case of any dispute to take any informed decision. The client hereby agrees and give its consents for disclosure by CSPL to any person or entity including but not limited to any independent third parties/Service Providers or group entities of CSPL , whether within India or Outside India (subject to permitted laws) of any data and information relating to client trading and demat account for the purposes of or in connection with any present or proposed initiatives. Business proposals. activities. facilities or services availed of or to be availed by the client in future.
- aa. In case of dealings in Listed securities of Stock Exchanges and Depositories by the client, the client agrees to comply with Fit and proper norms as prescribed by SEBI from time to time.
- bb. The client understands, agree and confirm that if the Exchange/regulatory authority charges any penalty/fine or charge for any noncompliance on their part including but not limited to non-payment/ shortfall of in margin then such fine/charge/penalty shall be debited to the ledger account of the client and the client shall be obliged to make payment for the same.

- cc. The client hereby undertakes not to execute any trade either singly or in concert with other clients, which may be viewed as manipulative trades viz. artificially raising, depressing or maintaining the price, creation of artificial volume, synchronized trades, cross trades etc. or which could be termed as manipulative or fraudulent trades by SEBI or Stock Exchanges. In case the client is found to be indulging in such activities, CSPL has right to inform the Stock Exchanges/SEBI/other regulatory authority and suspend/close the trading account of the Client.
 - dd. The client hereby indemnify and hold CSPL, its directors, employees harmless from and against all trades related claims, demands, actions, proceedings, damages, liabilities, charges and/or expenses that are occasioned or may be occasioned to CSPL directly or indirectly, relating to bad delivery of shares/securities and/or third party delivery, whether authorized or unauthorized and fake/forged shares/securities/transfer documents introduced or that may be introduced by or through the client during the course of their dealings/operations on the Exchanges and/or proof of address, identity or any other document provided by the client at time of registration and/or subsequently.
 - ee. The client understand and agree that CSPL does not give any guarantee or assurance as to returns or profits or capital appreciation or protection. The client understand that the past performance is not a necessarily guide to future performance. The client also understands that there is no fixed return in equities, derivatives, currencies or any other asset class or segment traded on the exchange. The principal or initial investment in cash or collateral or any other asset class can also be lost fully and losses can be higher than client initial investment.
 - ff. The client gives their consent to CSPL to access their credit information from Credit Information Companies in order to understand their creditworthiness, as may be required by CSPL for carrying out due-diligence or its internal evaluation.
-

VOLUNTARY

Date:

Centricity Securities Private Limited

207A & 207B, Tower-B, Global
 Business Park, Gurugram,
 Haryana-122002

Dear Sir,

Sub.- Running Account Authorization Letter / Request to Centricity Securities Pvt. Ltd(CSPL).

I/We, the undersigned, have opened the client / constituent account with Centricity Securities Pvt. Ltd (herein referred to as "CSPL") for trading / dealing in securities on the Bombay Stock Exchange Limited (BSE) and / or National Stock Exchange of India Limited (NSE). In respect of my/our dealing / account with you, I/We hereby request / instruct and authorize CSPL to do the followings:-

1. To accept verbal instructions for placement / modification / cancellation of orders. Further, I/We expressly agree that once the trade confirmation is sent by you and/or contract note is accepted by me/us.
2. To maintain a running account instead of settlement of my dues and/or delivery of securities on a bill-to-bill /settlement-to-settlement basis.
3. To retain the securities received by CSPL on my/our behalf from Exchange(s) on pay-out or otherwise against my/our debit balance/ dues/ exposure/ trading limits/ open interest/ various margins or for any other purpose as and when required by CSPL or as per any regulations of BSE and/ or NSE . Such retaining / holding of securities shall be construed as due compliance of the requirement of exchange(s) and SEBI. Further, CSPL has the sole discretion and authority (i) to use /Transfer the above securities to the clearing corporation/ clearing member/ exchange(s) for the purpose of early pay-in /margin or for any other purpose; (ii) to dispose/ sell the above securities to meet any monetary / other dues/obligation(s) not fulfilled by me towards CSPL/ the exchange(s).
4. To hold payout of funds / credit in my/our account and pay to me/us only to the extent demanded by me/us. To use/ adjust the credit balance available from time to time in my/our account(s) for my/our exposure/ trading limits/ margin requirements / other dues.
5. However, I/We prefer to settle the account on following basis:-

Quarterly		Monthly	
-----------	--	---------	--

6. To debit/credit/ transfer of amounts, either on same Exchange and / or between various segments of the same exchange and / or between the exchanges across various segment to meet my/our debit balance or various dues payable to CSPL / Exchanges.
7. To transfer credit / debit balance from mark to mark to market and/or premium account to margin account and vice versa.
8. All the instructions / requests placed by me/us on CSPL website by using login and Password shall be always binding upon me/ us.
9. I/We hereby agree to receive through telephone calls / SMS on my/our mobile number / email ID as registered by me/us with SSBPL, the messages / communications relating to transactions, PIN, passwords, stock ideas , real time news pertaining to market, updates on stock prices and any other messages (including products and services) as sent by SSBPL and or its associates from time to time.

Further, I/We reserve my right to withdraw the above instructions at any time. In such event, I/We undertake to inform you in writing and such communication shall be addressed to the above address.

Client's Signature :  _____

Name of the Client : _____

Client Code : _____

(*To be signed by the client only and not the POA Holder)

AUTHORITY LETTER (ONLY FOR NON-INDIVIDUAL)

VOLUNTARY

Date:

Centricity Securities Private Limited

207A & 207B, Tower-B, Global Business Park, Gurugram, Haryana-122002

Dear Sir/Madam,

Sub.: Authority to place instructions

Ref.: My/Our Client Code No.

I/We have opened the client/constituent account with Centricity Securities Private Limited (herein referred to as "CSPL") for trading/ dealing in securities on Bombay Stock Exchange Ltd. (BSE) and/or National Stock Exchange of India Limited (NSE) (hereinafter referred to as "the Exchanges").

In this regard, please note that I/We hereby appoint Mr / Ms _____

PAN :

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 who shall be acting as "Authorised Person" on

my/Our behalf for placing/giving/executing orders in my/our above client account with you. The buying/selling/execution of order or other instruction given on my/our behalf by the above said Authorised Person shall be binding on me/us. He/She/They can communicate with SSBPL through telephone, email, fax, mobile, Short Messaging Service (SMS), messenger chat or any other mode/means of communication.

Please note that contract note, margin statement etc.. shall be sent to me/us only and fund/ securities will be received paid to/through my/our designated account with you only. This Authorization remains in force till cancellation of the same by me or by "Authorised Person" whichever is earlier & Intimation of the same in writing to CSPL at its registered office address.

Thanking you

22/26 
Client's Signature

DECLARATION, INDEMNITY CUM UNDERTAKING FOR NAME DISCREPANCY IN PAN CARD, BANK PROOF & ADDRESS PROOF
Centricity Securities Private Limited

Date _____

Regd. Office : 207 A & 207B, Tower-B, Global
 Business Park, Gurugram-Haryana-122002

I/We _____ s/o, w/o, d/o _____

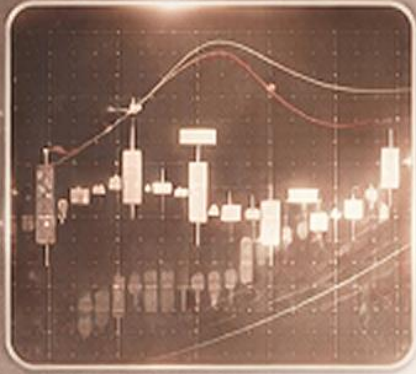
 _____, refer to my/our Trading
 Account _____ with Centricity Securities Pvt. Ltd. do hereby affirm, declare and
 undertake that

1. That my/our name as it appears on my/our Pan Card is _____
2. That my/our name as it appears on the Income Tax website is _____
3. Additional ID Proof _____
4. That my/our name as it appears on the Address proof is _____
5. That my/our name as it appears on the Bank Proof is _____
6. That above mentioned names, on Trading account, Tax website, Address proof, PAN Card No. _____
 and Bank account bearing no. _____ are mine alone.
7. That I/We hereby request CSPL o maintain my/our name in Demat and Trading account as per the name appearing on
 the website / PAN card.
8. That I/We promise and undertake to get my/our PAN card altered in accordance with my/our name as appearing on the
 Income tax within stipulated time from the date of signing this undertaking. CSPL may, at its sold discretion,
 terminate my/our trading and demat account in the event of me/us not getting my/our name altered within 45 days of
 signing this undertaking.
9. That I/We further undertake to open a bank account in accordance with the name as appearing on the Income Tax website
 week from the date of signing this undertaking.
10. I/We further undertake that in case my/our name has been changed after approval from government authorities and notification
 gazette. I/We shall get the name change effected in PAN, Bank account etc. and furnish immediately to CSPL.
11. That I/We further declare that I/We am/are responsible and I/We shall indemnify & keep indemnified CSPL, its directors, officers,
 employees, agents from and against any and all losses, claims, liabilities, obligations, damages, deficiencies, judgements, action
 proceedings arising out or in relation to corporate benefits, IPO refund, Foreign Exchange Management Act (FEMA) transfer,
 dematerialization of securities, rematerialization of securities, dividends, interest etc., that may arise out Declaration-cum-
 undertaking and/or acting on this basis.

That the contents of this declaration, Indemnity-cum-undertaking have been explained to me/us in vernacular and I/We have understood before signing it. That this declaration, Indemnity-cum-undertaking given by me/us to CSPL is by my/our absolute free will and not by coercion, undue influence, pressure etc., and at present I/We am/are having sound health and mind.

 20

 Client Signature



Client Name : _____

Client Code : _____

Branch Code : _____

Branch Name : _____

Recommended by : _____

