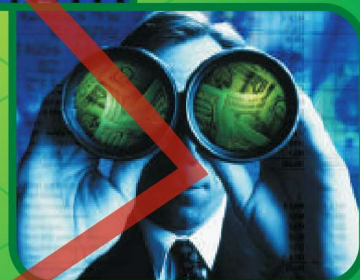


## Account Opening/DP Form (Individual & Non-Individual)



# smart

MEMBER : NSE BSE MCX & DP

*Think Growth, Think Smart*

[www.smartequity.in](http://www.smartequity.in)

### FOR OFFICE USE ONLY

Branch Code

**Depository** ☐ Normal ☐ Bandhan ☐ BIMA ☐ BSDA

Client Code

Depository

#### Initial Cheque Details (1)

Cheque No.  Date  Amount

Drawn No.

#### Initial Cheque Details (2)

Cheque No.  Date  Amount

Drawn No.

**Name**

**Employee Code**

**Signature**

Introducer	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
RM	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dealer 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dealer 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

# ACCOUNT OPENING KIT

## INDEX

S.No.	Name of the Document	Brief Significance of the Document	Page No.
<b>MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI &amp; EXCHANGES</b>			
1.	Account Opening Form	A. KYC form - Document captures the basic information about the constituent and an instruction / check list.	1-6
		B. Document captures the additional information about the constituent relevant to trading & depository account and an instruction / check list.	7-17
2.	Tariff Sheet	A. Schedule of Charges for Depository Services	17
		B. Document detailing the rate / amount of brokerage and other charges levied on the client for trading on the stock/commodity exchange(s).	18
3.	Rights and Obligations	A. Document stating the Rights & Obligations of stock broker / trading member, authorised person and client for trading on stock/commodity exchanges (including additional rights & obligations in case of internet/wireless technology based trading).	L 1-15
		B. Rights and Obligations of Beneficial Owner and Depository Participant.	L 16-18
4.	Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the securities & commodities market.	L 19-26
5.	Guidance Note	Document detailing do's and don'ts for DP & trading on stock/commodity exchange, for the education of the investors.	L 27-30
6.	Policies and Procedure	Document describing significant policies and procedures of the stock broker / trading member.	L 31-47
<b>VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER / TRADING MEMBER &amp; DEPOSITORY PARTICIPANT</b>			
7.	Request for Trade Alerts through SMS and / or Email	Document requesting trade alerts through SMS & / or Email from Exchanges.	19-21
8.	Authorization For Sharing Personal Information	Document authorizing stock broker to share personal information to receive offers and information on various products/services etc.	
9.	Authority Letter to Pledge the shares / securities / commodities	Document authorizing stock/commodity broker to pledge clients shares / securities / commodities lying towards margin / collateral.	
10.	Verbal Order Acceptance Authorisation	Document authorizing Stock Broker / Trading Member to accept verbal orders in the manner mentioned therein.	
11.	Running Account Authorisation	Document authorizing Stock Broker / Trading Member to maintain the running account of funds, securities & commodities in the manner mentioned therein.	
12.	Format for Client Opting Online Trading Facility	Document for client opting for online trading facility.	
13.	Product Addendum	Intraday products for client enhancing limit / margin facility.	
14.	Electronic Contract Note [ECN]	Declaration for communication in electronic form on client Email id from Member.	22
15.	Account Handling Mandate / Letter of Authority	Authorisation for accepting instructions from third person.	23
16.	Categorization of the clients for commodity	Self Declaration - Categorization of the clients for each commodity	24-25
17.	DDPI (Demat Debit & Pledge instructions	Document authorizing stock broker to operate client demat account towards trading obligations.	26
18.	FATCA / CRS Declaration	FATCA / CRS Declaration for Individuals & Non individual	27-32
19.	Voluntary Additional Terms & Conditions for availing depository services	Additional Terms & Conditions for availing depository services.	L48

Continued on next page

20.	Format for Written Orders	Format for order placement in writing.	L49
21.	NACH Mandate (to be submitted with banker)	Document authorizing to debit depository / other charges electronically from bank.	

**Name of Stock Broker / Trading Member / Clearing Member: Smart Equity Brokers (P) Ltd.**

Name of Stock Exchange and Depository	Membership Regn.	SEBI Registration Number and Date
National Stock Exchange of India Limited	12782	Cash   F&O   Currency Derivatives   Debt   Commodity Derivatives : INZ000177636   26 April, 2018
BSE Limited	3157	
Multi Commodity Exchange of India Ltd.	31875	
National Securities Depository Limited		<b>DP ID:</b> IN303948   IN-DP-276-2016   July 14, 2016

**Registered Office Address & Correspondence Address**

F-88 West District Centre, Shivaji Enclave, Opp. TDi Paragon Mall, Rajouri Garden, New Delhi-110027  
Ph: +91-11-4500 4400 | Website: [www.smartequity.in](http://www.smartequity.in) : Email : [info@smartequity.in](mailto:info@smartequity.in)

**Compliance Officer Details**

Name : Mr. Ashok Sharma  
Phone No. : 011-4500 4411  
Email Id : [ashok.sharma@smartequity.in](mailto:ashok.sharma@smartequity.in)

**CEO Details**

Ceo Name : Sachit Khera  
Phone No. : 011-45004440  
Email Id : [sachitkhera@smartequity.in](mailto:sachitkhera@smartequity.in)

**For any grievance/dispute please contact Smart Equity Brokers (P) Ltd. at the above address or email id:** [investorgrievances@smartequity.in](mailto:investorgrievances@smartequity.in) and Phone No.: 011-45004411. In case not satisfied with the response, please contact the concerned exchange(s) at:

Exchange Name	Email Id	Phone No.
NSE	<a href="mailto:ignse@nse.co.in">ignse@nse.co.in</a>	022-26598100
BSE	<a href="mailto:is@bseindia.com">is@bseindia.com</a>	022-22721233/34
MCX	<a href="mailto:grievance@mcxindia.com">grievance@mcxindia.com</a>	022-66494070
NSDL	<a href="mailto:relations@nsdl.com">relations@nsdl.com</a>	022-48867000

**ACKNOWLEDGEMENT**

I / We acknowledge receipt of the documents at serial 3, 4, 5, 6, 19, 20 & 21 mentioned overleaf under INDEX. I / We have read the contents of these and agree to abide by them. I / We further understand that the copies of rest of the documents mentioned in Index shall be provided to me / us after Verification / Acceptance / Execution by the broker and Depository Participant.



Sole/First Holder Signature



Second Holder Signature



Third Holder Signature



## INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

### A. IMPORTANT POINTS:

1. Self attested copy of PAN card is mandatory for all clients, including Promoters / Partners / Karta / Trustees and whole time directors and persons authorised to deal in securities/ commodities derivatives on behalf of company / firm / others.
2. Copies of all the documents submitted by the applicant should be self-attested 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 authorised for attesting the documents, as per the below 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 address 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 / PIO Card / OCI Card and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in the 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 along with other statutory approvals required for investment in commodities. (as applicable)
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., Heads of States or of Governments, senior politicians, senior Government / judicial / military officers, senior executives of state owned corporations, important political party officials, etc.

### B Proof of Identity (POI): - List of documents admissible as Proof of Identity:

1. Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving license.
2. PAN card with photograph.
3. Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its 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): - List of documents admissible as Proof of Address: (\*Documents having an expiry date should be valid on the date of submission.)

1. Unique Identification Number (UID) (Aadhaar) / Passport / Voters Identity Card / Ration Card / Registered Lease or Sale Agreement of Residence/ Driving License / Flat

Maintenance bill / Insurance Copy.

2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 2 months old.
3. Bank Account Statement / Passbook - Not more than 3 months old.
4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks / Scheduled Co-Operative Bank / Multinational Foreign Banks / Gazetted Officer / Notary public / Elected representatives to the Legislative Assembly / Parliament / Documents issued by any Govt. or Statutory Authority.
6. Identity card / document with address, issued by any of the following: Central / State Government and its Departments, Statutory / Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
7. For FII / sub account, Power of Attorney given by FII / sub-account to the Custodians (which are duly notarized and / or apostiled or consularised) that gives the registered address should be taken.
8. The proof of address in the name of the spouse may be accepted.

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

1. In case of transactions undertaken on behalf of Central Government and / or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
2. Investors residing in the state of Sikkim.
3. UN entities / multilateral agencies exempt from paying taxes / filing tax returns in India.
4. SIP of Mutual Funds upto Rs. 50,000/- p.a.
5. In case of institutional clients, namely, FIIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

### E. List of people authorised to attest the documents:

1. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial / Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
2. In case of NRIs, authorised 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. In case of Non-Individuals, additional documents to be obtained from non-individuals, over & above the POI & POA, as mentioned below:**

Types of entity	Documentary requirements
<b>Corporate</b>	<ul style="list-style-type: none"> <li>• Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>• Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary / Whole time director / MD (to be submitted every year).</li> <li>• Photograph, POI, POA, PAN and DIN numbers of whole time directors / two directors in charge of day to day operations.</li> <li>• Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly.</li> <li>• Copies of the Memorandum and Articles of Association and certificate of incorporation.</li> <li>• Copy of the Board Resolution for investment in securities market.</li> <li>• Authorised signatories list with specimen signatures.</li> </ul>
<b>Partnership Firm</b>	<ul style="list-style-type: none"> <li>• Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>• Certificate of registration (for registered partnership firms only).</li> <li>• Copy of partnership deed.</li> <li>• Photograph, POI, POA, PAN of Partners.</li> <li>• Authorised signatories list with specimen signatures.</li> </ul>
<b>Trust</b>	<ul style="list-style-type: none"> <li>• Copy of the balance sheets for the last 2 financial years (to be submitted every year).</li> <li>• Certificate of registration (for registered trust only).</li> <li>• Copy of Trust deed.</li> <li>• Photograph, POI, POA, PAN of Trustees.</li> <li>• List of trustees certified by managing trustees / CA.</li> </ul>
<b>HUF</b>	<ul style="list-style-type: none"> <li>• PAN of HUF.</li> <li>• Bank pass-book / bank statement in the name of HUF.</li> <li>• Deed of declaration of HUF / List of coparceners.</li> <li>• Photograph, POI, POA, PAN of Karta.</li> </ul>
<b>Unincorporated association or a body of individuals</b>	<ul style="list-style-type: none"> <li>• Proof of Existence / Constitution document.</li> <li>• Resolution of the managing body &amp; Power of Attorney granted to transact business on its behalf.</li> <li>• authorised signatories list with specimen signatures.</li> </ul>
<b>Banks/ Institutional Investors</b>	<ul style="list-style-type: none"> <li>• Copy of the constitution / registration or annual report / balance sheet for the last 2 financial years.</li> <li>• Authorised signatories list with specimen signatures.</li> </ul>
<b>Foreign Institutional Investors (FII)</b>	<ul style="list-style-type: none"> <li>• Copy of SEBI registration certificate.</li> <li>• Authorised signatories list with specimen signatures.</li> </ul>
<b>Army/Government Bodies</b>	<ul style="list-style-type: none"> <li>• Self-certification on letterhead.</li> <li>• Authorised signatories list with specimen signatures.</li> </ul>
<b>Registered Society</b>	<ul style="list-style-type: none"> <li>• Copy of Registration Certificate under Societies Registration Act.</li> <li>• List of Managing Committee members.</li> <li>• Committee resolution for persons authorised to act as authorised signatories with specimen signatures.</li> <li>• True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.</li> </ul>

**INSTRUCTIONS/ CHECK LIST (for filling additional information related to trading account)**

1. Additional documents in case of trading in derivatives segments - illustrative list:

Copy of ITR Acknowledgement	Copy of Annual Accounts
In case of salary income - Salary Slip, Copy of Form 16	Net worth certificate
Copy of demat account holding statement.	Bank account statement for last 6 months
Any other relevant documents substantiating ownership of assets.	Self declaration with relevant supporting documents.

\*In respect of other clients, documents as per risk management policy of the stock broker need to be provided by the client from time to time.

- Copy of cancelled cheque leaf / pass book / bank statement specifying name of the constituent, MICR Code or / and IFSC Code of the bank should be submitted.
- Demat master or recent holding statement issued by DP bearing name of the client.
- For Individuals:
  - Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker / Authorized person.
  - In case of non-resident clients, employees at the stock broker's local office, overseas can do 'in-person' verification. Further, considering the infeasibility of carrying out 'In-person' verification of the non-resident clients by the stock broker's staff, attestation of KYC documents by Notary Public, Court, Magistrate, Judge, Local Banker, Indian Embassy / Consulate General in the country where the client resides may be permitted.
- For non-individuals:
  - Form need to be initialized by all the authorised signatories.
  - Copy of Board Resolution or declaration (on the letterhead) naming the persons authorised to deal in securities on behalf of company / firm / others and their specimen signatures.

**KNOW YOUR CLIENT (KYC) / CENTRAL KYC REGISTRY APPLICATION FORM (For Individuals)**

Smart Equity Brokers (P) Ltd.  
F-88 West District Centre, Shivaji Enclave,  
Opp. TDi Paragon Mall, KYC N  
Rajouri Garden,  
New Delhi-110027

Application Type\* ☐ New ☐ Update

KYC Number | | | | | | | | | | | | | |

(Mandatory for KYC update request)

## PHOTOGRAPH

Please affix your recent passport size photograph

## Signature Across Photograph

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

<b>A. IDENTITY DETAILS</b>		Photograph
<b>1.</b>	Name of the Applicant _____ Maiden Name (if any) _____	(Same as ID Proof)
<b>2.</b>	<input type="checkbox"/> Father's / <input type="checkbox"/> Spouse Name _____	
<b>3.</b>	Mother Name _____	
<b>4.</b>	a) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender b) Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married                  c) Date of Birth   DD MM YY YY YY YY	
<b>5.</b>	a) Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Others Pls. specify..... b) Residential Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin	
<b>6.</b>	a) PAN _____   b) Aadhaar Number, if any _____	
<b>7.</b>	Specify the proof of Identity submitted <input type="checkbox"/> PAN Card <input type="checkbox"/> Any other (please specify).....	

B. ADDRESS DETAILS																																																	
	Address Type <input type="checkbox"/> Residential / Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified																																																
1.	Correspondence Address																																																
	City / Town / Village																				PIN Code																												
	State																				Country																												
2.	Specify the proof of address submitted for Correspondence Address																																																
3.	Contact	Tel. (Off.)																			Tel. (Res.)																												
	Details	Fax No.																			Mobile No.																												
		Email ID																																															
4.	Permanent Address (if different from above. Mandatory for NRI Applicant to specify overseas address)																																																
	Specify the proof of permanent Address																																																
	City / Town / Village																				PIN Code																												
	State																				Country																												

### C. 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.

Place.

Date

**Signature / Thumb Impression of Applicant**

ATTESTATION / FOR OFFICE USE ONLY

**In person Verification (IPV) Details / KYC Verification Carried out by :**

Name of the person who has done the IPV: \_\_\_\_\_

Designation: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Name of Authorised Person \_\_\_\_\_

Name of the Organization: **Smart Equity Brokers (P) Ltd.** Emp. Branch \_\_\_\_\_

Date of IPV: [D][D] / [M][M] / [Y][Y][Y][Y] \_\_\_\_\_ Signature of the person who has done the IPV \_\_\_\_\_

☐ Original Verified, Self Attested Documents & Certified copies received      Date [D][D][M][M][Y][Y][Y]

Seal/Stamp of the Intermediary

Signature of the Authorised Signatory

# KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Non-Individuals)

## PHOTOGRAPH

Please affix your recent passport size photograph

Signature Across Photograph

### Smart Equity Brokers (P) Ltd.

F-88 West District Centre, Shivaji Enclave,  
Opp. TDi Paragon Mall, Rajouri Garden,  
New Delhi-110027

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

<b>A. IDENTITY DETAILS</b>	
1. Name of the Applicant	
2. Date of incorporation	DDMMYYYY Place of incorporation
3. Date of commencement of business	DDMMYYYY
4. a) PAN	b) Registration No. (e.g. CIN)
5. <b>Status</b> (please tick ✓ any one) <input type="checkbox"/> Private Limited Co. <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Charities <input type="checkbox"/> NGO's <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> AOP <input type="checkbox"/> Bank <input type="checkbox"/> Government Body <input type="checkbox"/> Non-Government Organization <input type="checkbox"/> Defense Establishment <input type="checkbox"/> BOI <input type="checkbox"/> Society <input type="checkbox"/> LLP <input type="checkbox"/> FPI-Category I <input type="checkbox"/> FPI-Category II <input type="checkbox"/> FPI-Category III <input type="checkbox"/> Others (Please specify) .....	

<b>B. ADDRESS DETAILS</b>	
1. Correspondence Address	
City / Town / Village	PIN Code
State	Country
2. Specify the proof of address submitted for correspondence address	
3. Contact Details	Tel. (Off.) with STD Code Tel. (Res.) with STD Code Fax No. with STD Code Mobile No. Email ID
4. Registered Address (if different from above)	
City / Town / Village	PIN Code
State	Country

<b>C. OTHER DETAILS</b>	
1. Name, PAN, residential address and photographs of Promoters/ Partners / Karta / Trustees and whole time directors:	If space is insufficient, enclose these details separately [Illustrative format enclosed on page no. 5 & 6]
2. DIN of whole time directors	
3. Aadhaar number of Promoters / Partners / Karta	

<b>D. DECLARATION</b>	
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.	
Place	Date DDMMYYYY
Name & Signature of the Authorised Signatory(ies)	

<b>FOR OFFICE USE ONLY</b>	
<b>In person Verification (IPV) Details:</b> Name of the person who has done the IPV: _____ Designation: _____ Employee ID: _____ Name of Authorised Person _____ Name of the Organization: <b>Smart Equity Brokers (P) Ltd.</b> Date of IPV: DD / MM / YYYY Signature of the person who has done the IPV _____	
Seal/Stamp of the Intermediary	
Signature of the Authorised Signatory	

☐ Original Verified and Self Attested Document copies received

Date : \_\_\_\_\_



# DETAILS OF AUTHORISED SIGNATORY(IES) / PROMOTERS / PARTNERS / KARTA / TRUSTEES AND WHOLE TIME DIRECTORS FORMING A PART OF KNOW YOUR CLIENT (KYC) APPLICATION FORM FOR NON-INDIVIDUALS

Name of Applicant										
PAN of the Applicant										

1. Name											<b>PHOTOGRAPH</b>  Please affix your recent passport size photograph and sign across it
	Relationship with Applicant (i.e. promoters, whole time directors etc.)										
	PAN					DIN / DPIN / UID					
	Residential/Registered Address										
	City / Town / Village					PIN					
	State					Country					
	Phone No.					Mobile No.					
	Email ID										
Whether Politically Exposed <input type="checkbox"/> RPEP: Related to Politically Exposed Person <input type="checkbox"/> PEP: Politically Exposed Person <input type="checkbox"/> NO											

2. Name											<b>PHOTOGRAPH</b>  Please affix your recent passport size photograph and sign across it
	Relationship with Applicant (i.e. promoters, whole time directors etc.)										
	PAN					DIN / DPIN / UID					
	Residential/Registered Address										
	City / Town / Village					PIN					
	State					Country					
	Phone No.					Mobile No.					
	Email ID										
Whether Politically Exposed <input type="checkbox"/> RPEP: Related to Politically Exposed Person <input type="checkbox"/> PEP: Politically Exposed Person <input type="checkbox"/> NO											

3. Name											<b>PHOTOGRAPH</b>  Please affix your recent passport size photograph and sign across it
	Relationship with Applicant (i.e. promoters, whole time directors etc.)										
	PAN					DIN / DPIN / UID					
	Residential/Registered Address										
	City / Town / Village					PIN					
	State					Country					
	Phone No.					Mobile No.					
	Email ID										
Whether Politically Exposed <input type="checkbox"/> RPEP: Related to Politically Exposed Person <input type="checkbox"/> PEP: Politically Exposed Person <input type="checkbox"/> NO											

\*DIN for Directors / Aadhaar No. for others

Name & Signature of the Authorised Signatory(ies)									
Date	D	D	M	M	Y	Y	Y	Y	Y

<b>In person Verification (IPV) Details:</b>	
Name of the person who has done the IPV: _____	
Designation: _____	Employee ID: _____
Name of Authorised Person _____	
Name of the Organization: <b>Smart Equity Brokers (P) Ltd.</b>	
Date of IPV: [D][D] / [M][M] / [Y][Y][Y][Y]	
Signature of the person who has done the IPV _____	

# DETAILS OF AUTHORISED SIGNATORY(IES) / PROMOTERS / PARTNERS/ KARTA / TRUSTEES AND WHOLE TIME DIRECTORS FORMING A PART OF KNOW YOUR CLIENT (KYC) APPLICATION FORM FOR NON-INDIVIDUALS

Name of Applicant										
PAN of the Applicant										

4. Name											<b>PHOTOGRAPH</b>  Please affix your recent passport size photograph and sign across it	
	Relationship with Applicant (i.e. promoters, whole time directors etc.)											
	PAN					DIN / DPIN/ UID						
	Residential/ Registered Address											
	City / Town / Village					PIN						
	State					Country						
	Contact Details		Phone No.			Mobile No.						
			Email ID									
Whether Politically Exposed <input type="checkbox"/> RPEP: Related to Politically Exposed Person <input type="checkbox"/> PEP: Politically Exposed Person <input type="checkbox"/> NO												

5. Name											<b>PHOTOGRAPH</b>  Please affix your recent passport size photograph and sign across it	
	Relationship with Applicant (i.e. promoters, whole time directors etc.)											
	PAN					DIN / DPIN/ UID						
	Residential/ Registered Address											
	City / Town / Village					PIN						
	State					Country						
	Contact Details		Phone No.			Mobile No.						
			Email ID									
Whether Politically Exposed <input type="checkbox"/> RPEP: Related to Politically Exposed Person <input type="checkbox"/> PEP: Politically Exposed Person <input type="checkbox"/> NO												

6. Name											<b>PHOTOGRAPH</b>  Please affix your recent passport size photograph and sign across it	
	Relationship with Applicant (i.e. promoters, whole time directors etc.)											
	PAN					DIN / DPIN /UID						
	Residential/ Registered Address											
	City / Town / Village					PIN						
	State					Country						
	Contact Details		Phone No.			Mobile No.						
			Email ID									
Whether Politically Exposed <input type="checkbox"/> RPEP: Related to Politically Exposed Person <input type="checkbox"/> PEP: Politically Exposed Person <input type="checkbox"/> NO												

\*DIN for Directors / Aadhaar No. for others

Name & Signature of the Authorised Signatory(ies)									
Date	D	D	M	M	Y	Y	Y	Y	Y

<b>In person Verification (IPV) Details:</b>	
Name of the person who has done the IPV: _____	
Designation: _____	Employee ID: _____
Name of Authorised Person _____	
Name of the Organization: <b>Smart Equity Brokers (P) Ltd.</b>	
Date of IPV: [D][D] / [M][M] / [Y][Y][Y][Y]	
Signature of the person who has done the IPV _____	

# ACCOUNT OPENING FORM FOR TRADING & DEPOSITORY (For Individuals & Non Individuals)

Smart Equity Brokers (P) Ltd.

F-88 , West District Centre, Shivaji Enclave, Rajouri Garden, Opp.TDi Paragon Mall,New Delhi-110027

Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Client ID (to be filled by DP ) 

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

 Client Code : 

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

I/We request you to open a ☐ Trading & Demat Account ☐ Trading Account ☐ Demat Account in my/our name as per the following details:  
(Please fill all the details in **CAPITAL LETTERS** only)

<b>A. TYPE OF ACCOUNT</b>																																									
<input type="checkbox"/> Ordinary Resident	<input type="checkbox"/> NRI-Repatriable <input type="checkbox"/> NRI-Non Repatriable <input type="checkbox"/> Foreign National <input type="checkbox"/> Promoter																																								
<input type="checkbox"/> Qualified Foreign Investor	<input type="checkbox"/> Margin <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF																																								
<input type="checkbox"/> Bank <input type="checkbox"/> FI <input type="checkbox"/> Mutual Fund <input type="checkbox"/> CM <input type="checkbox"/> FII <input type="checkbox"/> Trust <input type="checkbox"/> Others (Pls. Specify) _____																																									
<b>B. DETAILS OF ACCOUNT HOLDER(S)</b>																																									
<b>I. Sole / First Holder Name (For Depository Account)</b> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> PAN <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																									
<b>Occupation</b> (please tick any one and give brief details)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Pls. Specify) _____ Brief Details <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								
<b>Mobile Number Declaration</b> (*Family to strictly include spouse, dependent children and dependent parents only, Kindly tick on relevant option.)	I hereby declare that the Mobile number mentioned on KYC belongs to : <input type="checkbox"/> Self <input type="checkbox"/> Family* (please specify the relation below) : <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents Family PAN & Name <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								
<b>Consent for SMS Alert facility</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No [Mandatory, if account to be operated through Power of Attorney]. Ensure that the Mobile number is provided in the KYC application form.																																								
<b>E-mail ID Declaration</b> (*Family to strictly include spouse, dependent children and dependent parents only, Kindly tick on relevant option.)	<input type="checkbox"/> I hereby declare that I do not have any E-mail ID. <b>OR</b> <input type="checkbox"/> I hereby declare that the E-mail ID mentioned on KYC belongs to: <input type="checkbox"/> Self <input type="checkbox"/> Family* (please specify the relation below) : <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents Family PAN & Name <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								
<b>Please tick, If applicable</b>	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP) <input type="checkbox"/> Not a Politically Exposed Person (PEP) <input type="checkbox"/> Not Related to a Politically Exposed Person (RPEP)																																								
<b>II. Second Holder Name (For Depository Account)</b> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> PAN <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																									
<b>Occupation</b> (please tick any one and give brief details)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Pls. Specify) _____ Brief Details <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								
<b>Mobile Number Declaration</b> (*Family to strictly include spouse, dependent children and dependent parents only, Kindly tick on relevant option.)	I hereby declare that the Mobile number mentioned on KYC belongs to : <input type="checkbox"/> Self <input type="checkbox"/> Family* (please specify the relation below) : <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents Family PAN & Name <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								
<b>Consent for SMS Alert facility</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No [Mandatory, if account to be operated through DDPI ]. Ensure that the Mobile number is provided in the KYC application form.																																								
<b>E-mail ID Declaration</b> (*Family to strictly include spouse, dependent children and dependent parents only, Kindly tick on relevant option.)	<input type="checkbox"/> I hereby declare that I do not have any E-mail ID. <b>OR</b> <input type="checkbox"/> I hereby declare that the E-mail ID mentioned on KYC belongs to: <input type="checkbox"/> Self <input type="checkbox"/> Family* (please specify the relation below) : <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents Family PAN & Name <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								
<b>Please tick, If applicable</b>	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP) <input type="checkbox"/> Not a Politically Exposed Person (PEP) <input type="checkbox"/> Not Related to a Politically Exposed Person (RPEP)																																								

<b>III. Third Holder Name</b> (For Depository Account)																	
		PAN															
<b>Occupation</b> (please tick any one and give brief details)		<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Pls. Specify) _____ Brief Details															
<b>Mobile Number Declaration</b> (*Family to strictly include spouse, dependent children and dependent parents only, Kindly tick on relevant option.)		I hereby declare that the Mobile number mentioned on KYC belongs to : <input type="checkbox"/> Self <input type="checkbox"/> Family* (please specify the relation below) : <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents Family PAN & Name															
<b>Consent for SMS Alert facility</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No [Mandatory, if account to be operated through Power of Attorney]. Ensure that the Mobile number is provided in the KYC application form.															
<b>E-mail ID Declaration</b> (*Family to strictly include spouse, dependent children and dependent parents only, Kindly tick on relevant option.)		<input type="checkbox"/> I hereby declare that I do not have any E-mail ID. <b>OR</b> <input type="checkbox"/> I hereby declare that the E-mail ID mentioned on KYC belongs to: <input type="checkbox"/> Self <input type="checkbox"/> Family* (please specify the relation below) : <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents Family PAN & Name															
<b>Please tick, If applicable</b>		<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP) <input type="checkbox"/> Not a Politically Exposed Person (PEP) <input type="checkbox"/> Not Related to a Politically Exposed Person (RPEP)															

<b>C.</b>	<b>For Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., although the account is opened in the name of the partner(s), trustee(es) etc., the name &amp; PAN of the Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., should be mentioned below:</b>															
a) Name																
b) PAN																

<b>D. FATCA / CRS DECLARATION / SELF CERTIFICATION FOR INDIVIDUALS</b>						
	First/Sole Holder		Second Holder (if any)		Third Holder (if any)	
Are you U.S. Person? (Includes person born in USA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Residence for Tax purposes in jurisdictions(s) outside India	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Citizenship of any country other than India	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Note:** If your answer to any of the above questions is 'YES', please fill the declaration of FATCA / CRS given on page no.29 of the form.

<b>E. INCOME DETAILS</b>		
Gross Annual Income Details (please specify)	Income Range per annum	Net- worth Amount (₹)
	<input type="checkbox"/> Below ₹1 Lac <input type="checkbox"/> ₹1-5 Lac <input type="checkbox"/> ₹5-10 Lac <input type="checkbox"/> ₹10-25 Lac <input type="checkbox"/> ₹25 Lac -50 Lac <input type="checkbox"/> ₹50 Lac -1 Crore <input type="checkbox"/> Above 1 Crore	As on (date) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Net worth should not be older than 1 year)

<b>F. BANK ACCOUNT DETAILS (1)</b>	
Bank Name	
Branch Address	
City / Town / Village	PIN Code
State	Country
Bank Account No.	
Bank Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Others _____ In case of NRI : <input type="checkbox"/> NRE <input type="checkbox"/> NRO
MICR Code	IFSC

<b>G.</b>	<b>(1) DEPOSITORY ACCOUNT(S) DETAILS</b>																			
Depository Participant Name <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>																				
Depository Name <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL DP ID <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> Beneficiary ID (BO ID) <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>																				
Beneficiary Name <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>																				
<b>(2) DEPOSITORY ACCOUNT(S) DETAILS</b>																				
Depository Participant Name <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>																				
Depository Name <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL DP ID <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> Beneficiary ID (BO ID) <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>																				
Beneficiary Name <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>																				
<b>(3) TRADING ACCOUNT DETAILS (applicable for Depository Account only)</b>																				
I already have trading account and want to map my/our demat account with my trading account:																				
Name of Stock Broker and Depository Participant : Smart Equity Brokers (P) Ltd.																				
Trading Code <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> DP ID - IN303948 Beneficiary ID (BO ID) <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>																				

<b>H. TRADING PREFERENCES</b>					
* Please sign in the relevant boxes where you wish to trade. The segment not chosen should be struck off by the client.					
Segments	Exchanges	Date of Consent for trading on concerned Exchange	Signature of the Client	Signature of the Client	Signature of the Client
Cash	NSE	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>			 Please sign here to select all the segments
	BSE	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>			
F&O	NSE	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>			
F&O	BSE	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>			
Currency Derivatives & Interest Rate Futures	NSE	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>			
Commodity	MCX	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>			
# If, in future, the client wants to trade on any new segment/new exchange, separate authorization / letter should be taken from the client by the Stock broker / Member and to be kept as enclosure with this document. ** Currency derivative segment include interest rate future.					



I. CATEGORIZATION OF THE CLIENT FOR COMMODITY	
Category (Please Specify)	<input type="checkbox"/> Farmers/FPOs <input type="checkbox"/> Value Chain Participants (VCPs) <input type="checkbox"/> Proprietary Traders <input type="checkbox"/> Domestic Financial Institutional investors <input type="checkbox"/> Foreign Participants <input type="checkbox"/> Others <b>Note:</b> Declaration for commodities given on page no. 25 is required to be filled, if not opted "others".

J. PAST ACTIONS
Details of any action / proceedings initiated / pending / taken by SEBI / Stock exchange / Commodity exchange any other authority against the applicant / constituent or its Partners / promoters / whole time directors / authorised persons in charge of dealing in securities during the last 3 years, give details (attach annexure if required)

### K. ADDITIONAL DETAILS / STANDING INSTRUCTIONS

1.	Whether you wish to receive Contract Note & Statement of Account in Physical or Electronic mode (please specify)	<input type="checkbox"/> Electronic Mode <input type="checkbox"/> Physical Mode
[If Opted Electronic Mode, read note 5 and ensure that Email ID is provided in KYC application form. Also, fill the ECN declaration for commodities given on page no. 23]		
2.	Mode of receiving Standard Account Opening Documents (Sr. No. 3, 4, 5 and 6 under INDEX):	<input type="checkbox"/> Electronic Mode <input type="checkbox"/> Physical Mode
3.	Number of years of Investment/Trading Experience	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Years of Experience <input type="checkbox"/> Years in Commodities
4.	I/We authorise you to receive credits automatically into my / our Demat account. (If you do not wish to receive credits automatically please tick <input checked="" type="checkbox"/> on "No" and cross <input checked="" type="checkbox"/> the option "Yes")	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	Account to be operated through DDPI (Demat Debit Pledge Instructions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Standing Instruction for Auto Pledge Confirmation	<input type="checkbox"/> YES <input type="checkbox"/> NO
7.	In case of non-individual, Name, Designation, PAN, UID, Signature, Residential Address and Photograph of persons authorised to deal in securities on behalf of company / firm / others (attach annexure if required) :	
8.	Any other information	

L. G.S.T. Registration Details:				
<table border="1"> <tr> <th>State</th> <th>GST Registration Number</th> </tr> <tr> <td>1.</td> <td></td> </tr> </table>	State	GST Registration Number	1.	
State	GST Registration Number			
1.				

M. SALES TAX REGISTRATION DETAILS (As applicable, State wise)			
Local Sales Tax State Registration No		Validity Date	D D M M Y Y Y Y
Name of the State			
Central Sales Tax Registration No		Validity Date	D D M M Y Y Y Y
Other Sales Tax State Registration No		Validity Date	D D M M Y Y Y Y
Name of the State			

N. VAT DETAILS (As Applicable, State wise)			
Local VAT Registration No		Validity Date	D D M M Y Y Y Y
Name of the State			
Other VAT Registration No		Validity Date	D D M M Y Y Y Y
Name of the State			

O. GUARDIAN DETAILS (where sole holder is a minor), applicable for Depository Account only :			
[For account of a minor, two KYC Application Forms must be filled i.e. one for the guardian and another for the minor (to be signed by guardian)]			
Guardian Name			
PAN		Relationship of guardian with minor	

<b>P. CLEARING MEMBER DETAILS (to be filled up by Clearing Members only)</b>	
1. Name of Stock Exchange	
2. Name of Clearing Corporation/ Clearing House	
3. Clearing Member ID	4. SEBI Registration Number
5. Trade Name	6. CM-BP-ID (to be filled up by Participant)

<b>Q. DEALINGS THROUGH OTHER STOCK BROKERS</b>	
If client is dealing through other stock broker, provide the following details:	
Name of Stock Broker	
SEBI Registration Number	
Registered Office	
Address	
City / Town / Village	PIN Code
State	Country
Phone	Fax
Website	
Whether dealing with any other stock broker (if case dealing with multiple stock brokers provide details of all)	
Name of stock broker	
Client Code	Exchange
Details of disputes / dues pending from / to such stock broker	

<b>R. IN CASE OF NRIs / FOREIGN NATIONALS / FIIs / OTHERS (As may be applicable)</b>	
RBI Approval Reference Number	RBI Approval date
SEBI Registration Number (for FIIs)	

<b>S. DETAILS OF RELATED PERSON</b>	
<input type="checkbox"/> Addition of Related Person	<input type="checkbox"/> KYC Number of Related Person (if available*)
Related Person Type*	<input type="checkbox"/> Guardian of Minor <input type="checkbox"/> Authorized Representative
Name*	
(If KYC number and name are provided, below details are optional)	
<b>PROOF OF IDENTITY [PoI] OF RELATED PERSON*</b>	
<input type="checkbox"/> A - Passport Number	Passport Expiry Date
<input type="checkbox"/> B - Voter ID Card	
<input type="checkbox"/> C - PAN Card	
<input type="checkbox"/> D - Driving Licence	Driving Licence Expiry Date
<input type="checkbox"/> E- UID (Aadhaar)	
<input type="checkbox"/> Z- Others (any document notified by the central government)	Identification Number

T. INTRODUCER DETAILS (Optional)	
Name of the Introducer	
Status of the Introducer	<input type="checkbox"/> Remisier <input type="checkbox"/> Authorised Person <input type="checkbox"/> Existing Client <input type="checkbox"/> Others (please specify)
Address of the Introducer	
City / Town / Village	PIN Code
State	Country
Phone No. of Introducer	Signature of the Introducer

U. NOMINATION DETAILS FOR TRADING ACCOUNT (For Individuals Only)	
<input type="checkbox"/> I/We wish to nominate <input type="checkbox"/> I/We do not wish to nominate	
Name of the Nominee Relationship with the Nominee Address of the Nominee City / Town / Village State Mobile/Phone No. of Nominee Date of Birth of Nominee	<div>           Please affix the recent passport size photograph of the Nominee              Signature of Nominee across Photograph         </div>
Nominee Identification details : Please tick any one of the following and provide details of same: (1) <input type="checkbox"/> PAN      (2) <input type="checkbox"/> Aadhaar      (3) <input type="checkbox"/> Proof of Identity      (4) <input type="checkbox"/> Photograph & Signature	
<b>IF NOMINEE IS A MINOR, DETAILS OF GUARDIAN</b> Name of Guardian Address of the Guardian City / Town / Village State Mobile/Phone No. of Guardian Signature of the Guardian	
<div>           Please affix the recent passport size photograph of the Guardian              Signature of Guardian across Photograph         </div>	
Guardian Identification details : Please tick any one of the following and provide details of same: (1) <input type="checkbox"/> PAN      (2) <input type="checkbox"/> Aadhaar      (3) <input type="checkbox"/> Proof of Identity      (4) <input type="checkbox"/> Photograph & Signature	
<b>WITNESSES (Only applicable in case the account holder has made nomination)</b> Name (1)      Address      PIN Code      Name (2)      Address      PIN Code Signature      Signature	

Name(s) of holder(s) / Authorised Signatory(ies) / KARTA in case HUF													Signature(s) of Holder(s)/Signatory(ies)												
Sole / First Holder / Signatory / KARTA / Guardian (in case sole holder is minor) (Mr. / Ms.)																									
Second Holder / Signatory (Mr. / Ms.)																									
Third Holder / Signatory (Mr. / Ms.)																									

**Authorised Signatories** (Enclose a Board Resolution for Authorised Signatories)

Mode of Operation for Sole / First Holder (In case of joint holdings, all the holders must sign)																									
<input type="checkbox"/> Any one singly																									
<input type="checkbox"/> Jointly by																									
<input type="checkbox"/> As per resolution																									
<input type="checkbox"/> Others (please specify)																									

## DECLARATION

- I/We understand that the Stock / Commodity Broker is relying on this information for the purpose of determining the status of the applicants named above in compliance with FATCA/CRS. The Stock Broker is not able to offer any tax advice on FATCA or CRS or its impact on the applicants and I/We shall seek advice from professional tax advisor for any tax questions. Further, I/We agree to submit a new form within 30 days if any information or certification on this form gets changed. I /We agree, as may be required by Regulatory authorities, Stock Broker shall be required to comply to report, reportable details to regulators / tax authorities / or close or suspend my/our account(s).
- I / We hereby declare that the details furnished above are true, correct and complete 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.
- I / We confirm having read / been explained and understood the contents of the document on policy and procedures, all voluntary / non-mandatory documents of the stock / commodity broker and the tariff sheet.
- I / We further confirm having read and understood the contents of the 'Right and Obligations' document(s) and 'Risk Disclosure Document'. I / we do hereby agree to be bound by such provisions as outlined in these documents. I / We have also been informed that the standard set of documents has been displayed for Information on stock/commodity broker's designated website: [www.smartequity.in](http://www.smartequity.in).
- The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by me / us and I / we have understood the same and I / we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. 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. In case non-resident account, I / we also declare that I / we have complied and will continue to comply with FEMA regulations. I / we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

Sole/First Holder Signature

Second Holder Signature

Third Holder Signature

**(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 (%)	Relationship	Postal Address	Mobile & Email	Identity Nominee	DOB of Nominee	Guardian
Nominee -1							
Nominee -2							
Nominee -3							
Nominee -4							
Nominee -5							
Nominee -6							
Nominee -7							
Nominee -8							
Nominee -9							
Nominee -10							



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

**\*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. Any odd lot after division / fraction of %, shall be transferred to the first nominee mentioned in the nomination form. (see table in 'Transmission aspects').

\*\*\* Provide only number: PAN or Driving Licence or Aadhaar (last 4). Copy of the document is not required. However, in case of NRI / OCI / PIO, Passport number is acceptable.

\*\*\*\* 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 or statement of account, 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. \_\_\_\_\_. (Optional)

(strike off portions that are not relevant)

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

4) Signature(s) – As per the mode of holding in demat account(s) / MF folio(s)

Name(s) of holder(s)	Signature(s) of holder / thumb impression	Signature of two witnesses*	Name of Witness & Address (wherever applicable)*
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.

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

#### 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, at any point of time and not just during opening of account / folio. This mandate can be changed any time you choose
- The signatories for this nomination form shall be as per mode of holding in the folio(s) / demat account(s) i.e.
  - 'Either or Survivor' Folios / Accounts - any one of the holder can sign
  - 'First holder' Folios / Accounts - only First holder can sign
  - 'Jointly' Folios / Accounts - all 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.
- In case of a joint account / folio, for transmission to the surviving joint holder(s) by name deletion, the surviving joint holder(s) shall have the option to update residential address(es), mobile number(s), email address(es), bank account detail(s), annual income and nominee(s), either along with transmission or at a later date. The regulated entity cannot seek KYC documents at the time of transmission, unless it was sought earlier but not provided by the holder.
- 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%

<b>V</b>	<b>DECLARATION FORM FOR OPTING OUT OF NOMINATION - TRADING AND DEMAT ACCOUNTS</b>																																												
																									Date				D	D	M	M	Y	Y	Y	Y									
	UCC																DP ID														Client ID														
	<b>Sole/First Holder Name</b>																																												
	<b>Second Holder Name</b>																																												
	<b>Third Holer Name</b>																																												
	<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>																																												
	<b>Detail of Witness*</b>																																												
	Name of the Witness								Address										Signature of Witness																										

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

<b>W</b>	<b>MODE OF OPERATIONS FOR JOINT ACCOUNTS</b>																											
	<input type="checkbox"/> Jointly <input type="checkbox"/> Anyone of the holder or survivor(s)																											
	<p>If Mode of Operation for Joint Account is chosen as anyone of the holder or survivor(s), only specified operations such as transfer of securities including Inter-Depository Transfer, pledge / hypothecation / margin pledge / margin re-pledge (creation, closure and invocation and confirmation thereof as applicable) of securities and freeze/unfreeze of account and / or securities and / or specific number of securities will be permitted</p>																											



Sole/First Holder Signature



Second Holder Signature



Third Holder Signature

## Notes

1. All communication shall be sent at the address of the Sole / First holder only.
2. In case of additional signatures, separate annexures should be attached to the application form.
3. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
4. Instructions related to nomination, are as below:
  - I. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non- individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly, all joint holders will sign the nomination form.
  - II. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
  - III. The Nominee(s) shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
  - IV. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
  - V. Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.
  - VI. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non- individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
  - VII. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee(s).
  - VIII. Nomination can be made upto three nominees in a demat account. In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total upto hundred percent. In the event of the beneficiary owner not indicating any percentage of allocation/share for each of the nominees, the default option shall be to settle the claims equally amongst all the nominees.
  - IX. On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned in the FORM 10 at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.
  - X. Copy of any proof of identity must be accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure D.
  - XI. Savings bank account details shall only be considered if the account is maintained with the same participant.
  - XII. DP ID and client ID shall be provided where demat details is required to be provided.
5. For receiving Statement of Account in electronic form:
  - I. Client must ensure the confidentiality of the password of the email account.
  - II. Client must promptly inform the Participant if the email address has changed.
  - III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
6. Strike off whichever is not applicable.
7. In case applicant wish to apply for BSDA services, he/she shall submit additional request form as prescribed by regulatory authority from time to time, available on our website: [www.smartequity.in](http://www.smartequity.in).

**FOR OFFICE USE ONLY**

UCC Code allotted to the Client 

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

	Documents verified with Originals	Client Interviewed By	In-Person Verification done by																														
Name of the Employee / AP	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Employee Code	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Designation of the Employee / AP	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Date	<table border="1" style="width: 100%; height: 20px;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<table border="1" style="width: 100%; height: 20px;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<table border="1" style="width: 100%; height: 20px;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y						
D	D	M	M	Y	Y	Y	Y																										
D	D	M	M	Y	Y	Y	Y																										
D	D	M	M	Y	Y	Y	Y																										
Signature	<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>																														

I / We undertake that we have made the client aware of 'Policy and Procedures', tariff sheet and all the non-mandatory documents. I / We have also made the client aware of 'Right and Obligations' document(s), RDD and Guidance Note. I / We have given / sent him a copy of all the KYC documents. I / We undertake that any change in the 'Policy and Procedures', tariff sheet and all the non-mandatory documents would be duly intimated to the clients. I / We also undertake that any change in the 'Right and Obligations' and RDD would be made available on my / our website: [www.smartequity.in](http://www.smartequity.in), for the information of the clients.

**Seal/Stamp of the stock broker**

\*AP: Authorised Person

**Signature of the Authorised Signatory**

Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---



**SCHEDULE – A: SCHEDULE OF CHARGES FOR DEPOSITORY SERVICES (w.e.f. 01st April, 2024)**

<input type="checkbox"/> NORMAL AMC	<input type="checkbox"/> BSDA AMC
PARTICULARS	CHARGE STRUCTURE
Account Opening	NIL
NIL AMC SCHEME	<input type="checkbox"/> “LIBERTY” account with non- refundable one time subscription fee of ₹ 1500/- (GST will be extra)
AMC SCHEMES	<input type="checkbox"/> ₹ 250/- per annum (GST will be extra)
	In case of corporate account, AMC (as per scheme selected above) plus applicable statutory charges (currently ₹750/- AMC as charged by NSDL) would be additionally levied.
• Documentation Charges (Stamp Paper and other charges)	Nil

**TRANSACTION CHARGES**

• Credit	NIL
• Debit	
- Delivery Given to Smart Pool/Margin Account	₹ 15/- for Client with DDPI / ₹ 25/- for Client without DDPI
- Delivery Given to any other Account	₹ 25/- per debit or 0.02% of the value of transaction whichever is higher.
<b>Dematerialization</b>	
Demat Processing Charges	₹ 50 Plus ₹ 10 per certificate Subject to Max. ₹ 250/-
Conversion of Mutual Fund units represented by SOA into Demat	₹ 20/- per request
Margin Pledge / Re-pledge/invocation/closure charges	₹ 15/- Per Instruction
Demat Rejection Charges	₹ 50/- per rejection + Courier Charges
Rematerialisation/Repurchase/Redemption of Mutual Fund/ Reconversion of Mutual Fund units into SOA Charges	₹ 50/- per request + NSDL Charges+Courier Charges
Pledge/ Hypothecation (per transaction) Creation/ closure/ Confirmation/ Invocation	75/- per request 0.02 %
Freeze/Unfreeze Instruction	₹ 50/- per request
Delivery Instruction Booklet	₹ 35/- per book (for 10 leafs)

**Terms & Conditions :**

- For all payments cheque should be in favor of “Smart Equity Brokers (P) Ltd.”
- Depository charges of Broking Client will be debited to their trading account.
- Any other service, which is not mentioned above, will be charged separately as per the rates applicable from time to time. Out of pocket expenses including courier charges for overseas consignment will be charged extra on actual basis.
- The value of transactions will be in accordance with rates provided by NSDL.
- All charges are payable on monthly basis and delayed payment will be liable for interest @ 2% per month.
- An amount of ₹ 100/- shall be charged if DIS reissuance request is received on plain paper and DIS booklet is reported lost.
- Changes in Client Master Details ₹ 50/- per modification shall be charged.
- Smart may suspend/freeze the depository services of the account holder on non-payment of outstanding bills.
- Any additional charges/taxes/statutory levies, charged by statutory authority as and when applicable will be levied.
- In case, client wish to opt for BSDA services, the above schedule of charges will get amended as per regulatory guidelines.

**Note: For BSDA AMC Share value Rs. 0.00-4,00,000/- AMC Nil, Share Value 4,00,001 to 10,00,000/- AMC Rs. 100, Share Value above 10,00,000/- Normal AMC Will be Charge**

Any other specific charges structure : Smart \_\_\_\_\_



Sole/First Holder Signature



Second Holder Signature



Third Holder Signarure

**[For New Accounts]**
**Declaration for Basic Services Demat Account (BSDA)**

To,

**Smart Equity Brokers Pvt. Ltd.**  
F-88 West District Centre, Shivaji Enclave,  
Opp. TDi Paragon Mall,  
Rajouri Garden Delhi-110027

DP ID-IN303948

**Date:**

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

With reference to my / our application for opening a depository account, I/ We request you to open my / our depository account as per the following details:


	Name	PAN									
<b>Sole/First Holder</b>											
<b>Second Holder</b>											
<b>Third Holder</b>											

I/We have read and understood the Securities and Exchange Board of India's guidelines for facility for a BSDA.


I/We are aware that if I/we are eligible to open a depository account as a BSDA, the account shall be opened as a BSDA.

I/We also understand that in case, I/We at any point of time do not meet the eligibility criteria as a BSDA holder, my / our demat account is liable to be converted to regular account.


I/We also state that if at any time choose to opt out of BSDA i.e. avail the facility of regular account the same will be communicated to the Participant from Sole / First Holder registered email ID.



Sole/First Holder Signature



Second Holder Signature




Third Holder Signature

## KYC/CKYC Download Consent Form

Dear Sir/Madam

I, \_\_\_\_\_ S/o/D/o/W/o \_\_\_\_\_,  
give my consent to download my KYC Records from the Central KYC Registry (CKYCR), NDML KRA and CVL KRA only for the purpose of verification of my identity and address from the database of CKYCR/NDML KRA/CVL KRA Registry.

I understand that my KYC Record includes my KYC Records /Personal information such as my name, address, date of birth, PAN number etc.

Signature: 



Date:

## Aadhaar Consent Letter

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.

I am aware of other modes of KYC which are available and I have chosen Aadhaar based method voluntarily. My Aadhaar record can be used by NDML KRA/ CVL KRA and Smart Equity Brokers Pvt Ltd only for the specific purpose of validating /maintaining / sharing my KYC record and as an audit evidence. I will have an option to request for deletion of my Aadhaar record. I/We hereby consent to receiving information from NDML KRA / CVL KRA and Smart Equity Brokers Pvt Ltd through SMS/Email on the above registered number/Email address. 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.

**First Holder Name: -**

**First Holder Signature:-**

**Second Holder Name: -**

**Second Holder Signature:-**

**Third holder Name:-**

**Third holder Signature:-**

## TARIFF SHEET

**PRODUCT PLAN\* / BROKERAGE**[illegible]

CASH SEGMENT Brokerage	in% (subject to max. of 2.5%)	Minimum Paise (subject to max. 25 paise)	Tick (✓) any one
Delivery Based			<input type="checkbox"/> One Side <input type="checkbox"/> Both Side
Daily Square up			<input type="checkbox"/> One Side <input type="checkbox"/> Both Side

Minimum brokerage charge for trading in illiquid / high risk scrips in cash segment will be .50% on delivery and .05% on intraday turnover with minimum 5 paise (Scrip list available under client login).

DERIVATIVE SEGMENT Brokerage	in% (subject to max. 2.5% / ₹100/- Per Lot)	Minimum Paise/ Per Lot	Tick (✓) any one
Future			<input type="checkbox"/> One Side <input type="checkbox"/> Both Side
Option			<input type="checkbox"/> One Side <input type="checkbox"/> Both Side

## CURRENCY DERIVATIVES &amp; INTEREST RATE FUTURES SEGMENT

Brokerage	Brokerage per lot (in ₹)	Tick (✓) any one
Future		<input type="checkbox"/> One Side <input type="checkbox"/> Both Side
Option		<input type="checkbox"/> One Side <input type="checkbox"/> Both Side

**COMMODITIES DERIVATIVES SEGMENT:**

Exchange and Segment	Brokerage Slab in %	Minimum Paise/ Per Lot	<input type="checkbox"/> One Side <input type="checkbox"/> Both Side
MCX - Future			
Exchange and Segment	in % (subject to max. 2.5% of premium amount or Rs.250/- per lot, whichever is higher)	Minimum Paise/ Per Lot	<input type="checkbox"/> One Side <input type="checkbox"/> Both Side
MCX-Option			
Exchange and Segment	in % (subject to max. 2.5% of premium amount or Rs.100/- per lot, whichever is higher)	Minimum Paise/ Per Lot	<input type="checkbox"/> One Side <input type="checkbox"/> Both Side

### OTHER CHARGES

Nature of Charge		Applicable Charge
a)	Annual Subscription Fee for EXE Based Diet Users	₹ 500/- per annum.
b)	Inter Settlement Charges	₹ 15/- + applicable taxes per transaction
c)	Administrative Charges - Offline : on per offline executed order	₹ 10/- (Maximum ₹ 50/- per day /per segment)
d)	Delayed Payment Charges – On overdue balance towards trading or margin (Standard rate per annum)	upto 24%
e)	Account Processing Charges	NIL
f)	Document Handling Charges (i) Customer opted for receiving documents by <b>Electronic Mode</b> : In case such customer intends to receive additional / duplicate copies of documents (contract notes, statements etc.) by Physical mode or physical documents are sent due to email getting bounced. (ii) Customer opted for receiving documents by <b>Physical Mode</b> : In case such customer intends to receive additional / duplicate copies of documents (contract notes, statements etc.) by Physical mode.	₹ 25/- + applicable taxes per contract note/other documents.

In addition to brokerage additional charges including statutory levies i.e. stamp duty, exchange transaction charges, SEBI fees, Goods and Service Tax (GST), CTT, Clearing Charges, STT, other taxes and levies, investor protection fund fees etc. charged by the statutory authorities/Exchange(s), delayed payment charges, cheque bounce charges, auction settlement charges as may be applicable will be levied. For details please login on our website [www.smartequity.in](http://www.smartequity.in)

I/We understand that economic conditions change over time and therefore agree that SEBPL is authorised to change the tariff in future.

Date | D | D | M | M | Y | Y | Y | Y |



Client Signature

**VOLUNTARY DOCUMENT(S)****Smart Equity Brokers (P) Ltd.**

F-88 West District Centre, Shivaji Enclave, Opp. TDi Paragon Mall,  
Rajouri Garden, New Delhi-110027

I / We have been / shall be dealing through you as my / our broker on the Capital Market and / or Futures & Options Segments / Currency Derivative Segments/Commodity Derivative Segments. As my / our broker i.e. agent I / we direct and authorise you to carry out trading / dealings on my / our behalf as per instructions / authorisations given below.

- 1. REQUEST FOR TRADE ALERTS THROUGH SMS AND / OR Email:** In agreement and pursuance to directions and conditions specified by SEBI vide circular no. CIR/MIRSD/15/2011 dated August 2, 2011 and circulars/ clarifications issued by SEBI / exchanges from time to time in this regard.

- 1.1 I/We hereby confirm that I / we wish to receive the trade alerts through (tick whichever is applicable):

- a) SMS alerts ☐                      b) Email alerts ☐

- 1.2 The alerts should be sent:

- I. On my registered Mobile Number / Email Id as per your records, or
- II. You are requested to update the Mobile Number / Email Id mentioned below in your records and for the purpose of trade alerts:

- a) Mobile No. | | | | | | | | | |

- [illegible]

I/We am/are aware that the recipient of SMS/Email alerts on the above Mobile Number and / or Email address can be stopped only on my/our written request.

2. **AUTHORIZATION FOR SHARING PERSONAL INFORMATION:** I/We understand that SEBPL has outsourced/may outsource certain activities including but not limited to activities relating to KYC, Information Technology functions, technical support functions or any other functions as may be decided by SEBPL to one or more third parties including group / related entities. I/We would further like to mention that I/We want to make investments in mutual funds, initial public offerings/follow on public offerings, rights issue, fixed deposit(s), money market instruments and other products / services etc. and generally to invest in various avenues/products and to redeem/liquidate any investments and want SEBPL to give effect to my/our desires/requirements. In view of the above I/We authorise SEBPL to share my/our personal and other information with one or more third parties including group/related entities for any one or more of the above said purpose. I/We agree that any offers/information received shall not be contested on grounds of address/phone included in national do not call registry or any other such restrictive regulations/ laws.

3. **AUTHORITY TO PLEDGE THE SHARES / SECURITIES:** I/We am/are aware that securities can be deposited by me/us to you as collateral ("Said Securities") towards my/our margin requirement. I/We am/are further aware that Said Securities can be further deposited by you with Exchanges/ Clearing Members/ Clearing Corporations of Equity and Commodity Exchanges provided authorization from client has been obtained by the Member. Accordingly, I/We hereby authorise you to deposit the Said Securities as collateral with Exchanges/ Clearing Members/ Clearing Corporations of Equity and Commodity Exchanges and mark the pledge in favour of the Exchanges/ Clearing Members/ Clearing Corporations of Equity and Commodity Exchanges. In this regard, I/We confirm/ declare as under:

- (i) the Said Securities are in existence, owned by me/us and are and shall be free from any charge, lien or encumbrance, whether prior or otherwise.
- (ii) that the Said Securities will be subject to the creation of pledge in favour of or for the benefit of Exchange/ Clearing Member/ Clearing Corporation and further that the Securities over which pledge may be created in future would be in existence and owned by me/us at the time of creation of such pledge and that the Said Securities to be given in future as security to Exchange/ Clearing Member/ Clearing Corporation would likewise be unencumbered, absolute and disposable property of the client.
- (iii) that Smart Equity Brokers (P) Ltd. is authorized to do all such acts and things, sign such documents and pay and incur any such costs, debts and expenses as may be necessary under this Deed of Pledge and the same shall be subject to terms and conditions as contained herein.

Continued on next page.....



- (iv) that the Said Securities shall be subject to the first priority and lien in favour of Exchange/ Clearing Member/ Clearing Corporation to secure, the client's obligations and that the rights or interests of the client with respect to the Said Securities shall be subject and subordinate to the rights, claims and interests of Exchange/ Clearing Member/ Clearing Corporation in respect of the Said Securities.
- (v) that Exchange/ Clearing Member/ Clearing Corporation may invoke the pledge without any reference to or permission of the client and upon receipt of the Said Securities, Exchange/ Clearing Member/ Clearing Corporation may utilize the proceeds in meeting the my/our obligations in such manner as it may deem fit and that such invocation of pledge will be final and irrevocable against the Clearing Member and me/us.
- (vi) I/We shall not make any claims or demands for refund or any reimbursement in relation to the Said Securities.
- (vii) I/we hereby confirm that I/we have read the terms and conditions to this effect and fully aware of the consequences of the same.
4. **VERBAL ORDER ACCEPTANCE AUTHORISATION:** I/We agree and acknowledge that in order to avoid any disputes it is recommended by you that I/we should give instructions for order placement/modification and cancellation in writing in the format given along with Policies and Procedure Document, and take signatures of two authorised officers of the branch where orders are tendered along with company stamp on the carbon/photocopy of the instructions in acknowledgment of receipt of my/our instructions. However it is my/our view that the fluctuations in market are so rapid that it is not practical to give written instructions for order placement / modification and cancellation. I/We therefore authorise you to accept my (our) / my (our) authorised representative's verbal instructions for order placement/modification and cancellation in person or over phone (fixed line or mobile phone) and execute the same. I/We understand the risk associated with verbal orders and accept the same, and agree that I/We shall not be entitled to disown orders and consequent trades (if any) by shifting the burden of proof by asking you to prove the placement of orders through telephone recording etc.
5. **RUNNING ACCOUNT AUTHORISATION:** In order to avoid time consuming repeated pay-in by me/us and pay – out by you of funds, I/we hereby direct and authorise you to maintain running account(s) of funds and debit/credit funds from/to the running accounts and make pay-in/receive funds to/from exchanges/clearing corporations/other receiving parties (if applicable). Further, subject to your discretion and valuation please treat my/our funds lying to my/our credit in running accounts and securities/commodities deposited in collateral/client collateral account as margin for my/our dealings/trading. In the event, I/we have outstanding obligations on the settlement date, you may retain the requisite securities/commodities/funds towards such obligations along with funds and/or securities/commodities expected to be required to meet margin obligations for next 5 trading days. In case, I/we have traded during my/our chosen settlement period, you may retain up to the maximum amount as permissible within in regulatory provisions duly netting off across all stock/commodities exchanges and their segments. Authorisation is subject to changes as prescribed by the exchange(s)/SEBI from time to time. While settling the account, please send a 'statement of accounts' containing an extract from ledger for funds and an extract from the register of securities/commodities displaying all receipts/deliveries/commodities of funds/securities/commodities. In the statement(s) being sent, please provide details regarding retention of funds/securities/commodities and pledge, if any. I/We shall bring any discrepancy in the statement(s) preferably within seven (30) working days from the date of receipt to your notice so as to allow you to take remedial steps, if any are warranted. Please do not carry out above stated settlement of running account in the event I/We avail margin trading facility. Further, do not carry out settlement of running account referred to above for funds given by me/us towards collaterals/margin in the form Fixed Deposit receipts (FDR). I/We am/are entitled to revoke this Authorisation at any time.

My/Our preference for actual settlement of funds and excess securities/commodities maintained in Client Collateral/ Collateral account is at least:

☐ Once in a 90 Days

☐ Once in a 30 day

#### 6. **FORMAT FOR CLIENT OPTING ONLINE TRADING FACILITY :**

I/We wish to avail the following facility being offered by you:

Product / Facility (Please tick the appropriate)		
<input type="checkbox"/> Browser based	<input type="checkbox"/> EXE based (Annual Subscription Fees ₹ 500)	<input type="checkbox"/> Wireless Trading

1. I/We also hereby authorize you to debit the annual subscription fees as applicable to my/our trading account for availing opted facility. The Subscription fee is non-refundable.

Continued on next page.....

I/We hereby declare that the decision to register/enroll under above mentioned products and for making all trades thereby is/ shall be entirely mine/ours decision and I/we have neither been given nor have been in any way influenced by you/your officers with any financial or other advice regarding the suitability or profitability of availing the Facilities as stated above or making any trades thereby. I/We may suffer losses on account of square off/non-square off by the Company with in or at end of the day and I agree to bear such losses without protest or claim against the Company. I/We further acknowledge that not only for above Facility(s) but for any other facility or general trading also, in no case any employee/officer/director or agent of the Company is authorized to give any advice, assurance or handle my/our account in any discretionary manner. I/we agree that in the event I/we were to seek any advise, assurance or allow handling my/our account in any discretionary manner by any employee/officer or agent of the Company, the same shall be mine/our personal arrangement and Company shall be in no way liable for losses etc. which I/we were to suffer as a consequence of such arrangements.

I/we have read and accepted all terms and conditions specified hereinabove and given in document titled "Product Terms & condition" under/as client copy and agree to be bound by all of them.

Date | D | D | M | M | Y | Y | Y | Y

**Client Name**

**Client Code** | | | | | | | | | |

To,

**Smart Equity Brokers (P) Ltd.**

F-88 West District Centre, Shivaji Enclave, Opp. TDi Paragon Mall, Rajouri Garden, New Delhi-110027

Dear Sir,

I,  a client with Member M/s. Smart Equity Brokers (P) Ltd. of NSE & BSE and Multi Commodity Exchange of India Ltd (MCX) undertake as follows:

- I am aware that the Member has to provide physical contract note in respect of all the trades placed by me unless I myself want the same in the electronic form.
- I am aware that the Member has to provide electronic contract note for my convenience on my request only.
- Though the Member is required to deliver physical contract note, I find that it is inconvenient for me to receive physical contract notes. Therefore, I am voluntarily requesting for delivery of electronic contract note pertaining to all the trades carried out / ordered by me.
- I have access to a computer and am a regular internet user, having sufficient knowledge of handling the email operations.
- My email id is\*   
This has been created by me and not by someone else.
- I am aware that this declaration form should be in English or in any other language known to me.
- I am aware that non-receipt of bounced mail notification by the member shall amount to delivery of the contract note at the above e-mail ID.

**The above declaration and the guidelines on ECN given in the Annexure have been read and understood by me. I am aware of the risk involved in dispensing with the physical contract note, and do hereby take full responsibility for the same . I will inform the member of any change in E-mail Id.**

\*(The email id must be written in Own handwriting of the client.)

Client Name   
 Unique Client Code  PAN   
 Address

Client Signature   Place  Date

Verification of the client signature done by,

Name of the designated officer of the Member   
 Signature

## ACCOUNT HANDLING MANDATE

- ☐ I/We wish to operate account at my/our own.  
(Strike off the authorization details below)

Client Signature



OR

- ☐ I/We wish to appoint an authorized person besides dealing myself.  
(In case this option is selected then kindly give requisite details in below letter)

### LETTER OF AUTHORITY

**Smart Equity Brokers (P) Ltd.**

F-88 West District Centre, Shivaji Enclave, Opp. TDi Paragon Mall, Rajouri Garden, New Delhi-110027

Sir,

I / We have been / shall be dealing through you as my / our broker i.e. agent.

I / We hereby appoint Mr. / Ms. / Mrs

with residence and other particulars as given below as my / our authorised representative to deal / transact on my behalf and to place orders, give instructions, receive / collect and / or sign contract notes, bills, account statements, settlements, order and / or trade confirmations (whether written or oral / over phone) and any other documents or communication and generally to do any and all act(s) on my / our behalf which I / we can do and I / we undersigned do hereby agree and declare and confirm that all the acts and things done by him/her shall be my / our acts, deeds and things validly done by me / us to all intents and purposes.

Please treat this authorization as written ratification of my verbal directions / authorizations if any given and carried out by you earlier. I agree to indemnify you and keep you indemnified against all losses, damages and actions which you may suffer or face as a consequence of adhering to and carrying out my directions given above.

Please take the above information on record & oblige.

Thanking you

Details of Authorised Representative	
Name	<table border="1" style="width: 100%; height: 1.2em;"></table>
Address	<table border="1" style="width: 100%; height: 1.2em;"></table>
City / Town / Village	<table border="1" style="width: 100%; height: 1.2em;"></table>
State	<table border="1" style="width: 100%; height: 1.2em;"></table>
Country	<table border="1" style="width: 100%; height: 1.2em;"></table>
Telephone No.	<table border="1" style="width: 100%; height: 1.2em;"></table>
PAN	<table border="1" style="width: 100%; height: 1.2em;"></table>
Relationship of Authorised Representative with the client	<table border="1" style="width: 100%; height: 1.2em;"></table>
Signature of Authorised Representative	<table border="1" style="width: 100%; height: 1.2em;"></table>

- Enclosed self-attested copy of identity proof of the Authorised Representative.
- An employee or authorised person of Smart Equity Brokers (P) Ltd. cannot be appointed as an authorised representative.

Client Signature

Date

Client Name

Client Code

## SELF DECLARATION - CATEGORIZATION OF THE CLIENTS FOR EACH COMMODITY

**Smart Equity Brokers (P) Ltd.**

F-88 West District Centre, Shivaji Enclave, Opp. TDi Paragon Mall, Rajouri Garden, New Delhi-110027

**Subject: Categorization of the clients for each commodity**

I/We have been/shall be dealing through you as my/ our member broker on different Commodity Exchanges. I/We hereby declare my/ our category for the commodities mentioned therein, as given below in accordance with SEBI circular no. SEBI/HO/CDMRD/DNPMP/CIR/P/2019/08 dated January 04, 2019:

CATEGORIES							
Sr. N.	Name of Commodities	Farmer / FPO	Value chain participant (VCP)	Domestic financial institutional investor	Foreign participant	Proprietary trader	Others
1	BARLEY						
2	CHANA						
3	MAIZE						
4	WHEAT						
5	MOONG						
6	PADDY (BASMATI)						
7	KAPAS / COTTON						
8	BLACK PEPPER						
9	CARDAMOM						
10	CASTOR SEED						
11	GAUR SEED 10 MT						
12	GAUR GUM						
13	SOY BEAN						
14	MUSTARD SEED						
15	CRUDE PALM OIL						
16	MENTHA OIL						
17	RBD PALMOLEIN						
18	REFINED SOY OIL						
19	COTTON SEED OILCAKE						
20	SUGAR M						
21	TURMERIC						
22	JEERA						
23	CORIANDER						
24	CRUDE OIL						
25	NATURAL GAS						
26	ALUMINIUM						
27	BRASS						
28	COPPER						
29	LEAD						
30	NICKEL						
31	ZINC						
32	GOLD						
33	SILVER						

I/We further declare that in case declaration is not provided for any of the particular exchange traded commodity, please consider the "Others" category for the same. I/We undertake that I/we shall inform the member broker in case there is any change in category for any of the exchange traded commodity.

**Client Signature** | 

Date | D | D | M | M | Y | Y | Y | Y

**Client Name**

**Client Code** | | | | | | | | | |

Continued on next page

## CATEGORIES

- Farmers/FPOs: It includes participants such as farmers, farmers' cooperatives, Farmers Producers Organisations (FPOs) and such entities of like nature.
- Value chain participants (VCPs): It includes participants such as Processors, Commercial users as Dal and Flour Millers, Importers, Exporters, Physical Market Traders, Stockists, Cash & Carry participants, Producers, SMEs/MSMEs & Wholesalers etc., but exclude farmers/FPOs.
- Proprietary traders: It includes the members of stock exchanges trading in their proprietary account.
- Domestic financial institutional investors: It includes participants such as Mutual Funds (MFs), Portfolio Managers, Alternative Investment Funds (AIFs), Banks, Insurance Companies and Pension Funds etc., which are allowed to trade in commodity derivatives.
- Foreign participants: It includes participants such as Eligible Foreign Entities (EFEs), NRIs etc. which are allowed to trade in commodity derivatives markets.
- Others: All other participants which cannot be classified in the above categories.

## CLIENT DECLARATION NET OPEN INTEREST POSITION

1. I/We the undersigned, have taken cognizance of circulars issued by SEBI/ Commodity Exchanges from time to time on the guidelines for calculation of net open positions permitted in any commodity and I/We hereby undertake to comply with the same.
2. I/We hereby declare and undertake that I/We will not exceed the position limits prescribed from time to time by Commodity Exchanges or SEBI and such position limits will be calculated in accordance with the circulars on position limits as modified from time to time.
3. I/We undertake to inform and keep you informed if I/any of our partners/directors/ Karta/trustee or any of the partnership firms/companies/HUFs/Trusts in which I or any of above such person is a partner/director/ Karta/ trustee, takes or hold any position in any commodity/forward contract/ commodity Derivatives on Exchanges through or through any other member(s) or Exchanges, to enable you to restrict our position limit as prescribed by the above referred circular of Exchanges as modified from time to time.
4. I/We confirm that you have agreed to enter order in Commodity Forward Contracts/Commodity Derivatives for me/us as your clients on Commodity Exchanges only on the basis of our above assurance and undertaking.
5. I/We further undertake that to bear any liable/penalty /charges levied by Commodity Exchanges/SEBI.

Client Name:

Date:

Signature:



## FATCA & CRS Declaration - Individual

PAN  Trading  DP Code

Name

Place of Birth  Country of Birth

Nationality

Annual Income ☐ Below Rs. 1 Lac ☐ Rs. 1 Lac to 5 Lac ☐ Rs. 5 Lac to 10 Lac  
☐ Rs. 10 Lac to 25 Lac ☐ Rs. 25 Lac to 1 Crore ☐ >1 Crore

Net Worth **Amount Rs.**..... Net Worth as on          
 (Net worth should not be older than 1 year)

Occupational ☐ Business ☐ Private Sector ☐ Professional ☐ Government Service ☐ Public Sector  
 Detail ☐ Agriculturist ☐ Housewife ☐ Student ☐ Retired ☐ Forex Dealer ☐ Others Pl. Specify

Politically Exposed Person (PEP) ☐ Related to Politically Exposed Person (RPEP) ☐

Are you a tax resident of any country other than India ☐ Yes ☐ No

If yes please indicates the all countries in which you are resident for tax purpose and the associated Tax ID number below.

Sr. No.	Country	Tax Identification Number	Identification Type (TIN or Other, please specify)
1.			
2.			
3.			

### DECLARATION

I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Smart Equity Brokers Pvt. Ltd. for any modification to this information promptly.

I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOL).

Sign here : (1)

Date :

Place :

For Investor convenience, Smart Equity Brokers Pvt. Ltd. (SEBPL) collecting this mandatory information for updating across all Group Companies of SEBPL whether you are already an investor or would become an investor in future.

Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest SEBPL branch or you can dispatch the hard copy to-

**Smart Equity Brokers Pvt. Ltd.**  
**F-88, West District Center, Shivaji Enclave, Rajouri Garden, Opp. TDI Paragon Mall, New Delhi-110027**



## FATCA/ Common Reporting Standards (CRS)

### 1. Who is US person?

In case of individuals, U.S. person means a citizen or Resident of the United States. Persons who would qualify as US person could be born in the United States, Born outside the united states of a US parents, Naturalized Citizens, Green Card Holders, Tax residents.

### 2. Who is a reportable person (non US) under common reporting standards (CRS)?

Under common reporting standards (CRS), Reportable person means tax resident of a reportable foreign jurisdiction other than US and India.

### 3. Document to be collected if Customer's Country of birth is US but Declares that he/she is not a US person

- Certificate of relinquishment of citizenship (loss of nationality certificate); or
- Self certification for stating reason for not having such a certificate despite relinquishing US citizenship; Or
- Self certification for stating reasons for not obtaining US citizenship at birth.

### 4. MF transactions will be permitted to clients/ joint holders in new folios after reviewing this declaration and existing KYC data and only if permitted by AMCs.

### 5. Towards compliance with tax information sharing laws, such as FATCA, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

Also note that you may receive more than one request to provide this information, if you have multiple relationships with us or our group entities. Therefore it is important that you respond to our request, even if you believe that you have already provided this information earlier.

Please note that above information is provided only for quick reference to customers. You are requested to refer Rule 114F, 114G and 114H of Income-tax Rules, 1962 consult a legal/tax advisor for any clarification.

## FATCA & CRS Declaration - Non Individual

[illegible]

Name \_\_\_\_\_

Please tick the applicable tax resident declaration -

1. 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 purposes and the associated Tax ID number below.)

Sr. No.	Country	Tax Identification Number	Identification Type (TIN or Other %, please specify)
1.			
2.			

In case Tax Identification Number is not available, kindly provide its functional equivalent.

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

**PART A** (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a,  
Financial  
institution (Refer  
1 of Part C) or  
Direct reporting NFE (Refer  
3(vii) of Part C) (please tick  
as appropriate)

GIIN	
------	--

**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

Name of sponsoring entity\_\_\_\_\_

**GIIN not available** (please tick as applicable) ☐ **Applied for** ☐ Not obtained – Non-participating FI  
☐ Not required to apply for - please specify 2 digits sub-category ☐ (Refer 1 A of Part C)

**PART B** (please fill any one as appropriate “to be filled by NFEs other than Direct Reporting NFEs”)

1.	Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2.	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3.	Is the Entity an active NFE (Refer 2c of Part C)	Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> (Mention code – refer 2c of Part C)
4.	Is the Entity a passive NFE (Refer 3(ii) of Part C)	Yes <input type="checkbox"/> Nature of Business _____

**UBO Declaration** (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

**Category** (Please tick applicable category): ☐ Unlisted Company ☐ Partnership Firm ☐ Limited Liability Partnership Company  
☐ Unincorporated association / body of individuals ☐ Public Charitable Trust ☐ Religious Trust ☐ Private Trust  
☐ Others (please specify \_\_\_\_\_)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)

Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
PAN #			
Address	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Tax ID %			
Tax ID Type			
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Holding (%) \$			

\* To include US, where controlling person is a US citizen or green card holder

# If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.

% In case Tax Identification Number is not available, kindly provide functional equivalent

\$ Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

### DECLARATION

I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Smart Equity Brokers Pvt. Ltd. for any modification to this information promptly.

I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

Name	
Designation	

Sign here : (1)

Date : DD MM YY YY

Place : \_\_\_\_\_

For Investor convenience, Smart Equity Brokers Pvt. Ltd.(SEBPL) collecting this mandatory information for updating across all Group Companies of SEBPL whether you are already an investor or would become an investor in future. Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest SEBPL branch or you can dispatch the hard copy to-

**Smart Equity Brokers Pvt. Ltd.**

**F-88, West District Center, Shivaji Enclave, Rajouri Garden, Opp. TDI Paragon Mall, New Delhi-110027**

## **POLICY FOR VOLUNTARY BLOCKING /FREEZING OF ONLINE ACCESS OF CLIENT'S TRADING ACCOUNT**

### **INTRODUCTION**

In order to enhance the ease of doing business and ease of doing investments for investors and to enhance protection of investors from suspicious activities; SEBI, has vide its circular ref. No. SEBI/HO/MIRSD/POD-1/P/CIR/2024/4 dated January 12, 2024 has mandated that a framework shall be laid down by stock exchanges for Trading Members to provide the facility of voluntary freezing/blocking the online access of the trading account to their clients. Accordingly, stock Exchanges have issued circulars providing a frame work for trading members for the facility of voluntary freezing/blocking the online access of the trading account for clients.

In accordance with the above, Trading Members are required to frame a policy in line with the exchange prescribed framework, which shall be part of the trading member's Risk Management Policy and shall be displayed on its website along with the process and mode(s) through which the client can place the request to freeze / block& unfreeze / unblock the trading account along with the timelines that will be followed by the trading members for the same.

### **1. SCOPE AND APPLICABILITY**

A. **Smart Equity Brokers Pvt. Ltd.**, being a Trading Member providing Internet Based Trading/ Mobile Trading/ other online access for trading, is required to make available to the clients at least two modes as prescribed by the exchanges through which the client may request for voluntary freezing/ blocking the online access of trading account if any suspicious activity is observed in the trading account.

B. The policy shall be applicable with effect from July 01, 2024.

C. The policy shall be provided to new on boarded clients as part of account opening kit with effect from applicable date, July 01, 2024.

D. It shall be communicated to all existing clients via email or any other suitable mechanism which can be preserved by July 01, 2024. In case, communication gets bounced /undelivered, the same shall be communicated through alternate channels to such clients. Other suitable mechanism may include physical delivery/SMS/electronic instant messaging services after adhering with the safeguards prescribed on Issuance of Electronic Contract Notes (ECN) through SMS/electronic instant messaging services.

### **3.Mode of receipt of request for freezing/blocking the trading A/c:**

Following modes shall be provided by the Company for receipt of request for freezing/blocking the clients trading A/c:

A. An e-mail ID **stoptrade@smartequity.in** to be provided to the clients for making request for voluntary freezing/ blocking of the online access of the clients' trading account.

B. A dedicated IVR/ tele calling Line 011-45004401-02 to be is provided to clients to place request for voluntary freezing/blocking of the online access of the clients' trading account.

#### **4. Procedure to be followed on receipt of request for freezing/blocking the trading A/c.:**

On receipt of request from clients through any of the prescribed modes of communications; for freezing/blocking of the online access of the trading account from the client:

- a. Company shall validate that the request is received from a registered client and issue an acknowledgement for the same.
- b. Company shall freeze/block the online access of the client's trading account and simultaneously cancel all the pending orders of the said client.

To validate that the request for freezing/blocking of the online access of the trading account is received from the respective client; company shall verify, whether request is received from the registered e-mail Id/mobile number of the client

- c. The time lines for freezing/blocking of the online access of the clients' trading account is as under:

Scenario	Timelines for issuing acknowledgement as well as freezing / blocking of the Online access of the trading account.
Request received during the trading hours and within 15 minutes before the Start of trading.	Within 15 minutes
Request received after the trading hours and 15 minutes before the start of trading.	Before the start of next trading session

d. Post freezing/blocking the client's trading account, company shall send a communication on the registered mobile number and registered e-mail ID of the client, stating that the online access to the trading account has been frozen/blocked and all the pending orders in the client's trading account, if any, have been cancelled along with the process of re-enablement for getting the online access to the trading account.

e. Company shall also communicate/ provide the details of open positions of client (if any) along-with contract expiry information within one hour from the freezing/blocking of the trading account.

f. Company shall maintain the appropriate records/logs including, but not limited to, request received to freeze/block the online access of trading account, confirmation given for freezing/blocking of the online access of the trading account and cancellation of pending orders, if any, sent to the clients.

g. In case of failure of in freezing/ blocking the online access within the prescribed timelines, there is a risk that company may be held responsible for any trades executed from the time of receipt of such request till such time the online access is blocked / frozen.

#### **5. Re-enabling the client for online access of the trading account: -**

Company shall re-enable the online access of trading account after carrying out necessary due diligence including validating the client request and unfreezing / unblocking the online access of the trading account.

#### **6. Clarification for clients:**

1. Freezing/blocking is only for the online access to the client's trading account, and there shall be no restrictions on the Risk Management activities of company.

2. The request for freezing/blocking does not constitute request for marking client Unique Client Code (UCC) as inactive in the records of respective Exchanges.

#### **7. Record Management:**

1. Company shall maintain a verifiable record of communication of this policy to all existing clients and obtain a confirmation of providing a copy of this policy from all new on boarded clients with effect from July 1, 2024

2. Company shall maintain a verifiable record of all such requests received for freezing/ blocking of online access to trading account received from clients as per record management guidelines prescribed by the exchanges/regulator.

#### **8. Reporting of freezing / blocking of the online access of the clients trading account:**

The data relating to freezing / blocking of the online access of the clients trading account shall be reported as per compliance requirement prescribed by SEBI / Exchanges, if any.



Sole/First Holder Signature



Second Holder Signature



Third Holder Signature

## DECLARATION BY KARTA & ALL CO-PARCENERS IN CASE OF HUF ACCOUNT

### SMART EQUITY BROKERS (P) LTD

F-88, West District Centre, Shivaji Enclave, Rajouri Garden, Opp. TDI Pagaron Mall, New Delhi-110027

A/C/ No .....

1. WHEREAS the Hindu Undivided family \_\_\_\_\_ is carrying on business in the firm name and style of \_\_\_\_\_ at \_\_\_\_\_ or we intent to deal, have or desire to have share Demat Account SMART EQUITY BROKERS (P) LTD.(hereinafter referred as Member) We undersigned hereby confirm and declare that we are the present adult co-parceners of the/said joint family, that \_\_\_\_\_ is the present Karta of the said joint family.
2. We confirm that affairs of the HUF firm are carried on mainly by the Karta \_\_\_\_\_ on behalf and in the interest and for the benefit of all the co-parceners We hereby authorize the Karta \_\_\_\_\_ on behalf and the interest and for the benefit of all the co-parceners. We hereby authorize the Karta \_\_\_\_\_ on behalf of HUF to deal on capital market segments, F&O, retail debt market, derivatives and commodities or any other segment that may be introduced by NSE/BSE/MCX/NCDEX in future and the /said trading member is hereby authorized to honor all instructions oral or written given by him on behalf of the HUF.  
Mr. \_\_\_\_\_ is authorized to sell, purchase ,transfer, endorse, negotiate documents and/or otherwise deal through SMART EQUITY BROKERS (P) LTD. On behalf of HUF \_\_\_\_\_ He is also authorized to sign execute and submit such applications undertakings agreements and other requisite documents writings and deeds as may be deemed necessary or expedient to open account and give effect to this purpose. We are however jointly and severally responsible for all liabilities of the said HUF form to the member and agree and confirm that any claim due to the Member from the said HUF Firm shall be recoverable from the assets of any one or all of us and also form the estate of the said joint family including the interest thereon of every co-parceners of the said joint family including the share of the minor co-parceners , if any.
3. We undertake to advise the member in writing of any change that may occur in the kartaship or in the constitution of the said joint family or said HUF firm and until receipt of such notice by the member which shall be binding on the said joint family and the said HUF firm and on our respective estates. We shall however continue to be liable jointly and severally to the \_\_\_\_\_ obligations of the said HUF firm in the Member s book on the date of the receipt of such notice by the Member and until all such dues and obligations shall have been liquidated and discharged .
4. We recognize that a beneficiary account can be opened with Depository Participant only in the name of Karta as par regulations. To facilitate the operation of the above share trading account with you and or for the purpose of completing the share transfer obligations pursuant to the trading operations we authorized the beneficiary account no \_\_\_\_\_ with depository \_\_\_\_\_ Opened in name of \_\_\_\_\_ who /is the karta of this HUF .
5. The named and dates of birth of the present minor co-parceners of the said joint family are given below . we undertake to inform you in writing as and when each of the said members attain the majority and is authorized to act on behalf of and is authorized to act on behalf of and bind the said HUF Firm.
6. We have received and read a copy the Members rules arid regulations for the conduct of SHARE TRADING ACCOUNT and we agree to comply with & bound by the said rules now in force or any changes that may be made therein from time to time .

Name of the Minor	Father Name	Date of Birth
_____	_____	_____
_____	_____	_____

#### List of Co-parceners

- |                           |                            |                            |                            |
|---------------------------|----------------------------|----------------------------|----------------------------|
| 1.                        | 4.                         |                            |                            |
| 2.                        | 5.                         |                            |                            |
| 3.                        | 6.                         |                            |                            |
| _____                     | _____                      | _____                      | _____                      |
| (Signature of karta)      | (Signature of co-parcener) | (Signature of co-parcener) | (Signature of co-parcener) |
| (Along With Rubber Stamp) |                            |                            |                            |



## Annexure A

### **Most Important Terms and Conditions (MITC)**

(For non-custodial settled trading accounts)

1. Your trading account has a “Unique Client Code” (UCC), different from your demat account number. Do not allow anyone (including your own stock broker, their representatives and dealers) to trade in your trading account on their own without taking specific instruction from you for your trades. Do not share your internet/ mobile trading login credentials with anyone else.
2. You are required to place collaterals as margins with the stock broker before you trade. The collateral can either be in the form of funds transfer into specified stock broker bank accounts or margin pledge of securities from your demat account. The bank accounts are listed on the stock broker website. Please do not transfer funds into any other account. The stock broker is not permitted to accept any cash from you.
3. The stock broker’s Risk Management Policy provides details about how the trading limits will be given to you, and the tariff sheet provides the charges that the stock broker will levy on you.
4. All securities purchased by you will be transferred to your demat account within one working day of the payout. In case of securities purchased but not fully paid by you, the transfer of the same may be subject to limited period pledge i.e. seven trading days after the pay-out (CUSPA pledge) created in favor of the stock broker. You can view your demat account balances directly at the website of the Depositories after creating a login.
5. The stock broker is obligated to deposit all funds received from you with any of the Clearing Corporations duly allocated in your name. The stock broker is further mandated to return excess funds as per applicable norms to you at the time of quarterly/ monthly settlement. You can view the amounts allocated to you directly at the website of the Clearing Corporation(s).
6. You will get a contract note from the stock broker within 24 hours of the trade.
7. You may give a one-time Demat Debit and Pledge Instruction (DDPI) authority to your stock broker for limited access to your demat account, including transferring securities, which are sold in your account for pay-in.
8. The stock broker is expected to know your financial status and monitor your accounts accordingly. Do share all financial information (e.g. income, networth, etc.) with the stock broker as and when requested for. Kindly also keep your email Id and mobile phone details with the stock broker always updated.
9. In case of disputes with the stock broker, you can raise a grievance on the dedicated investor grievance ID of the stock broker. You can also approach the stock exchanges and/or SEBI directly.
10. Any assured/guaranteed/fixed returns schemes or any other schemes of similar nature are prohibited by law. You will not have any protection/recourse from SEBI/stock exchanges for participation in such schemes.



Sole/First Holder Signature



Second Holder Signature



Third Holder Signature

Demat Debit and Pledge Instruction (DDPI)

This non Judicial Stamp Paper of Rs. 100/- form part and parcel of the "Demat Debit and Pledge Instructions(DDPI)" executed by Mr./Mrs./Ms./M/s \_\_\_\_\_ on \_\_\_\_\_



Sole/First Holder Signature



Second Holder Signature















Third Holder Signature

**Demat Debit and Pledge Instruction**
**DP ID – IN-303948**

Client ID: \_\_\_\_\_

Client code : \_\_\_\_\_

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	<div> Sole / First Holder Signature</div> <div> Second Holder Signature</div> <div> Third Holder Signature</div>
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.	<div> Sole / First Holder Signature</div> <div> Second Holder Signature</div> <div> Third Holder Signature</div>
3.	Mutual Fund transactions being executed on Stock Exchange order entry platforms	<div> Sole / First Holder Signature</div> <div> Second Holder Signature</div> <div> Third Holder Signature</div>
4.	Tendering shares in open offers through Stock Exchange platforms	<div> Sole / First Holder Signature</div> <div> Second Holder Signature</div> <div> Third Holder Signature</div>

**Details of Pay-in Accounts and Margin pledge Accounts of Smart Equity Brokers Private Limited :-**

S.No	Name of the Account Holder	Demat A/c No	CMBP-ID	DP Name	Purpose
1	Smart Equity Brokers Private Limited	IN303948-10000748	IN566350	Smart Equity Brokers Private Limited	NSE Pool Account A/C
2	Smart Equity Brokers Private Limited	IN303948-10000756	IN656236	Smart Equity Brokers Private Limited	BSE Pool Account A/c
3	Smart Equity Brokers Private Limited	IN303948-10023364	(Cash Segment) (F&O Segment)	Smart Equity Brokers Private Limited	Margin Pledge/Unpledge of Shares Account

**KNOW YOUR CLIENT (KYC) / CENTRAL KYC REGISTRY APPLICATION FORM (For Individuals)****Smart Equity Brokers (P) Ltd.**

F-88 West District Centre, Shivaji Enclave,  
Opp. TDi Paragon Mall,  
Rajouri Garden, New Delhi-110027

Application Type\* ☐ New ☐ UpdateKYC Number 

(Mandatory for KYC update request)

**PHOTOGRAPH**

Please affix your  
recent passport  
size photograph

Signature Across  
Photograph

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

A. IDENTITY DETAILS	
1.	Name of the Applicant <input type="text"/> (Same as ID Proof) <input type="text"/>
	Maiden Name (if any) <input type="text"/>
2.	<input type="checkbox"/> Father's / <input type="checkbox"/> Spouse Name <input type="text"/>
3.	Mother Name <input type="text"/>
4.	a) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
	b) Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married c) Date of Birth <input type="text"/>
5.	a) Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Others Pls. specify.....
	b) Residential Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin
6.	a) PAN <input type="text"/> b) Aadhaar Number, if any <input type="text"/>
7.	Specify the proof of Identity submitted <input type="checkbox"/> PAN Card <input type="checkbox"/> Any other (please specify).....

B. ADDRESS DETAILS	
	Address Type <input type="checkbox"/> Residential / Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified
1.	Correspondence Address <input type="text"/>
	City / Town / Village <input type="text"/> PIN Code <input type="text"/>
	State <input type="text"/> Country <input type="text"/>
2.	Specify the proof of address submitted for Correspondence Address <input type="text"/>
3.	Contact Tel. (Off.) <input type="text"/> with STD Code <input type="text"/> Tel. (Res.) <input type="text"/> with STD Code <input type="text"/>
	Details Fax No. <input type="text"/> with STD Code <input type="text"/> Mobile No. <input type="text"/>
	Email ID <input type="text"/>
4.	Permanent Address (if different from above. Mandatory for Non-Resident Applicant to specify overseas address) <input type="text"/>
	City / Town / Village <input type="text"/> PIN Code <input type="text"/>
	State <input type="text"/> Country <input type="text"/>

C. 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 <input type="text"/>
	Signature / Thumb Impression of Applicant <input type="text"/>

**ATTESTATION / FOR OFFICE USE ONLY**

<b>In person Verification (IPV) Details / KYC Verification Carried out by :</b> Name of the person who has done the IPV: _____ Designation: _____ Employee ID: _____ Name of Sub-Broker/Authorised Person: _____ Name of the Organization: <b>Smart Equity Brokers (P) Ltd.</b> Emp. Branch _____ Date of IPV: <input type="text"/> / <input type="text"/> / <input type="text"/> Signature of the person who has done the IPV _____ Original Verified, Self Attested Documents & Certified copies received Date <input type="text"/>	Seal/Stamp of the Intermediary     Signature of the Authorised Signatory
---	---





## **Smart Equity Brokers (P). Ltd.**

### **Registered Office Address:**

F-88, West District Centre, Shivaji Enclave, Rajouri Garden,

Opp. TDI Pagaron Mall, New Delhi-110027

Telephone No. : 011-45004400

E-mail : [info@smartequity.in](mailto:info@smartequity.in), Website : [www.smartequity.in](http://www.smartequity.in)