

SMART

Member of NSE BSE MCX & DP

Think Growth, Think Smart

Individual

Non-Individual



Client Registration Form



NSE / BSE / MCX & DP

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"/>	
RM	<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"/>	
Dealer 2	<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.
MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES			
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 trading on stock/commodity exchange, for the education of the investors.	L 27-30
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VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER / TRADING MEMBER & DEPOSITORY PARTICIPANT			
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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
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17.	Limited Purpose Power of Attorney	Document authorizing stock broker to operate client demat account towards trading obligations.	26
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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		DP ID: IN303948 IN-DP-276-2016 July 14, 2016

Registered Office Address & Correspondence Address

FC-02, 4th Floor, TD Mall, Vishal enclave, Rajouri Garden, New Delhi-110027
Ph: +91-11-4500 4440 | Website: www.smartequity.in

Compliance Officer Details

Name : Mr. Ashok Sharma
Phone No. : 011-4500 4411
Email Id : ashok.sharma@smartequity.in

For any grievance/dispute please contact Smart Equity Brokers (P) Ltd. at the above address or email id: 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	ignse@nse.co.in	022-26598100
BSE	is@bseindia.com	022-22721233/34
MCX	grievance@mcxindia.com	022-66494070

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

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.
FC-02, 4th Floor, TD Mall,
Vishal Enclave, 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**

A. IDENTITY DETAILS	
1.	Name of the Applicant <input type="text"/> (Same as ID Proof) 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) City / Town / Village <input type="text"/> PIN Code <input type="text"/> State <input type="text"/> Country <input type="text"/>

C. DECLARATION	
<ul style="list-style-type: none"> 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	

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: <input type="text"/>	Signature of the person who has done the IPV _____
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.
 FC-02, 4th Floor, TD Mall,
 Vishal Enclave, Rajouri Garden,
 New Delhi-110027

Please fill this form in ENGLISH and in BLOCK LETTERS

A. IDENTITY DETAILS	
1.	Name of the Applicant <table border="1" style="width: 95%; height: 20px;"></table>
2.	Date of incorporation <table border="1" style="width: 25%; text-align: center;">D D M M Y Y Y Y</table> Place of incorporation <table border="1" style="width: 70%; height: 20px;"></table>
3.	Date of commencement of business <table border="1" style="width: 50%; text-align: center;">D D M M Y Y Y Y</table>
4.	a) PAN <table border="1" style="width: 25%; height: 20px;"></table> b) Registration No. (e.g. CIN) <table border="1" style="width: 70%; height: 20px;"></table>
5.	Status (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. ADDRESS DETAILS	
1.	Correspondence Address <table border="1" style="width: 95%; height: 20px;"></table> City / Town / Village <table border="1" style="width: 65%; height: 20px;"></table> PIN Code <table border="1" style="width: 30%; height: 20px;"></table> State <table border="1" style="width: 45%; height: 20px;"></table> Country <table border="1" style="width: 50%; height: 20px;"></table>
2.	Specify the proof of address submitted for correspondence address <table border="1" style="width: 95%; height: 20px;"></table>
3.	Contact Details Tel. (Off.) <table border="1" style="width: 25%; height: 20px;"></table> with STD Code <table border="1" style="width: 25%; height: 20px;"></table> Tel. (Res.) <table border="1" style="width: 25%; height: 20px;"></table> with STD Code <table border="1" style="width: 25%; height: 20px;"></table> Fax No. <table border="1" style="width: 25%; height: 20px;"></table> with STD Code <table border="1" style="width: 25%; height: 20px;"></table> Mobile No. <table border="1" style="width: 45%; height: 20px;"></table> Email ID <table border="1" style="width: 95%; height: 20px;"></table>
4.	Registered Address (if different from above) <table border="1" style="width: 95%; height: 20px;"></table> City / Town / Village <table border="1" style="width: 65%; height: 20px;"></table> PIN Code <table border="1" style="width: 30%; height: 20px;"></table> State <table border="1" style="width: 45%; height: 20px;"></table> Country <table border="1" style="width: 50%; height: 20px;"></table>

C. OTHER DETAILS	
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	

D. DECLARATION	
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.	
Date <table border="1" style="width: 25%; text-align: center;">D D M M Y Y Y Y</table>	Name & Signature of the Authorised Signatory(ies)

FOR OFFICE USE ONLY		
In person Verification (IPV) Details: 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. Date of IPV: <table border="1" style="width: 30%; text-align: center;">D D / M M / Y Y Y Y</table>	<table border="1" style="width: 100%; height: 100px;"> <tr> <td style="text-align: center;">Seal/Stamp of the Intermediary</td> </tr> </table>	Seal/Stamp of the Intermediary
Seal/Stamp of the Intermediary		
Signature of the person who has done the IPV	Signature of the Authorised Signatory	
<input type="checkbox"/> 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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td> </tr> </table>																				

1.	Name													PHOTOGRAPH Please affix your recent passport size photograph and sign across it									
	Relationship with Applicant (i.e. promoters, whole time directors etc.)																						
	PAN																					DIN / Aadhaar No.*	
	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																					

2.	Name													PHOTOGRAPH Please affix your recent passport size photograph and sign across it									
	Relationship with Applicant (i.e. promoters, whole time directors etc.)																						
	PAN																					DIN / Aadhaar No.*	
	Residential/ Registered Address																						
		City / Town / Village																					PIN
		State																					
	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																					

3.	Name													PHOTOGRAPH Please affix your recent passport size photograph and sign across it										
	Relationship with Applicant (i.e. promoters, whole time directors etc.)																							
	PAN																						DIN / Aadhaar No.*	
	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)
--	--

In person Verification (IPV) Details:
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.
Date of IPV: [D][D] / [M][M] / [Y][Y][Y][Y]
Signature of the person who has done the IPV

05 Date [D][D][M][M][Y][Y][Y][Y]

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											PHOTOGRAPH Please affix your recent passport size photograph and sign across it
	Relationship with Applicant (i.e. promoters, whole time directors etc.)										
	PAN					DIN / Aadhaar No.*					
	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											PHOTOGRAPH Please affix your recent passport size photograph and sign across it
	Relationship with Applicant (i.e. promoters, whole time directors etc.)										
	PAN					DIN / Aadhaar No.*					
	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											PHOTOGRAPH Please affix your recent passport size photograph and sign across it
	Relationship with Applicant (i.e. promoters, whole time directors etc.)										
	PAN					DIN / Aadhaar No.*					
	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
---	---	---	---	---	---	---	---

In person Verification (IPV) Details:										
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.										
Date of IPV: <table border="1"> <tr> <td>[D]</td><td>[D]</td><td>/</td><td>[M]</td><td>[M]</td><td>/</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]	
Signature of the person who has done the IPV										

III. Third Holder Name (For Depository Account)											PAN									
Occupation (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									
Mobile Number Declaration (*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																			
Consent for SMS Alert facility	<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.																			
E-mail ID Declaration (*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. OR																			
	<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																			
Please tick, If applicable	<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)																			

C. 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 & PAN of the Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., should be mentioned below:

a) Name

	b) PAN

D. FATCA / CRS DECLARATION / SELF CERTIFICATION FOR INDIVIDUALS						
	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.

E. INCOME DETAILS									
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) <table border="1" style="display: inline-table; border-collapse: collapse;"> <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> (Net worth should not be older than 1 year)	D	D	M	M	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

F. BANK ACCOUNT DETAILS (1)	
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

G. (1) DEPOSITORY ACCOUNT(S) DETAILS	
Depository Participant Name	<input type="text"/>
Depository Name <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL DP ID	<input type="text"/>
Beneficiary ID (BO ID)	<input type="text"/>
Beneficiary Name	<input type="text"/>
(2) DEPOSITORY ACCOUNT(S) DETAILS	
Depository Participant Name	<input type="text"/>
Depository Name <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL DP ID	<input type="text"/>
Beneficiary ID (BO ID)	<input type="text"/>
Beneficiary Name	<input type="text"/>
(3) TRADING ACCOUNT DETAILS (applicable for Depository Account only)	
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	<input type="text"/>
DP ID - IN301774	Beneficiary ID (BO ID) <input type="text"/>

H. TRADING PREFERENCES					
* 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	<input type="text"/>			
	BSE	<input type="text"/>			
F&O	NSE	<input type="text"/>			
Currency Derivatives & Interest Rate Futures	NSE	<input type="text"/>			
Commodity Futures	MCX	<input type="text"/>			
Commodity Options	MCX	<input type="text"/>			

Please sign here to select all the segments

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 Note: 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="text"/> Years of Experience <input type="text"/> 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 Power of Attorney (PoA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6.	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) :	<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"/> <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"/> <input type="text"/> <input type="text"/>		
7.	Any other information	<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"/> <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"/> <input type="text"/> <input type="text"/>		

L. G.S.T. Registration Details:		
	State	GST Registration Number
1.	<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"/> <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"/> <input type="text"/> <input type="text"/>

M. SALES TAX REGISTRATION DETAILS (As applicable, State wise)			
Local Sales Tax State Registration No	<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"/> <input type="text"/>	Validity 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"/> <input type="text"/>
Name of the State	<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"/> <input type="text"/>	Validity 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"/> <input type="text"/>
Central Sales Tax Registration No	<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"/> <input type="text"/>	Validity 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"/> <input type="text"/>
Other Sales Tax State Registration No	<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"/> <input type="text"/>	Validity 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"/> <input type="text"/>
Name of the State	<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"/> <input type="text"/>		

N. VAT DETAILS (As Applicable, State wise)			
Local VAT Registration No	<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"/> <input type="text"/>	Validity 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"/> <input type="text"/>
Name of the State	<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"/> <input type="text"/>		
Other VAT Registration No	<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"/> <input type="text"/>	Validity 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"/> <input type="text"/>
Name of the State	<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"/> <input type="text"/>		

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	<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"/> <input type="text"/> <input type="text"/>
PAN	<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"/> <input type="text"/>
Relationship of guardian with minor	<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"/> <input type="text"/>



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

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

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

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

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

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 <input type="text"/> Relationship with the Nominee <input type="text"/> Address of the Nominee <input type="text"/> City / Town / Village <input type="text"/> PIN Code <input type="text"/> State <input type="text"/> Country <input type="text"/> Mobile/Phone No. of Nominee <input type="text"/> Date of Birth of Nominee <input type="text"/>	<div style="border: 1px solid black; border-radius: 15px; padding: 10px; text-align: center;"> <p>Please affix the recent passport size photograph of the Nominee</p>  <p>Signature of Nominee across Photograph</p> </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	
IF NOMINEE IS A MINOR, DETAILS OF GUARDIAN	
Name of Guardian <input type="text"/> Address of the Guardian <input type="text"/> City / Town / Village <input type="text"/> PIN Code <input type="text"/> State <input type="text"/> Country <input type="text"/> Mobile/Phone No. of Guardian <input type="text"/> Signature of the Guardian <input type="text"/>	<div style="border: 1px solid black; border-radius: 15px; padding: 10px; text-align: center;"> <p>Please affix the recent passport size photograph of the Guardian</p>  <p>Signature of Guardian across Photograph</p> </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	
WITNESSES (Only applicable in case the account holder has made nomination)	
Name (1) <input type="text"/> Address <input type="text"/> PIN Code <input type="text"/>	Name (2) <input type="text"/> Address <input type="text"/> PIN Code <input type="text"/>
Signature <input checked="" type="checkbox"/>	Signature <input checked="" type="checkbox"/>

V. NOMINATION DETAILS FOR DEMAT ACCOUNT (For Individuals only)	
<input type="checkbox"/> I/We wish to make a nomination. [As per details given below Form-10]	<input type="checkbox"/> I / We do not wish to make a nomination. [Strike off the nomination details below]

NOMINATION DETAILS

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

Nomination can be made upto three nominees in the account.		Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
1	Name of the nominee(s) (Mr./Ms.)			
2	Share of each Nominee Equally <input type="checkbox"/> <small>[If not equally, please specify percentage]</small>	%	%	%
Any odd lot after division shall be transferred to the first nominee mentioned in the form.				
3	Relationship With the Applicant (If Any)			
4	Address of Nominee(s)			
	PIN Code			
5	Mobile/Telephone No. of Nominee(s)			
6	Email ID of Nominee(s)			
7	Nominee Identification details : [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature	Photograph of 1st nominee 	Photograph of 2nd nominee 	Photograph of 3rd nominee
	Signature			
	<input type="checkbox"/> PAN			
	<input type="checkbox"/> Aadhaar			
	<input type="checkbox"/> Proof of Identity			
	<input type="checkbox"/> Demat Account ID			

Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:

8	Date of Birth {in case of minor nominee(s)}	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
9	Name of Guardian (Mr./Mrs.) {in case of minor nominee(s)}			
10	Address of Guardian			
	PIN Code			
11	Mobile/Telephone No. of Guardian			
12	Email ID of Guardian			

13	Relationship of Guardian with Nominee										
14	Guardian Identification details : [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <div style="text-align:right; border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;">Signature</div>	Photograph of Guardian Signature of Guardian across photograph	Photograph of Guardian Signature of Guardian across photograph								
	<input type="checkbox"/> PAN										
	<input type="checkbox"/> Aadhaar										
	<input type="checkbox"/> Proof of Identity										
	<input type="checkbox"/> Demat Account ID										
Signature of Witness for Nomination											
Name of the Witness		Address	Signature of Witness								
		Date	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
DECLARATION											
1. 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). 2. 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. 3. 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. 4. 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 . 5. 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".											

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)												

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.

FOR OFFICE USE ONLY												
UCC Code allotted to the Client <input type="text"/>												
	Documents verified with Originals				Client Interviewed By				In-Person Verification done by			
Name of the Employee / AP	<input type="text"/>				<input type="text"/>				<input type="text"/>			
Employee Code	<input type="text"/>				<input type="text"/>				<input type="text"/>			
Designation of the Employee / AP	<input type="text"/>				<input type="text"/>				<input type="text"/>			
Date	<input type="text"/>				<input type="text"/>				<input type="text"/>			
Signature	<input type="text"/>				<input type="text"/>				<input type="text"/>			

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, for the information of the clients.

Seal/Stamp of the stock broker

*AP: Authorised Person

Signature of the Authorised Signatory

Date

SCHEDULE – A: SCHEDULE OF CHARGES FOR DEPOSITORY SERVICES (w.e.f. 15th April, 2018)

<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 ₹500/- AMC as charged by NSDL) would be additionally levied.
• Documentation Charges (Stamp Paper and other charges)	As per actual

TRANSACTION CHARGES

• Credit	NIL
• Debit	
- Delivery Given to Smart Pool/Margin Account	₹ 15/- for Client with POA / ₹ 25/- for Client without POA
- Delivery Given to any other Account	₹ 25/- per debit or 0.01% of the value of transaction whichever is higher.
Dematerialization	
Demat Processing Charges	₹ 25 Plus ₹ 5 per certificate Subject to Max. ₹ 250/-
Conversion of Mutual Fund units represented by SOA into Demat	₹ 20/- per request
Courier Charges for Demat/Remat/Repurchase/ Redemption	
Conversion of Mutual Fund units represented by SOA/	₹ 30/- per request
Reconversion of Mutual Fund units into SOA	
Demat Rejection Charges	₹ 30/- per rejection
Rematerialisation/Repurchase/Redemption of Mutual Fund/	
Reconversion of Mutual Fund units into SOA Charges	₹ 25/- per request + NSDL Charges
Pledge/ Hypothecation (per transaction) Creation/	
closure/ Confirmation/ Invocation	₹ 15/- per request
Freeze/Unfreeze Instruction	₹ 50/- per request
Delivery Instruction Booklet	₹ 35/- per book (for 20 leaves)

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. 0.00-50,000/- AMC Nil, Share Value 50,001 to 2,00,000/- AMC Rs. 100, Share Value above 2,00,000/- Normal MAC Will be Charge

Any other specific charges structure : Smart _____



Sole/First Holder Signature



Second Holder Signature



Third Holder Signarure

VOLUNTARY DOCUMENT(S)

Smart Equity Brokers (P) Ltd.

FC-02, 4th Floor, TD Mall, Vishal enclave, 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.

b) Email Address

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.

- (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 (7) 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 of bank guarantee (BG)/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 ₹ 999)	<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.

2. I/We hereby authorize you to debit the yearly subscription fees as applicable for Exe based services opted by me/us on annual basis. In case I/We wish to withdraw the said facility, I/We will submit the related request in writing.
3. I/We fully aware and agree to the provisions specifying possible risks, responsibilities, obligations and liabilities associated with internet based trading in terms of clauses defined under section "Internet & Wireless Technology based trading facility provided by Members to Client" of the document "Right and Obligations of Members, Authorized Persons and Client" of account opening form.
7. **PRODUCT ADDENDUM** : I/We desire to avail the below mentioned facility for trading in segments opted by me/us:
 1. **TradeSmart Order:** TradeSmart order is an intraday product having an order placement feature wherein a client can limit the loss on every position by necessarily placing a cover order specifying the SLTP and a limit price along with Profit order to book profit.
 2. **Intraday / High Multiplier Facility:** In Intraday/High Multiplier Facility, the Client will be allowed leverage for intra-day trading on available margin/security/collateral. The leverage available shall be liable to change as per company's risk management policy.
 3. **Purchase Today Sell Tomorrow (PTST):** In PTST Facility, client can put buy orders and sell trade on next trading day. If Client does not execute square off "sell trades" against previous trading day's trades done under "PTST" facility prior to Designated Time on T+1 day, then in that event for such trades/open positions of Client trading system will take over control at Designated Time & put square off order.

DECLARATION

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.

Client Signature

Date

Client Name

Client Code

To,

Smart Equity Brokers (P) Ltd.

FC-02, 4th Floor, TD Mall, Vishal enclave, Rajouri Garden, New Delhi-110027

Dear Sir,

I, a client with Member M/s. Smart Equity Brokers (P) Ltd. of National Commodity & Derivatives Exchange Limited (NCDEX) 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.

FC-02, 4th Floor, TD Mall, Vishal enclave, 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	<input type="text"/>
Address	<input type="text"/>
City / Town / Village	<input type="text"/>
State	<input type="text"/>
Country	<input type="text"/>
Telephone No.	<input type="text"/>
PAN	<input type="text"/>
Relationship of Authorised Representative with the client	<input type="text"/>
Signature of Authorised Representative	<input type="text"/>

- 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.

FC-02, 4th Floor, TD Mall, Vishal enclave, 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 | | | | | | | | | |

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.

POWER OF ATTORNEY

Date _____

To All To Whom These Presents shall come I/We _____ Name of The BO), Indian Inhabitant Send Greetings.

Whereas I Hold A Beneficiary Account No _____(Bo-Id)With National Securities Depository Limited.Through Smart Equity Brokers Pvt. Ltd, At FC-02 4th Floor, TDI Mall, Vishal Enclave, Rajouri Garden . New Delhi-110027 Bearing Dp-Id-IN-303948

(Signature of BO)

And Whereas I Am An Investor Engaged In Buying And Selling Of Securities Through Smart Equity Brokers (P) Ltd. Regd Office FC-02 4th Floor, TDI Mall, Vishal Enclave, Rajouri Garden, (Name Of Clearing Member)A Member Of National Stock Exchange Limited and Bombay Stock Exchange Ltd.(Sebi Registration No-INZ000177636)

And Whereas Due To Exigency And Paucity Of Time , I Am Desirous Of Appointing An Agent/ Attorney To Operate The Aforesaid Beneficiary Account On My Behalf For A Limited Purpose In The Manner Hereinafter Appearing.

Target C.M. Pool A/c: 10000748(NSE) CMBP ID-IN566350

Target C.M. Pool A/c: 10000756(BSE) CMBP ID-IN656286

I/We The Above Mentioned Do Hereby By Nominate Constitute And Appoint Smart Equity Brokers (P)Ltd.(Clearing Member) As True And Lawful Attorney To Carry Out The Following Instruction For Me/Us And On My /Our Behalf And In My/Our Name.

To Do Instruct The Aforesaid Depository Participant To Debit Securities And /Or To Transfer Securities From The Aforesaid Account To Any Other Account To The Extend Of Shares Sold Through Smart Equity Brokers (P) Ltd. (Clearing Member) For The Purpose Of Delivering The Same To The Clearing House Of The Recognized Stock Exchange In Respect Of Securities Sold By Me Through Them Towards All Pay In Obligation, buy back And For Margins Both In Cash And In Derivatives Segment.

Signed & Delivered
By The Within Named
Beneficial Owner

1)

2)

3)

We Accept

For Smart Equity Brokers Pvt. Ltd.

Director

Signature

In The Presence of

Witness Name _____

Address; _____

FATCA / CRS DECLARATION FOR INDIVIDUALS

Trading Code		DP ID IN303948 Demat ID		
Sr. No.	Details	1st Holder	2nd Holder	3rd Holder
1.	Address in the jurisdiction details where applicant is resident outside India for tax	Address		
		City / Town / Village		
		State, Pin Code and Country		
2.	Country of Birth	US		
		Other		
3.	Place of Birth	City / Town		
4.	Source of Wealth	Salary		
		Business		
		Gift		
		Ancestral Property		
		Rental Income		
		Prize Money		
	Others			

Please specify the details of all countries where you hold tax residency and its Tax identification Number & Type :

Sr. No.	Details	1st Holder	2nd Holder	3rd Holder
1.	Country of Residence for Tax Purpose (Other than India)#			
2.	Tax Identification No. (US TIN) or Equivalent (Other)			
3.	Identification Type			

To include all countries other than India, where investor is Citizen/Resident/Green Card Holder/ Tax Resident in those respective countries especially of USA.

Declaration & Acknowledgement:

- I have understood the information requirement of this form (read with the FATCA-CRS Instructions below) and hereby confirm that the information provided above is true, correct and complete to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. In case of any change in the above given status on a future date, I undertake to inform Smart Equity Brokers (P) Ltd. the same within 30 Days.
- I agree that if I/am a U.S. person or tax resident of a reportable foreign jurisdiction (other than U.S.) requiring reporting under FATCA/CRS or any other Law, my account details, as required under inter governmental agreement (IGA)/Multilateral competent authority agreement (MCAA) Signed by Indian government, Would be reported by Smart Equity Brokers (P) Ltd. to the relevant Tax Authority.
- If My Country of Birth is US, I/am providing a certificate of relinquishment of Citizenship (loss of Nationality) or a self certification for stating reason for not having such a certificate despite relinquishing US citizenship OR not obtaining US citizenship at birth.

I hereby authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries to facilitate single submission / updation & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your end.



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.

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

Smart Equity Brokers (P) Ltd.
 FC-02, 4th Floor, TD Mall,
 Vishal Enclave, 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**

A. IDENTITY DETAILS

1. Name of the Applicant (Same as ID Proof)
 Maiden Name (if any)

2. Father's / Spouse Name

3. Mother Name

4. a) Gender Male Female Transgender
 b) Marital Status Single Married c) Date of Birth

5. a) Nationality Indian Others Pls. specify.....
 b) Residential Status Resident Individual Non Resident Foreign National Person of Indian Origin

6. a) PAN b) Aadhaar Number, if any

7. Specify the proof of Identity submitted PAN Card Any other (please specify).....

B. ADDRESS DETAILS

Address Type Residential / Business Residential Business Registered Office 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.) with STD Code Tel. (Res.) with STD Code
 Details Fax No. with STD Code Mobile No.
 Email ID

4. Permanent Address (if different from above. Mandatory for Non-Resident Applicant to specify overseas 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.

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 Sub-Broker/Authorised Person _____
 Name of the Organization: **Smart Equity Brokers (P) Ltd.** Emp. Branch _____
 Date of IPV: / /

Signature of the person who has done the IPV _____

Seal/Stamp of the Intermediary

Signature of the Authorised Signatory _____

Cover Back Inner



SMART EQUITY BROKERS (P) LTD.

Registered Office Address:

FC-02, 4th Floor, TD Mall, Vishal enclave, Rajouri Garden, New Delhi-110027

Ph: +91-11-4500 4440 | Website: www.smartequity.in

E-mail : info@smartequity.in, Website: www.smartequity.in

ACKNOWLEDGMENT

Form No.

Received the application from Mr./Ms..... as the Sole, First holder along with and as the Second and Third holders respectively for opening Trading and Demat account. Your account will be opened after due verification by us. You can check the status of the application submitted by you on our website (www.smartequity.in)
Your Client Id will be intimated to you once your account gets opened successfully. Please quote the DP ID & Client ID allotted to you (CM-BP-ID in case of Clearing Members) in all your future correspondence.

For Smart Equity Brokers (P) Ltd.

Name of Relationship Manager | | | | | | | | | | | | | | | | | | | | | |

Mobile No. of Relationship Manager + 9 1 | | | | | | | | | | | | | | | | | | | | | |

Stamp and Sign

You may contact us at our

Customer Care No. **011-4500 4411** or Email to us at info@smartequity.in

P.S.: Please take this acknowledgement receipt from the RM/Branch who has contacted you.

*Trading account can not be opened in joint names.

