

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

### PHOTOGRAPH

Please affix your recent passport size photograph



Signature Across Photograph

**Smart Equity Brokers (P) Ltd.**  
 F-88 West District Centre,  
 Shivaji Enclave, Rajouri Garden,  
 Opp. TDI Paragon Mall, 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.	<b>Status</b> (please tick ✓ any one) <input type="checkbox"/> Private Limited Co. <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Charities <input type="checkbox"/> NGO's <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> AOP <input type="checkbox"/> Bank <input type="checkbox"/> Government Body <input type="checkbox"/> Non-Government Organization <input type="checkbox"/> Defense Establishment <input type="checkbox"/> BOI <input type="checkbox"/> Society <input type="checkbox"/> LLP <input type="checkbox"/> FPI-Category I <input type="checkbox"/> FPI-Category II <input type="checkbox"/> FPI-Category III <input type="checkbox"/> Others (Please specify) .....

B. 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: 45%; 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: 45%; 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: 20%; text-align: center;"> D D M M Y Y Y Y </table>	Name & Signature of the Authorised Signatory(ies)

FOR OFFICE USE ONLY		
<b>In person Verification (IPV) Details:</b> Name of the person who has done the IPV: _____ Designation: _____ Employee ID: _____ Name of Authorised Person _____ Name of the Organization: <b>Smart Equity Brokers (P) Ltd.</b> Date of IPV: <table border="1" style="width: 30%; text-align: center;"> D D / M M / Y Y Y Y </table> Signature of the person who has done the IPV _____	<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		
<input type="checkbox"/> Original Verified and Self Attested Document copies received Date : _____	Signature of the Authorised Signatory	

**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**

<b>Name of Applicant</b>																					
<b>PAN of the Applicant</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"> </td><td style="width:5%;"> </td> </tr> </table>																				

<b>1.</b>	<b>Name</b>													<b>PHOTOGRAPH</b>  Please affix your recent passport size photograph and sign across it
	Relationship with Applicant (i.e. promoters, whole time directors etc.)													
	PAN						DIN / 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												

<b>2.</b>	<b>Name</b>													<b>PHOTOGRAPH</b>  Please affix your recent passport size photograph and sign across it
	Relationship with Applicant (i.e. promoters, whole time directors etc.)													
	PAN						DIN / 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												

<b>3.</b>	<b>Name</b>													<b>PHOTOGRAPH</b>  Please affix your recent passport size photograph and sign across it
	Relationship with Applicant (i.e. promoters, whole time directors etc.)													
	PAN						DIN / 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**

	<b>Name &amp; Signature of the Authorised Signatory(ies)</b>
--	--

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



# FATCA & CRS Declaration - Non Individual

PAN  Trading  DP Code

Name

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India Yes  No   
(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

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

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

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

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

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

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

GIIN

**Note:** If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

Name of sponsoring entity

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

## PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

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

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

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

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

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

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

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

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

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

### DECLARATION

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

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

Name	
Designation	

Sign here : (1) 

Date :

Place :

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

**Smart Equity Brokers Pvt. Ltd.**

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

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

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

F-88, West District Centre, Shivaji Enclave,

Opp. TDI Paragon Mall, Rajouri Garden, KYC Number

New Delhi-110027

Application Type\*  New  Update

(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	
•	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

<p><b>In person Verification (IPV) Details / KYC Verification Carried out by :</b></p> <p>Name of the person who has done the IPV: _____</p> <p>Designation: _____ Employee ID: _____</p> <p>Name of Authorised Person _____</p> <p>Name of the Organization: <b>Smart Equity Brokers (P) Ltd.</b> Emp. Branch _____</p> <p>Date of IPV: <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Signature of the person who has done the IPV _____</p>	<p>Seal/Stamp of the Intermediary</p> <p>Signature of the Authorised Signatory _____</p>
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# FATCA & CRS Declaration - Individual

PAN  Trading  DP Code

Name

Place of Birth  Country of Birth

Nationality

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

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

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

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

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

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

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

## DECLARATION

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

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

Sign here : (1)

Date :

Place :

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Application Type\*  New  Update

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Signature Across Photograph

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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"/>
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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"/>
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# FATCA & CRS Declaration - Individual

PAN  Trading  DP Code

Name

Place of Birth  Country of Birth

Nationality

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

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

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

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

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

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

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Date :

Place :

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**Smart Equity Brokers Pvt. Ltd.**

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

Dated:

**Account Reactivation Request**

To

**Smart Equity Brokers (P) Ltd.  
UCC Dept.  
F-88, WEST DISTRICT CENTRE  
SHIVAJI ENCLAVE, RAJOURI GARDEN  
OPP. TDI PARAGON MALL,  
NEW DELHI - 110027**

**Subject: Re-Activation of Trading Account**

Dear Sir/Madam,

I/we \_\_\_\_\_ having trading account with Unique Client Code \_\_\_\_\_ allotted to me/us by your broking house situated at \_\_\_\_\_ (branch) since \_\_\_/\_\_\_/\_\_\_\_. I/we am/are not trading in cash/F&O/Currency segment on the NSE/BSE/USE/MCX trading platform since \_\_\_\_\_ (last trade date). However, I/we am/are desirous to start trading again in Cash/F&O/CurrencyCommodity/all segments on the NSE/BSE/USE,MCX/all platform/s.

In this regard, you are requested to reactivate my/our trading account and allow trading with immediate effect. I/we hereby undertake that there are no changes in respect of my/our Address, Bank account, PAN details, as provided to you earlier. Further, there is no material change in the other information provided to you in KYC Form. I/we declare that the information given above is true to my/our knowledge. I/we, therefore, request you that the requirement of fresh KYC may not be insisted upon.

Yours Faithfully,

.....

**Signature**

- Enclosures:  Copy of Pan Card  
 Updation Form  
 Authority Letter to maintain running account



## RUNNING ACCOUNT AUTHORISATION

### **Smart Equity Brokers Private Limited**

F-88, West District Centre, Shivaji Enclave, Rajouri Garden Opp-TDI Paragon Mall New Delhi-100027

Email : [dp@smartequity.in](mailto:dp@smartequity.in) : Ph: 45004416-17

Date:

I/We am/are dealing through you as a client in Capital Market /Equity Derivative/Currency Derivative Or Commodity Derivative Market segment in order to facilitate ease of operations and upfront requirement of margin for trade. I/We authorize you as under:

1. I/We request you to maintain running balance in my account & retain the credit balance in any of my/our account and to use the unused funds towards my/our margin/pay-in/other future obligation(s) at any segment(s) of any or all the Exchange(s)/Clearing corporation unless I/we instruct you otherwise.
2. I/We request you to settle my fund once in every Quarter  or once in every Month  or such other higher period as allowed by SEBI/Stock Exchange time to time except the funds given towards collaterals/margin in form of Bank Guarantee and/or Fixed Deposit Receipt.
3. In case I/We have an outstanding obligation on the settlement date, you may retain the requisite funds towards such obligations and may also retain the funds expected to be required to meet margin obligations for next 5 trading days, calculated in the manner specified by the exchanges.
4. I/We confirm you that I will bring to your notice any dispute arising from the statement of account or settlement so made in writing within 30 working days from the date of receipt of funds/securities/Commodities or statement of account or statement related to it, as the case may be at your registered office.

The running account authorization provided by me shall continue and remain valid until it is revoked by me anytime in writing.

Client Signature:

Client Name:

## POLICIES & PROCEDURES

### **Return of Excess Securities: -**

In compliance with SEBI Circular CIR/HO/MIRSD/DOP/CIR/P/2019/75 dated June 20, 2019 and FAQ issued by the Exchanges on the said Circular, Client may transfer these securities in "Client Collateral Account/"Collateral Account" towards the margin obligations. Excess securities of the clients, if any, held in "Client Collateral/Collateral" account shall be released to clients along with their funds' settlement (i.e. once in every 30/90 days) after making necessary retention in accordance with NSE circular NSE/INSP/36889 dated 02-Feb-2018. In case there are no fund payables to clients, securities shall be settled to the client in the same periodicity as consented by the client for the settlement of fund.

### **Liquidation of Securities in case of Non-fulfillment of client's funds obligation -**

In compliance with SEBI Circular CIR/HO/MIRSD/DOP/CIR/P/2019/75 dated June 20, 2019 and FAQ issued by the Exchanges on the said Circular, if the client is not able to fulfill Funds Obligations, then the unpaid securities shall be transferred to "client unpaid securities pledgee account" either to be disposed-off within 5 trading days from the date of pay-out or may be transferred to client's demat account as per the Risk Management(RMS) Policy of the "Company".

### **Payment Terms:-**

As per the SEBI Circular CIR/HO/MIRSD/DOP/CIR/P/2019/75 dated June 20, 2019 and FAQ issued by the Exchanges on the said Circular, the client is required to fulfill the pay-in obligations on or before T+1 day. If the client fails to meet its funds pay-in obligation on T+1 day, then the securities may be liquidated within 5 days from the Pay-out date or returned to the client as per the RMS policy of the Company. Profit/loss on the liquidation of the unpaid securities, if any, shall be transferred to/adjusted from the respective client account. The losses, if any, incurred due to liquidation of the unpaid securities shall be adjusted from the other collateral of the client deposited with Company.

### **Inactive Policy :-**

Client account will be considered as inactive if the client does not trade for period of one year. Calculation will be done at the beginning of every month and those clients who have not done any transaction in any exchange will be considered as inactive, the shares/credit ledger balance if any will be transferred to the client within one week of the identifying the client as inactive. The client has to submit written request for reactivation of their account.

Client Signature.....

UCC Code.....

Client Name.....

Date:.....

**Receive Annual Reports, AGM notices and other communications from Issuers & RTA in physical form.**

YES

NO

Client Name:-----

Client Signature\_\_\_\_\_

**(Declaration Mobile no & Email Id)**

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

**Date:**

F-88 West District Centre, Shivaji Enclave,  
Opp. TDI Paragon Mall, Rajouri Garden,  
New Delhi-110027.  
Direct:+91-11-45004416/17

DP ID	IN303948	CLIENT ID		CLIENT CODE	
Name of account holder					
<input type="checkbox"/> Mobile Number					
<input type="checkbox"/> Email ID					
I hereby declare that the aforesaid mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family ( <i>spouse, dependent children and dependent parents</i> ).					
Signature of account holder					
Name of account holder					

STANDING INSTRUCTIONS	
<b>1</b>	Mode of receiving Standard Account Opening Documents <input type="checkbox"/> Electronic Mode <input type="checkbox"/> Physical Mode (Sr. No. 3, 4, 5 and 6 under INDEX):
<b>2</b>	I / We would like to instruct the DP to accept all the pledge instructions/enable with flag "Standing Instruction for Auto Pledge Confirmation" in my /our account without any other further instruction from my/our end. I / We have read and understood the Securities and Exchange Board of India's guidelines on Pledging of shares in dematerialised form as regulated by SEBI (Depositories and Participants) Regulations, 1996 and Depositories Act, 1996. (If not marked, the default option would be 'No') <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b>	Account Statement Requirement <input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
<b>4</b>	I / We would like to share the email ID with the RTA <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5</b>	I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical and Electronic
<b>6</b>	Account to be operated through Demat Debit and Pledge Instruction (DDPI) <input type="checkbox"/> Yes <input type="checkbox"/> No if Yes, client is required to Sign & Execute DDPI Form

**Signature:** \_\_\_\_\_

### Mode of Operation (in case of joint holding, all holder must sign)

<input type="checkbox"/> Mode of Operation (Please tick any one of the below options)		
<input type="checkbox"/>	<b>Jointly</b>	
<input type="checkbox"/>	<b>Anyone of the holder or survivors(s)</b>	
<b>Communication to be sent to</b>		<input type="checkbox"/> <b>First Holder</b> <input type="checkbox"/> <b>All joint account holders</b>

**Note: -**

- Mode of operation applicable only for the below transactions. Remaining instructions should be signed by all holders of the demat account.**
  - Transfer of securities including Inter-Depository Transfer.
  - Pledge/ Hypothecation / margin pledge / margin re-pledge (Creation, Closure and Invocation and confirmation thereof, as applicable).
  - Freeze/ unfreeze account and/ or the ISIN and / or specific number of securities.
- In case if 'first holder' is selected, the communication will be sent as per the preference mentioned. In case 'All joint account holders' is opted, communication to first holder will be sent as per the preference mentioned and communication to other holders will be in electronic mode. The default option will be communication to 'first holder', if no option selected."

	<b>First Holder</b>	<b>Second Holder</b>	<b>Third Holder</b>
<b>Signature:</b>	_____	_____	_____
<b>Name:</b>	_____	_____	_____

Demat Debit and Pledge Instruction (DDPI)

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



Signature of 1st holder



Signature of 2nd holder



Signature of 3rd holder

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

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

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

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

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

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

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

(For non-custodial settled trading accounts)

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



**SMART EQUITY BROKERS PRIVATE LIMITED**

F-88, West District Center, Shivaji Enclave, Opp.TDI Paragon Mall, Rajouri Garden, New Delhi-110027  
 Ph :011-45004416-17 Email: [dp@smartequity.in](mailto:dp@smartequity.in) ([www.smartequity.in](http://www.smartequity.in))

Wef : 01-Aug-2023

**Accordingly, Para C of Annexure –8 of “Master Circular for Stock Brokers” with reference no. SEBI/HO/MIRSD/MIRSD-PoD-1/P/CIR/2023/71 dated May 17, 2023, stands modified as under**

<b>C- TRADING PREFERENCES</b>					
Please sign in the relevant boxes where you wish to trade. Please strike off the segment not chosen by you.					
<b>Exchanges</b>	<b>NSE, BSE</b>				<b>MCX</b>
All Segments	Cash	F&O	Currency	Debt	Commodity Derivatives
_____					
If you do not wish to trade in any of segments / Mutual Fund, please mention here					

**SCHEDULE – A SCHEDULE OF CHARGES FOR DEPOSITORY AND TRADING SERVICES**

<input type="checkbox"/>	<b>NORMAL AMC</b>	<input type="checkbox"/>	<b>BSDA</b>
<b>PARTICULARS</b>			<b>CHARGE STRUCTURE</b>
<b>Account Opening</b>			NIL
<b>AMC SCHEMES</b>	<input type="checkbox"/>	<b>NORMAL</b>	₹ 250/- per annum+ GST <b>(Individual)</b>
	<input type="checkbox"/>	<b>Life Time free</b>	₹ 1500/ + GST <b>"LIBERTY"</b> account with non refundable subscription one time subscription <b>(Individual)</b>
	<input type="checkbox"/>	<b>Corporate</b>	₹ 750/ (AMC as charged by NSDL) plus statutory charges for (Non-Individual)
*Documentation Charges (Stamp Paper and other Charges)			As per actual
<b>Dematerialization</b>	₹50/- per DRF + Rs. 10/- per Cer. Subject to max- 250. Rejection /-₹ 50 + Courier Charges		
<b>Rematerialisation</b>	₹ 50/Request + NSDL charges Remat Rejection / -₹ 50 + Courier Charges		
<b>Transactions Charges</b>			
<b>Transactions Charges (Market)</b>	₹ 15/- debit for client with POA / ₹ 25/- For Client without POA plus GST		
<b>Transactions Charges (Off Market)</b>	₹25/-debit or 0.02% of the value of the transaction whichever is higher plus GST		
<b>Margin pledge / Repledge / Invocation charges</b>	₹ 15/- per Instruction		
<b>Margin pledge / Repledge / Invocation Closer Charges</b>	₹ 15/- Per Instruction		
<b>Freeze/ Unfreeze Instruction</b>	₹ 50/- per request		
<b>Delivery Instruction Booklet with requisition</b>	₹ 30/- per book /10 leafs + courier charges		

**SEBPL Trading Tariff Sheet**

	<b>CASH</b>	<b>F&amp;O</b>	<b>CURRENCY</b>	<b>MCX</b>	<b>OTHER CHARGES</b>
<b>Delivery</b>		<b>Brokerage In percentage (%) in all segment</b>			Diet – 500/ Segment/Month Delay Payment charges- 24 %
<b>Intraday</b>					
<b>Future</b>					
<b>Options</b>					
<b>Physical Contract Note and statement charges - ₹ 25</b>					

**Terms & Conditions DP:**

- For all payments cheque should be in favor of "Smart Equity Brokers Pvt. Ltd."
- 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**.
- 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 Detail's ₹ 50/- per modification shall be charged.
- Smart may suspend/freeze the depository services of the account holder on non-payment of outstanding bills.

**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-Lac- Normal AMC Will be Charge**

**Terms & Conditions Trading:**

- In addition to brokerage additional charges including statutory levies i.e. stamp duty, exchange transaction charges, SEBI fees Goods and services Tax(GST), CTT, Clearing charges, STT, other taxes and levies, investor protection fund fees etc. changed by the statutory authorities/Exchange(s), delayed levied. For details please login on our website : [www.smartequity.in](http://www.smartequity.in)



Sole/First Holder Signature



Second Holder Signature



Third Holder Signature

Ver: Feb 2021

**Account Details Addition / Modification Request Form (Trading & DP A/c)**

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

Dear Sir / Madam,

I / We request you to make the following additions / modifications to my / our Trading and Demat account in your records.

**PLEASE FILL ALL THE DETAILS IN BLOCK LETTERS IN ENGLISH.** Please mark (✓) on the appropriate column.

**Account Holder's Details**

 PAN NO. 

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DP ID - IN303948	BO ID									Trading Code							
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<b>Annual Income</b>	<input type="checkbox"/> Upto 1 Lac	<input type="checkbox"/> 1-5 Lac	<input type="checkbox"/> 5-10 Lac	<input type="checkbox"/> 10-25 Lac	<input type="checkbox"/> 25-50 Lac	<input type="checkbox"/> 50-1cr	<input type="checkbox"/> 1cr & above	Networth as on Date Rs. _____
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1. Bank & Dividend Details	Existing Details (As per DP Account)	New Details (This bank will be updated as default bank for PAYOUT)
<input type="checkbox"/> Addition <input type="checkbox"/> Modification	Bank Name & Branch:	Bank Name & Branch:
	A/c No.:	A/c No.:
	A/c Type:	A/c Type:
	IFSC Code:	IFSC Code:
	MICR (Mandatory for DP):	MICR (Mandatory for DP):

2. Address Details	Existing Details	New Details
<input type="checkbox"/> Modification <input type="checkbox"/> Correspondence <input type="checkbox"/> Permanent	Address:	Address:
	City:	City:
	State:	State:
	Country:	Country:

3. Contact Details	Existing Details	New Details
<input type="checkbox"/> Addition <input type="checkbox"/> Modification	Tel.: Mob.	Tel.: Mob.
	Email ID:	Email ID:

 I hereby declare that the above mention mobile number and email Id belong to  Me or  My family  Spouse  Dependent Children  Dependent Parents

<b>4. ECN activation and other electronic communication for Trading and Demat account:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
I / We hereby give our consent and authorize you to send digital contract notes, bills, ledgers, statement of funds and securities, transaction statements, Monthly / Quarterly demat statement of accounts / holding statement(s) / bills or other reports, Statement(S), related notices, Circulars, amendments and such other correspondence, documents, records by whatever name called (hereafter referred to as "statement (s)" issued from time to time, at the above mentioned new email id: _____

5. Signature	Existing	New
Modification		

Reason for Change in Signature \_\_\_\_\_

**I/We wish to update the above changes in KRA, Demat and Trading Account.**

<b>6. DP Details for Trading A/c</b>	<input type="checkbox"/> Pay - in	<input type="checkbox"/> Payout	
DP Name:	DP ID:	Client ID:	

7. Others (Pls Specify)	Existing	New

**Declaration:** I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief. In case any of the above mentioned 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.

Client Name	First / Sole Holder	Second Holder	Third Holder
Signature	Signature as per demat account	Signature as per demat account	Signature as per demat account

**Any one Proof Required from the following list** (Self attested by client and all joint holders, if any):  
**Bank details:** Copy of cheque with name printed, copy of bank passbook, copy of bank statement of accounts duly attested by bank authorities not older than 4 months with cancelled cheque.  
**Address details:** Copy of Ration card, Adhaar card, Passport, Voter ID card, Driving license, Bank passbook, Electricity bill / Land line Telephone bill (not more than 3 months old).  
 DP details: CML copy.

For Office use only:
<b>Client Signature Verified By</b>
Branch / RO Name:
Date:
Time:
Employee Name:
Employee Code:
Employee Signature:

For CSO use only:
CSO RECEIVED STAMP

**ACKNOWLEDGMENT RECEIPT**

We hereby acknowledge the receipt of the your instruction for modification of the following Account subject to verification:

DP ID:	I	N	3	0	3	9	4	8	Client ID:								Trading Code:
Modification request for (Specify reason)	<input type="checkbox"/> Annual Income <input type="checkbox"/> Bank <input type="checkbox"/> Address <input type="checkbox"/> Contact Details <input type="checkbox"/> ECN <input type="checkbox"/> Signature <input type="checkbox"/> DP Addition <input type="checkbox"/> Others_____																

**Depository Participant Seal and Signature**