



APPOINTMENT OF AUTHORISED REPRESENTATIVE

To
M/s SMIFS Limited, Vaibhav, 4 Lee Road, 5(F), Kolkata
700 020

Sub: Appointment of Authorized Representative – Revocable Declaration

I/We _____, having Client Code _____, have been / shall be dealing through SMIFS Limited (in short "SMIFS") as my/our Broker on the Capital Market/ Mutual Fund/ Equity Derivative Segment(s)/ Currency Derivative Segment(s)/ Commodity Derivative Segment(s), as my/our Broker I/We direct and authorize SMIFS to execute trading/dealings on my/our behalf as per instruction given below.

I/We hereby authorize _____, who is not a PEP (Politically Exposed person) or Related to PEP (whose specimen signature is attested below) to act as my/ our authorized representative.

I/We agree and acknowledge that it is advised by SMIFS that I/We should give instructions for order placement/modification and cancellation in writing and to avoid disputes, I/We must give instructions in exactly the prescribed format and take signatures of at least two authorized officers at the Branch along with company stamp.

However, I/We shall be dealing by ordering over phone and even if we visit the Branch, the fluctuation in the market are so rapid that it is not practical to give written instruction for order placement / modification and cancellation, I/We hereby authorize SMIFS to accept my / our / authorized representatives verbal instructions for order placement / modification and cancellation in person or over phone and execute the same. I / We also request SMIFS to confirm the execution / non-execution of orders / instructions to me / us verbally. These orders / instructions which are given verbally shall hold good and shall be subject to all such terms and conditions as applicable to written contracts

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 SMIFS to prove the placement of orders through telephone recording or otherwise. I/We shall be liable for all losses, damages and actions which may arise as a consequence of your adhering to and carrying out my/our direction given above.

I / We am / are busy in various professional and business activities and might not be in a position to receive various documents viz. physical contract notes, bills, ledger, securities statement, Securities Transaction Tax Statement, Margin Statement, Payments and any other documents with regard to my/our trading account maintained with you.

Thus for operational convenience I/We am/are authorizing the below mentioned representative(s), to do the following:

- a) Trade and transact on my/our behalf and to place orders and/or give instructions.
- b) Receive and acknowledge contract notes, bills, order confirmations, trade confirmations, account statements, payments and any other documents or communication by endorsing/putting his / her signature(s) on the duplicate copy and / or any such receipt copies and / or Courier PODs and / or Acknowledgement Cards and / or book(s), for the records of SMIFS. I / We also undertake that such receiving and / or acknowledgement given by my below mentioned authorized representative would hold good as per prevailing statutes and / or statutes which would be in force and / or passed by any regulatory authorities in future.
- c) Hand Over Cheques against my dues and Margin obligations, delivery instructions slip against my/our deliver and margin obligations



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- d) Carry out correspondence with the officials of SMIFS and/or any other authority(ies) regarding my Trading relationship with SMIFS and to do all lawful act(s) required for the operational convenience of the trading account maintained by me/us.

I/We do hereby agree and declare and confirm that all the acts and things done by above authorized representative shall be my/our own acts, deeds and things validly done by me/us to all intents and purposes. I also undertake to indemnify SMIFS for all dues, loss, penalties and incidental expenses relating to and arising out of the transactions executed by the above named authorized representative in my/our account.

Name of Signature of my representative(s) is attested below.

AUTHORIZED REPRESENTATIVE	
<p>_____ Signature of Authorized Representative</p> <p>Name: _____</p>	<p>Please Affix Recent Passport Sized Colored Photograph & Sign Across of Authorized Representative</p>
<p>PAN of the Authorized Representative:</p>	
<p>Address of the Authorized Representative:</p>	
<p>Relationship of authorized Representative with the Client :</p>	
<p>Contact No. of authorized person with the Client :</p>	
<p>Email Address of authorized Representative with the Client :</p>	

Signature of Client
Attesting the Details of Authorized Representative

Please further note that while I am / we are **entitled to revoke this authorization unconditionally at any time**, however, such termination shall be subject to physical delivery of revocation letter at your registered office to allow SMIFS to make necessary changes to handle my / our account without running account authorization. I/We shall inform SMIFS in writing and get due acknowledgement and take signatures of at least two authorized officers at the Branch of SMIFS along with company stamp, at least one week in advance from the date of withdrawal.

Signature of Client		Date
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- As a proof of identification & address of the aforesaid authorized representative, I/we hereby enclose certified true copy of the following:
 - Self-attested copy of PAN Card of authorized representative
 - Address Proof (Passport/ Driving License/ Voter's Id/ Bank Statement/ Aadhaar)



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FOR OFFICE USE ONLY

Name of Authorized Signatory/ Branch In-Charge		Seal/Stamp of SMIFS Wealth Management Limited
Date		Signature of the Authorized Signatory/ Branch In-Charge
Place		

UCC of Client:	Name of Employee	Employee Code	Signature of Employee
Documents Verified With Originals & In-Person Verification Done and Authority Letter Collected by Relationship Manager			
Processed & Updated By:			

- ❖ An employee/ authorized person/ sub-broker or representative of SMIFS Wealth Management Ltd. cannot be appointed as an authorized person

List of Close Relatives who can be appointed as Authorized Representative by the client:

1	Father	Mother(including Step-mother)	Husband	Wife	Son (including Step –son)
2	Son's Wife	Daughter (including step-daughter)	Daughter's Husband	Father's Father	Mother's Mother
3	Mother's Father	Son's Son	Son's Son's Wife	Son's Daughter	Son's Daughter's Husband
4	Daughter's Son	Daughter's Son's Wife	Daughter's Daughter	Daughter's Daughter's Husband	Brother (including Step-brother)
5	Brother's Wife	Sister (including Step-sister)	Sister's Husband	Wife's Father/Mother	Husband's Father/Mother
6	Father's Brother	Father's Sister	Mother's Sister	Mother's Brother	Wife's Brother/Sister
7	Husband's Brother/Sister	Brother's Son/Daughter	Sister's Son/Daughter	Wife's Sister's Son/Daughter	Wife's Brother's Son/Daughter
8	Mother's Brother's Son/Daughter	Mother's Sister's Son/Daughter	Father's Brother's Son/Daughter	Father's Sister's Son/Daughter	Husband's Brother's Son/Daughter
9	Wife's Brother's Son/Daughter				-

Note: Spouse of the relatives mentioned from point no. 6 to 9 will also be covered under the policy for appointment of Authorized Representative by the client