



**SMIFS
LIMITED**
LEGACY | TRUST | GROWTH

Account Opening Kit



SMIFS Limited

Stock Broking ♦ Depository ♦ Portfolio Management ♦ Research

4, Lee Road (Satyajit Ray Dharani), Vaibhav, 5th Floor, Kolkata - 700 020

Phone : +91 33 4057 2600 / 4011 5400 / 6634 5400

Website : www.smifs.com | E-mail : helpdesk@smifs.com

Investor Grievance E-mail : investors@smifs.com



SMIFS Limited

INDEX

Sl. No.	Name of the Document	Brief Significance of the Document	Page No.	
MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES & DEPOSITORY(IES)				
1.	Account Opening Form	KYC form - Document captures the basic information about the constituent and an instruction/check list & Grievance Escalation Matrix.	1-17	
2.	Tariff Sheet and Depository Charges Schedule	Document detailing the rate/amount of brokerage and other charges levied on the client for trading on the stock exchange(s) Depository Charges Schedule and Tariff Plans	18-20	
3.	KYC Document Booklet & Declaration	Declaration for Opening Trading & Demat Account	21-22	
VOLUNTARY DOCUMENTS AS PROVIDED BY THE TRADING MEMBER				
4.	Margin Trading Facility (MTF)	Consent for availing Margin Trading Facility	23	
	Addition of Specific Revocable Request for POA	Addition of Specific Revocable Power of Attorney for Trading Account maintained with SMIFS Limited		
5.	Power of Attorney	Power of Attorney for Operating Demat Account	24-25	
6.	DEMAT DEBIT & PLEDGE Instruction (DDPI)	Revocable Authorization on Execution of Demat Debit & Pledge Instruction for transfer of Securities towards deliveries/settlement obligations and pledging/re-pledging of securities (Ref. SEBI CIR No.: SEBI/HO/MIRSD/DoP/P/CIR/2022/44, dtd. 04.04.2022)	26	
7.	A. SMS and E-mail Alerts From Stock Exchange(s) & Stock Broker	Consent for SMS and E-mail Alerts from Exchange(s) / Depository(s) / Stock Broker	27-29	
	B. Authorization for Issuance of Contract Notes & Other Docs in digital form and ECN Declaration	Authorization describing conditions for receiving Contract Notes and other documents in Digital Form and Electronic Contract Note (ECN) Self Declaration.		
	C. Ownership Declaration - Contact Details	Declaration on Ownership of E-mail and Mobile Number and Sharing of such Common Contact Details		
	D. GST Declaration	Declaration - Goods & Service Tax Identification No.		
	E. General Declaration	General Declaration on specific instructions provided by the Client with regard to Application for opening Securities / Demat Account		
8.	Voluntary Authorisations	A) Running Ledger Authorization (Revocable Declaration by client for authorizing Trading Member to maintain running ledger account)	30	
9.	FATCA / CRS Declaration	a) FATCA / CRS Declaration for Individuals b) FATCA / CRS Declaration for Non-Individuals	31-34	
10.	Financial Status and other Details	Financial Status and other details as per Prevention of Money Laundering Act, 2002 (PMLA)	35	
11.	Trading declaration - Senior Citizen	Declaration of Senior Citizen opening Trading Account with SMIFS Limited	36	
MANDATORY DOCUMENTS IN BOOKLET AS PRESCRIBED BY SEBI & EXCHANGE(S) & DEPOSITORY(IES)				
12.	Instruction / Checklist for Filling KYC Form	Instruction/Checklist for Filling KYC Form (Trading and Demat Account)	Mandatory & Non Mandatory Document Booklet (M & NMD Booklet) 1-105	
13.	Rights & Obligations (Trading)	Documents stating the Rights and Obligations of Stock Broker/Trading Member, Sub-Broker and clients for trading on Exchanges (including additional Rights & Obligations in case of internet/Wireless Technology Based Trading)		
14.	Risk Disclosure Document (RDD)	Document detailing Risk associated with dealing in the Securities Market		
15.	Additional Risk Disclosure Document (RDD) for Trading in Commodity Options	Document detailing Risk associated with dealing in the Commodity Options		
16.	Guidance Note-Do's & Don'ts for Investors	Document detailing Do's and Don'ts for trading on Exchange(s) for the Education of the Investors		
17.	Policies & Procedures	Document Describing significant policies and procedures of SMIFS Limited		
18.	Anti-Money Laundering Awareness	Understanding for clients about AML		
19.	General Information of Depository	General Information about Depository Participants (CDSL & NSDL) and Terms & Conditions for CDSI SMS Alert		
20.	Rights & Obligations (DP)	Rights and Obligations of Beneficial Owner and Depository Participant prescribed by SEBI and Depository(s)		
21.	Rights & Obligations of Securities Lending & Borrowing	Rights and Obligations document of Securities Lending & Borrowing Segment (NSE/BSE)		
22.	Rights & Obligations (MTF)	Rights and Obligations of Sub-Brokers and Clients for Margin Trading Facility prescribed by SEBI and Exchange(s)		
23.	KYC Document Booklet & Declarations	KYC Document Booklet & Declaration for opening Trading and Demat Account		
NON-MANDATORY DOCUMENTS IN BOOKLET				
24.	Non-Mandatory Policies & Procedures	Document described significant non-mandatory policies and procedures of SMIFS Limited		
25.	Policies & Procedures (MTF)	Document described significant terms of SMIFS Limited for MTF		
MEMBERSHIP DETAILS				
NAME OF EXCHANGE/DEPOSITORY		MARKET SEGMENT	SEBI REGISTRATION NOS.	DATE
National Stock Exchange of India Limited		Capital Market, Equity Derivative Market; Currency Derivative Market; Commodity Derivative Market	INZ000220635	31/01/2019
Bombay Stock Exchange Limited				
Multi Commodity Exchange of India Limited		Commodity Derivative Market		
Indian Commodity Exchange Limited				
Central Depository Services (India) Limited		Depository Participant	IN-DP-414-2019	21/05/2019
National Securities Depository Limited				



SMIFS LIMITED

REGISTERED & CORRESPONDENCE OFFICE	
Address	4, Lee Road, Vaibhav, 5th Floor, Kolkata - 700 020
Contact Numbers	Tel. No. : (91 33) 4011 5400, Fax : 2289 3401
Official Website	www.smifs.com

REGISTERED & CORRESPONDENCE OFFICE		
Designation of Official	Designated Director	Compliance Officer
Name of Official	SHRI RAJESH KUMAR KOCHAR	SHRI SUDIPTO DATTA
Contact Telephone Number	(91 33) 4011 5411	(91 33) 40115404
E-mail ID	rajesh.kochar@smifs.com	sudipta@smifs.com

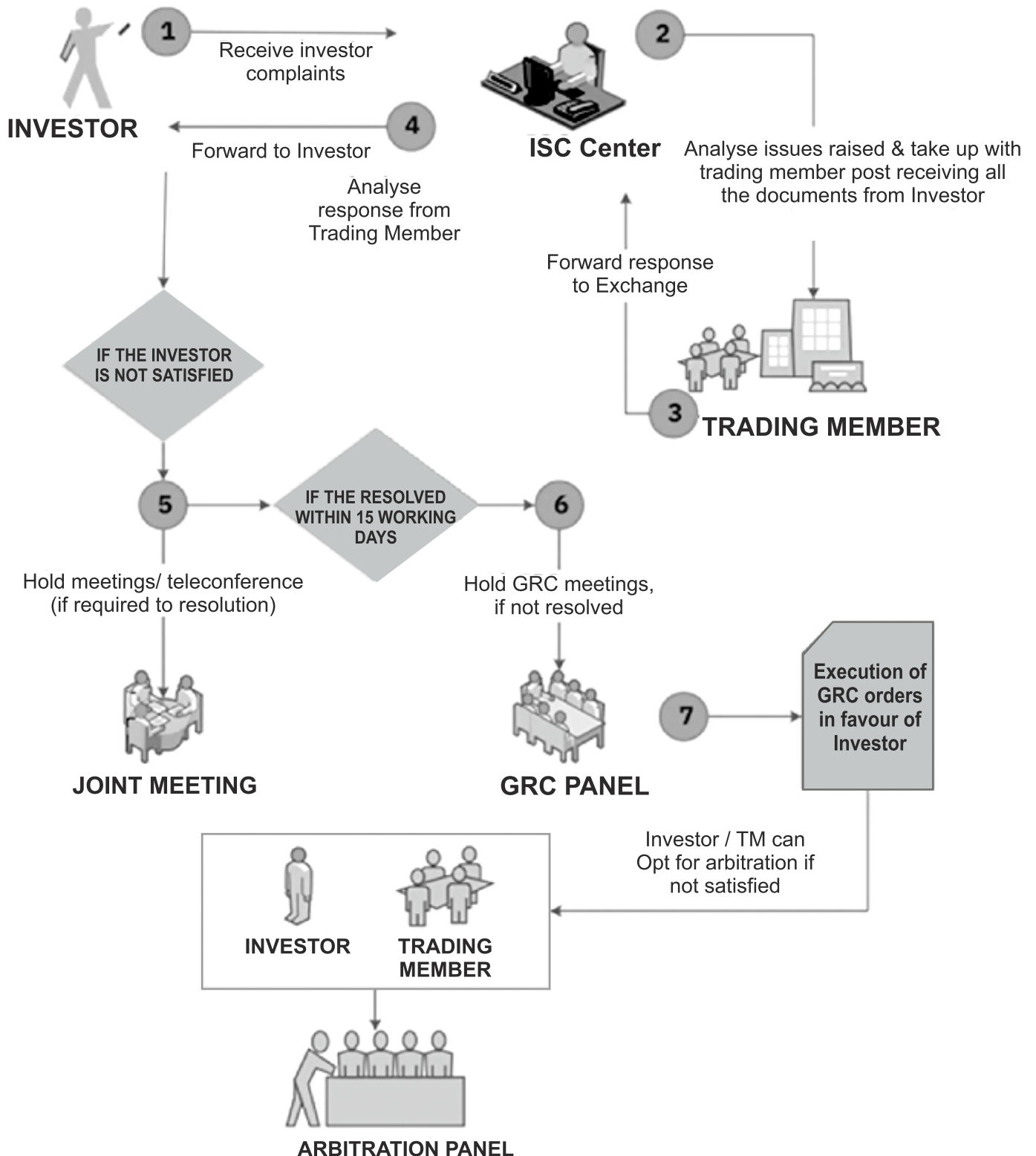
GRIEVANCE REDRESSAL	
FOR QUERIES COMPLAINTS ESCALATION	
SMIFS LIMITED	
Queries : helpdesk@smifs.com 033 4057 2625	
Complaints : smifs.compliance@smifs.com 033 4011 5401	
Escalation : investors@smifs.com 033 4011 5422	

IN CASE NOT SATISFIED WITH THE RESPONSE OF SMIFS LIMITED PLEASE CONTACT THE CONCERNED EXCHANGE(S)/DEPOSITORY AT :		
Name of Stock Exchange/Depository	Contact Telephone Nos.	Contact E-mail ID
Bombay Stock Exchange Limited	(91 22) 2272 8517/8097	dis@bseindia.com
National Stock Exchange of India Ltd.	(91 22) 2659 8190/91/1800 266 058	ignse@nse.co.in
Central Depository Services (India) Limited	1800-200-5533	complaints@cdslindia.com
National Securities Depository Limited	(91 22) 2499 4200	relations@nsdl.co.in
Multi Commodity Exchange of India Limited	(91 22) 6649 4040	grievance@mcxindia.com
Indian Commodity Exchange Limited	(91 22) 4038 1546	grievance@icexindia.com

GRIEVANCE REDRESSAL THROUGH SECURITIES AND EXCHANGE BOARD OF INDIA (SEBI)		
Address of Sebi Office	Contact Person : Telephone Nos.	Contact E-mail ID
SEBI - Head Office : Sebi Bhavan, Plot No. C4-4, "G" Block, Bandra Kurla Complex Bandra East, Mumbai - 400 051	Deputy General Manager (DGM) (91 22) 2644 9000/4045 9000	iggc@sebi.gov.in sebi@sebi.gov.in
SEBI - Northern Regional Office : 5th Floor, Bank of Baroda Building, 16, Sansad Marg, New Delhi - 110 001	Deputy General Manager (DGM) (91 11) 2372 4001-05	sebinro@sebi.gov.in
SEBI - Eastern Regional Office : L&T Chambers, 3rd Floor, 16, Camac Street Kolkata - 700 016	Deputy General Manager (DGM) (91 33) 2302 3000	sebiero@sebi.gov.in
SEBI - Southern Regional Office : 7th Floor, 756-L, Anna Salai Chennai - 600 002, Tamil Nadu	Deputy General Manager (DGM) (91 44) 2888 0222 / 2852 6686	sebisro@sebi.gov.in
SEBI - Western Regional Office : SEBI Bhavan, Panchvati, 1st Lane Gulbai Tekra Road, Ahmedabad - 380 006 Gujarat	Deputy General Manager (DGM) (91 79) 2658 3633-35	sebiwro@sebi.gov.in

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

Signature of Client	
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Signature of Client

INVESTOR CHARTER

Grievance Escalation Matrix

Working Hours : 10.00 A.M. to 7.00 P.M.

Details of	Contact Person	Address	Contact No.	E-mail ID
Customer Care - KYC Related Queries	Ms. Triparna Chatterjee	Vaibhav, 5th Floor 4, Lee Road, Kolkata - 700 020	033-4057 2665 / 2600	helpdesk@smifs.com
Customer Care - Transaction Related Queries	Mr. Manish Ojha	Vaibhav, 5th Floor 4, Lee Road, Kolkata - 700 020	033-4057 2625 / 2600 / +91 99878 73468	helpdesk@smifs.com
Customer Care - Risk Management & Surveillance Queries	Mr. Maloy Chakraborty	Vaibhav, 5th Floor 4, Lee Road, Kolkata - 700 020	033-4011 5462 / +91 99878 34611	rms@smifs.com
Customer Care - Damat KYC Related Queries	Ms. Susmita Das	Vaibhav, 5th Floor 4, Lee Road, Kolkata - 700 020	033-4057 2685 / 2600	helpdesk@smifs.com
Customer Care - Damat Transactions Related Queries	Ms. Suchandra Dutta	Vaibhav, 5th Floor 4, Lee Road, Kolkata - 700 020	033-4057 2655 / 2600	helpdesk@smifs.com
Customer Care - POA Related Queries	Ms. Divya Yadav	Vaibhav, 5th Floor 4, Lee Road, Kolkata - 700 020	033-4057 2645 / 2600	helpdesk@smifs.com
Customer Care - IPO/ Buy-Back/ Tender Offer Related Queries	Mr. Manish Ojha	Vaibhav, 5th Floor 4, Lee Road, Kolkata - 700 020	033-4057 2625 / 2600 / +91 99878 73468	helpdesk@smifs.com
Customer Care - IT Systems Related Queries	Mr. Bidyut Manna - Day Shift Mr. Lallit Kumar Das - Evening Shift	Vaibhav, 5th Floor 4, Lee Road, Kolkata - 700 020	033-4057 2666	systems@smifs.com
Head of Customer Care	Ms. Debjani Sen	Vaibhav, 5th Floor 4, Lee Road, Kolkata - 700 020	033-4011 5401	smifs.compliance@smifs.com
Compliance Officer	Mr. Sudipto Datta	Vaibhav, 5th Floor 4, Lee Road, Kolkata - 700 020	033-4011 5404	sudipta@smifs.com
Managing Director	Mr. Ashiwini Kumar Tripathi	Vaibhav, 5th Floor 4, Lee Road, Kolkata - 700 020	033-4011 5422	investors@smifs.com

In absence of response / complaint not addressed to your satisfaction, you may lodge a complaint with SEBI at <https://scores.gov.in/scores/Welcome.html> or Exchange at <https://investorhelpline.nseindia.com/NICEPLUS/>. Please quote your Service Ticket/Complaint Ref. No. while raising your complaint at SEBI SCORES/Exchange portal.

Signature of Client

Do's and Don'ts of Investing in Indian Capital Market



Do's

Read all documents carefully before signing

Always deal with SEBI registered stock broker or authorised person for any investment in the securities market.

Always make payments to registered intermediary using banking channels. No payment in name of employee of intermediary.

Remember that nobody can promise you guaranteed returns in stock market. It is neither allowed nor possible.

Register your mobile number and email ID in your trading, demat and bank accounts to get regular alerts on your transactions.



Don'ts

Do not invest and trade on the basis of 'Tips'.

Do not share password of your online trading and demat account with anyone.

Do not share OTP received from banks, brokers, etc. with anyone calling you. These are meant to be used by you only.

Do not invest in any chit fund, ponzi and unregistered collective investment company.

Do not follow herd mentality for investments. Seek expert and professional advice for your investments.

Signature of Client

CENTRAL KYC REGISTRY Instructions / Check list / Guidelines for filling Individual KYC Application Form

General Instructions :

- 1 Fields marked with "*" are mandatory fields.
- 2 Tick '✓' wherever applicable.
- 3 Self-Certification of documents is mandatory.
- 4 Please fill the form in English and in BLOCK Letters.
- 5 Please fill all dates in DD-MM-YYYY format.
- 6 Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- 7 KYC number of applicant is mandatory for updation of KYC details.
- 8 For particular section update, please tick(✓) in the box available before the section number and strike off the section not required to be updated.
- 9 In case of 'Small Account type' only personal details at section number 1 and 2, photograph, signature and self-certification required.

A Clarification / Guidelines on filling 'Personal Details' section

- 1 **Name** : Please state the name with Prefix (Mr./Mrs./Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Either **father's name** or **spouse's** name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

- 1 **Tax Identification Number** : TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number.

C Clarification / Guidelines on filling 'Proof of Identity [PoI]' section

- 1 If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- 2 Mention identification / reference number if 'Z-Others (any document notified by the central government)' is ticked.
- 3 In case of Simplified Measured Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 3.

Document Code	Description
01	Identity card with applicant's photograph issued by Central/ State Government Departments, Statutory/ Regulatory Authority, Public Sector Undertaking, Scheduled Commercial Banks, and Public Financial Institutions.
02	Letter issued by a gazetted officer, with a duly attested photograph of the person.

D Clarification / Guidelines on filling 'Proof of Address [POA]- Current / Permanent / Overseas Address details' section

- 1 PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or is not in force.
- 2 State / U.T. Code and Pin / Post Code will not be mandatory for Overseas Addresses.
- 3 In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 4.1.

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property Municipal Tax receipt.
03	Bank account or Post Office savings bank account statement.
04	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
05	Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation.
06	Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.

E Clarification / Guidelines on filling 'Proof of Address [POA]- Correspondence / Local Address details' section

- 1 To be filled only in case the PoA not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- 2 In case of multiple correspondence, local addresses, Please fill '**Annexure A1**'.

F Clarification / Guidelines on filling 'Contact details' section

- 1 Please mention two digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

G Clarification / Guidelines on filling 'Related Person details' section

- 1 Provide KYC number of related person if available.

H Clarification / Guidelines on filling 'Related Person details- Proof of Identity [PoI] of Related Person' section

- 1 Mention identification / reference number if 'Z-Others (any document notified by the central government)' is ticked.

List of two digit state / U.T. codes as per Indian Motor Vehicle Act, 1988

State	Code	State	Code	State	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttarpradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujrat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

List of ISO 3166 two digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Alan Island	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GO	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Amenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Island	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Island	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Moyotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Island	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated State of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SI
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	MZ	Taiwan province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunel Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Island	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Island	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Cook Island	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion	RE	Virgin Island, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cube	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French Part)	MF		

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

Important Instructions :

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



KYC Mode*: Please Tick (✓)

☐ Normal ☐ EKYC OTP ☐ EKYC Biometric ☐ Online KYC ☐ Offline EKYC ☐ Digilocker

For office use only

Application Type* ☐ New ☐ Update

(To be filled by financial institution)

KYC Number

(Mandatory for KYC update request)

Account Type*

☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

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

Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T- Transgender
PAN*	<input type="text"/>	<input type="checkbox"/> Form 60 furnished	
Marital Status*	<input type="checkbox"/> Single	<input type="checkbox"/> Married	
Nationality*	<input type="checkbox"/> Indian	<input type="checkbox"/> Other	
Residential Status *	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	
Please Tick (✓)	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin	

Passport mandatory for NRIs, PIOs and Foreign Nationals

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

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

- ☐ A- Passport Number
☐ B- Voter ID Card
☐ C- Driving License
☐ D- NREGA Job Card
☐ E- National Population Register Letter
☐ F- Proof of Possession of Aadhaar

II. ☐ E- KYC Authentication

III. ☐ Offline verification of Aadhaar

☐ PHOTO



Address

Line 1*	<input type="text"/>
Line 2*	<input type="text"/>
Line 3*	<input type="text"/>
District*	<input type="text"/>
Pin / Post Code*	<input type="text"/>
State / U.T. Code*	<input type="text"/>
City / Town / Village*	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>

☐ 3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

☐ Same as above mentioned address (in such cases address details as below need not be provided)

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

- ☐ A- Passport Number
☐ B- Voter ID Card
☐ C- Driving License
☐ D- NREGA Job Card
☐ E- National Population Register Letter
☐ F- Proof of Possession of Aadhaar

II. ☐ E- KYC Authentication

III. ☐ Offline verification of Aadhaar

Address

Line 1*	<input type="text"/>
Line 2*	<input type="text"/>
Line 3*	<input type="text"/>
District*	<input type="text"/>
Pin / Post Code*	<input type="text"/>
State / U.T. Code*	<input type="text"/>
City / Town / Village*	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>

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

[illegible]

☐ **5. REMARKS** (If any)

[illegible]

☐ 6. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

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

[illegible]

Signature / Thumb Impression of Applicant

☐ 7. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process
☐ Equivalent e-documents ☐ Video Based KYC & Client Interview By

IN PERSON VERIFICATION (IPV) & KYC VERIFICATION CARRIED OUT & CLIENT INTERVIEWED BY

[illegible]

(Employee Signature)

INSTITUTION DETAILS

[illegible]

(Institution Stamp)

INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

A. GENERAL INSTRUCTIONS :

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

B. Proof of Identity (POI) :

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

C. Proof of Address (POA) :

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

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

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

E. List of people authorized to attest the documents :

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

F. Online Mode Processing of KYC :

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



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 shareholding 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 • 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 • List of trustees certified by managing trustees/CA • Photograph, POI, POA, PAN of trustees
HUF	<ul style="list-style-type: none"> • PAN of HUF • Deed of declaration of HUF/List of coparceners • Bank passbook/bank statement in the name of HUF • 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 • Authorised signatories list with specimen signatures
Army/Government Bodies	<ul style="list-style-type: none"> • Self certificate on letterhead • 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
FPI Category I	<ul style="list-style-type: none"> • FPI Certificate • Constitution Documents • Copy of Board Resolution (optional) • Shareholding pattern and Ultimate Beneficiary Owners List (UBO) • Authorized signatories list with specimen signatures
FPI Category II	<ul style="list-style-type: none"> • FPI Certificate • Constitution Documents • Copy of Board Resolution (optional) • Shareholding pattern and Ultimate Beneficiary Owners List (UBO) • Authorized signatories list with specimen signatures

INSTRUCTIONS /CHECK LIST

1. Additional documents in case of trading in derivative 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 : (A) Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker/sub-broker's office. (B) 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: (A) Form need to be initialized by all the authorized signatories. (B) Copy of Board Resolution or declaration (on the letterhead) naming the persons authorized to deal in securities on behalf of the company/firm/others and their specimen signatures.

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

Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

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



Application Number: _____

Application Type*: ☐ New KYC ☐ Modification KYC

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

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

Name* (same as ID proof) _____

Maiden Name* (if any) _____

Fathers/Spouse's Name* _____

Date of Birth* ____/____/____

Gender* ☐ Male ☐ Female ☐ Transgender

Nationality* ☐ Indian ☐ Other _____

Related Person Type*

☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointed Official Proprietor

☐ Beneficiary ☐ Authorized Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder

☐ Others _____ (please specify) DIN: _____ (mandatory if the related person is Director)

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

☐ A — Aadhaar Card XXXX XXXX ____/____/____

☐ B — Passport Number _____ (Expiry Date) ____/____/____

☐ C — Voter ID Card _____

☐ D — Driving License _____ (Expiry Date) ____/____/____

☐ E — NREGA Job Card _____

☐ F — NPR _____

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

Identification Number _____

2. Address Details* (please refer guidelines overleaf)

A. Correspondence/ Local Address*

Line 1* _____

Line 2 _____

Line 3 _____

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

State* _____ Country* _____

Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Applicant e-SIGN

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

Line 1* _____

Line 2 _____

Line3 _____

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

State* _____ Country* _____

Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified**Proof of Address*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

<input type="checkbox"/> A — Aadhaar Card	XXXX XXXX _ _ _ _ _	
<input type="checkbox"/> B — Passport Number	_____	(Expiry Date) _ _ _ _ _
<input type="checkbox"/> C — Voter ID Card	_____	
<input type="checkbox"/> D — Driving License	_____	(Expiry Date) _ _ _ _ _
<input type="checkbox"/> E — NREGA Job Card	_____	
<input type="checkbox"/> F — NPR Letter	_____	
<input type="checkbox"/> Z—Others	_____	(any document notified by Central Government)
Identification Number	_____	

3. Contact Details

Email ID _____

Mobile No. _____

Tel (Off) _____ Tel (Res) _____

4. Applicant Declaration

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.

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

DATE: _ _ _ _ _ (DD-MM-YYYY)

PLACE: _____

Applicant e-SIGN

Applicant Wet Signature

5. For Office Use Only

IPV / KYC carried out by*	Intermediary Details*
KYC Date _____ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested) <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">SMIFS LIMITED</div>
Employee Signature and Stamp	Institution Name and Stamp

Know Your Client (KYC)**Application Form (For Non- Individuals Only)**

Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

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



Application Number:

Application Type*: ☐ New KYC ☐ Modification KYC**1. Entity Details** (please refer guidelines)

PAN*

Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof)

Date of Incorporation*

Place of Incorporation*

Date of Commencement*

Registration Number*

Entity Type*

Please Tick (✓)

☐ Private Ltd. Co.☐ Public Ltd. Co.☐ Body Corporate☐ Partnership☐ Trust/Charity/NGO☐ HUF☐ FPI Category I☐ FPI Category II☐ AOP☐ Bank☐ Government Body☐ Defence Establishment☐ Body of Individuals☐ Society☐ LLP☐ Non-Government Organization☐ Others**2. Proof of Identity*** (please refer the guidelines)☐ Officially Valid Document(s) in respect of person authorized to transact☐ Certificate of Incorporation/Formation☐ Registration Certificate☐ Memorandum & Articles of Association☐ Partnership Deed☐ Trust Deed☐ Board Resolution☐ Power of attorney granted to its manager, office employees to transact on its behalf☐ Activity Proof -1* (For Sole Proprietorship Only)☐ Activity Proof -2* (For Sole Proprietorship Only)**3. Address Details*** (please refer the guidelines)**A. Registered Address***

Line 1*

Line 2

Line3

City/Town/Village*

District*

Pin Code*

State*

Country*

B. Correspondence/Local Address in India (if different from above)*

Line 1*

Line 2

Line3

City/Town/Village*

District*

Pin Code*

State*

Country*

Applicant Digital Signature (DSC)

Proof of Address* (attested copy of any one POA to be submitted—#Not more than 3 months old)

<input type="checkbox"/> Certificate of Incorporation/Formation	<input type="checkbox"/> Registration Certificate	<input type="checkbox"/> Other document _____
<input type="checkbox"/> Latest Telephone Bill# (Landline only)	<input type="checkbox"/> Latest Electricity Bill#	<input type="checkbox"/> Latest Bank Account Statement#
<input type="checkbox"/> Registered Lease/ Sale Agreement of Office Premises	Validity/Expiry Date of POA (Expiry Date) ____ _	
<input type="checkbox"/> Any other proof of address document (as listed overleaf) _____		

4. Contact Details

Email ID _____	Mobile No. _____
Email ID _____	Mobile No. _____
Tel (off) _____	Fax _____

5. Annexures SubmittedNumber of Related Persons - **6. Remarks / Additional Information****7. Applicant Declaration**

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.

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

DATE: ____ _ (DD-MM-YYYY)

PLACE: _____

Applicant Digital Signature (DSC)

Applicant Wet Signature

8. FOR OFFICE USE ONLYDocuments Received ☐ Certified Copies ☐ Equivalent e-document**IPV / KYC CARRIED OUT BY***

Identity Verification	<input type="checkbox"/> Done	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"/> <input type="text"/>
Emp. Name	<input type="text"/>		
Emp. Code	<input type="text"/>		
Emp. Designation	<input type="text"/>		
Emp. Branch	<input type="text"/>		

[Employee Signature]

INTERMEDIARY DETAILS*Name Code

[Institution Stamp]



TRADING AND DEMAT ACCOUNT RELATED DETAILS FOR INDIVIDUALS & NON-INDIVIDUALS

I/We request you to open a ☐ Trading ☐ Depository ☐ Both ☐ account(s) in my/our name as per the following details.

DP Preference : ☐ NSDL ☐ CDSL ☐ UCC : ☐ Exchange Name and ID :

Please fill in English and in BLOCK letters :

Application Form No. _____

DETAILS TO BE FILLED BY SMIFS :

Date :	Client Name :	Sole/1st Holder
		2nd Holder
		3rd Holder
Unique Client Code (UCC) :		DP Internal Ref. No.
DP ID : IN301629	BO ID :	DP ID : 12016000 BO ID :

TYPE OF ACCOUNT (STATUS & SUB-STATUS) :

<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Individual Promoter	<input type="checkbox"/> Individual Margin Trading A/c (MANTRA) <input type="checkbox"/> Individual Director	<input type="checkbox"/> Individual HUF/AOP <input type="checkbox"/> Minor <input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Repatriable Promoter <input type="checkbox"/> NRI Non-repatriable Promoter	<input type="checkbox"/> NRI Depository Receipts <input type="checkbox"/> NRI Non-repatriable <input type="checkbox"/> Others (specify) _____	
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National <input type="checkbox"/> Others (specify) _____	<input type="checkbox"/> Foreign National - Depository Receipts	

STATUS (For Non-Individual) :

☐ Body Corporate ☐ Banks ☐ Trust ☐ Mutual Fund ☐ OCB ☐ FII ☐ CM ☐ FI ☐ Clearing House ☐ Others (Specify)

SUB-STATUS

(To be filled by the DP)

SEBI Registration No. (if applicable)

SEBI Registration Date :

ROC Registration No. (if applicable)

ROC Registration Date

RBI Registration No. (if applicable)

RBI Registration Date :

Nationality : ☐ Indian ☐ Others (Specify) _____

*****For Association of Persons (AOP), Partnership Firm, Unregistered Trust etc., although the depository account is opened in the name of the natural person, the name & PAN of Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below :**

Name : _____

PAN :

A. BANK ACCOUNT(S) DETAILS (PRIMARY)

Bank Name	Branch Address	Bank Account Number(s)	Account Type	MICR Number	IFSC Code

BANK ACCOUNT(S) DETAILS (ADDITIONAL)

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

* Mention - Saving / Current / Others-In case of NRI/NRE/NRO for Account Type

* For multiple Bank Account Details use separate sheets.

B. DEPOSITORY ACCOUNT(S) DETAILS (PRIMARY)

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

C. TRADING PREFERENCES (Please Sign in the relevant boxes where you wish to trade. Please strike off the segment not chosen by you.)

Exchange(s)	NSE & BSE				MCX, NSE & BSE
All Segments	Cash/ Mutual Fund	F & O	Currency	Debt	Commodity Derivatives
				Not Applicable	

If you do not wish to trade in any of segments / Mutual Fund, please mention here _____

D. PAST ACTIONS	Please provide the Details
Details of any action/proceedings initiated/pending/taken by SEBI/Stock Exchange / any other authority against the applicant/constituent or its Partners / Promoters / Whole time directors / Authorised persons in-charge of dealing in securities during the last 3 years.	

E. DEALINGS THROUGH SUB-BROKERS AND OTHER STOCK BROKERS										
*If client is dealing through the sub-broker and/or other stock broker, please provide the following details										
Sub Broker's Name/Stock-Brokers Name										
Registered office Address					Client Code :					
					PIN CODE				Phone	
					Mobile		Website		Fax	
SEBI Registration No.	NSE		BSE		MCX		ICEX		NCDEX	
If dealing with Multiple Stock Brokers/Sub-Brokers, provide details of all :					Details of any disputes (if any) :					

F. ADDITIONAL DETAILS IN TRADING ACCOUNT	
Whether you wish to receive physical contract note (PCN) or Electronic Contract Note (ECN) (Please Specify)	
Specify your Email ID, if applicable	
I wish/don't wish to avail of the facility of internet trading / wireless technology (Please Specify) :	
Number of years of Investment/Trading Experience :	
Whether you wish to receive the Standard Documents of Account Opening Form i.e. Rights & Obligations of Stock Broker & Beneficial Owner and Depository Participant, uniform Risk Disclosure Documents, Guidance Note detailing Do's and Dont's (Tick the applicable box. If not marked the default option would be in Electronically)	<input type="checkbox"/> Physical <input type="checkbox"/> Electronically <input type="checkbox"/> Both Physical and Electronically
In case of non-individuals, name, designation, PAN, UID, Signature, residential address and photographs of persons authorised to deal in securities on behalf of company / firm / others	
Any other information	

G. (A) OTHER DETAILS (INDIVIDUAL)
1. Gross Annual Income Details (please specify) : Income range per annum : Below Rs. 1 Lac / 1-5 Lac / 5-10 Lac / 10-25 Lac / >25 Lac- 1 Crore / >5 Crore & above. Net worth as on (date) _____ (dd/mm/yy) _____ (*Net worth should not be older than 1 year). 2. Occupation (please tick any one and give brief details) : Private Sector / Public Sector / Government Service / Business / Professional / Agriculturist / Retired / Housewife / Student / Others _____ 3. Please tick, if applicable : Politically Exposed Person (PEP) / Related to a politically Exposed Person (PEP) 4. Any other information : _____

G. (B) OTHER DETAILS (NON-INDIVIDUAL)
1. Gross Annual Income Details (please specify) : Income range per annum : Below Rs. 20 Lac / 20-50 Lac / 50 Lac - 1 Crore / >1 Crore. 2. Net worth as on (date) _____ (dd/mm/yyyy) _____ (*Net worth should not be older than 1 year). 3. Please tick, if applicable for any of your authorised signatories / Promoters / Partners / Karta / Trustees / Whole time Directors : Politically Exposed Person (PEP) / Related to a Politically Exposed Person (PEP) 4. Any other information : _____

H. ADDITIONAL DETAILS IN DEMAT ACCOUNT			
1. I/We authorise you to receive credits automatically into my/our account : (if not marked, the default option would be "YES")	Yes		No
2. Account Statement Requirement : <input type="checkbox"/> As per SEBI Regulation	<input type="checkbox"/> Monthly		
3. Account to be operated through Power of Attorney (PoA DDPI)	Yes		No
4. Email Download Flag I/We request you to send Electronic Transaction-cum-Holding Statement at the Email ID : _____	Yes		No

ADDITIONAL DETAILS IN DEMAT ACCOUNT

5.	Mode of Receiving Statement of Account : (Tick any one)	Physical Form <input type="checkbox"/>	Electronic Form <input type="checkbox"/>	Both Electronic & Physical Form <input type="checkbox"/>
6.	I/We would like to share the e-mail ID with the RTA	Yes		No
7.	Annual Report Flag : I/We would like to receive Annual Report (if not marked, the default option would be in Physical)	<input type="checkbox"/> Electronic		<input type="checkbox"/> Physical
8.	I/We would like to instruct the DP to accept all the pledge instructions in my account without any further instruction from my/our end : (if not marked, the default option would be "NO")	Yes		No
9.	Auto Pledge Confirmation	Yes		No
10.	Pledge Processing Flag	Yes		No
11.	Basic Services Demat Account Flag	Yes		No
12.	I/We wish to receive dividend/interest directly in to my bank account as given below through ECS (if not marked, the default option would be "YES") ECS is mandatory for locations notified by SEBI from time-to-time)	Yes		No
13.	SMS Alert Facility : <i>[Mandatory if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form]</i>			
	Sr. No.	Holder	Yes	No
	1	Sole / First Holder	<input type="checkbox"/>	<input type="checkbox"/>
	2	Second Holder	<input type="checkbox"/>	<input type="checkbox"/>
	3	Third Holder	<input type="checkbox"/>	<input type="checkbox"/>
14.	For Joint Accounts, communication to be sent to (See Note 5)	<input type="checkbox"/> First Holder <input type="checkbox"/> All joint Account Holders		
EASI	To register for EASI, please visit website www.cdslindia.com EASI allows a BO to view his/her ISIN balances, transactions and value of the portfolio online.			

I.	Option for Issue of DIS Booklet
----	---------------------------------

<input type="checkbox"/> Option 1 :	I/We require you to issue Delivery Instruction Slip (DIS) booklet to me/us immediately on opening of my/our CDSL/NSDL account though I/we have issued a DDPI/POA/registered for eDIS/executed PMS Agreement in favour of/with SMIFS LIMITED (name of the Attorney/Clearing Member/PMS Manager) for executing delivery instruction for settling stock exchange trades (settlement related transactions) effected through such Clearing Member/by PMS Manager for executing delivery instructions through eDIS.
<input type="checkbox"/> Option 2 :	I/We do not require the Delivery Instruction Slip (DIS) booklet for the time being, since I/We have issued a DDPI/POP/registered for eDIS/executed PMS agreement in favour of/with SMIFS LIMITED (name of the Attorney/Clearing Member/PMS Manager) for executing delivery instruction for settling stock exchange trades (settlement related transactions) effected through such Clearing Member/by PMS Manager or for executing delivery instructions through eDIS. However, the Delivery Instruction Slip (DIS) booklet should be issued to me/us immediately on my/our request at any later date.

FOR NON RESIDENT INDIANS

FOR NON-RESIDENT INDIANS											
Foreign Address											
City						State					
Country						PIN					
RBI Ref. No.	RBI Approved Date										

Communique No. : C/R/No.

[illegible]

BOID

(Please write your 8 digit DPID)

(Please write your 8 digit Client ID)

Sole/First Holder's Name	
Second Holder's Name	
Third Holder's Name	

Mobile Number on which
messages are to be sent

[illegible]

(Please write only the mobile number without prefixing country code or zero)

The mobile number is registered in the name of :

EMAIL ID

--

(Please write only ONE valid email ID on which communication, if any is to be sent)

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature			

J. INTRODUCER DETAILS (optional)															
Name of the Introducer :		SMIFS LIMITED, 4, Lee Road, Vaibhav, 5th Floor, Kolkata - 700 020													
		Surname			Name			Middle Name							
Status of the Introducer :		Remiser/Authorized Person/Existing Client/Others, please specify													
Address of the Introducer															
Signature of the Introducer							Date		Client Code :						
SMIFS LIMITED 4, Lee Road, Vaibhav 5th Floor, Kolkata - 700 020		FORM FOR NOMINATION <i>(To be filled in by individual applying singly or jointly)</i>													
Date :						UCC / DP ID						Client ID			
Nomination Option															
<input type="checkbox"/> I/We wish to make a nomination. [Details are provided at FORM 10]							<input type="checkbox"/> I/We do not wish to make a nomination.								
I/We wish to make a Nomination [as per details given below]															
J. (A) NOMINATION FORM (Annexure A to SEBI circular No. SEBI/HO/MIRSD/RTAMB/CIR/P/2021/601 dated July 23,2021 on Mandatory Nomination for eligible Trading and Demat Accounts)															
I/We wish to make a Nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my/our death.															
Nomination can be made upto three nominees in the account.			Details of 1st Nominee			Details of 2nd Nominee			Details of 3rd Nominee						
1.	Name of the nominee(s) (Mr./Ms.)														
2.	Share of each Nominee	Equally [If not equally, please specify percentage]	%			%			%						
			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)														
	City / Place State & Country														
	PIN Code														
5.	Mobile / Telephone No. of Nominee(s) #														
6.	E-mail ID of Nominee(s) #														
7.	Nominee Identification details # [Please tick any one of the following and provide details of the same] Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhar <input type="checkbox"/> Saving Bank Account No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID														
Sr. Nos. 8-14 should be filled only if nominee(s) is a minor :															
8.	Date of Birth [in case of minor nominee(s)]														



9.	Name of Guardian (Mr./ Ms.) [in case of minor nominee(s)]				
10.	Address of Nominee(s) City / Place State & Country				
	PIN Code				
11.	Mobile / Telephone No. of Guardian #				
12.	E-mail ID of Guardian #				
13.	Relationship of Guardian with nominee				
14.	Guardian Identification details # [Please tick any one of the following and provide details of the same] Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhar <input type="checkbox"/> Saving Bank Account No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID				
Name(s) of holder(s)			Signature(s) of holder*		
Sole/First Holder (Mr./Ms.)					
Second Holder (Mr./Ms.)					
Third Holder (Mr./Ms.)					

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

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

* Signature of witness, along with name and address is required, if the account holder affixes thumb impression, instead of signature. # Optional Fields (Information required at Serial No. 5,6,7,11,12 & 14 is not mandatory).

Note :

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

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

J. (B) NOMINATION FORM Declaration Form for opting out of nomination (Annexure A to SEBI circular No. SEBI/HO/ MIRSD/RTAMB/CIR/P/2021/601 dated July 23,2021 on Mandatory Nomination for eligible Trading and Demat Accounts)

To,	Date :																
Trading Member/Participant's Name																	
Trading Member/Participant's Address																	
UCC/DP ID	I	N	3	0	1	6	2	9	/	1	2	0	1	6	0	0	0
Client ID (only for Demat account)																	
Sole/First Holder Name																	
Second Holder Name																	
Third Holder Name																	
I/We hereby confirm that I/we do not wish to appoint any nominee(s) in my/our trading/demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my/our legal heirs would need to submit all the requisite documents/information for claiming of assets held in my/our trading/demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading/demat account.																	



Name and Signature of Holder(s)*

1. _____ 2. _____ 3. _____

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

Name of Witness with Address			
Signature of Witness			
Place		Date	<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div>

If nominee / Nominees & Guardian (in case of Minor) provides photograph as Identification Details, please Paste Photograph below and sign across the photograph.

Nominee 1	Nominee 2	Nominee 3	Guardian (in case of Minor)
(Please sign across the photographs) Paste Latest Coloured Photograph of Nominee	(Please sign across the photographs) Paste Latest Coloured Photograph of Nominee	(Please sign across the photographs) Paste Latest Coloured Photograph of Nominee	(Please sign across the photographs) Paste Latest Coloured Photograph of Guardian

K. MODE OF OPERATIONS FOR JOINT ACCOUNTS

Operate our joint Demat Account	Receive communication	E-mail ID
<input type="checkbox"/> Jointly; OR <input type="checkbox"/> By any one of the holders or survivor(s) (please Tick any one of the Boxes Above as per your Choice)	<input type="checkbox"/> Jointly; OR <input type="checkbox"/> First Holder <input type="checkbox"/> Second Holder <input type="checkbox"/> Third Holder (Please Tick in the box(s))	2nd Holder _____ _____ 3rd Holder _____ _____

If Mode of Operation for Joint Account is chosen as anyone of the holder or survivor(s), only specified operations such as transfer of securities including Inter-Depository Transfer, pledge / hypothecation / margin pledge / margin re-pledge (creation, closure and invocation and confirmation thereof as applicable) of securities and freeze/unfreeze of account and/or securities and/or specific number of securities will be permitted.

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

**Notes :**

1. All communication shall be sent at the address of the Sole / First holder only.
2. 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.
3. 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.
4. In case of joint account, on death of any of the joint account holders, the surviving account holder(s) has to inform Participant about the death of account holder(s) with required documents within one year of the date of demise.
5. In case if 'first holder' is selected, the communication will be sent as per the preference mentioned at Sr. No. 13. In case 'All joint account holders' is opted, communication to first holder will be sent as per the preference mentioned at Sr. No. 13 and communication to other holders will be in electronic mode. The default option will be communication to 'first holder', if no option selected.
6. Strike off whichever is not applicable..

FOR OFFICE USE

	Documents verified with Originals	Client Interviewed by	In-Peron Verification done by
Name of the Employee			
Employee Code			
Designation of the Employee			
Date			
Signature			
Risk Profile Based on Client Interviewed : HIGH <input type="checkbox"/> MEDIUM <input type="checkbox"/> LOW <input type="checkbox"/> Client Special Category (CSC) _____			
In case Trading in Commercial Commodity Segment Participant <input type="checkbox"/> Non-commercial Participant <input type="checkbox"/>			
Remarks (if any)			

We undertake that we have made the client aware of 'Policy and Procedures', Tariff Sheet and all the Non-Mandatory Documents. We have also made the client aware of 'Rights and Obligations' Document(s), Risk Disclosure Document (RDD) and Guidance Note. We have given/sent the client a copy of all the KYC documents. 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. We also undertake that any change in the 'Rights and obligations' and RDD would be made available on our website, if any, for the information of the clients.

Signature of the Authorised Signatory

Seal / Stamp of the stock broker

Date

D	D	M	M	Y	Y	Y	Y
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 Place

TARIFF SHEET

SMIFS Limited

4 Lee Road Vaibhav 5th Floor, Kolkata - 700020

Charges for Securities Broking Services of SMIFS Limited

I/ We _____ agree to pay the charges as per following charges structure for our

Trading account with SMIFS Limited, (in short "SMIFS/ the Company") w.e.f. _____ Unique Client Code: _____

Charge Head	BROKERAGE PLAN I (SMIFS – VALUE)		BROKERAGE PLAN II (SMIFS – STEADY)		BROKERAGE PLAN III (SMIFS – ELITE)		BROKERAGE PLAN IV (SMIFS – STAR)	
Broking Charges (Type of Transactions)	* % or Rs. Per Lot	Minimum Brokerage	* % or Rs. Per Lot	Minimum Brokerage	* % or Rs. Per Lot	Minimum Brokerage	* % or Rs. Per Lot	Minimum Brokerage
Equity Delivery	0.15%	0.015	0.20%	0.02	0.30%	0.03	0.40%	0.04
Equity Intraday	0.015%	0.015	0.02%	0.02	0.03%	0.03	0.04%	0.04
Equity Derv. Futures	0.02%	0.02	0.03%	0.03	0.03%	0.03	0.05%	0.05
Equity Derv. Options	₹ 20.00/- lot	-	₹ 30.00/- lot	-	₹ 40.00/- lot		₹ 50.00/- lot	
Currency Derv. Futures	0.02%	0.02	0.03%	0.03	0.03%	0.03	0.05%	0.05
Currency Derv. Options	₹ 10.00/- lot	-	₹ 20.00/- lot	-	₹ 25.00/- lot		₹ 30.00/- lot	
Commodity Derv. Futures	0.02%	0.02	0.03%	0.03	0.03%	0.03	0.05%	0.05
Commodity Derv. Options	₹ 20.00/- lot	-	₹ 30.00/- lot	-	₹ 40.00/- lot		₹ 50.00/- lot	
*Capital Market Segment - Brokerage % (Subject to higher limit of 2.5%) Equity Derivative & Currency Derivative Segment - Brokerage % (Subject to higher limit of 2.5% / Rs. 100/- per lot in Options) Commodity Derivatives Segment - Brokerage % (Subject to higher limit of 2.5% / Rs. 250/- per lot in Options)								

Brokerage Setup [to be filled by Client] (Subject to Approval by Competent Authorities)									
Broking Charges (Type of Transactions)									
	Equity Delivery (%)	Equity Intraday (%)	Equity Derv. Futures (%)	Equity Derv. Options (Per Lot)	Currency Derv. Futures (%)	Currency Derv. Options (Per Lot)	Commodity Derv. Futures (%)	Commodity Derv. Options (Per Lot)	Both Side/One Side
Brokerage %									
Minimum Brokerage									
Mutual Fund Segment									
Brokerage %									
Minimum Brokerage									
SLB Segment									
Securities Lending And Borrowing		Commission/ Fees on Applicable Rate of Interest							

Other Charges	BROKERAGE PLAN I (SMIFS – VALUE)	BROKERAGE PLAN II (SMIFS – STEADY)	BROKERAGE PLAN III (SMIFS – ELITE)	BROKERAGE PLAN IV (SMIFS – STAR)	BROKERAGE [FILLED BY CLIENT]
Where Collateral is provided in the form of Securities (after applicable Haircut) towards Margin for Derivative Trading in any Market Segments, Exposure Funding Charges would be levied by SMIFS Limited with maximum rate of @ 24% per annum to match the "Cash to Securities" Ratio.	24% (per Annum)	24% (per Annum)	24% (per Annum)	24% (per Annum)	24% (per Annum)
Delayed Payment Interest (Normal)	24% (per Annum)	24% (per Annum)	24% (per Annum)	24% (per Annum)	24% (per Annum)
Delayed Payment Interest (MTF)	18% (per Annum)	18% (per Annum)	18% (per Annum)	18% (per Annum)	18% (per Annum)
Switching Charges (Only 3 switches allowed in a calendar year)	₹ 0 (when switching to Steady/Elite/Star)	₹ 0 (when switching to Elite/Star)	₹ 0 (when switching to Star) ₹ 150/- (when switching to Value/ Steady)	₹ 250/- (when switching to Value/Steady/Elite)	₹ 250/- (when switching to Value/Steady/Elite)
Annual Subscription Fee for EXE Based Diet Users & Availing Mobile Trading Facility towards	200.00/- Per Month + GST	200.00/- Per Month + GST	200.00/- Per Month + GST	200.00/- Per Month + GST	200.00/- Per Month + GST



TARIFF SHEET

reimbursement of cost levied by the Software Vendor.					
Brokerage in Special Circumstances	<p>Where the sale/purchase value of a share is Rs. 10/- or less in Capital Market Segment, maximum brokerage upto 25 paise per share may be collected.</p> <p>Trades resulting in brokerage less than Rs. 25/- for a particular settlement, excluding statutory charges, a brokerage of maximum 2.5% shall be charged.</p> <p>Where Brokerage on a Contract Note with regard to dealing in Option Contracts, irrespective of underlying, is less than Rs. 25/- (excluding charges), Brokerage of Rs. 100/- per lot shall be charged.</p>				
Clearing Charges	Clearing Charges towards Derivative Trading in any Market Segments, would be levied with maximum rate of Rs. 50/- per Crore of Turnover in Futures Segment & Re. 1/- per Lot in Options Segment, towards reimbursement of charges levied by the Clearing Member				
Processing Charges	Processing Charge of Rs. 25/- shall be levied per Contract Note to cover the operational costs.				

Document Handling Charges					
<p>(i) Customer opted for receiving documents by Electronic Mode: In case such customer intends to receive additional / duplicate copies of documents (contract notes, statements etc.) by Physical mode or physical documents are sent due to email getting bounced</p> <p>(ii) Customer opted for receiving documents by Physical Mode: In case such customer intends to receive additional / duplicate copies of documents (contract notes, statements etc.) by Physical mode.</p>					
Documents Type	BROKERAGE PLAN I (SMIFS – VALUE)	BROKERAGE PLAN II (SMIFS – STEADY)	BROKERAGE PLAN III (SMIFS – ELITE)	BROKERAGE PLAN IV (SMIFS – STAR)	BROKERAGE [FILLED BY CLIENT]
Contract Note	25/- Per Contract	25/- Per Contract	25/- Per Contract	25/- Per Contract	25/- Per Contract
Trade Register	4/- Per Page	4/- Per Page	4/- Per Page	4/-	5/- Per Page
Ledger Statement	4/- Per Page	4/- Per Page	4/- Per Page	4/-	5/- Per Page
Form 10B	10/- Per Form	10/- Per Form	10/- Per Form	10/-	15/- per request
Updation/Modification/Changes in KYC details as per Client's Request	50/- per request	50/- per request	40/- per request	35/- per request	50/- per request
Courier/Postal Charges on post updation/modification/changes in KYC details as per Client's Request (For Clients who has not opted for Electronic Mode for Communication)*[exclusive any Changes in Address]	50/- per request	50/- per request	40/- per request	35/- per request	50/- per request
Tools & Features					
Market Info	Free	Free	Free	Free	Free
Research	50.00/- Per Month	25.00/- Per Month	15.00/- Per Month	Free	50.00/- Per Month
Notes:	All Statutory Charges presently applicable and/or would be applicable in future, under various legislation of Central Government, State Government, Regulatory Authorities, Stock Exchanges and / or any Public Authorities, would be charged and collected from the Client.				
	The Brokerage will be exclusive of the following except in cases where it is agreed otherwise: (i) STT, GST, SEBI/Exchange/Clearing Member Charges, Stamp Duty and all other Statutory Charges payable to Exchange/SEBI/Government Authorities will be charged as per current applicable rate. (ii) Any Other Charges towards customized / specialized service represents a consolidated charge towards providing various value-added services such as Trade Confirmation SMS, electronic account access, access to research reports, market news SMS and towards defraying SMIFS's Statutory /Regulatory liability for the clients' trades. (iii) Any other penalties arising on specific default by the client (investor) as SMIFS may deem fair and fit.				
	No brokerage would be charged on Auction Trades, however applicable charges, viz. penalty charges, auction difference, etc., levied by the respective Stock Exchanges as may be debited to SMIFS, would be debited to account of the Client.				
	Market condition change over time and therefore in future any increase/changes in other charges other than statutory levies will be done with advance intimation to the Clients and upon acceptance of such changes.				
	Physically Settled Derivative Contracts – As per Equity Delivery Brokerage % of trade value Or Minimum Delivery brokerage shall be applicable.				

Signature of Client		Date:
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To,
 SMIFS LTD (IN301629/ IN303794/ 12016000)
 4, Lee Road, Vaibhav
 Kolkata- 700020

DP ID :		BO ID :							
Name of Client(s)									

DP Charges Schedule

PARTICULARS	CHARGES
DP AMC Charge *Individual	Rs. 300/- p.a.
DP AMC Charges * Corporate	Rs. 800/- p.a.
Transaction Charges	
All Receipts	NIL
All Deliveries	0.01% of Market Value (Min Rs. 15/-)
Pledge Creation	Rs. 25/- per request
Pledge Creation Confirmation	Rs. 25/- per request
Pledge Closure	Rs. 25/- per request
Pledge Closure Confirmation	Rs. 25/- per request
Pledge Invocation	Rs. 100/- per request
Securities Margin Pledge Creation for Margin Trading Facility	Rs. 35/- per request
Securities Margin Pledge Creation	Rs. 15/- per request
Securities Margin Pledge Invocation	Rs. 5/- per request
Securities Margin Closure	Rs. 5/- per request
Securities Margin Re-Pledge Creation	Rs. 1/- per request
Securities Margin Re-Pledge Invocation	Rs. 5/- per request
Securities Margin Re-Pledge Closure	Rs. 1/- per request
Securities Lending/Borrowing	Rs. 100/- per request
Demat Request	Rs. 2/- per certificate (Min Rs. 25/- per request)
Demat Rejection	Rs. 25/- per request
Remat Request	Rs.12/-per hundred shares or Rs.12/-per certificate, whichever is higher (Minimum Rs. 25/- per request). Mailing charges on Actuals
Miscellaneous Charges	
Same Day Execution after 4.00 p.m. *	Rs. 50/- per request
Same Day Execution before pay-in deadline *	Rs. 100/- per request
Cheque Dishonour Charges	Rs. 590/- per request (incl. GST)
Delivery Instruction Book	Rs. 25/- per request
Additional Transaction/Holding Statement *	Rs. 10/- per page on request of Holding Statement and Rs.4/- per page on request of Transaction Statement
Monthly Transaction/Holding Statement *	Rs. 25/- per request
Power of Attorney processing	Rs. 50/- per request
KYC Details Modification	Rs. 50/- per request
Mailing Charges	
Demat/Remat	On Actual
Statements, Communications etc.	Rs. 25/- per consignmentt
*Charges to be paid upfront	

Notes :

- Charges are based on NSDL/CDSL Charges exclusive of GST and other Government Levies as applicable.
- Charges are subject to revision at the sole discretion of SMIFS Limited with due instructions to Clients
- Transaction Statement will be provided on a monthly basis, if there is transaction.
- Statement of Holding will be provided on a quarterly basis.
- Operating instructions for the joint accounts must be signed by all holders.
- Billing will be done on a weekly basis. AMC billing on Quarterly basis for Individual BO and yearly for Non-Individual BO
- Other Out-of-pocket expenses will be recoverable from the accountholder(s).
- Interest @ 1% per month or part thereof would be charged for delayed payments.
- Any revision of fees will be intimated through Circular by Ordinary Post.

Signature of Sole/1st Holder

Signature of 2nd Holder

Signature of 3rd Holder



KYC Document Booklet & Declaration for opening Trading and/or Demat Account

SMIFS Limited

Broking & Depository Division (DP ID : IN301629 / 12016000)

4 Lee Road, Vaibhav, 5th Floor, Kolkata - 700 020

Dear Sir,

Subject : KYC Document Book & Declaration for opening Trading and Demat Account

1. I am/We are desirous of opening a Securities Trading and Demat Account with SMIFS Limited, and am/are in the process of executing client registration documents relating to the opening of Securities Trading and Demat Account
2. I/We have furnished all the details in the KYC form as per SEBI/ Exchange/ DP requirements. I/We confirm having read/ been explained and understood the contents of the KYC Documents which are provided to me/us in separate booklet. The KYC document booklet includes the following :
 - a) Instruction / Checklist for filling KYC Form.
 - b) Rights & Obligations of stock broker/trading member, sub-broker and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading) prescribed by SEBI and Stock Exchanges.
 - c) Uniform Risk Disclosure Documents (RDD) prescribed by SEBI and Stock Exchanges.
 - d) Additional Risk Disclosure Document (RDD) detailing risks associated with dealing in Commodity Options.
 - e) Guidance Note detailing do's and don'ts for trading on Stock Exchanges.
 - f) Policies and Procedures Documents describing significant Policies and Procedures of SMIFS Limited.
 - g) Information on Anti-Money Laundering.
 - h) General Information of Depository Participant.
 - i) Terms & Conditions for CDSL SMS Alert.
 - j) Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories to Clients.
 - k) Non-mandatory Policies and Procedures Documents describing significant Non-mandatory Policies and Procedures of SMIFS Limited.
 - l) Document of Rights and Obligations of the Clearing Member / Participant and its Client in relation to the Securities lending and Borrowing Scheme.
 - m) Rights & Obligations of Stock Broker and Clients for Margin Trading Facility (MTF) prescribed by SEBI and Exchange(s).
 - n) Policies & Procedures documents describing significant terms & conditions of SMIFS Limited for Margin Trading Facility (MTF).
 - o) KYC Documents Booklet and Declaration along with policies relations to Securities Transactions.
3. I/We understand and agree that any amendment/modifications as required by the Exchange(s)/Depository Participant(s) and/or Regulators will be applicable to me/us at all point of time and I/we understand that these changes will be intimated to me/us.
4. I/We understand that the KYC Document Booklet is in accordance with the Exchanges and/or SEBI/ Depository Participant(s) requirements applicable for opening Trading/Demat Account.
5. I/We confirm having read/been explained and understood the contents of the document on Policy and Procedures of the Stock Broker along with Risk Management Policy and the tariff sheet and also the Demat tariff sheet and an Instruction / Checklist for filling KYC Form.
6. I/We confirm having read/been explained and understood the contents of the document on Non-mandatory Policies and Procedures describing significant Non-mandatory Policies and Procedures of SMIFS Limited, Information on Anti- Money Laundering and General Information of Depository Participant.
7. I/We further confirm having read and understood the contents of the "Rights and Obligations" document(s) and "Risk Disclosure Document" (RDD), Additional RDD for Commodity Options. 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 broker's website.
8. 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/we am/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".

9. I/We further confirm having read and understood the “Rights & Obligations” of the Clearing Member / Participant and its client in relation to the Securities Lending and Borrowing Scheme.
10. I/We further confirm having read and understood the contents of “Rights & Obligations” of Stock Brokers & Client for Margin Trading Facility (MTF).
11. I/We have read & understood the “Policies and Procedures for MTF” regarding terms and conditions of Margin Trading Facility (MTF) specified by SMIFS Limited.
12. I have received the booklet with above mentioned contents.
13. I hereby declare that the details furnished in the KYC by me/us 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 misrepresenting. I/We am/are aware that I/we may be held liable for termination and suitable action.

Signature		Signature		Signature	
Name & Signature of the Sole / First Holder		Name & Signature of the Second Holder		Name & Signature of the Third Holder	
Unique Client Code :		DP Client ID :			
Date :		Place :			

Consent for availing Margin Trading Facility (MTF)

I/We wish to avail the **Margin Trading Facility (MTF)** on the platform of National Stock Exchange of India Limited and Bombay Stock Exchange Limited as per the framework prescribed by SEBI vide its Circular No. CIR/MRD/DP/54/2017 dated June 13, 2017.

Further, I/We have read and understood "**Rights and Obligations of Stock Brokers & Client for Margin Trading Facility (MTF)**" as prescribed by NSE vide its circular no. NSE/COMP/35260 dated June 30, 2017 and BSE vide its Circular No. 2017619-26 dated June 19, 2017.

I/We have read & understood the "**Policies and Procedures for MTF**" as specified by SMIFS Limited regarding terms and conditions of **Margin Trading Facility (MTF)**, method of communication for confirmation of orders/trades, margin calls and calls for liquidation of collateral/security/positions etc. and agreed to abide by the clauses mentioned therein all the times.

Further, I/We will refer to SMIFS's website from time-to-time for any updation w.r.t. policies & procedures.

Name of Client		UCC		Date :
Signature with Date		PAN		

MARGIN TRADING FACILITY :

EXCHANGE	SEGMENTS	SIGNATURE
NSE	CASH	
BSE	CASH	

I/We hereby confirm that I/We am/are fully aware that the Rate of Interest applicable for availing

Facility is ***

(Client Signature)

*** (GST and other Statutory charges are also applicable as per the Standard Norms of Government Authorities).

Request for addition of Specific Revocable Power Of Attorney for Trading Account maintained with you for Depository Operations

I/We wish to avail auto delivery facility with regard to my/our Demat Account bearing Client ID _____ maintained with **SMIFS Limited** (DP ID - _____) a Depository Participant for the specific purpose to meet the obligations arising out of the client's subscribing to such other products/facilities/services through SMIFS like Mutual Funds, Public Issues (shares as well as debentures), Right, Offer of Shares, tendering shares in open offers etc. pursuant to the instruction(s) of the Client(s), which are traded on the Electronic Platform of the Stock Exchange.

The Power Of Attorney given in your favour and submitted with _____ is for a specific purpose and is revocable and I/we reserve the right to withdraw the same at any point of time in writing.

Kindly confirm the registration of the same at the earliest and oblige.

Name of Client		UCC
Signature		Date

Acknowledgement

OFFICE COPY

I/We, _____ hereby acknowledge the receipt of copy of Revocable

Power of Attorney duly executed in my Account : UCC _____

Sign : _____
Sole/1st Holder
2nd Holder
3rd Holder



REVOCABLE POWER OF ATTORNEY (POA) FOR THE OPERATION OF DEMAT ACCOUNT HELD WITH SMIFS LIMITED

This Revocable Power of Attorney (in short "PoA") is made on the date and place as mentioned hereunder by the Client mentioned in the "Schedule A" (hereinafter referred to as "Client/s/Principal/s") in favour of SMIFS Limited a Company incorporated under the provisions of the Companies Act, 1956 and having its Registered Office at Vaibhav, 5th Floor, 4 Satyajit Ray Dharani (formerly Lee Road), Kolkata – 700020 (hereinafter referred to as "SMIFS/ the Company") which expression unless repugnant to the context thereof shall mean and include its successors and assigns acting through each of its Directors or such other persons as may be authorized by SMIFS in this regard.

WHEREAS SMIFS Limited is a Member of National Stock Exchange of India Ltd. (NSE) in Cash Segment, Equity Derivative (F&O) Segment, Securities Lending & Borrowing Segment (SLBS), Commodity Derivative Segment and Currency Derivative Segment; BSE Limited (BSE) in Cash Segment, Equity Derivative (F&O) Segment, Securities Lending & Borrowing Segment (SLBS), Commodity Derivative Segment and Currency Derivative Segment; and Multi Commodity Exchange of India Limited (MCX) and Indian Commodity Exchange Limited (ICEX) in Commodity Derivative Segment, bearing Single SEBI Registration No. INZ000220635.

AND WHEREAS SMIFS Limited is a Depository Participant with Central Depository Services (India) Limited (CDSL) bearing DP ID – 12016000 and National Securities Depository Limited (NSDL) bearing DP ID – IN301629 & IN303794, bearing Single SEBI Registration No. **IN-DP-414-2019**. The details of Pool Accounts currently maintained by SMIFS are given hereto in "Schedule B" and also to include the Pool Accounts which SMIFS may hereinafter open and operate, from time to time, and the same shall be notified to the Client.

AND WHEREAS the Client (first named in the Schedule A) wishes to avail and/or has availed the services offered by SMIFS in their respective capacity as a member of the Exchange/s and has entered into relationship with SMIFS for transacting in Securities on the Exchange/s in accordance with the provisions of the KYC Documents, Rights & Obligations, Mandatory & Non-mandatory Policies & Other Voluntary Declarations as detailed in the Account Opening Document/ Client Registration Kit and Other Related Documents (hereinafter collectively referred to as "Client Agreement/s") read with the terms and conditions ("Terms") voluntarily agreed with SMIFS and for facilitating the proper execution of the transactions contemplated in the said Client Agreement/s and the Terms and for the purpose the client along with other principal/s intends to confer on SMIFS the authorities and powers specified in this POA.

AND WHEREAS the Client being the beneficiary/ies of the transactions carried out pursuant to this POA, the Principal/s are desirous of constituting and appointing SMIFS Limited as their lawfully constituted attorney, and confer upon it the Revocable Powers whereby empowering SMIFS Limited to register this Power of Attorney in the Depository System in favour of SMIFS Limited in the capacity of Stock Broker by the Client which shall be limited to the followings:

- (i.) To operate the Depository Account with SMIFS (as per the details given in the Schedule A) and communicated by the Principal/s to SMIFS to debit the said account to meet the obligations arising out of the client's subscribing to such other products/ facilities/ services through SMIFS like Mutual Funds, Public Issues (shares as well as debentures), Rights, Offer of Shares, tendering shares in open offers etc. pursuant to the instruction(s) of the Client(s), which are traded on the Electronic Platform of the Stock Exchange.
- (ii.) To return to the Client the securities that have been received erroneously or those securities that SMIFS was not entitled to receive from the Client.
- (iii.) To retain all originals of the documents executed by and on behalf of the Principal/s.

This Power of Attorney may be **REVOKED** at any time by the "Client/s/Principal/s" by lodging with SMIFS a communication in writing duly signed. Provided, however, that the revocation shall not so operate as to preclude or deny execution of transactions as are required for the purpose of fulfilling all obligations (towards Redemption of Mutual Fund Units, Corporate Action) arising out of transactions executed for and on behalf of Clients by SMIFS on the Stock Exchanges prior to the time of receipt of such revocation by SMIFS and is exclusive to SMIFS except to the extent not permissible under the Bye-laws, Rules and Regulations) of the Exchanges and Depository and the directions issued thereunder.

This document shall be subject to the jurisdiction of the Learned Courts in Kolkata and shall be strictly guided by the principles enshrined by Securities & Exchange Board of India in their Circulars dated 23.04.2010, 31.08.2010, 04.04.2022 and any other Circulars laid thereafter.



The details provided in the Schedule A may be altered by the "Client/s/Principal/s and the details provided in Schedule B may be altered by SMIFS, by giving a due notice of 7 (Seven) working days to the other party.

SCHEDULE A (Details of Client / Principals)

Name of Client / First Holder	
Address of Client	
Trading Account No.	
Depository Participant Name	SMIFS LIMITED
DP ID	CDSL-12016000; NSDL- IN301629 & IN303794
Demat Account No.	

SCHEDULE B (Details of DP POOL Accounts)

Account Details	Client ID / CM BP ID
NSDL NSE POOL Account	IN558457
NSDL BSE POOL Account	IN651991
CDSL NSE POOL Account	120160000000198
CDSL BSE Principal Account	4511600000000183
NSDL NSE POOL Account - Mutual Fund	IN565576
NSDL BSE POOL Account - Mutual fund	IN 620031

IN WITNESS WHEREOF, We have caused this Power of Attorney to be executed on this _____ day of _____
_____ 20 _____.

Signed and Delivered by the Sole / First Holder	Signed and Delivered by the Second Holder	Signed and Delivered by the Third Holder

Witness - Name, Address & Signature	Witness - Name, Address & Signature	Witness - Name, Address & Signature

Acceptance of Power of Attorney - I, _____ for and on behalf of SMIFS LIMITED accept appointment as an agent under this REVOCABLE Power of Attorney and undertake the powers conferred hereunder shall be exercised by me and/or by other person authorised by SMIFS LIMITED honestly, in accordance with the conditions and directions set out above.

(Signature of Person Authorised for & on behalf of SMIFS Limited)

Signature(s) of Beneficial

Account Holders :


DEMAT DEBIT & PLEDGE INSTRUCTION (DDPI)

Details of Client / Principals	
Name of Client / First Holder	
Address of Client	
Trading Account No.	
Depository Participant Name	SMIFS Limited
DP ID	CDSL - 12016000; NSDL - IN301629 & IN303794
Demat Account No.	

Annexure A Revocable Authorization on Execution of Demat Debit & Pledge Instruction for transfer of Securities towards deliveries/settlement obligations and pledging/re-pledging of securities (Ref. SEBI CIR No.: SEBI/HO/MIRSD/DoP/P/CIR/2022/44, dtd. 04.04.2022)

Sl.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	1st Holder _____ 2nd Holder _____ 3rd Holder _____
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.	1st Holder _____ 2nd Holder _____ 3rd Holder _____

* the same may be eSigned or signed physically

Details of Demat Accounts		
	DP ID	Client ID / CM BP ID
NSDL NSE POOL Account		IN558457
NSDL BSE POOL Account		IN651991
CDSL NSE POOL Account	12016000	00000198
CDSL NSE Early Pay In Account	11000011	00015071
CDSL BSE Principal Account	12016000	00000183
CDSL BSE Early Pay In Account	1100010	00017387
Corporate TM/CM Client Securities Margin Pledge Account	12016000	000051473
Corporate TM Client Securities Margin Pledge Account	12016000	00051488
TM/CM-Client Securities Margin Pledge Account	IN301629	10141304
TM/CM-Client Securities Margin Pledge Account-MTF Coll	IN301629	10144557
TM-Client Securities under Margin Funding Account	IN301629	10141312
NSDL NSE POOL Account (F&O)		IN546876
NSDL NSE POOL Account		IN546898
NSDL NSE POOL Account (F&O)		IN3034820000081

**DECLARATION**

To

M/s SMIFS Limited

4 Lee Road, 5Vaibhav, 5th Floor, Kolkata 700 020

● SMS AND EMAIL ALERTS FROM STOCK EXCHANGE(S), DEPOSITORY(S) & STOCK BROKER(S) (Reference to SEBI circular Ref. No. CIR/MIRSD/15/2011 dated August 02, 2011)

SMS and E-mail Alerts from Stock Exchange(s) and SMIFS for my Trading Account UCC : _____

I/We request you to activate the facility of SMS and E-mail alerts from Stock Exchange(s) and SMIFS for transactions in the above mentioned trading / demat account.

☐ Yes I/We wish to receive alerts by SMS/Email [☐ By SMS ☐ By Email ☐ By SMS & Email]**● AUTHORIZATION FOR ISSUE OF CONTRACT NOTES AND OTHER DOCUMENTS IN DIGITAL FORMAT**

I/we hereby agree and give consent to receive the Contract Notes and Other Documents in digital form for transactions executed in my/our account upon my/our instructions. I/We agree that the Digital Contract Notes and other documents i.e. Daily Margin Statement, Statement of Funds & Securities, Account Confirmations, Annual Global Statements, Bills, Notices etc. issued by **SMIFS Limited**, as per the terms and conditions specified herein shall be binding on me/us :

Terms and Conditions for issuance of contract notes in digital form :

Electronic Contract notes will be issued by SMIFS, strictly in compliance with the guidelines issued by SEBI / Exchanges from time to time.

Electronic Contract Notes shall be sent on my / our E-mail address provided by me / us.

I/We undertake to check the digital documents including Electronic Contract Notes and bring the discrepancies to your notice within stipulated time of such issuance of contract notes. My / Our non-verification or not accessing the documents on regular basis shall not be a reason for disputing the documents at any time.

Discrepancies, if any shall be sent by me / us to you in physical form or at the registered Investor Grievance E-mail : investors@smifs.com.

In case of any failure in system or errors in digital documents, such documents will be issued in physical form by SMIFS Limited, which shall be binding on me / us.

This instruction to issue digital documents is applicable with immediate effect.

I/We undertake that if there is any change in my / our e-mail ID, the same shall be intimated to SMIFS in writing through physical letter duly signed by me / us.

I/We confirm that this authorization and any subsequent change therein shall be signed by me / us only and not by any authorized person on my / our behalf or any holder of the Power of Attorney.

Primary E-mail ID : _____; Secondary E-mail ID : _____

● ELECTRONIC CONTRACT NOTE (ECN) - DECLARATION

I/We, _____ having UCC : _____ Client

with Trading Member SMIFS Limited (hereinafter referred to as SMIFS) of NSE, BSE, MCX, ICEX & NCDEX undertake as follows :

● I/We am/are aware that the Member has to provide physical Contract Note in respect of all the Trades placed by me/us unless; I/we myself/ourselves want the same in Electronic Form; ● I/we am/are aware that the member has to provide Electronic Contract Note for my/our convenience on my/our request only; ● Though the Member is required to deliver physical Contract Note, I/we find that it is inconvenient for me/us to receive physical contract notes, therefore, I/we am/are voluntarily requesting for delivery of Electric Contract Note pertaining to all the trades carried out/ordered by me/us; ● I/we have access to a Computer and am/are regular Internet User, having sufficient knowledge of handling the e-mail operations; ● My/Our e-mail ID is* _____. This has been created by me/us and not by someone else; ● I/we am/are aware that this declaration will remain valid till it is revoked by me/us.

(The above declaration has been read and understood by me/us. I/We am/are aware of the risk involved in dispensing with the Physical Contract Note, and do hereby take full responsibility for the same)

Ownership Declaration Contact Detail(s) & Consent letter for Sharing of E-mail ID & Mobile No.

To

M/s SMIFS Limited

4 Lee Road, Vaibhav, 5th Floor, Kolkata 700 020

I am having Trading and Demat Account with you, kindly consider common E-mail ID & Mobile No. for my below family member :

E-mail ID and Mobile No. on which E-mail and SMS are to be sent :			
UCC <input type="text"/>	DP ID <input type="text"/>	Client ID <input type="text"/>	Date <input type="text"/>
Name of Account holder/Sole			
<input type="checkbox"/> Mobile Number			
<input type="checkbox"/> E-mail ID			
I hereby declare that the aforesaid mobile number or E-mail ID belongs to <input type="checkbox"/> Me/Self or <input type="checkbox"/> My Family (Please Specify (✓) wherever applicable : Spouse, Dependent Children and Dependent Parents.			

E-mail ID Belongs to : (Relationship)	UCC	BO ID	Name	PAN
Spouse				
Dependent Parents				
Dependent Children				
Mobile No. Belongs to (Relationship)				
Spouse				
Dependent Parents				
Dependent Children				
Signature of Account holder/Sole				
Name of Account holder/Sole				

E-mail ID and Mobile No. of Second Holder [Please tick (✓) wherever applicable]				
DP ID		Client ID		Date
Name of Second holder				
<input type="checkbox"/> Mobile Number				
<input type="checkbox"/> E-mail 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 (<input type="checkbox"/> Spouse / <input type="checkbox"/> Dependent Children / <input type="checkbox"/> Dependent Parents.)				
Signature of Second holder				
Name of Second holder				

E-mail ID and Mobile No. of Third Holder [Please tick (✓) wherever applicable]				
DP ID		Client ID		Date
Name of Third holder				
<input type="checkbox"/> Mobile Number				
<input type="checkbox"/> E-mail 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 (<input type="checkbox"/> Spouse / <input type="checkbox"/> Dependent Children / <input type="checkbox"/> Dependent Parents.)				
Signature of Third holder				
Name of Third holder				

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature*			

GOODS & SERVICES TAX INDEX (GSTIN) FOR INDIVIDUALS

First Holder GSTIN : _____ *State _____
 Second Holder GSTIN : _____ *State _____
 Third Holder GSTIN : _____ *State _____

GOODS & SERVICES TAX INDEX NUMBER (GSTIN) FOR NON-INDIVIDUALS

☐ Corporate ☐ HUF ☐ Partnership Firm ☐ Trust ☐ Others

GSTIN : _____ *State _____

**☐ Declaration for GST registration Exemption (For Non-Individual)

I/we hereby declare that I am/we are not covered under Section 24 of CGST/SGST Act for the purpose of GST registration of the aforesaid Act or any rules, regulations, notifications or orders made thereunder. I/We also hereby agree and undertake to give such information/documents as may be required from time-to-time. I/We further declare that the undersigned has/have the authority to give this declaration and undertaking on behalf of the firm/company. We undertake to inform you as soon as there are changes to the information given above.

Note : **State means the state in which GST Registration has been obtained.

** Kindly tick Declaration for GST registration Exemption (For Non-Individual) in case not covered under Section 22 and Section 24 of CGST/SGST Act.

Signature(s) of Account Holder(s)

	First/Sole Holder	Second Holder	Third Holder
Name			
PAN			
Signature*			

**GENERAL DECLARATION**

To
M/s SMIFS Limited
4 Lee Road, Vaibhav, 5th Floor, Kolkata 700 020

Dear Sir,

With regard to my/our application for Opening a Securities Account for Demat & Trading I/we confirm the following :

Sr. No.	Particulars	Confirmation									
1.	Mobile No.										
2.	E-mail ID										
3.	Consent for receiving Electronic Contract Note at above E-mail ID	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
4.	Consent for receiving live on-line electronic preorder communication for proof of Order placed by me/us in confirmation to SEBI Circular dated 22.03.2018 as a confirmation for passing Orders and at the above E-mail Address to ensure avoidance of Un-Authorized Trading by SMIFS.	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
5.	Consent for receiving any communication by SMIFS at above E-mail ID	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
6.	Consent for receiving Research Reports, Promotional Information & Circulars from SMIFS at above E-mail ID.	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
7.	Consent for receiving any Alerts & Notifications from SMIFS at above Mobile No.	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
8.	Consent for receiving secured password(s) from SMIFS at above Mobile No. & E-mail ID.	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
9.	Consent for Internet Based Trading	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
10.	Consent for Mobile Trading	Yes <input type="checkbox"/>	No <input type="checkbox"/>								

The above consent is **revocable** and can be subject to modification / rectification / changes, providing 3 working days to SMIFS upon my/our notification addressed to helpdesk@smifs.com, to take note of the same in their records.

	First/Sole Holder	Second Holder	Third Holder
Name			
PAN			
Signature			



Acknowledgement
SMIFS Limited

4, Lee Road, Vaibhav, 5th Floor, Kolkata - 700 020

Tel. No. (91 33) 4011 5400, Fax : 2289 3401

Compliance Officer : Sudipto Datta / (91 33) 4011 5401 / compliance@smifs.com

SEBI Registration Nos. : INZ000220635, NSE - Cash Segment, Derivative (Equity & Currency), Commodity Segment, SLB, BSE - Cash Segment, Derivative (Equity & Currency), Commodity Segment, MCX - Commodity Segment, ICEX - Commodity Segment, CDSL and NSDL : IN-DP-414-2019.

Unique Client Code : _____ CDSL : _____ NSDL : _____ Received the application from

Mr./Mrs. _____ as the individual / sole / first holder along with _____

and _____ as the second and third holders respectively for opening a Depository and Broking Account.

Please quote the DP ID & Client ID in Depository Account and Unique Client Code in Broking Account allotted to you in all your future correspondences.

BROKER & DEPOSITORY PARTICIPANT SEAL & SIGNATURE _____ Date _____

VOLUNTARY REVOCABLE AUTHORIZATION(S)**RUNNING ACCOUNT AUTHORISATION (REVOCABLE)****M/s. SMIFS Limited****4, Lee Road, Vaibhav, 5th Floor, Kolkata - 700 020**

I/We have been/shall be dealing through SMIFS Limited (in short "SMIFS") as my/our broker on the Capital Market and/or Equity Derivative Market Segments/ Currency Derivative Segments/ Commodity Derivatives Segment. As my/our broker I/we direct and authorize SMIFS to carry out trading / dealings on my / our behalf as per instructions given below.

In order to avoid time consuming repeated pay-in by me/us and pay-out by SMIFS of funds I/we on this _____ day of _____, _____, at _____ hereby direct and authorise you to maintain running account(s) and debit/credit of funds from/to the running accounts and make pay-in/ receive funds to/from exchanges/clearing corporations/other receiving parties (if applicable).

Subject to your discretion and valuation of securities placed as margin/ collateral, please treat my/our funds lying to my/our credit in running accounts as margin/ collateral for my/our dealing/trading.

In the event I/we have outstanding obligations on the settlement date, SMIFS may retain the requisite securities/funds towards such obligations along with funds and/or securities expected to be required to meet margin obligations for next 5 trading days, in strict compliance to SEBI & Exchange Circular(s).

While settling the account, SMIFS shall send a 'statement of accounts' containing an extract from ledger for funds and an extract from the register of securities displaying all receipts/deliveries of funds/securities. In the statement(s) being sent, please provide details regarding retention of funds/securities (which are deposited with Stock Exchange/ Clearing Member/ Clearing Corporation/ Clearing House), if any.

I/We shall bring any discrepancy in the statement(s) preferably within 30 working days from the date of receipt to your notice so as to allow SMIFS take remedial steps, if any are warranted.

I/We authorize SMIFS not to carry out above stated settlement of running account in the event I/We avail Margin Trading Facility and in any event the securities retained with SMIFS should **NOT** be pledged with any Banks/NBFCs for raising funds as mandated in Securities Contract Act and extant circulars of SEBI and Stock Exchanges.

Under any conditions SMIFS shall **NOT** adjust / utilize the credit of funds for inter-client adjustment for the purpose of settlement of the running account.

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).

The actual settlement of funds will be done at least once in a calendar month (30 days) or quarter (90 days) as per my/our preference for actual settlement of funds:

Once in a Calendar Quarter (90 days)	Signature of Client	Date :
Once in a Calendar Month (30 days)	Signature of Client	UCC :
(To be signed by the CLIENT and NOT to be signed by the Attorney / Authorized Person etc, of the Client) (Retention Amount may increase or decrease as notified by Exchange(s) from time-to-time)		

I/We am/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 acknowledgment and take signatures of atleast two authorized officers at the Branch of SMIFS along with company stamp, at least one week in advance from the date of withdrawal. This Authorization is subject to changes as prescribed by the exchange(s)/SEBI from time-to-time.

Signature of Client	Date :
----------------------------	---------------

ACKNOWLEDGEMENT

Nomination Form accepted and registered vide Registration No. _____ dated _____
SMIFS LIMITED

(AUTHORISED SIGNATORY)

DP ID :	12016000	BO ID :	
DP ID :	IN301629	BO ID :	
ADDRESS :			
NOMINATION IN FAVOUR OF :			
DOES NOT WISH TO NOMINATE			
REGISTRATION NO.		REGISTERED ON :	
DEPOSITORY PARTICIPANT SEAL & SIGNATURE :			

CONFIRMATION UNDER THE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) / COMMON REPORTING STANDARD (CRS) [Mandatory for all investors including Unit holder 0Guardian in case of minor) and Joint holder(s)]

M/s. SMIFS Limited

4 Lee Road, 5th Floor, Vaibhav, Kolkata - 700 020

APPLICANT'S INFORMATION

Unique Client Code

Demat A/c. No.

Please complete in BLOCK LETTERS

FOR INDIVIDUAL INVESTORS (INDIVIDUAL / NRI / HUF / ON BEHALF OF MINOR / PROPRIETORSHIP FIRM)

FATCA Compliance Confirmation Indicia		“Yes” or “No” please (✓)	
Are you a Resident or Citizen of the United States?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Residence for Tax purposes in jurisdiction(s) outside India		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Citizenship of any country other than India		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Note : If ticked on “Yes” “Others” and/or “U.S.A.”, please provide all details :			
	First Account Holder	Second Account Holder	Third Account Holder
Name of the Account Holder			
City of Birth			
Country of Birth			
Address for TAX purpose	<input type="checkbox"/> Same as mailing address <input type="checkbox"/> Same as permanent address	<input type="checkbox"/> Same as mailing address <input type="checkbox"/> Same as permanent address	<input type="checkbox"/> Same as mailing address <input type="checkbox"/> Same as permanent address
Nationality (if national of more than one country, please mention all separately)			
Source of Wealth	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Rental Income <input type="checkbox"/> Gift <input type="checkbox"/> Royalty <input type="checkbox"/> Ancestral Property <input type="checkbox"/> Prize Money <input type="checkbox"/> Others (Pls. Specify) _____	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Rental Income <input type="checkbox"/> Gift <input type="checkbox"/> Royalty <input type="checkbox"/> Ancestral Property <input type="checkbox"/> Prize Money <input type="checkbox"/> Others (Pls. Specify) _____	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Rental Income <input type="checkbox"/> Gift <input type="checkbox"/> Royalty <input type="checkbox"/> Ancestral Property <input type="checkbox"/> Prize Money <input type="checkbox"/> Others (Pls. Specify) _____
Identification type - Documents submitted as proof of identity of the individual	<input type="checkbox"/> Passport <input type="checkbox"/> PAN <input type="checkbox"/> Election/ Voter's ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> Aadhaar Card/ Letter <input type="checkbox"/> NREGA Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Others (Pls. Specify) _____	<input type="checkbox"/> Passport <input type="checkbox"/> PAN <input type="checkbox"/> Election/ Voter's ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> Aadhaar Card/ Letter <input type="checkbox"/> NREGA Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Others (Pls. Specify) _____	<input type="checkbox"/> Passport <input type="checkbox"/> PAN <input type="checkbox"/> Election/ Voter's ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> Aadhaar Card/ Letter <input type="checkbox"/> NREGA Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Others (Pls. Specify) _____
Identification Number - for the identification type mentioned above			

*To also include USA, where the individual is a citizen / green card holder of USA *In case Tax Identification Number is not available, kindly provide functional equivalent.

CBDT Terms and conditions

I/We hereby declare, agree and confirm the following :

- I/We have understood the information requirement of this form as per the CBDT notified Rules 114F to 114H and hereby confirm that the information provided above is true, correct and complete to the best of my/our knowledge and belief, In case any of the above specified information is found to be false or untrue or misleading or misrepresenting. I/We am/are aware that I/We may be liable for it. In case of any change in the above given status on a future date, I/We undertake to inform SMIFS Limited (in short “SMIFS”) the same within 30 Days.
- I/We understand that SMIFS 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. I/We agree, as may be required by Regulatory Authorities, SMIFS shall be required to comply to report, reportable details to regulators / tax authorities / or close or suspend my/our account(s).



CONFIRMATION UNDER THE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) / COMMON REPORTING STANDARD (CRS) [Mandatory for all investors including Unit holder (Guardian in case of minor) and Joint holder(s)]

3. I/We agree that if I/We am/are 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/our account details, as required under inter-governmental agreement (IGA)/Multilateral Competent Authority Agreement (MCAA) signed by Indian Government, would be reported by SMIFS to the relevant Tax Authority.
4. If my/our Country of Birth is US I/We am/are 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/We hereby authorize SMIFS to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to SMIFS Limited to 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/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries to facilitate single submission/ updation & for other relevant purposes. I/we also undertake to keep SMIFS informed in writing about any changes/ modification to the above information in future and also undertake to provide any other additional information as required at your end.

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature			

CBDT Instructions

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach the same with the form. In case Client has the above Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, client to provide relevant Documentary evidence :

FATCA/ Common Reporting Standards (CRS)

1. What is FATCA/ CRS ?
The US Government introduced the Foreign Account Tax Compliance Act, 2010 (FATCA) for obtaining information on accounts held by U.S. taxpayers in other countries. Further, organization for Economic Co-operation & Development (OECD) and G20 countries agreed for automatic exchange on information through Common Reporting Standards (CRS). The government of India has signed an Inter-Government Agreement (IGA) with US and has also joined the Multilateral Competent Authority Agreement (MCAA) for automatic sharing of information with member countries of OECD and G20. by virtue of India signing an IGA with US and joining MCAA, Indian Financial Institutions will have to provide the required financial information to Indian Tax Authorities which in turn would forward reportable information to US IRS and member countries of OECD and G20 countries.
In order to implement FATCA and CRS norms in India, SMIFS Limited is required to implement procedures to identify U.S. account holders or other jurisdictions reportable accounts, perform due diligence and obtain documentary evidence wherever required and report details of such accounts to relevant tax authority.
2. US Person means : In case of individuals, U.S. person means a citizen or resident of the United States. persons who would qualify as U.S. persons could be born in United States, born outside the United States of a US parent, Naturalized citizens, Green Card Holders, tax residents.
3. Who is Reportable Person (Non US) under Common Reportable Standards (CRS) ?
Under Common Reportable Standards (CRS), reportable person means Tax residents of a reportable foreign jurisdiction other than U.S. (Please note that above information is provided only for quick reference to Clients. You are requested to consult a legal/tax advisor if in doubt.)
4. Documents to be collected if Clients Country of birth is U.S. but declare that he/she is not a U.S. person
 - Certificate of relinquishment of citizenship (Loss of nationality certificate); OR
 - Self-certification for stating reasons for not having such a certificate despite relinquishment of U.S. citizenship; OR
 - Self-certification for stating reasons for not obtaining U.S. citizenship at birth
5. Residence/mailling address in a country other than India
Self-certification that the account holders is neither a citizen of United States of America nor a resident for tax purposes; and Documentary evidence.

CONFIRMATION UNDER THE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) FOR DETERMINING US STATUS-NON-INDIVIDUALS

APPLICANT'S INFORMATION

Trading A/c No.

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Demat A/c No.

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(PLEASE FURNISH THE BELOW INFORMATION ALONG WITH SUPPORTING DOCUMENTS)

Please complete in **BLOCK LETTERS**

Name: _____

FATCA DECLARATION FOR ENTITY

If the answer to any one of the questions is 'Yes', please tick on 'Yes' against the question

A. Is the account holder a Government body/International ☐ Yes ☐ No
Organization/listed company on recognized stock exchange

If "No", then proceed to point B

If "yes" please specify name of stock exchange, if you are listed company _____, and proceed to sign the declaration

B. Is the account holder a (Entity/Financial Institution) ☐ Yes ☐ No
tax resident of any country other than India

If "yes", then please fill up FATCA/ CRS Self certification Form

If "No", proceed to point C

C. Is the account holder an Indian Financial Institution ☐ Yes ☐ No

If "yes", please provide your GIIN, if any _____

If "No", proceed to point D

D. Are the Substantial owners or controlling persons in the ☐ Yes ☐ No
entity or chain of ownership resident for tax purpose in
any country outside India or not an Indian citizen

If "yes", (then please fill FATCA/ CRS self certification form).

If "No", proceed to sign the declaration

I hereby confirm that the information provided above is true, accurate and complete.

CONFIRMATION UNDER THE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) FOR DETERMINING US STATUS-NON-INDIVIDUALS

DECLARATION			
<p>() Under penalty of perjury, I/we certify that:</p> <p>1. The applicant is:</p> <p>i. An applicant taxable as a US person under the laws of the United States of America ("U.S.") political subdivision thereof or therein, including the District to Columbia or any other states of the U.S.</p> <p>ii. An estate the income of which is subject to U.S. federal income tax regardless of the source thereof. (This clause is applicable only if the account holder is identified as a US person)</p> <p>2. The applicant is an applicant taxable as a tax resident under the laws of country outside India.</p> <p>i. I/We understand that SMIFS Limited (hereinafter referred to as SMIFS) is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. SMIFS is notable to offer any tax advice on FATCA/CRS or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.</p> <p>ii. I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.</p> <p>iii. I/We agree that as may be required by domestic regulators/tax authorities SMIFS may also be required to report, reportable details to CBDT or close or suspend my account.</p> <p>iv. I/We certify that, to the best of my/our knowledge and belief, the information provided on this form is true, correct and complete including the Taxpayer Identification Number of the applicant.</p>			
Name of the Entity:			
Signature of Client/Authorised Signatory(ies) 1	Signature of Client/Authorised Signatory(ies) 2	Signature of Client/Authorised Signatory(ies) 3	
Date:		Place:	

**Signature of Client/ Authoris
Signatory(ies) 1**



FINANCIAL DETAILS AND OTHER DETAILS

The information is sought under the Prevention of Money Laundering Act, 2002, the rules notified thereunder and SEBI and Exchange Guidelines issued on Anti Money Laundering.

1 (a). Annual Income (Last Three years from the date of opening of this Account)

1st Year

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Upto Rs. 1 Lac | <input type="checkbox"/> Rs. 1 Lac to 5 Lac | <input type="checkbox"/> Rs. 5 Lac to 10 Lac | <input type="checkbox"/> Rs. 2 Crore and above |
| <input type="checkbox"/> Rs. 10 Lac to Rs. 25 Lac | <input type="checkbox"/> Rs. 25 Lac to Rs. 50 Lac | <input type="checkbox"/> Rs. 50 Lac to Rs. 1 Crore | |

2nd Year

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Upto Rs. 1 Lac | <input type="checkbox"/> Rs. 1 Lac to 2 Lac | <input type="checkbox"/> Rs. 2 Lac to 5 Lac | <input type="checkbox"/> Rs. 5 Lac to 10 Lac |
| <input type="checkbox"/> Rs. 10 Lac to Rs. 25 Lac | <input type="checkbox"/> Rs. 25 Lac to Rs. 50 Lac | <input type="checkbox"/> Rs. 50 Lac to Rs. 1 Crore | <input type="checkbox"/> Rs. 2 Crore and above |

3rd Year

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Upto Rs. 1 Lac | <input type="checkbox"/> Rs. 1 Lac to 2 Lac | <input type="checkbox"/> Rs. 2 Lac to 5 Lac | <input type="checkbox"/> Rs. 5 Lac to 10 Lac |
| <input type="checkbox"/> Rs. 10 Lac to Rs. 25 Lac | <input type="checkbox"/> Rs. 25 Lac to Rs. 50 Lac | <input type="checkbox"/> Rs. 50 Lac to Rs. 1 Crore | <input type="checkbox"/> Rs. 2 Crore and above |

1 (b). Source of Income _____

2. Networth Details (as on the date of account opening)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Upto Rs. 1 Lac | <input type="checkbox"/> Rs. 1 Lac to 2 Lac | <input type="checkbox"/> Rs. 2 Lac to 5 Lac | <input type="checkbox"/> Rs. 5 Lac to 10 Lac |
| <input type="checkbox"/> Rs. 10 Lac to Rs. 25 Lac | <input type="checkbox"/> Rs. 25 Lac to Rs. 50 Lac | <input type="checkbox"/> Rs. 50 Lac to Rs. 1 Crore | <input type="checkbox"/> Rs. 2 Crore and above |

3. Please tick mark the additional applicable category to you.

- ☐ Non Resident Client;
- ☐ High Networth Client (having Annual Income or Networth of more than Rs. 1 Crore);
- ☐ Trust, Charities, NGOs and Organizations receiving donations;
- ☐ Company having close family shareholding or beneficial owners;
- ☐ Civil servant or family member or close relative of civil Servant;
- ☐ Bureaucrat of family member or close relative of bureaucrat;
- ☐ Current or Former MP or MLA or MLC or their family member or close relative;
- ☐ Politician or their family members or close relative;
- ☐ Current or Former Head of State or of Government or their family member or close relative;
- ☐ Senior Government/ Judicial/ Military Officers or their family member or close relative;
- ☐ Senior Executive of State-owned corporations or their family member or close relative;
- ☐ Companies offering foreign exchange offerings;
- ☐ None of the above;

SELF DECLARATION

1. I/We hereby further confirm/ undertake that the investments/trading done in Securities Market are from my / own / borrowed sources of funds and I/We confirm that the funds utilized for trading activities by me is in compliance with the rules, regulations and guidelines stipulated under PMLA.

- a. My annual Income is Rs. _____ (Source of Income _____)
- b. My DP holding as on date is attached herewith. The total valuation as on _____ is Rs. _____.
- c. My Net Worth as on _____ is Rs. _____

2. I /We certify that the information given above by me/us is true and undertake to notify SMIFS Limited, promptly of any change in my/our KYC information concerning my income and investment profile.

3. I/We understand that providing any incomplete, false or incorrect information may give effect to liability under the provisions of SEBI Act, 1992 and Regulations, Rules, Circulars, Guidelines thereunder as well as the Rules, Regulations, Bye-laws, Circulars of Stock Exchange(s) where SMIFS Limited is a Trading Member.

Signature		Date	
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Trading Declaration - Senior Citizen (To be signed by the client)

M/s. SMIFS Limited

4 Lee Road, 5th Floor, Vaibhav, Kolkata - 700 020

Sub : Account opening application

 *Account Type :

	Online		Offline		Both
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I, S/o or W/o age years, am willing to open trading account with you and I have submitted an account opening form for the same. In this regard I submit following information :

Financial Details :	Annual Income : Rs.	Total Net-worth : Rs.
Investment Objective :	Short Term/ Medium Term / Long Term
Risk Appetite :	Low / Medium / High
Whether dealt/ Experienced in Capital Market Segment in the past	Yes / No : _____ If Yes, Name of the Broker
Whether dealt/ Experienced in Derivative Market Segment in the past	Yes / No : _____ If Yes, Name of the Broker

Having understood that investment in Securities Market and particularly in Derivative Market Segments involves risk including risk of leveraging and unlimited loss etc., I am willing to open the trading account at my own risk and consequences.

Signature of Client		Date :	UCC :
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Report prepared by RM and Verified by Branch In-charge

Met the Client Personally		Yes		No	
Physical Health of the Client		Good		Suffering from any Disease If Yes, Name of Disease :	
Client will place order for trades directly		Yes		No	
Attach copy of Authority letter along with "Verified with original" valid ID and Address proof of Authorized Person					
Financial Background of the Client :					
Educational Background :					
Professional Background :					
Should Capital Market Segments Trading be permitted to the Client - Yes/No (state the reason) along with due diligence carried out :					
Should Derivatives Market Segments Trading be permitted to the Client - Yes/No (state the reason) along with due diligence carried out :					
Relationship Manager	Name :				
	Signature :				
Branch In-charge	Name :				
	Signature :				
Date :	Company Seal :				
Time :					

QUESTIONNAIRE FOR CLIENT CALLING (Office Use)

Get Confirmation from Client :

Name	
Address	
Mobile No./ Other Mobile No.	
Mail ID	
Mother's Name	
City of Birth	
Do you Nominate Someone	<input type="checkbox"/> Y <input type="checkbox"/> N
If Yes, Nominee Name	
Relation	

Get Confirmation from Client :

Source of Income	
Income Range	
Last 3 years Annual Income Range	
a. 1 Year	
b. 2 Year	
c. 3 Year	
Net Worth	Approx (<input type="checkbox"/> <1 Lakhs <input type="checkbox"/> 1-2 Lakhs <input type="checkbox"/> 2-5 Lakhs <input type="checkbox"/> 5-10 Lakhs <input type="checkbox"/> 10-25 Lakhs <input type="checkbox"/> 25-50 Lakhs <input type="checkbox"/> 50 Lakhs - 1 Crore <input type="checkbox"/> More than 1 Crore
Occupation	
Educational Qualification	
Have you Traded with any other AP/TM ?	Y / N
If Yes then Name of the AP / TM	
Segments confirmation	NSE - CM ; NSE - F&O ; CURRENCY ; NSE - COMM. BSE - CM ; BSE - F&O ; CURRENCY ; BSE - COMM. ; MCX ; ICEX
Brokerage Confirmation	
Authorized Representative	
IBT	<input type="checkbox"/> DIET ODIN <input type="checkbox"/> Mobile Trading
Configuration on IBT Charges as applicable : _____	
Comments of Employee (if any) after Client Calling	

Name of Employee		Designation		Date
Signature				Time



SMIFS
LIMITED
LEGACY | TRUST | GROWTH

