



**STEWART &
MACKERTICH**
LEGACY | TRUST | GROWTH

Account Opening Kit



SMIFS FINANCE LIMITED

COMMODITY

4, Lee Road (Satyajit Ray Dharani), Vaibhav, 5th Floor, Kolkata - 700 020
Phone : +91 33 3051 5400 / 4011 5400, Fax : +91 33 2289 3401
Website : www.smifs.com | E-mail : investors@smifs.com



SMIFS FINANCE LIMITED

MEMBERSHIP DETAILS

NAME OF MEMBER – SMIFS FINANCE LIMITED			
NAME OF EXCHANGE	MARKET SEGMENT	SEBI REGISTRATION No.	DATE
MULTI COMMODITY EXCHANGE OF INDIA LIMITED	Derivative	INZ000094536	23/11/2016
REGISTERED & CORRESPONDENCE OFFICE			
ADDRESS	4, Lee Road, Vaibhav, 5th Floor, Kolkata – 700 020		
CONTACT NUMBERS	Tel. No.: (91 33) 3051 5400 Fax: 2289 3401		Official Web Site - www.smifs.com
KEY OFFICIALS			
DESIGNATION OF OFFICIAL	DESIGNATED DIRECTOR	COMPLIANCE OFFICER	
NAME OF OFFICIAL	Shri Rajesh Kumar Kochar	Shri Sudipto Datta	
CONTACT TELEPHONE NUMBER	(91 33) 3051 5420	(91 33) 3051 5401	
E-MAIL ID.	rajesh.kochar@smifs.com	sudipta@smifs.com	
FOR ANY GRIEVANCE/DISPUTE PLEASE CONTACT:			
SMIFS FINANCE LIMITED			
INVESTOR GRIEVANCE OFFICER : MS NILANJANA MUKHERJEE			
4, LEE ROAD, VAIBHAV, 5TH FLOOR, KOLKATA – 700 020			
TEL. NO.: (91 33) 3051 5401 FAX: 2289 3401			
E-mail - investors@smifs.com			
IN CASE NOT SATISFIED WITH THE RESPONSE OF SMIFS FINANCE LIMITED PLEASE CONTACT THE CONCERNED EXCHANGE(S) AT			
NAME OF EXCHANGE	CONTACT Nos.	CONTACT E-MAIL ID	
MULTI COMMODITY EXCHANGE OF INDIA LIMITED	(91 22) 6731 8888 / 6649 4070	grievance@mcxindia.com	

OTHER MEMBERSHIP DETAILS OF STEWART & MACKERTICH WEALTH MANAGEMENT LIMITED			
NAME OF EXCHANGE / DEPOSITORY	MARKET SEGMENT	SEBI REGISTRATION No.	DATE
National Stock Exchange of India Limited	Capital Market	INB 230599932	27/05/1994
National Stock Exchange of India Limited	Derivative Market (Equity)	INF 230599932	12/03/2001
National Stock Exchange of India Limited	Derivative Market (Currency)	INE 230599932	04/03/2009
Bombay Stock Exchange Limited	Capital Market	INB 011207459	03/11/2000
Bombay Stock Exchange Limited	Derivative Market (Equity)	INF 010599935	05/10/2000
Central Depository Services (India) Limited	Depository Participant	IN-DP-24-2015	06/02/2015
National Securities Depository Limited	Depository Participant		



SMIFS FINANCE LIMITED

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



Important Instructions:

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

For office use only Application Type* New Update
 (To be filled by financial institution) KYC Number (Mandatory for KYC update request)
 Account Type* Normal Simplified (for low risk customers) Small

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"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<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	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector)	
	<input type="checkbox"/> O-Others (<input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife
	<input type="checkbox"/> B-Business	<input type="checkbox"/> Student		
	<input type="checkbox"/> X- Not Categorised			

PHOTO

Signature / Thumb Impression

2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)
 ISO 3166 Country Code of Jurisdiction of Residence*
 Tax Identification Number or equivalent (If issued by jurisdiction)*
 Place / City of Birth* ISO 3166 Country Code of Birth*

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

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input type="text"/>

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type* Residential / Business Residential Business Registered Office Unspecified

Proof of Address* Passport Driving Licence UID (Aadhaar)
 Voter Identity Card NREGA Job Card Others please specify
 Simplified Measures Account - Document Type code

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*
Line 2
Line 3 City / Town / Village*
District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

Same as Current / Permanent / Overseas Address details Same as Correspondence / Local Address details

Line 1*
Line 2
Line 3 City / Town / Village*
State* ZIP / Post Code* ISO 3166 Country Code*

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

Tel. (Off) - Tel. (Res) - Mobile -
FAX - Email ID

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* Guardian of Minor Assignee Authorized Representative
Prefix First Name Middle Name Last Name
Name*
(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)

A- Passport Number Passport Expiry Date --
 B- Voter ID Card
 C- PAN Card
 D- Driving Licence Driving Licence Expiry Date --
 E- UID (Aadhaar)
 F- NREGA Job Card
 Z- Others (any document notified by the central government) Identification Number
 S- Simplified Measures Account - Document Type code Identification Number

7. REMARKS (If any)

8. 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 receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : -- Place :

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date --
Emp. Name
Emp. Code
Emp. Designation
Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name
Code

[Institution Stamp]

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 sections 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):** 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 Measures 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 (S).

Document Code	Description
01	Identity card with applicant's photograph issued by Central/ State Government Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, 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 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 or 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 is 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 / U.T	Code	State / U.T	Code	State / U.T	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	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	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
Aland Islands	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	GQ	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
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States 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	MO	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SJ
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	NR	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
Brunei 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 Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	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
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire Côte d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion Réunion	RE	Virgin Islands, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao Curaçao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy Saint Barthélemy	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		

Annexure A1

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual | Correspondence / Local Address

Important Instructions:

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



For office use only Application Type* New Update
 (To be filled by financial institution) KYC Number (Mandatory for KYC update request)

1. CORRESPONDENCE / LOCAL ADDRESS DETAILS (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

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

Tel. (Off) - Tel. (Res) - Mobile -

FAX - Email ID

3. 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.

Date : - -

Place :

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Annexure B1

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

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike of the sections not required to be updated.



For office use only Application Type* New Update
 (To be filled by financial institution) KYC Number (Mandatory for KYC update request)

1. DETAILS OF RELATED PERSON (Please refer instruction G at the end)

Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* Guardian of Minor Assignee Authorized Representative

Name* Prefix First Name Middle Name Last Name

(If KYC number and name are provided, below details of section 1 are optional)

PROOF OF IDENTITY (PoI) OF RELATED PERSON* (Please see instruction (H) at the end)

A- Passport Number Passport Expiry Date DD - MM - YY YY

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date DD - MM - YY YY

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document notified by the central government) Identification Number

S- Simplified Measures Account - Document Type code Identification Number

2. 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.

Date : DD - MM - YY YY Place :

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Date <input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YY YY	Name <input type="text"/>
Emp. Name <input type="text"/>	Code <input type="text"/>
Emp. Code <input type="text"/>	<input type="text"/>
Emp. Designation <input type="text"/>	
Emp. Branch <input type="text"/>	
<input type="text"/> [Employee Signature]	<input type="text"/> [Institution Stamp]

KNOW YOUR CLIENT (KYC) Application Form - For Non Individuals

NEW CHANGE REQUEST (Please tick ✓ the appropriate) Acknowledgement No. _____

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

(Please tick ✓ the box on left margin of appropriate row where **CHANGE/CORRECTION** is required and provide the details in the corresponding now)

A IDENTITY DETAILS

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

B ADDRESS DETAILS

<input type="checkbox"/>	1. Address for Correspondence													
<input type="checkbox"/>	City / Town Village								Country			Pin Code		
<input type="checkbox"/>	State													
<input type="checkbox"/>	2. Specify the Proof of Address submitted for Correspondence Address:													
<input type="checkbox"/>	3. Contact Details													
<input type="checkbox"/>	Tel. (Off.)					Fax								
<input type="checkbox"/>	Tel. (Res.)					Mobile No.								
<input type="checkbox"/>	E-Mail Id													
<input type="checkbox"/>	4. Registered Address (If different from above)													
<input type="checkbox"/>	City / Town Village								Country			Pin Code		
<input type="checkbox"/>	State													

C OTHER DETAILS (If space is insufficient, enclose these details separately (Illustrative format enclosed))

<input type="checkbox"/>	1. Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:										
<input type="checkbox"/>	2. DIN of whole time directors :										
<input type="checkbox"/>	2b. Aadhar number of Promoters/Partners/Karta :										

D DECLARATION

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

Date: DD / MM / YYYY

Signature

Name & Signature of the Authorised Signatory

FOR OFFICE USE ONLY

In Person Verification (IPV) Details:

Name of the person who has done the IPV: _____

Designation: _____ Employee ID: _____

Name of the Organization: _____

Date of IPV: DD / MM / YYYY

Signature of the person who has done the IPV

Seal/Stamp of the Intermediary

Originals Verified and Self Attested Document copies received

Date

Signature of the Authorised Signatory

1. Name

2. Relationship with Applicant (i.e. promoters, whole time directors etc.)

3a. PAN 3b. DIN

3c. Aadhar (UID) Number

4. Residential/Registered Address

City / Town Village		Country	Pin Code
State			

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

1. Name

2. Relationship with Applicant (i.e. promoters, whole time directors etc.)

3a. PAN 3b. DIN

3c. Aadhar (UID) Number

4. Residential/Registered Address

City / Town Village		Country	Pin Code
State			

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

1. Name

2. Relationship with Applicant (i.e. promoters, whole time directors etc.)

3a. PAN 3b. DIN

3c. Aadhar (UID) Number

4. Residential/Registered Address

City / Town Village		Country	Pin Code
State			

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

1. Name

2. Relationship with Applicant (i.e. promoters, whole time directors etc.)

3a. PAN 3b. DIN

3c. Aadhar (UID) Number

4. Residential/Registered Address

City / Town Village		Country	Pin Code
State			

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

1. Name

2. Relationship with Applicant (i.e. promoters, whole time directors etc.)

3a. PAN 3b. DIN

3c. Aadhar (UID) Number

4. Residential/Registered Address

City / Town Village		Country	Pin Code
State			

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

Name & Signature of the Authorised Signatory (ies)

Date: / /



INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

1. Self attested copy of PAN card is mandatory for all clients, including Promoters / Partners / Karta / Trustees and Whole Time Directors and persons authorized to deal in commodities / commodity derivatives on behalf of company / firm / others.
2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
3. If any proof of identity or address is in a regional language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. Sole Proprietor must make the application in his individual name and capacity.
7. For Non-Residents and Foreign Nationals (allowed to trade subject to RBI and FIPB / FEMA Guidelines and other applicable statutory approvals), copy of Passport / PIO Card / OCI Card and Overseas Address proof is mandatory.
8. For Foreign Entities, CIN is optional and in the absence of DIN Number for the Directors, their Passport Copy should be given.
9. In case of Merchant Navy NRIs, Mariners declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted along with other statutory approvals required for investment in Commodities.
10. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.

B. PROOF OF IDENTITY (POI): - LIST OF DOCUMENTS ADMISSIBLE AS PROOF OF IDENTITY:

(*Documents having an expiry date should be valid on the date of submission.)

1. Unique Identification Number (UID) (Aadhaar)/ Passport/ Voter ID Card/ Driving license.
2. PAN card with photograph.
3. Identity Card / Document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit Cards/Debit Cards issued by Banks.

C. PROOF OF ADDRESS (POA): - LIST OF DOCUMENTS ADMISSIBLE AS PROOF OF ADDRESS:

(*Documents having an expiry date should be valid on the date of submission.)

1. Passport/ Voters Identity Card/ Ration Card/ Registered Lease or Sale Agreement of Residence/ Driving License/ Flat Maintenance bill/ Insurance Copy.
2. Utility bills like Telephone Bill (only land line), Electricity Bill or Gas Bill - Not more than 3 months old.
3. Bank Account Statement/Passbook - Not more than 3 months old.
4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary Public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
6. Identity Card/Document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
7. The proof of address in the name of the spouse may be accepted.

D. EXEMPTIONS/CLARIFICATIONS TO PAN: (*Sufficient documentary evidence in support of such claims to be collected.)

1. Transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
2. Investors residing in the state of Sikkim (subject to the continued exemption granted by the Government).

E. LIST OF PEOPLE AUTHORIZED TO ATTEST THE DOCUMENTS:

1. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/ Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
2. In case of NRIs, 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. IN CASE OF NON-INDIVIDUALS, ADDITIONAL DOCUMENTS TO BE OBTAINED FROM NON-INDIVIDUALS, OVER & ABOVE THE POI & POA, AS MENTIONED BELOW:

Types of entity	Documentary requirements
Corporate	<ul style="list-style-type: none"> • Copy of the Balance Sheets for the last 2 financial years (to be submitted every year). • Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, 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 Commodity Market. • Copy of Board Resolution or Declaration (on the Letter Head) naming the persons Authorized to deal in Commodity Derivatives on behalf of Company / Firm / Others and their 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 and List of coparceners. • Bank Pass-Book/Bank Statement in the name of HUF. • Photograph, POI, POA, PAN of Karta.
Government Bodies	<ul style="list-style-type: none"> • Self-certification on letterhead. • Authorized 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 Authorized to act as Authorized Signatories with specimen signatures. • true copy of Society Rules and Bye Laws certified by the Chairman/Secretary.

**Annexure - 1 Part-II****For Individuals & Non-Individuals**

Please fill this form in ENGLISH and in BLOCK LETTERS.

A. OTHER DETAIL (INDIVIDUAL)

- Gross Annual Income Details (please specify):** Income Range per annum: Below Rs 1 Lac / 1-5 Lac / 5-10 Lac / 10-25 Lac / >25 Lacs or **Net-worth as on** _____ (_____) (Net worth should not be older than 1 year)
- Occupation (please tick any one and give brief details):** Private Sector/ Public Sector/ Government Service/Business/ Professional/ Farmer/Others(Specify)
- Please tick, if applicable:** Politically Exposed Person (PEP)/ Related to a Politically Exposed Person (PEP)/Not a Politically Exposed Person (PEP)/Not Related to a Politically Exposed Person (PEP)

OTHER DETAILS (NON-INDIVIDUAL)

- Gross Annual Income Details (please specify):
Income Range per annum: Below Rs 1 Lac / 1-5 Lac / 5-10 Lac / 10-25 Lac / 25 Lacs-1 crore / > 1 crore
 - Net-worth as on (date) _____ (dd/mm/yyyy): _____ (*Net worth should not be older than 1 year)
 - Name, Pan Residential Address and Photographs of Promoters/Partners/Karta/Trustees/whole time directors:
- _____
- Please tick, if applicable, for any of your authorized signatories / Promoters / Partners / Karta/ Trustees / Whole Time Directors: Politically Exposed Person (PEP)/ Related to a Politically Exposed Person (PEP)**

B. BANK ACCOUNT(S) DETAILS

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

- ❖ Mention - Saving/Current/ Others-In case of NRI/NRE/NRO for Account Type.
- ❖ For Multiple Bank Account Details use Separate Sheets.
- ❖ Provide a Copy of Cancelled Cheque Leaf / Pass Book / Bank Statement specifying name of the Client,

C. DEPOSITORY ACCOUNT(S) DETAILS

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

- ❖ For Multiple Demat Account Details use Separate Sheets

D. TRADING PREFERENCES

Sr. No.	Name of the Commodity Exchanges	Date of Consent by Client for Trading on Concerned Exchange	Signature of the Client
1.	Multi Commodity Exchange of India Limited		

Annexure - 1 Part-II**For Individuals & Non-Individuals**

Please fill this form in ENGLISH and in BLOCK LETTERS.

- ❖ Please sign in the Relevant Boxes against the Exchange with which you wish to Trade. The Exchange not chosen should be struck off by the Client.
- ❖ Provide a Copy of either Demat Master or a recent Holding Statement issued by DP bearing name of the Client.

E. INVESTMENT / TRADING EXPERIENCE

Sr. No.	Nature of Experience	Number of Years	Signature of the Client
1	No Prior Experience		
2	In Commodities		
3	Other Investment Related Fields		

F. GOODS AND SERVICE TAX (GST) REGISTRATION DETAILS

Registration Authority	Registration Number	Registration Date

G. PAST ACTIONS

Details of any action / proceedings initiated / pending / taken by FMC / SEBI / Stock Exchange / Commodity Exchange / any other authority against the Client during the last 3 years

H. DEALINGS THROUGH OTHER MEMBERS

IF CLIENT IS DEALING THROUGH ANY OTHER MEMBER, PROVIDE THE FOLLOWING DETAILS:

Member's / Authorized Person's (AP) Name:

Exchange:

Exchange Registration Number:

Concerned Member's Name with whom the AP is Registered:

Registered Office Address:

Phone:

Fax:

Website:

E-Mail Id.:

Client Code:

Details of Disputes / Dues Pending from / to such Member / Authorized Person

- ❖ In case dealing with Multiple Members, provide details of all in a separate sheet containing all the information as mentioned herein above.

I. INTRODUCER DETAILS (optional)

Name of the Introducer:			
	(Surname)	(Name)	(Middle Name)
Status of the Introducer:	Authorized Person / Existing Client / Others, please specify.....		PAN of Introducer
Address and phone no. of the Introducer:			
Signature of the Introducer:		Date:	Client Code:



Annexure - 1 Part-II

For Individuals & Non-Individuals

Please fill this form in ENGLISH and in BLOCK LETTERS.

J. ADDITIONAL DETAILS (If YES, then please fill in Appendix – A)			
Whether you wish to receive physical contract note or Electronic Contract Note (ECN) (please specify)			YES / NO
Specify your Email id, if applicable			
Signature of Client			
K. NOMINATION DETAILS (for individuals only)			
<input type="checkbox"/> I / We wish to nominate		<input type="checkbox"/> I / We do not wish to nominate	
			Signature :
Name of Nominee			
		(Surname)	(Name)
		(Middle Name)	
Relationship with the Nominee :		Date of Birth of Nominee	PAN of Nominee
Address and phone no. of the nominee :			
IF NOMINEE IS A MINOR, DETAILS OF GUARDIAN:			
Name of Guardian			
		(Surname)	(Name)
		(Middle Name)	
Address and phone no. of the Guardian			
Signature of Guardian			Date
WITNESSES ((Only applicable in case the account holder has made nomination)			
Name :		Name :	
Address :		Address :	
Signature :		Date	Date
DECLARATION			

1. 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.
2. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.
3. I/We confirm having read/been explained and understood the contents of the Tariff Sheet and all Voluntary / Non-Mandatory documents.
4. I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and 'Risk Disclosure Document' and 'Do's and Don't's'. 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 Members designated website, if any.

Signature of Client / (All) Authorized Signatory (ies)		Signature of Client / (All) Authorized Signatory (ies)	
Place :	Date :	Place :	Date :

Annexure - 1 Part-II

FOR OFFICE USE ONLY			
UCC CODE ALLOTTED TO THE CLIENT :			
	Documents verified with Originals	Client Interviewed By	In-Person Verification done by
Name of the Employee			
Employee Code			
Designation of the employee			
Date			
Signature			

We undertake that we have made the client aware of Tariff Sheet and all the Voluntary / Non-Mandatory Documents. We have also made the client aware of 'Rights and Obligations' Document (s), RDD, 'Do's & Don't's' and Guidance Note. We have given/sent the client a copy of all the KYC documents. We undertake that any change in the Tariff Sheet and all the Voluntary / 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.

Name of Authorized Signatory		Signature of the Authorized Signatory	Seal/Stamp of SMIFS Finance Limited
Date			
Place			

**TARIFF SHEET****DERIVATIVE MARKET SEGMENT**

Brokerage Slab in %	Minimum Paisa	Carry Forward Charges	One Side / Both Side

OTHER CHARGES:

	Nature of Charges	Applicable Charges
1.	Annual Subscription Fee for EXE Based Diet Users	999/- per annum
2.	Delay payment charges - on overdue balance towards trading (Standard Rate per annum)	Upto 18%
3.	Document Handling Charges a. 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. b. 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	25/- + applicable taxes per contract note/other documents.

In addition to brokerage additional charges including statutory levies i.e. stamp duty, exchange transaction charges, Goods & Service Tax(GST), CTT, other taxes and levies, investor protection fund fees etc. charged by the statutory authorities/ Exchange(s), delayed payment charges, cheque bounce charges, delivery shortage penalty as may be applicable will be levied. For details please login on our website: www.smifs.com.

I/We understand that market condition change over time and therefore agree that Stewart & Mackertich is authorized to change the tariff under intimation to me/us and upon acceptance by me/us in writing, in future.

Signature of Client		Date
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KYC Document Booklet & Declaration for opening Commodity Trading Account

SMIFS Finance Ltd.
4 Lee Road, 5(F)
Kolkata 700 020

Dear Sir,

Subject: KYC Document Book & Declaration for opening Commodity Trading Account

1. I/We am/are desirous of opening the Commodity Trading Account with SMIFS Finance Limited in the process of executing client registration documents relating to the opening of Commodity Trading account.
2. I/We have furnished all the details in the KYC form as per SEBI/ Exchange. I/We confirm having read /been explained and understood the contents of the KYC Documents which are provided to me 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, Authorized Person and Client for trading on.
 - c) Uniform Risk Disclosure Documents (RDD) prescribed by SEBI and Stock Exchanges.
 - d) Guidance Note detailing do's and don'ts for trading on Stock Exchanges.
 - e) Information on Anti- Money Laundering.
 - f) Policies and Procedures documents describing significant policies and procedures of SMIFS Finance Limited.
 - g) KYC Documents Booklet and Declaration.
3. I understand and agree that any amendment/modifications as required by the Exchange 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 of the Exchanges and/or SEBI requirements applicable for opening Commodity Trading Account.
5. I/We confirm having read /been explained and understood the contents of the document on Policies and Procedures documents describing significant policies and procedures of SMIFS Finance Limited, Information on Anti- Money Laundering.
6. I/We further confirm having read and understood the contents of the "Right and Obligations" document(s) and "Risk Disclosure Document"(RDD). 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.
7. I/We have received the booklet with above mentioned contents
8. I/We 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 aware that I/We may be held liable for termination and suitable action.

<i>Signature</i>	<i>Signature</i>	<i>Signature</i>
Name of the Client/ Authorised Signatories	Name of the Client/ Authorised Signatories	Name of the Client/ Authorised Signatories
Unique Client Code:		
Date:		



VOLUNTARY REVOCABLE AUTHORIZATION (S)

RUNNING ACCOUNT AUTHORISATION (REVOCABLE)

SMIFS Finance Limited
4 Lee Road, Vaibhav, Kolkata – 700 020

I / We have been / shall be dealing through SMIFS Finance Limited (hereinafter referred to as Stewart & Mackertich) as my / our Member on the Commodity Segments. As my / our Member I / we direct and authorize Stewart & Mackertich to carry out trading / dealings on my / our behalf as per instructions given below.

I am / We are aware that Stewart & Mackertich and I/ we have the option to deliver commodities / make payments of funds to each other for settlement of dealings as per the schedule in force at the relevant time pursuant to directives / regulations / circulars, issued by exchange / regulatory authorities. However, I / we find it difficult to carry out repeated pay-in of funds and commodities. Further, I / we also desire to use my / our commodities and monies as margin / collateral without which I / we cannot deal / trade.

Therefore I / we hereby direct and authorize you to maintain running account(s) for me / us and from time to time debit these commodities and funds from running accounts and make pay-in of commodities and funds to exchanges / other receiving party (ies) to settle my / our trades / dealings. Similarly, where I / we have to receive commodities / funds in settlement of trades / dealings please keep the commodities and monies with Stewart & Mackertich and make credit entries for the same in running accounts of commodities and funds maintained by Stewart & Mackertich. Further subject to your discretion and valuation please treat my / our commodities and funds lying to my / our credit in running accounts as margin / collateral for my / our dealings / trading.

In the event I / we have outstanding obligations on the settlement date, Stewart & Mackertich may retain the requisite commodities / funds towards such obligations and may also retain the funds expected to be required to meet margin obligations for next 5 trading days. While settling the account please send me / us “a statement of accounts” containing an extract from ledger for funds and an extract from the register of commodities displaying all receipts / deliveries of funds / commodities. Please explain in the statement(s) being sent the retention of funds / commodities and the details of the pledge, if any.

I / we agree that if I / we fail to bring any dispute arising from the statement of accounts or settlement so made to your notice within **fifteen working days** from the date of receipt of funds / commodities or statement, as the case may be in writing by delivery at your registered office then in that event the statement of accounts or settlement so made shall attain finality and I / we shall have no right to dispute any / either of these ever.

In the even of my/our written request to settle funds and commodities lying in credit in my/our account, Stewart & Mackertich shall be under obligation to settle such funds and commodities lying in my / credit within **one working day**.

My / our preference for settlement of funds and commodities is at least:

<input type="checkbox"/>	Once in a Calendar Quarter	<input type="checkbox"/>	Once in a Calendar Month	
				<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Signature of Client

VOLUNTARY REVOCABLE AUTHORIZATION (S)

Stewart & Mackertich under any conditions shall NOT adjust / utilize the credit of both funds and commodities for inter-client adjustment for the purpose of settlement of the running account.

I / we shall be liable for all losses, damages and actions which may arise as a consequence of your adhering to and carrying out my / our directions given above and further agree that Stewart & Mackertich shall not be liable for any claim for loss or profit, or for any consequential, incidental, special or exemplary damages, caused by retention of commodities / monies under this declaration.

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

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

(To be signed by the CLIENT and NOT to be signed by the Attorney / Authorized Person etc. of the Client)



VOLUNTARY REVOCABLE AUTHORIZATION (S)

VERBAL ORDERS/INSTRUCTIONS ACCEPTANCE & AUTHORIZATION FOR INSTRUCTIONS BY THIRD PERSONS TO TRADE AND TRANACT ON BEHALF OF CLIENT (REVOCABLE)

SMIFS Finance Limited
4 Lee Road, Vaibhav, Kolkata – 700 020

I/We have been / shall be dealing through SMIFS Finance Limited (hereinafter referred to as Stewart & Mackertich) as my/our Member I/We direct and authorize Stewart & Mackertich to carry out trading/dealings on my/our behalf as per instruction given below.

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

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

I/We understand the risk associated with verbal orders and accept the same, and agree that I/We shall not be entitled to disown orders and consequent trades (if any) by shifting the burden of proof by asking Stewart & Mackertich to prove the placement of orders through telephone recording or otherwise. I/We shall be liable for all losses, damages and actions which may arise as a consequence of your adhering to and carrying out my/our direction given above.

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

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

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

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

VOLUNTARY REVOCABLE AUTHORIZATION (S)

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

AUTHORIZED REPRESENTATIVE - 1		
<div style="border-bottom: 1px solid black; margin-bottom: 10px; text-align: center;">Signature of Authorized Representative</div> Name <div style="border-bottom: 1px solid black; width: 80%; display: inline-block;"></div> <div style="border-bottom: 1px solid black; margin-top: 10px; text-align: center;">Address of Authorized Representative</div>	Please Affix Recent Passport Sized Colored Photograph & Sign Across of Authorized Representative	Signature of Client Attesting the Details of Authorized Representative
AUTHORIZED REPRESENTATIVE - 2		
<div style="border-bottom: 1px solid black; margin-bottom: 10px; text-align: center;">Signature of Authorized Representative</div> Name <div style="border-bottom: 1px solid black; width: 80%; display: inline-block;"></div> <div style="border-bottom: 1px solid black; margin-top: 10px; text-align: center;">Address of Authorized Representative</div>	Please Affix Recent Passport Sized Colored Photograph & Sign Across of Authorized Representative	Signature of Client Attesting the Details of Authorized Representative
AUTHORIZED REPRESENTATIVE - 2		
<div style="border-bottom: 1px solid black; margin-bottom: 10px; text-align: center;">Signature of Authorized Representative</div> Name <div style="border-bottom: 1px solid black; width: 80%; display: inline-block;"></div> <div style="border-bottom: 1px solid black; margin-top: 10px; text-align: center;">Address of Authorized Representative</div>	Please Affix Recent Passport Sized Colored Photograph & Sign Across of Authorized Representative	Signature of Client Attesting the Details of Authorized Representative

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

Signature of Client		Date
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**VOLUNTARY REVOCABLE AUTHORIZATION (S)****ELECTRONIC CONTRACT NOTE (ECN) - DECLARATION****SMIFS Finance Limited****4 Lee Road, Vaibhav, Kolkata – 700 020**

I/We _____ a Client with Member SMIFS Finance Limited (hereinafter referred to as Stewart & Mackertich) of Multi Commodity Exchange of India Limited 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 form should be in English or in any other Indian languages known to me. This declaration will remain valid till it is revoked by the client.

(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.)

(The above lines must be reproduced in own-handwriting of the Client)

Name of Client		UCC
Signature of Client		PAN
Address of Client		Date : Place :
Verification of Client Signature Done By		
Name of the Designated Office of the Member		Designation:
Signature the Designated Office of the Member		Date:



DECLARATION

**SMS AND EMAIL ALERTS FROM EXCHANGE/S & COMMODITY BROKERS
(Reference to SEBI circular Ref: No. CIR/MIRSD/15/2011 dated August 02,2011)**

SMS and E-mail Alerts from Exchange(s) and Stewart & Mackertich for my Trading Account

UCC: _____

I/we request you to activate the facility of SMS and Email alerts from Exchange(s) and Stewart & Mackertich for transactions in the above mentioned trading account.

- Yes I/we wish to receive alerts by SMS /Email
- By SMS BY Email By SMS & Email

***If opted for both SMS and Email Facility , it is mandatory to give both Mobile Number and E-mail ID.**

If you wish to receive alerts by SMS/Email, the following options are available (Tick any one and give the details accordingly)

I/we wish to receive alerts from Exchanges and Stewart & Mackertich and give my/our consent to details being send to this below- mentioned mobile no./email Id.

My/our Mobile No. : _____

My our Email Id ; _____

Signature of Client		UCC :
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DECLARATION**DECLARATION BY CLIENT TO REGISTER EMAIL ADDRESS AND / OR MOBILE NUMBER WITH SMIFS FINANCE LIMITED OF FAMILY MEMBER FOR RECEIVING TRADE & TRANSACTION ALERTS FROM EXCHANGE**

I/we hereby declare that the Mobile Number and/or Email ID given in the account opening form are of my relative. He / She already has a trading with Stewart & Mackertich under the below-mentioned PAN and UCC.

Relationship(Tick where applicable) : Spouse Dependent Parent Dependent Children

PAN of the family member: _____

Unique Client Code of the family member _____

Signature of Client		UCC :
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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)]

SMIFS Finance Ltd.
4 Lee Road, 5th Floor, Vaibhav,
Kolkata – 700020

APPLICANT'S INFORMATION

Commodity Trading A/c No. UCC _____

Please complete in **BLOCK LETTERS**

	First Account Holder	Second 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
Nationality (if national of more than one country, please mention all separated by a comma)		
Father's Name		
Spouse Name		
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) _____
Identification Number - for the identification type mentioned above		

Are you a tax resident of any country other than India?

- First account holder : Yes No
 Second account holder : Yes No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below:

Account Holder Details	Name of Customer	Country / (ies) of Tax Residency#	Tax Identification Number (TIN)*	Identification Type (TIN or Other*, please specify)
First				
Second				

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\$

Certification: I/We have understood the information requirements of this Form as per the CBDT notified Rules 114F to 114H and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the Terms and Conditions below and hereby accept the same.

I/We understand that my personal details as provided /available in the bank records will be used for CBDT reporting.

Signature of First Holder

Signature of Second Holder

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)]

CBDT Terms and Conditions

The Central Board of Direct Taxes (CBDT) has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Please note that you may receive more than one request for information if you have multiple relationships with HDFC Bank or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

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 this to the form. In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA/ CRS Indicia observed (ticked)		Documentation required for Cure of FATCA/ CRS indicia
1.	U.S. place of birth	<ol style="list-style-type: none"> 1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND 3. Any one of the following documents: <ol style="list-style-type: none"> a. Certified Copy of "Certificate of Loss of Nationality or b. Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
2.	Residence/ mailing address in a country other than India	<ol style="list-style-type: none"> 1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; and 2. Documentary evidence (refer list below)
3.	Telephone number in a country other than India (and no telephone number in India provided)	<ol style="list-style-type: none"> 1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; and 2. Documentary evidence (refer list below)
4.	Standing instructions to transfer funds to an account maintained in a country other than India	<ol style="list-style-type: none"> 1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; and 2. Documentary evidence (refer list below)

**FINANCIAL DETAILS AND OTHER DETAILS**

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

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

1st Year

Upto Rs. 1 lac	Rs. 1 lac to 2 lacs	Rs. 2 lacs to 5 lacs	Rs. 5 lacs to 10 lacs
Rs.10 lacs to Rs.25 lacs	Rs.25 lacs to Rs.50lacs	Rs.50 lacs to Rs.1 crore	Rs.1 Crore and above

2nd Year

Upto Rs. 1 lac	Rs. 1 lac to 2 lacs	Rs. 2 lacs to 5 lacs	Rs. 5 lacs to 10 lacs
Rs.10 lacs to Rs.25 lacs	Rs.25 lacs to Rs.50lacs	Rs.50 lacs to Rs.1 crore	Rs.1 Crore and above

3rd Year

Upto Rs. 1 lac	Rs. 1 lac to 2 lacs	Rs. 2 lacs to 5 lacs	Rs. 5 lacs to 10 lacs
Rs.10 lacs to Rs.25 lacs	Rs.25 lacs to Rs.50lacs	Rs.50 lacs to Rs.1 crore	Rs.1 Crore and above

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

Upto Rs. 1 lac	Rs. 1 lac to 2 lacs	Rs. 2 lacs to 5 lacs	Rs. 5 lacs to 10 lacs
Rs.10 lacs to Rs.25 lacs	Rs.25 lacs to Rs.50lacs	Rs.50 lacs to Rs.1 crore	Rs.1 Crore and above

3. Please tick mark the additional applicable category to you

- Non-resident Client
- High Networth Client (having annual income +Networth of More than Rs. 1 Crore;
- Trust, Charities, NGOs and Organizations receiving donations;
- Company having close family shareholdings or beneficial owners;
- Civil Servant or family member or close relative of Civil Servant;
- Bureaucrat or 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 Governments or their family member or close relative;
- Senior Government/judicial/military officers or their family member or close relative;
- Senior Executives of state-owned corporations or their family member or close relative;
- Companies offering foreign exchange offerings;
- None of the above;

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.

Signature of Client		Date :
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**STEWART &
MACKERTICH**
LEGACY | TRUST | GROWTH



SMIFS FINANCE LIMITED