Know Your Client (KYC) Application Form (For Individuals Only) DISCOUNT BROKERAGE | POWERED BY SINC Please fill the form in ENGLISH and in BLOCK letters **Application Number:** Fields marked * are mandatory Application Type*: ☐ New KYC ■ Modification KYC Fields marked * are pertaining to CKYC and mandatory only if processing CKYC **KYC Mode*:** Please Tick (✓) ☐ Normal ☐ EKYC OTP ☐ EKYC Biometric ☐ Online KYC ☐ Offline EKYC □ Digilocker 1. Identity Details (please refer guidelines overleaf) Trading Code: DP Id: Client Id: PAN* Name* (same as ID proof) Maiden Name[†] (if any) Fathers/Spouse's Name* Date of Birth* Gender* _ Female Transgender Marital Status* Single $\ \ \square$ Indian Other_ Nationality* ☐ Non Resident Indian Resident Individual Residential Status* Foreign National Please Tick (✓) Person of Indian Origin⁺ Cross Signature across photograph (Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC. Select NRI or Foreign National based on Nationality of the individual) Proof of Identity (POI) submitted for PAN exempted cases (Please tick) XXXX XXXX A — Aadhaar Card (Expiry Date) B — Passport Number C — Voter ID Card (Expiry Date) D — Driving License E —NREGA Job Card F — NPR Z —Others ____(any document notified by Central Government) **Identification Number** Address Details* (please refer guidelines overleaf) A. Correspondence/Local Address* Line 1* Line 2 Line3 City/Town/Village* District* Pin Code* State* Country* Residential/Business Unspecified Address Type* Residential **Business** Registered Office **Applicant SIGN**

B. Permanent residence address of applicant, if different fro	m above A / Overseas Address* (Mandatory for NRI Applicant)				
Line 1*					
Line 2					
Line3					
City/ Town/Village*Dist	rict*Pin Code*				
State*Cou	ntry*				
Address Type* Residential/Business Residential	Business Registered Office Unspecified				
Proof of Address* (attested copy of any 1 POA for correspondence and permanen	t address each to be submitted)				
A — Aadhaar Card XXXX XXXX					
B — Passport Number (Expiry Date)					
C — Voter ID Card	C — Voter ID Card				
D — Driving License	D — Driving License (Expiry Date)				
E —NREGA Job Card					
F — NPR Letter					
Z—Others	Others (any document notified by Central Government)				
Identification Number					
3. Contact Details (in CAPITAL)					
Email ID*					
Mobile No. *					
Tel (off)	Tel (Res)				
One mobile number or Email id is not allowed in multiple accounts. If exist kindly tick on relation: () Spouse / () Dependent child / () Dependent parents.					
4. Applicant Declaration					
I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take to inform you of any	Applicant Wet Signature				
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 receiving information from CVL KRA through SMS/Email on the above registered number/Email address.					
I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be					
validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along					
with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.					
DATE:(DD-MM-YYYY)					
PLACE:					
5. For Office Use Only					
In-Person Verification (IPV) carried out by*	Intermediary Details*				
IPV Date	Self-certified document copies received (OVD)				
Emp. Name	True Copies of documents received (Attested)				
Emp. Code	AMC / Intermediary Name :				
Emp. Designation	Moneywise Finvest Ltd. / SMC Global Securities Ltd.				
Employee Signature and Stamp	Institution Name and Stamp				

FINANCIAL & ADDITIONAL DETAILS UPDATION FORM

Applicant Name (same as ID proof)			
Father's/Spouse' Name			
Mother's			
Name*			
Financial Details	Income Range (Per Annum	n) as on date	e//20
Gross Annual Income Details (PleaseSpecify)		9 Rs 1 - 5 Lal	
	θ Rs 10 - 25 Lakh	9 Above Rs	25 Lakh
	#Provide document in supp	oort of finan	ncial details (mandatory for Derivatives)
Net worth (should not be older than			
1 year) (Mandatory for Non-	Rs	as on date	/ /20
individual)			
Occupation (In case of Individual)	θ Private Sector	θ Public Se	ector θ Central Government
	heta State Government	θ Business	θ Professional
	heta Agriculturalist	$\theta \text{ Retired}$	heta House Wife
	heta Student	θNGO	θ Others
*If business is selected, then provide	nature of business		
Politically Exposed (Please tick)			
θ Not Politically Exposed Person (PEP) / Not Re	lated to Politically Exposed	Person (PEF	P)
heta Politically Exposed Person (PEP) / Related to	a Politically Exposed Person	(PEP)	
FATCA Declaration			
Are you resident outside India for Tax Purpose	θ No θ Yes (provide	additional i	information)Country of Birth
	θ India θ Other	er	(specify)
City of Birth		l :- f	(specify)
<i>If you are resident outside India for Tax Purpose</i> Country of Tax residence	e, provide Jollowing addition	nai injormat	uon:
Tax Identification Number (TIN)	-		(attach TIN proof)
#Documents that can be submitted in sur	port of financial details	(anv	For Office use
one):			In-Person Verification (IPV) conducted
(i) Copy of ITR			by: Details of Monyewise
(ii) Copy of Annual Accounts / Balance Sheet and P&L			Employee/AP:
(iii) In case of salary income - Salary Slip or Cop	by of Form 16		Limployee/Ar.
(iv) Net worth certificate			Name:
(v) Copy of latest demat account holding statement with value			Signature: Date
(vi) Bank account statement for last 6 months			
Applicant SIGN			

	Applicant SIGN
Date: DD / MM	/ YYYY