

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



sbicap securities

SBICAPSECURITIES LIMITED

Application No.: D

Please fill in ENGLISH and in BLOCK LETTERS with black ink

**A. Identity Details (please see guidelines overleaf)**

1. Name of Applicant (As appearing in supporting identification document):

Name

Father's/Spouse Name

2. Gender  Male  Female B. Marital status  Single  Married C. Date of Birth  /  /

3. Nationality  Indian  Other (Please specify) \_\_\_\_\_

4. Status Please tick (✓)  Resident Individual  Non Resident  Foreign National (Passport Copy Mandatory for NRIs & Foreign Nationals)

5. PAN  Please enclose a duly attested copy of your PAN Card

Unique Identification Number (UID)/Aadhaar, if any: \_\_\_\_\_

6. Proof of Identity submitted for PAN exempt cases Please tick (✓)

JID (Aadhaar)  Passport  Voter ID  Driving Licence  Others (Please see guideline 'D' overleaf)

PHOTOGRAPH

Please affix the recent passport size photograph and sign across it

**B. Address Details (please see guidelines overleaf)**

1. Address for Correspondence

City / Town / Village  Pin Code   
 State  Country

2. Contact Details

Tel. (Off.): (ISD) (STD)  /  /  /  /   
 Tel. (Res.): (ISD) (STD)  /  /  /  /

Mobile (ISD) (STD)  /  /  /  /  Fax (ISD) (STD)  /  /  /  /

E-Mail Id

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

Passport  Ration Card  Registered Lease/Sale Agreement of Residence  Driving License  Voter Identity Card  \*Latest Bank A/c Statement/Passbook  
 \*Latest Telephone Bill (only Land Line)  \*Latest Electricity Bill  \*Latest Gas Bill  Others (Please specify) \_\_\_\_\_

\*No. more than 3 Months o.c. Validity/Expiry date of proof of address submitted  /  /  /  /

4. Permanent Address of Resident Applicant if different from above B1 OR Overseas Address (Mandatory) for Non-Resident Applicant

City / Town / Village  Pin Code   
 State  Country

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

Passport  Ration Card  Registered Lease/Sale Agreement of Residence  Driving License  Voter Identity Card  \*Latest Bank A/c Statement/Passbook  
 \*Latest Telephone Bill (only Land Line)  \*Latest Electricity Bill  \*Latest Gas Bill  Others (Please specify) \_\_\_\_\_

\*No. more than 3 Months o.c. Validity/Expiry date of proof of address submitted  /  /  /  /

**C. Other Details (please see guidelines overleaf)**

1. Gross Annual Income Details (Please tick (✓):  Below 1 Lac  1-5 Lac  5-10 Lac  10-25 Lac  > 25 Lacs

OR

Net-worth in ₹. (\*Net worth should not be older than 1 year) \_\_\_\_\_ as on (date)  /  /  /  /

2. Occupation (Please tick (✓) any one and give brief details):

Private Sector Service  Public Sector  Government Service  Business  Professional  Agriculturist  Retired  
 Housewife  Student  Forex Dealer  Others (Please specify) \_\_\_\_\_

3. Please tick, if applicable:  Politically Exposed Person  Related to a Politically Exposed Person

For definition of PEP, please refer guideline overleaf

4. Any other information: \_\_\_\_\_

**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.

Place:

Date:

**SIGNATURE OF APPLICANT**

**FOR OFFICE USE ONLY**

**DOCUMENT VERIFIED WITH ORIGINALS AND IN-PERSON VERIFICATION DONE BY**

Name of the Employee \_\_\_\_\_

Designation \_\_\_\_\_

IPV Done on Date:  /  /  /  /

For SBICAP Securities Ltd.

Signature of Verifier

\*Please note that the KYC Application Form and overleaf instructions should be printed on the same page (back to back). If printed separately then both the pages should be attached and signed by the applicant.



INTRODUCERSDETAILS (OPTIONAL)	
Name	
Status of the Introducer	<input type="checkbox"/> Sub-broker <input type="checkbox"/> Remisier <input type="checkbox"/> Authorised Person <input type="checkbox"/> Existing Client <input type="checkbox"/> Employee of A&S <input type="checkbox"/> Other (Specify) _____
Address	
	City <span style="float:right">State</span>
	Pin Code <span style="float:right">Country</span>
Contact Details	Tel. _____ <div style="float:right; border: 1px solid black; padding: 5px; width: 150px;"> </div>
	Mobile: _____
NOMINATION FORM (For Trading Account)	
<input type="checkbox"/> I/We wish to nominate <input type="checkbox"/> I/We do not wish to nominate	
NOMINEE DETAILS	
Name	
Address	
State	Country
Telephone	Mobile
PAN No.	Fax
Relationship with Nominee (if any)	Date of Birth (if Nominee is a minor)   D   D   M   M   Y   Y   Y   Y
GUARDIAN DETAILS (If nominee is a minor)	
Guardian Name	
Address	
State	Country
Telephone	
Mobile	
DETAILS OF WITNESS	
Signature of First Witness	Signature of Second Witness
_____	_____
Name _____	Name _____
Address _____	Address _____
_____	_____
DECLARATION	
1. 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.	
2. I/We confirm having read/been explained and understood the contents of the document on policy and procedures of the stock broker and the tariff sheet.	
3. I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) / additional clauses for providing Internet/Wireless Based Trading (IBT) / 'Risk Disclosure Document' / Guidance Note and Policies & Procedures. 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 designated website, if any.	
Date: _____	
Place: _____	

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

**ONLY FOR DEMATA ACCOUNT**

I/We request you to open a Demat Account in my name as per the details furnished in the KYC Application Form and following additional details:

**TYPE OF ACCOUNT (Please tick whichever is applicable)**

- Individual Resident       Individual Director       Individual Director's Relative       Individual HUF/AOP
- Individual Promoter       Individual Margin Trading A/C (MANTRA)       Others (Specify)

Name of the First / Sole Holder	PAN NO. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Name of the Second Holder	PAN NO. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Name of the Third Holder	PAN NO. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Automatic Credit      I/We authorise you to receive credit in my / our account without any instruction from me / us.       YES       NO

SMS Alert Facility       YES.      Mobile No.      +      9      1      [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]       NO  
*Refer to Terms and Conditions given as Annexure 'A' (page 39)*

easi       YES.      If yes, please complete registration of easi at www.cdslindia.com.       NO  
*[BO can view his/her ISIN balances, transactions and value of the portfolio online through CDSL's website www.cdslindia.com]*

ECS Mandate      Do you wish to receive dividend / interest directly in to your Designated Bank Account through ECS?       YES       NO

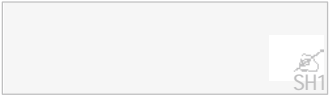
Account Statement       Daily       Weekly       Fortnightly       Monthly

I / We request you to send Electronic Transaction-cum-Holding Statement at Sole / First Holders Email ID stated in the AoF       YES       NO

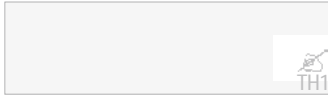
I/We have read the terms & conditions DP-BO agreement and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.



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



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



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

**OFFICE USE ONLY**

**CLIENT INTERVIEWED BY**

Name of the Employee		
Employee Code		Designation
Date		
Signature of the Interviewer		

**DOCUMENT VERIFIED WITH ORIGINALS/ IN-PERSON VERIFICATION DONE BY**

Name of the Employee		
Designation		
Date		
Signature of Verifier		

I / We undertake that we have made the client aware of 'Policy and Procedures', tariff sheet and all the non-mandatory documents. I/We have also made the client aware of 'Rights and Obligations' document (s), RDD and Guidance Note. I/We have given/sent him a copy of all the KYC documents. I/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. I/We also undertake that any change in the 'Rights and Obligations' and RDD would be made available on my/our website, if any, for the information of the clients.

For SBICAP Securities Limited

Authorized Signatory

**NOMINATION FORM (Only for Demat Account)**

REF. : BO Account Details

1	2	0	4	7	2	0	0															
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I/We the Sole holder/Joint holders/Guardian (in case of minor) hereby declare that:

- I/We do not wish to nominate any one for this demat account. OR  
 I/We nominate the following person who is entitled to receive security balances lying in my/our account, particulars whereof are given below, in the event of the death of the Sole holder or the death of all the Joint Holders.

**NOMINEE DETAILS**

Name																							
Address																							
City										State													
Country										Pincode (Mandatory)													
Telephone										Fax													
Mobile										Email ID													
Relationship with BO (if any)										Date of Birth (if Nominee is a minor)													
											D		D		M		M		Y		Y		Y

**GUARDIAN DETAILS (If nominee is a minor)**

As the, Nominee is a minor as on date, I/We appoint following person to act guardian and to receive the securities in this account on behalf of the Nominee in the event of death of the Soleholder/all Joint holders.

Guardian Name																							
Address																							
City										State													
Country										Pincode (Mandatory)													
Telephone										Fax													
Mobile										Email ID													
Age																							

This nomination shall supersede any prior nomination made by me/us and also any testamentary document executed by me / us.

Name of the First / Sole Holder \_\_\_\_\_

Name of the Second Holder \_\_\_\_\_

Name of the Third Holder \_\_\_\_\_

Place \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

**DETAILS OF WITNESS**

Signature of First Witness _____	Signature of Second Witness _____
Name _____	Name _____
Address _____	Address _____

*(To be filled by DP)*

Nomination accepted and registered vide Registration No. \_\_\_\_\_  
 Dated \_\_\_\_\_

*For SBICAP Securities Limited*

Authorised Signatory