

SMIFS Finance Limited

4, Lee Road, Vaibhav, 5th Floor, Kolkata – 700 020
KNOW YOUR CLIENT (KYC) APPLICATION FORM

FOR INDIVIDUALS

Please fill this form in ENGLISH and in BLOCK LETTERS.

PHOTOGRAPH
Please affix your
recent passport
size photograph
and sign across it

A. IDENTITY DETAILS

- Name of the Applicant: _____
- Father's/ Spouse Name: _____
- a. Gender: Male/ Female b. Marital Status: Single/ Married c. Date of birth: _____(dd/mm/yyyy)
- a. Nationality: _____ b. Status: Resident Individual/ Non Resident/ Foreign National (If Non Resident / Foreign National, self-certified copy of statutory approval obtained must be attached)
- a. PAN: _____ b. Unique Identification Number (UID)/ Aadhaar, if any: _____
c. Any other additional proof of Identity: _____

B. ADDRESS DETAILS (Proof of address must be different from the proof of Identity Submitted)

- Address for correspondence: _____
City/town/village: _____ Pin Code: _____ State: _____ Country: _____
- Contact Details: Tel. (Off.) _____ Tel. (Res.) _____ Mobile No.: _____
Fax: _____ Email id: _____
- Specify the Proof of Address submitted for Correspondence Address: _____
- Permanent Address (if different from above or overseas address, mandatory for Non-Resident Applicant):

City/town/village: _____ Pin Code: _____ State: _____ Country: _____
- Specify the Proof of Address submitted for Permanent Address: _____

C. OTHER DETAILS

- 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)

D. 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 MICR Code and/or IFSC Code.

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E. 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
 ❖ Provide a Copy of either Demat Master or a recent Holding Statement issued by DP bearing name of the Client.

F. TRADING PREFERENCES

Sr. No.	Name of the National Commodity Exchanges	Date of Consent by Client for Trading on Concerned Exchange	Signature of the Client
1	MULTI COMMODITY EXCHANGE OF INDIA LIMITED		

❖ 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.

G. 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		

H. SALES TAX REGISTRATION DETAILS (As Applicable, State Wise)

Registration Authority	State Where Registered	Registration (Number & Date)	Validity Period
Local Sales Tax			
Local Sales Tax			
Central Sales Tax			

I. VALUE ADDED TAX REGISTRATION DETAILS (As Applicable, State Wise)

Registration Authority	State Where Registered	Registration (Number & Date)	Validity Period

J. 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	
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K. 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.			

L. NOMINATION DETAILS (for individuals only)					
I/WE WISH TO NOMINATE / I/WE DO NOT WISH TO NOMINATE			Signature:		
Name of the 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:					
Address and phone no. of Guardian					
Signature of Guardian			Date:		
WITNESSES (Only applicable in case the account holder has made nomination)					
Name			Name		
Address			Address		
Signature			Signature		Date
		Date			Date

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M. 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:

N. 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	

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.
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 Tariff Sheet and all Voluntary / Non-Mandatory documents.
3. 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:

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IN-PERSON VERIFICATION DETAILS		
----- Signature of Client -----	Please Affix Your Recent Passport Sized Colored Photograph & Sign Across	Signature of Employee with Date, Place and Stamp of Company upon In-Person Verification
----- Name of Employee & Employee-Code, Carrying out In-Person Verification		

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.

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

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FOR NON-INDIVIDUALS – (Form Need To Be Signed By All The Authorized Signatories)

Please fill this form in ENGLISH and in BLOCK LETTERS.

PHOTOGRAPH
Please affix the
recent passport
size photographs
and sign across it

A. IDENTITY DETAILS

- Name of the Applicant: _____
- Date of incorporation: _____ (dd/mm/yyyy) & Place of incorporation: _____
- Date of commencement of business: _____ (dd/mm/yyyy)
- a. PAN: _____ b. Registration No. (e.g. CIN): _____
c. Any other additional proof of Identity: _____
- Status (please tick any one):
Private Limited Co. / Public Ltd. Co. / Body Corporate / Partnership / Trust / HUF / LLP / Others (please specify)
_____ (In case of Foreign Entity or entity with Foreign Shareholders, Self-Certified Copy of Statutory Approval Obtained must be attached.)

B. ADDRESS DETAILS (Proof of address must be different from the proof of Identity Submitted)

- Address for correspondence: _____
City/town/village: _____ Pin Code: _____ State: _____ Country: _____
- Contact Details: Tel. (Off.) _____ Tel. (Res.) _____ Mobile No.: _____
Fax: _____ Email id: _____
- Specify the Proof of Address submitted for Correspondence Address: _____
- Registered Address (if different from above): _____
City/town/village: _____ Pin Code: _____ State: _____ Country: _____
- Contact Details: Tel. (Off.) _____ Tel. (Res.) _____ Mobile No.: _____
Fax: _____ Email id: _____
- Specify the Proof of Address submitted for Registered Address, if Applicable: _____

C. OTHER DETAILS

- 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 and whole time directors: _____
- DIN / DPIN / UID of Promoters / Partners / LLP Partners / Karta and 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)/Not a Politically Exposed Person (PEP)/Not Related to a Politically Exposed Person (PEP)
- Client Profile: Producer / Trader / Consumer / Others (Please Specify) _____

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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

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K. 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.

L. 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:

M. 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	

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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 Tariff Sheet and all Voluntary / Non-Mandatory documents.
3. 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:

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.

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

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FOR NON-INDIVIDUALS

Annexure for details of Authorized Signatories / Promoters / Partners /Karta / Trustees /Whole-Time Directors authorized to Operate the Account		
Name:	Please Affix Your Recent Passport Sized Colored Photograph & Sign Across	
Designation:		
Residential Address		
PAN		
UID No.		
		_____ Signature
Name:	Please Affix Your Recent Passport Sized Colored Photograph & Sign Across	
Designation:		
Residential Address		
PAN		
UID No.		
		_____ Signature
Name:	Please Affix Your Recent Passport Sized Colored Photograph & Sign Across	
Designation:		
Residential Address		
PAN		
UID No.		
		_____ Signature
Name:	Please Affix Your Recent Passport Sized Colored Photograph & Sign Across	
Designation:		
Residential Address		
PAN		
UID No.		
		_____ Signature

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FOR OFFICE USE ONLY		
<input type="checkbox"/> (Originals verified) True copies of documents received <input type="checkbox"/> (Self-Attested) Self Certified Document copies received Date _____	Signature of the Authorized Signatory Name of Authorized Signatory	Seal/Stamp of SMIFS Finance Limited
Comments of Employee (if any) after Interview of Client and Risk Profile assessed		
Client Interviewed On (Mention Date & Time)	Name of Authorized Signatory	Signature of the Authorized Signatory
Comments of Employee (if any) after Interview of Introducer of Client		
Introducer Interviewed On (Mention Date & Time)	Name of Authorized Signatory	Signature of the Authorized Signatory
Account Authorized On	Name of Authorized Signatory	Signature of the Authorized Signatory
Date of Opening	Unique Client Code Allotted	Other Registration in Group