

# COMBINED MODIFICATION REQUEST FOR DEMAT AND TRADING



Kences Towers, 4th Floor,  
1, Ramakrishna St.,  
T. Nagar,  
Chennai - 600 017.

Courier Ref. No.	B.O. Ref. No.	H.O.Ref.No

## BANK / DP UPDATION / BRANCH TRANSFER

I/We request you to make the following changes in my / our Demat and Trading account.

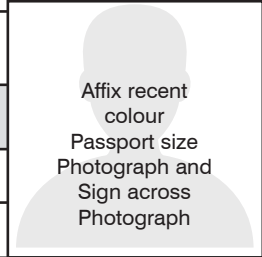
Changes to be effected :  Only Demat  Only Trading  Both DP & Trading

DP ID : IN300441 / IN301313 / IN300757

CLIENT CODE

CLIENT ID :

BRANCH NAME



## BANK DETAILS\*

Bank Name												
Account Number							SB	CA	OD/CC	NRE	NRO	Others
Bank Address												
	PIN Code											
MICR Code							IFSC Code					

NOTE

### DOCUMENTS REQUIRED FOR CHANGE OF BANK IN DEMAT & TRADING (PHOTO TO BE AFFIXED IN THE REQUEST)

1. Photostat copy of the front page of your bank pass-book with last transaction Page/Recent Statement (with in 2 months).
2. Photocopy of the cancelled cheque leaf (or) cancelled Original cheque leaf.
3. PIS approval letter is mandatory for NRI - Repatriable Category Demat & Trading A/c.
5. Photograph is compulsory for only trading & Both DP and Trading option.

\* Above bank details will be updated as default bank (funds payout will be given to this account) in the trading account.

## DEFAULT DP UPDATION

ONLY TRADING

Shares Payout will be given to this account and I know that all shares purchased by me will be transferred to the below mentioned Demat A/c

DP NAME

DP ID

CLIENT ID

Recent crystal format of client master list will have to be provided along with identity proof. Identity Proof : \_\_\_\_\_

I/We agree that any error in giving the details as mentioned above will be my / our responsibility & I / We Will not hold Integrated Enterprises (India) Pvt. Ltd., responsible for any loss due to transfer of shares from the account as mentioned above.

\* If POA available for existing default DP, POA Cancellation request will have to be provided.

## BRANCH TRANSFER REQUEST (Photograph compulsory)

ONLY TRADING

My trading code is \_\_\_\_\_. Currently trading at \_\_\_\_\_. I request you to shift my trading activity to (new branch) \_\_\_\_\_ due to \_\_\_\_\_

I request you to close my trading code as mentioned in the request and transfer credit of all the funds & securities from my old client code to new client code.

### Following Basic Holder details are mandatory for Branch transfer request (Individual status trading A/C)

Father / Husband Name : \_\_\_\_\_ Occupation \_\_\_\_\_

Marital Status :  Single  Married  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

Annual Income Details : <Rs.1 lac    Rs.1-5 lac    Rs.5-10 lac    Rs.10-25 lac    More than 25 lac  
Net Worth (Should not be older than one year) Amount \_\_\_\_\_ as on date

### Details for HUF Status Trading Account

KARTA Annual Income :  <Rs.20 lac     Rs.20-50 lacs     Rs.50-100 lacs     More than 1 crore  
KARTA PAN No. : \_\_\_\_\_ (Copy of pan will have to be provided)  
Name of HUF Member : \_\_\_\_\_ (Copy of pan will have to be provided)  
HUF Member PAN No. : \_\_\_\_\_  
HUF Member Address : \_\_\_\_\_ PIN \_\_\_\_\_  
HUF Member Contact No. : \_\_\_\_\_

**DOCUMENTS REQUIRED FOR BRANCH TRANSFER (TRADING ONLY)**

- ☼ Trading Holder Photograph is compulsory. ☼ Proof of Identity & Address (PoA & Pol) will have to be provided.
- ☼ Kindly fill the FATCA Details given below. Non-Individual FATCA Download from our website [www.integratedindia.in](http://www.integratedindia.in).
- ☼ Policies and Procedures and MF-PoA will have to be provided.
- ☼ If there are any changes in the address, bank, contact details, kindly submit necessary request & proof(s) for the same.

**FATCA/CRS (Individuals)****PLEASE FURNISH THE BELOW INFORMATION ALONG WITH SUPPORTING DOCUMENTS.**

Please check (✓) Yes or No to each of the following questions Please complete in BLOCK LETTERS

	1st Applicant	2nd Applicant	3rd Applicant
Country of Residence			
Country of Birth			
1. Are you a U. S. Resident?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Are you a U.S. Citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Do you hold a U.S. Permanent Resident Card (Green Card Holder)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. If answer to any of the questions from 1 to 3 is Yes then please provide your Tax Identification Number which is your Social Security Number in Form W9	Yes <input type="checkbox"/> No <input type="checkbox"/> _____	Yes <input type="checkbox"/> No <input type="checkbox"/> _____	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
5. Resident/Citizen of any other Country Specify the Country	Yes <input type="checkbox"/> No <input type="checkbox"/> _____	Yes <input type="checkbox"/> No <input type="checkbox"/> _____	Yes <input type="checkbox"/> No <input type="checkbox"/> _____

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

I undertake to notify INTEGRATED within 30 Calendar Days if there is a change in any information which I have provided to INTEGRATED.

Name of the Holder(s)	Signature of the Holder(s) (To be signed by all holders in case of Demat A/C)
1.	
2.	
3.	

**For Branch Use only**

In Person Verification (IPV) Details / Branch Transfer Confirmation Name of the person who has done the IPV : _____ Employee ID : _____ Date : _____ Signature of the person / BM who has done the IPV / Confirmation : _____	Branch Seal / Stamp
<b>HEAD OFFICE PURPOSE</b>	
Verified by _____ Updated by _____ HO Ref No. _____	

**INSTRUCTIONS**

1. Updation will be effected in the demat client id & corresponding trading code mentioned in the request.
2. One request is to be submitted for one Demat ID / Trading code.
3. Trading Code is having multiple demat accounts separate requests will have to be given.
4. Application should be filled in ENGLISH and to be filled in Capital Letters.
5. Kindly Select only one updation option in the request - only Demat, only Trading, both Demat and Trading. Multiple options not to be selected.
6. Request will have to be signed by all the demat account holders even though the trading code is in any one person's name.  
In case of updation in Demat A/C this request is to be signed by all the account holder(s)
7. All proofs submitted by the applicant should be self-attested and accompanied by originals for verification.
8. If any proof of address or Identity is in a foreign/other language, then translation into English is required.
9. Holder(s) Authentication is required if any corrections made in the request. Corrections should be authenticated by all the holders with their full signatures.
10. This request will have to be signed by the account holder(s) only. POA Holder/Trading Authorised person can not sign this request.
11. Documents having a expiry date should be valid for 4 months from the date of submission.
12. Request Incomplete in any respect and / or not accompanied with required documents will not be entertained.
13. Bank details mentioned in the request will be updated as default bank in the trading account.
14. In case of additional bank updation in the trading account separate request will have to be provided.
15. Contact details is mandatory for all updation in Demat and trading.
16. In case trading code is in Dormant Status, kindly submit dormant activation request also.
17. If Default demat account which is mapped to the trading code is closed Default dp updation request will have to be submitted.
18. Name of the HUF & Karta name seal to be affixed on the request for HUF Category accounts.

**ALL UPDATION WILL TAKE 7 WORKING DAYS FOR REGISTRATION FROM DATE OF RECEIPT**

# Combined Modification Request for Address & Contact Details



Kences Towers, 4th Floor,  
1, Ramakrishna St.,  
T. Nagar,  
Chennai - 600 017.

Courier Ref. No.	B.O. Ref. No.	H.O.Ref.No

I/We request you to make the following changes in my / our Demat and Trading account.

**Changes to be Effected :**     **Only Demat**     **Only Trading**     **Both DP and Trading**

<b>DP ID</b> : IN300441 / IN301313 / IN300757	<b>CLIENT CODE</b> :
<b>CLIENT ID</b> :	<b>BRANCH NAME</b> :

## ADDRESS DETAILS

Kindly update the New Address\* as per the option selected in the above request.  
(\*As per address mentioned in the KYC application form)

**Update the New Address for the Nominies**     **1st**     **2nd**     **3rd** or     **NO** (If Nominee Registered)

## CONTACT DETAILS

Kindly update the Contact Details\* as per the option selected in the above request.  
(\*As per Contact Details mentioned in the KYC application form)

## FACILITY FOR MOBILE & E-MAIL ID

Mobile Number with SMS facility for Demat			Holder Consent for Mobile Connection	
<b>MOBILE NO</b>	<b>1st Holder</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Belongs to me <input type="checkbox"/> (or) to my Family Member* <input type="checkbox"/>
	<b>2nd Holder</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Belongs to me <input type="checkbox"/> (or) to my Family Member* <input type="checkbox"/>
	<b>3rd Holder</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Belongs to me <input type="checkbox"/> (or) to my Family Member* <input type="checkbox"/>
Remove the Existing Land line/Fax No.(If already registered) <input type="checkbox"/>			Mobile No with SMS facility is mandatory if you are giving POA	

Mode of receiving Annual report, AGM Notice and Other Communications from the Registrar & NSDL CAS			Holder Consent for E-mail ID	
<b>E-MAIL ID</b>	<b>1st Holder</b>	Physical <input type="checkbox"/>	E-mail <input type="checkbox"/>	Belongs to me <input type="checkbox"/> (or) to my Family Member* <input type="checkbox"/>
	<b>2nd Holder</b>	Physical <input type="checkbox"/>	E-mail <input type="checkbox"/>	Belongs to me <input type="checkbox"/> (or) to my Family Member* <input type="checkbox"/>
	<b>3rd Holder</b>	Physical <input type="checkbox"/>	E-mail <input type="checkbox"/>	Belongs to me <input type="checkbox"/> (or) to my Family Member* <input type="checkbox"/>

*\* As per NSDL circular No. NSDL/POLICY/2015/0040 date 13 April, 2015 "FAMILY" denotes self, spouse, dependent children and dependent parent and does not include any broker/sub-broker/franchisee/custodian/portfolio managers etc.*

**E-MAIL CONSENT - DP 1)** I hereby accept to receive all communication related to Demat & Trading accounts through email to the email id mentioned in the KYC form. 2) The participant shall install adequate systems to restrict the access of the transaction statement only to the client. 3) I/we shall take all the necessary steps to ensure confidentiality and secrecy of the login name and password. 4) I am/we are aware that the transaction statement may be accessed by other entities in case the confidentiality/secrecy of the login name and password is compromised. 5) In case I/We opts for transaction statement through email, I/We shall immediately inform the participant about change in email address. 6) The client agrees not to receive transaction statement in paper form provided however that, in case when the participant is not able to provide transaction statement to its clients through Internet (web-based / email) due to any unforeseen problems, the participant should ensure that the transaction statement reaches to the client in physical form as per the time schedule stipulated in the Bye Laws & Business Rules of NSDL.

**E-MAIL CONSENT - TRADING** I understand and agree that the member will not be responsible for non-receipt of document sent via electronic delivery due to any technical/non-technical issues & Non-receipt of bounced mail notification shall tantamount to delivery of contract note. I also undertake to verify the statement of transactions as and when received through mail & bring to your notice within 48 hours if at all any discrepancies are found, I also undertake to inform any change in my E-mail ID through a physical letter. I hereby consent to receive contract note/trade confirmations of the trades executed by me, bills & account statements thereof, notices circulars, amendments and such other correspondence or documents in electronic form duly authenticated by means of a digital signature as specified in the information technology act 2000 & the rules made there under, to any of the mentioned E-mail ID(s). I undertake to check the contract notes & bring the discrepancies to your notice within 48 hours of the execution of the trade.

I further hereby agree that the member shall fulfill the legal obligation if the above documents are sent electronically to the below E-mail ID. I agree that the member will not be responsible for non receipt of documents sent via electronic delivery due to change in E-mail ID / correspondence address as mentioned aforesaid. I also agree that the member shall not take cognizance of out-of-office / out of station auto replies and I shall be deemed to have received such electronic mails.

## DECLARATION FOR NAME DIFFERENCE IN PROOF (S)

I/we do hereby affirm, declare as under:

Particulars of proof(s) enclosed	1st Applicant	2nd Applicant	3rd Applicant
1. Name as per Address proof is _____			
2. Name as per Identity proof is _____			
3. Name as per Additional Address proof is _____			
4. Name as per Additional Identity proof is _____			
5. Name as per Bank records is _____			
6. That the name before my marriage (*) was _____ and the name after my marriage with _____ is _____			

That the names mentioned above refer to me and are one and the same person.

That I shall indemnify and keep indemnified INTEGRATED its directors, officers, employees and agents from and against any and all losses, claims, liabilities, obligations, damages, deficiencies, judgments, actions, suits, proceedings or any liability suffered or incurred or fastened on to INTEGRATED due to INTEGRATED accepting this declaration and acting on the same.

\* Registered Marriage Certificate to be enclosed.

Name of the Holder(s)	Signature of the Holder(s) (To be signed by all holders in case of Demat A/c)
<b>1.</b>	
<b>2.</b>	
<b>3.</b>	

### HEAD OFFICE PURPOSE

Verified by \_\_\_\_\_ Updated by \_\_\_\_\_ HO Ref No. \_\_\_\_\_

### INSTRUCTIONS

- (1) Updation will be effected in the Demat client ID and corresponding Trading code based on the KYC application enclosed with this request.
- (2) Updation will be effected in NDML KRA and CKYC as per SEBI guidelines.
- (3) One request is to be submitted for one Demat client ID / Trading code.
- (4) If trading code is having multiple Demat accounts separate requests will have to be given.
- (5) Kindly select only one updation option in the request – Only DEMAT, Only TRADING, Both DEMAT and TRADING. Multiple options not to be selected.
- (6) Request will have to be signed by all the Demat account holders even though the trading code is in any one person's name. In case of updation in Demat account this request is to be signed by all the account holder(s).
- (7) Modification request and KYC application incomplete in any respect and / or not accompanied with required documents will not be entertained.
- (8) Holder(s) authentication is required if any corrections made in the request. Corrections should be authenticated by all the holders with their full signatures.
- (9) This request will have to be signed by the account holder(s) only. POA holder/trading Authorised person can not sign this request.
- (10) Address and Identity Proof(s) will have to be given as per your Demat account. In case of Minor variation in holder's name self declaration/confirmation letter will have to be provided.
- (11) In case joint holder's Address proof differs with 1st holder, "No objection" letter required from the joint holders with proof(s).
- (12) Contact details is mandatory for all updation in Demat and trading.
- (13) Separate contact details will have to be given for each holders. Same contact details will not be entertained for other holders.
- (14) As per NSDL & Exchange Regulation Mobile No with SMS facility is mandatory for POA to be enabled.
- (15) Foreign Mobile no cannot be updated.
- (16) If mail id is updated in trading code photograph will have to affixed in the KYC form.
- (17) In case trading code is in Dormant status, kindly submit dormant activation request also.
- (18) If default Demat account which is mapped in the trading code is closed, Default DP updation request will have to submitted.
- (19) In case of Minor account KYC request will have to be submitted for Minor (to be signed by guardian) and the guardian.
- (20) Karta Name Seal to be affixed on the modification request for HUF category accounts.
- (21) Modification for HUF category Demat account through KYC form Individual and Non-individual KRA must be filled for KARTA and HUF respectively. (HUF name and Karta name seal to be affixed on the non-individual KRA form)
- (22) In case of Non-Individual modification, As per additional documents given in the checklist will have to be provided along with proof of Address and proof of Identity. (use non-individual KYC form)

**ALL UPDATION WILL TAKE 7 WORKING DAYS FOR REGISTRATION FROM DATE OF RECEIPT.**

KNOW YOUR CLIENT (KYC) APPLICATION FORM | PLEASE FILL ALL THE DETAILS IN CAPITAL LETTERS & BLACK INK ONLY | FOR INDIVIDUALS

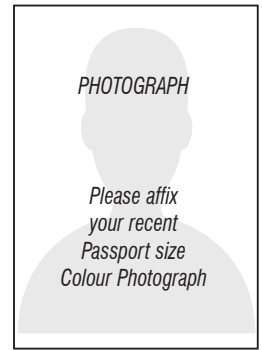


Application Type\*  New  
 Update KYC Number \_\_\_\_\_ (Mandatory)  
 Account Type\*  Normal  Simplified (for low risk customers)



**1. IDENTITY DETAILS (PERSONAL DETAILS)**

Name of the Applicant\* \_\_\_\_\_  
 Mr. / Mrs. / Ms. (Same as per id proof)  
 Maiden Name (if any\*) \_\_\_\_\_  
 Mr. / Mrs. / Ms.  
 Father / Spouse Name\* \_\_\_\_\_  
 Mr. / Mrs.  
 Mother Name\* Mrs. \_\_\_\_\_



PAN \_\_\_\_\_ Date of Birth\* \_\_\_\_\_  
 (Please enclose a self attested copy of your PAN)

AADHAAR No. \_\_\_\_\_  
 (Please enclose a self attested copy of your AADHAAR)

Signature of the Applicant

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 _____}		
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"/> Student) <input type="checkbox"/> B-Business <input type="checkbox"/> X- Not Categorized		

**2. PROOF OF IDENTITY (PoI) \*** (Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

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

**3. ADDRESS DETAILS (PoA)** (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 \_\_\_\_\_  Simplified Measures Account - Code \_\_\_\_\_

**3.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS**

City / Town / Village / District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_  
 State\* \_\_\_\_\_ State / U.T Code\* \_\_\_\_\_ ISO 3166 Country Code\* \_\_\_\_\_

**3.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS**  Same as Current / Permanent / Overseas Address details

City / Town / Village / District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_  
 State\* \_\_\_\_\_ State / U.T Code\* \_\_\_\_\_ ISO 3166 Country Code\* \_\_\_\_\_

**4. CONTACT DETAILS** (All communications will be sent on provided Mobile No. / Email ID)

Mobile No 9 1 - \_\_\_\_\_ Tel. (Resi.) \_\_\_\_\_  
 E-Mail ID \_\_\_\_\_  
 Tel. (Off.) \_\_\_\_\_ Fax \_\_\_\_\_

**5. Annual Income Details**

<input type="checkbox"/> <Rs.1 lac	<input type="checkbox"/> Rs.1-5 lac	<input type="checkbox"/> Rs.5-10 lac	<input type="checkbox"/> Rs.10-25 lac	<input type="checkbox"/> More than 25 lac
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**6. REMARKS (if any)**

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**7. 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 :

<input type="checkbox"/>	<b>Signature of the Applicant</b> 
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**8. ATTESTATION / FOR OFFICE USE ONLY**

Documents Received & Originals Verified  Certified Copies

**IPV & KYC VERIFICATION CARRIED OUT BY**

Date	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Emp. Name	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Emp. Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Emp. Designation	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Emp. Branch	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Emp. Sign	<input type="text"/>

**INSTITUTION DETAILS**

Name	I <input type="text"/> N <input type="text"/> T <input type="text"/> E <input type="text"/> G <input type="text"/> R <input type="text"/> A <input type="text"/> T <input type="text"/> E <input type="text"/> D <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

[Institution Stamp]
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KNOW YOUR CLIENT (KYC) APPLICATION FORM | PLEASE FILL ALL THE DETAILS IN CAPITAL LETTERS & BLACK INK ONLY | FOR INDIVIDUALS

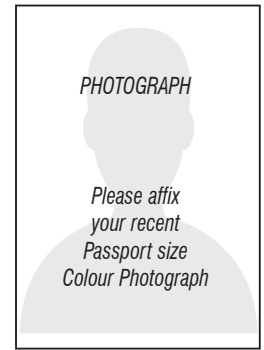


Application Type\*  New  Update KYC Number [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] (Mandatory)
Account Type\*  Normal  Simplified (for low risk customers)



1. IDENTITY DETAILS (PERSONAL DETAILS)

Name of the Applicant\* Mr. / Mrs. / Ms. (Same as per id proof)
Maiden Name (if any\*) Mr. / Mrs. / Ms.
Father / Spouse Name\* Mr. / Mrs.
Mother Name\* Mrs.



PAN [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Date of Birth\* DD MM YY YY

AADHAAR No. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
(Please enclose a self attested copy of your AADHAAR)



Signature of the Applicant

Gender\*  M- Male  F- Female  T-Transgender
Marital Status\*  Married  Unmarried  Others
Citizenship\*  IN- Indian  Others {ISO 3166 Country Code [ ] [ ]}
Residential Status\*  Resident Individual  Non Resident Indian  Foreign National  Person of Indian Origin
Occupation Type\*  S-Service ( Private Sector  Public Sector  Government Sector)
 O-Others ( Professional  Self Employed  Retired  Housewife  Student)
 B-Business  X- Not Categorized

2. PROOF OF IDENTITY (PoI)\* (Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

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

3. ADDRESS DETAILS (PoA) (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 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  Simplified Measures Account - Code [ ] [ ]

3.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS
City / Town / Village / District\* Pin Code\*
State\* State / U.T Code\* ISO 3166 Country Code\*

3.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS Same as Current / Permanent / Overseas Address details
City / Town / Village / District\* Pin Code\*
State\* State / U.T Code\* ISO 3166 Country Code\*

4. CONTACT DETAILS (All communications will be sent on provided Mobile No. / Email ID)

Mobile No 9 1 - Tel. (Resi.) -
E-Mail ID
Tel. (Off.) - Fax -

### 5. Annual Income Details

<input type="checkbox"/> <Rs.1 lac	<input type="checkbox"/> Rs.1-5 lac	<input type="checkbox"/> Rs.5-10 lac	<input type="checkbox"/> Rs.10-25 lac	<input type="checkbox"/> More than 25 lac
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### 6. REMARKS (if any)

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### 7. 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 of the Applicant



### 8. ATTESTATION / FOR OFFICE USE ONLY

Documents Received & Originals Verified

Certified Copies

#### IPV & KYC VERIFICATION CARRIED OUT BY

Date

-   -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

Emp. Sign

#### INSTITUTION DETAILS

Name

Code

[Institution Stamp]

# KNOW YOUR CLIENT (KYC) APPLICATION FORM - NON INDIVIDUALS

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

**NEW**

**CHANGE REQUEST** (Please tick ✓ the box on left margin of appropriate row where **CHANGE/CORRECTION** is required)

## A. IDENTITY DETAILS

<input type="checkbox"/>	<b>1. Name of the Applicant</b>											
<input type="checkbox"/>	<b>2a. Date of Incorporation</b>	DD	/	MM	/	YYYY						
<input type="checkbox"/>	<b>2b. Place of Incorporation</b>											
<input type="checkbox"/>	<b>3. Date of Commencement of Business</b>	DD	/	MM	/	YYYY	<b>4a. PAN</b>					
							<i>(Please enclose a certified copy of PAN)</i>					
<input type="checkbox"/>	<b>4b. Registration No.(e.g. CIN)</b>											
<b>5. Status</b>												
<input type="checkbox"/>	Private Limited Co.	<input type="checkbox"/>	Public Ltd Co.	<input type="checkbox"/>	Body Corporate	<input type="checkbox"/>	Trust	<input type="checkbox"/>	Bank			
<input type="checkbox"/>	Charities	<input type="checkbox"/>	NGO'S	<input type="checkbox"/>	F I	<input type="checkbox"/>	F II	<input type="checkbox"/>	Government Body			
<input type="checkbox"/>	Non-Government Organization	<input type="checkbox"/>	Defense Establishment	<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"/>	FPI - Category III	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	HUF			
<input type="checkbox"/>	Other (Please specify) _____											

## B. ADDRESS DETAILS

<input type="checkbox"/>	<b>1. Correspondence Address</b>										
City / Town / Village											
State											
Country											
Pin Code											
<input type="checkbox"/>	<b>2. Specify the proof of Address submitted for correspondence Address</b> .....										

## 3. CONTACT DETAILS

<input type="checkbox"/>	Tel. (1)									Fax No		
<input type="checkbox"/>	Tel. (2)									Mobile No		
<input type="checkbox"/>	E-Mail ID											
<input type="checkbox"/>	<b>4. Registered Address</b>											
<i>(If different from above)</i>												
City / Town / Village												
State												
Country												
Pin Code												

<input type="checkbox"/>	<b>5. Annual Income Details</b>	<input type="checkbox"/> <Rs.20 lac	<input type="checkbox"/> Rs.20-50 lacs	<input type="checkbox"/> Rs.50-100 lacs	<input type="checkbox"/> More than 1 crore
Net Worth (Should not be older than one year) Amount _____ as on date _____					

# Name, PAN, Aadhaar, Residential address and Photograph of Promoters / Partners / Karta / Trustees / Whole Time Directors & Authorised Signatories.

(Please enclose a copy of PAN, AADHAAR and Address proof with self attestation)

C. OTHER DETAILS		(If space is insufficient enclose these details separately)	
1. Name			
2. Relationship with Applicant	(i.e. promoters, whole time directors etc.)		
3a. PAN		3b. DIN	
3c. Aadhaar			4. Residential Address
			PHOTOGRAPH  Please affix your recent Passport size Photograph with Signature across it.
Signature with Company Seal			
1. Name			
2. Relationship with Applicant	(i.e. promoters, whole time directors etc.)		
3a. PAN		3b. DIN	
3c. Aadhaar			4. Residential Address
			PHOTOGRAPH  Please affix your recent Passport size Photograph with Signature across it.
Signature with Company Seal			
1. Name			
2. Relationship with Applicant	(i.e. promoters, whole time directors etc.)		
3a. PAN		3b. DIN	
3c. Aadhaar			4. Residential Address
			PHOTOGRAPH  Please affix your recent Passport size Photograph with Signature across it.
Signature with Company Seal			
<b>D. DECLARATION</b>		Date DD / MM / YYYY	
I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am aware that I/We may be held liable for it.			
Signature of the Authorised Signatory (ies) with company seal			
<b>FOR OFFICE USE ONLY</b>			
<b>In Person Verification (IPV) Details:</b> Name of the person who has done the IPV: ..... Designation ..... Employee ID: ..... Name of the Organization: INTEGRATED ..... Date of IPV DD / MM / YYYY ..... Signature of the person who has done the IPV			Seal / Stamp of the Intermediary
<input type="checkbox"/> Originals Verified & Self-attested documents <input type="checkbox"/> Copies received		Date DD / MM / YYYY	Name & Signature of the Authorised Signatory

## INSTRUCTIONS/CHECK LIST FOR FILLING KYC FORM

### A. Important Points:

1. Use separate KYC form for each holder modification in case of Demat account is joint holding pattern (i.e first holder, second holder & third holder).
2. Holder Name should be mentioned in the KYC form and as mentioned in demat account and proofs (Identity and Address) will have to be given in the same name.
3. KYC number of applicant is mandatory for update/change of KYC details. Fill in the relevant KYC information to be modified and the remaining fields may be left blank.
4. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals produced 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 list mentioned under [D].
5. Self attested copy of PAN Card and Aadhaar is mandatory for all clients, including Promoters / Partners / Karta / Trustees and whole time directors and persons authorized to deal in securities on behalf of company / firm / others.
6. If any proof of identity or address is in a foreign language, then translation into English is required.
7. Address mentioned in the KYC form should be match with the proofs submitted.
8. If correspondence & permanent address are different, then proofs for both have to be submitted and holder confirmation letter will have to be provided mentioning the address is which is to be sent.
9. In case address filled in the KYC application self attested proof(s) must be given to our branch staff.
10. Holder(s) authentication is required if any corrections is made in the request. Corrections should be authenticated by all the holders with their full signatures.
11. In case of Minor Account, KYC request will have to be submitted for the Minor (to be signed by the Guardian) and Guardian.
12. In case of modification in accounts under HUF category, individual KYC form for the Karta and non-individual KYC form for the HUF entity are to be submitted.
13. Name of the HUF & Karta name seal to be affixed on the non individual KYC application for HUF category accounts.
14. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of full passport and PIO Card / OCI Card and overseas address proof is mandatory.
15. State / U.T Code and Zip / Post Code will not be mandatory for Overseas addresses.
16. KYC application if incomplete in any respect and /or not accompanied with required documents will not be entertained.
17. In case of Non-Individual modification, Additional documents given in the checklist will have to be provided along with PAN, proof of address and Proof of identity. (Use NON-INDIVIDUAL KYC Request).

**A. Proof of Identity(POI) :-** List of documents admissible as Proof of Identity: (documents having expiry date should be valid for 3 months from the date of submission) should be self attested.

1. Photocopy of Aadhaar card
2. Passport
3. Voter ID card
4. Driving License
5. PAN card (with photograph).

**B. Proof of Address (POA) :-** List of documents admissible as Proof of Address: (documents having expiry date should be valid for 3 months from the date of submission) should be self attested.

1. Photocopy of Aadhaar card / Passport / Voter ID card / Driving License / Ration card.
2. Photocopy of Bank Pass Book (first & last transaction page) / Bank statement (last transaction date and date of Submission should be within 2 months period). The Pass Book / Statement should be of the same bank registered in the Demat / Trading account.
3. Others includes – Utility bill date which is not more than two months old from the date of submission (electricity, telephone and piped gas) Telephone Bill (only land line) of the number registered in the Demat / trading account. If not landline number will have to be updated.

**C. 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 to 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)

**D. List of people authorised 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, authorised 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 over & above the POI & POA, as mentioned below:

Types of entity	Documentary requirements
<b>Corporate</b>	<input type="checkbox"/> Copy of the balance sheets for the last 2 financial years (to be submitted every year). <input type="checkbox"/> Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year). <input type="checkbox"/> Photograph, POI, POA, AADHAAR, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations. <input type="checkbox"/> Photograph, POI, POA, AADHAAR, PAN of individual promoters holding control - either directly or indirectly. <input type="checkbox"/> Copies of the Memorandum and Articles of Association and certificate of incorporation. <input type="checkbox"/> Copy of the Board Resolution for investment in securities market. <input type="checkbox"/> Authorised signatories list with specimen signatures with seal and copies of PAN, AADHAAR and Address proof of all the signatories. <input type="checkbox"/> Net worth certificate. <input type="checkbox"/> Copy of the recently filed IT Return acknowledgment.
<b>Partnership firm</b>	<input type="checkbox"/> Copy of the balance sheets for the last 2 financial years (to be submitted every year). <input type="checkbox"/> Certificate of registration (for registered partnership firms only). <input type="checkbox"/> Copy of partnership deed. <input type="checkbox"/> Authorised signatories list with specimen signatures with seal. <input type="checkbox"/> Photograph, POI, POA, AADHAAR, PAN of Partners.
<b>Trust</b>	<input type="checkbox"/> Copy of the balance sheets for the last 2 financial years (to be submitted every year). <input type="checkbox"/> Certificate of registration (for registered trust only). <input type="checkbox"/> Copy of Trust deed. <input type="checkbox"/> List of trustees certified by managing trustees/CA. <input type="checkbox"/> Photograph, POI, POA, AADHAAR, PAN of Trustees.
<b>HUF</b>	<input type="checkbox"/> PAN of HUF. <input type="checkbox"/> Deed of declaration of HUF/ List of coparceners. <input type="checkbox"/> Bank pass-book/bank statement in the name of HUF. <input type="checkbox"/> Photograph, POI, POA, AADHAAR, PAN of Karta.
<b>Unincorporated association or a body of individuals</b>	<input type="checkbox"/> Proof of Existence/Constitution document. <input type="checkbox"/> Resolution of the managing body & Power of Attorney granted to transact business on its behalf. <input type="checkbox"/> Authorised signatories list with specimen signatures.
<b>Banks/ Institutional Investors</b>	<input type="checkbox"/> Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years. <input type="checkbox"/> Authorised signatories list with specimen signatures.
<b>Foreign Institutional Investors (FII)</b>	<input type="checkbox"/> Copy of SEBI registration certificate. <input type="checkbox"/> Authorised signatories list with specimen signatures.
<b>Army/ Government Bodies</b>	<input type="checkbox"/> Self-certification on letterhead. <input type="checkbox"/> Authorised signatories list with specimen signatures.
<b>Registered Society</b>	<input type="checkbox"/> Copy of Registration Certificate under Societies Registration Act. <input type="checkbox"/> List of Managing Committee members. <input type="checkbox"/> Committee resolution for persons authorised to act as authorised signatories with specimen signatures. <input type="checkbox"/> True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.

**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	MN	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	CI	Korea, Democratic People's Republic of	KP	Reunion	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	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French part)	MF		