Know Your Client (KYC) Application Form - For Individuals

□ New □ Change Request (Please fill this form in **ENGLISH** and in **BLOCK LETTERS**) (Please tick the box on left margin of appropriate row where the CHANGE/CORRECTION is required and provide the details in the corresponding row) corresponding row)

Δ

Signatory

□ A. IDENTITY DETAILS

POS Code:

 Name of the Applicant: Father's/Spouse's Name: 			
3. Maiden Name:			Please affix your
4. A. Gender: \Box Male \Box Female	B. Marital Status : □ S	ingle 🗆 Married	
C. Date of Birth :	D. Muritar Status . 🗆 S	ingle 🗅 Murrieu	recent passport
5. Nationality	🗆 Indian 🗆 Other (Pleas	e Specify)	size photo and sign
Status	\square Resident Individual \square	1 0,	across it
	□ Foreign National (Pas		across it.
6. A. PAN :	B. (UID)/Aadhaar, if an		
7. Proof of Identity Submitted	PAN Card	.y .	
B. <u>ADDRESS DETAILS</u>			
1.Correspondence Address :			
Address Line 1 :			
Address Line 2 :			
Address Line 3 :			
City/Town/Village:		Code:	
State:	Cour		
2. Specify Proof of Address subm	itted for Residence/Correspondence Ad	ldress : 0	Other
Validity/Expiry date of proof of		determ for Non Decident Applie	
	t from above or overseas address, (man	datory for Non-Resident Applic	ant)
Address Line 1 :			
Address Line 2 :			
Address Line 3 :			
City/Town/Village:		Code:	
State:	Cour	5	
4. Specify Proof of Address subm Validity/Expiry date of proof of	address submitted _/_/	Other	·
5. Contact Details			
a. Mobile Number	b. EMAIL ID:		
c. Tel. (Office):	d. Tel. (Residence):		
6. Any other Information :			
	country other than India? \Box Yes \Box No		
	ies in which you are resident for tax pu	rposes and the associated Tax I	D Numbers below)
Country	Tax Identification Number %	Identification Type(TI	N or Other , Please specify)
C. <u>DECLARATION</u>			
I hereby declare that the details fur correct to the best of my knowledge	rnished above are true and re and belief and I undertake to	SIGNATURE AS PRESENT IN SAM	MCO SECURITIES RECORDS
inform you of any changes therein,	, immediately. I am also	\searrow	
authorizing to affix my signature o		4.	
supporting documents. In case any found to be false or untrue or misle	eading or misrepresenting. I am	Signature of	Applicant
aware that I may be held liable for	it.	Signature of	Applicalit
Date :// Place			
D. I/We would wish to avail the BSDA Fa	cility Yes NO		
In Person Verification (IPV) Detail	FOR OFFICE US	E ONLY	
Name of the person who has done			
Designation:			
Employee ID:			
Name of the Organization :			
Date of IPV :			
- Originals vermen and Sen Alles	ted Document Conjes Received		
□ Attested True copies of docume	sted Document Copies Received:		

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Know Your Client (KYC) Application Form - For Individuals

□ New □ Change Request (Please fill this form in **ENGLISH** and in **BLOCK LETTERS**) (Please tick the box on left margin of appropriate row where the CHANGE/CORRECTION is required and provide the details in the corresponding row) corresponding row)

Δ

Signatory

Г

□ A. IDENTITY DETAILS 1. Name of the Applicant:

Main Intermediary:

POS Code:

2. Father's/Spouse's Name: 3. Maiden Name:			Please affix your	
4. A. Gender: □ Male □ Female	B. Marital Status : □ Singl	e □ Married	recent passport	
C. Date of Birth :				
5. Nationality	🗆 Indian 🗇 Other (Please Sp		size photo and sign	
Status	🗆 Resident Individual 🗆 Non		across it.	
	□ Foreign National (Passpor	t Copy Mandatory)	X	
6. A. PAN :	B. (UID)/Aadhaar, if any:		~~~	
7. Proof of Identity Submitted	PAN Card			
B. ADDRESS DETAILS				
1.Correspondence Address :				
Address Line 1 :				
Address Line 2 :				
Address Line 3 :				
City/Town/Village:	PIN Cod			
State:	Country:			
2. Specify Proof of Address subm Validity/Expiry date of proof of	itted for Residence/Correspondence Addres address submitted _/_/	ss : O	ther	
3. Permanent Address if different	t from above or overseas address, (mandate	ory for Non-Resident Applica	ant)	
Address Line 1 :				
Address Line 2 :				
Address Line 3 :				
City/Town/Village:	PIN Cod			
State:	Country:			
4. Specify Proof of Address subm Validity/Expiry date of proof of	itted for Permanent Address :address submitted _/_/	Other	·	
5. Contact Details				
a. Mobile Number	b. EMAIL ID:			
c. Tel. (Office):	d. Tel. (Residence):			
6. Any other Information :				
7. Are you a Tax Resident of any o	country other than India? 🗆 Yes 🛛 No			
(if yes , please indicate all countri	ies in which you are resident for tax purpos	es and the associated Tax II	O Numbers below)	
Country	Tax Identification Number %	Identification Type(TIN	l or Other , Please specify)	
C. <u>DECLARATION</u>				
I hereby declare that the details fu correct to the best of my knowledg	rnished above are true and te and belief and Lundertake to	SIGNATURE AS PRESENT IN SAM	ICO SECURITIES RECORDS	
inform you of any changes therein,	, immediately. I am also	\searrow		
authorizing to affix my signature o		4.		
supporting documents. In case any found to be false or untrue or misle	eading or misrepresenting. I am	Cignotune of	Applicant	
aware that I may be held liable for		Signature of A	Applicant	
Date :// Place				
D. I/We would wish to avail the BSDA Fa	cility Yes NO			
In Demon Verification (IDV) Detail	FOR OFFICE USE ON	NLY		
In Person Verification (IPV) Detail Name of the person who has done				
Designation:	LIG IF V:			
Employee ID:				
Name of the Organization :				
Date of IPV :				
□ Originals Verified and Self Attes	sted Document Copies Received			
□ Attested True copies of docume	_			
Main Intermediary:			Seal & Signature of Authorize	d

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Additional KYC Form for Opening a Demat Account

For Individuals

SAMCO SECURITIES LIMITED

DEPOSITORY PARTICIPANT - CENTRAL DEPOSITORY SERVICES LTD

DP ID: 12054200 SEBI REGN NO. IN-DP-CDSL-443-2008

A- 302, 3rd Floor, Naman Midtown, A Wing, Senapati Bapat Marg, Prabhadevi, Mumbai – 400013 Tel : 022-22227777, Fax : 022-24031691,

Email: depository@samco.in

DP Internal Reference No.

(To be filled by the Depository Participant)

Application No.

1 2 0 5 4 2 0 0

С

lient ID					
					1

(To be filled by the applicant in **BLOCK LETTERS** in English)

I/We request you to open a demat account in my/ our name as per following details:-

Date ____

Holders Details

DP ID

Sole / First	PAN						
Holder's Name	UID	0					
	UCC						
	Exchange Name & ID						
Sole / Second	PAN						
Holder's Name	UID	0					
	UCC						
	Exchange Name & ID						
Sole / Third	PAN						
Holder's Name	UID	0					
	UCC						
	Exchange Name & ID						

Name *

*In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.

Type of Account (Please tick whichever is applicable)

Status	Sub – Status						
☐ Individual	 Individual Resident Individual Director's Relative Individual Promoter Individual Margin Trading A/C (MANTRA) 	 Individual-Director Individual HUF / AOP Minor Others(specify) 					
□ NRI	 NRI Repatriable NRI Repatriable Promoter NRI – Depository Receipts 	 NRI Non-Repatriable NRI Non-Repatriable Promoter Others (specify) 					
☐ Foreign National	Foreign National Foreign National - Depo	sitory Receipts 🗌 Others (specify)					

Details of Guardian (in case the account holder is minor)	
Guardian's Name :	PAN :
Relationship with the applicant :	
I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes')	[Automatic Credit] □ Yes □ No
I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end (If not marked, the default option would be 'No')	☐ Yes □ No
Account Statement Requirement 🔲 As per SEBI Regulation 🗌 Daily 🗌 Weekly 🗌 Fortnight	ly 🗌 Monthly
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID	□ Yes □ No
I / We would like to share the email ID with the RTA	□ Yes □ No
I / We would like to receive the Annual Report \square Physical / \square Electronic / \square Both Physical (Tick the applicable box. If not marked the default option would be in Physical)	and Electronic
I / We wish to receive dividend / interest directly in to my bank account as given below through ECS. (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	□ Yes □ No

Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR code)	
IFS Code (11 character)	
Account number	
Account type	□ Saving □ Current □ Others (specify)
Bank Name	
Branch Name	
Bank Branch Address :	
City : State :	Country : PIN code :

(i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)

(ii) Photocopy of the Bank Statement having name and address of the BO

(iii) Photocopy of the Passbook having name and address of the BO, (or)

(iv) Letter from the Bank.

 α In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

Other Details

Gross Annual Income Details	Income Range per annum: Gross Annual Income range(In Lakh Rs.): Below 1 🗌 1-5 🗌 1-10 🗌 10-25 🗌 Above 25 🔲							
	Net v	worth as on (Date) Rs:						
		[Net worth should not be older than 1 year]						
Occupation								
Please tick, if applicable	e:	□ Politically Exposed Person (PEP) □ Related to Politically Exposed Person (RPEP)						
Any other information:								
SMS Alert Facility Refer to Terms & Condi given as Annexure - 2.4								
Texting Facility (TRI Refer to Terms and Cor	nsactions Using Secured tring Facility (TRUST). r to Terms and Conditions Annexure – 2.6 I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for the same. □ Yes □ No I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST Stock Exchange Name/ID Clearing Member Name Clearing Member Id (Optional)							
Easi		To register for easi, please visit our website www.cdslindia.com. Easi allows a BO to view his ISIN balances,						
Lasi		transactions and value of the portfolio online.						

Nomination Form

[Annexure A to SEBI circular No. SEBI/HO/MIRSD/RTAMB/CIR/P/2021/601dated July 23, 2021on Mandatory Nomination for Eligible Trading and Demat Accounts]

	TN Name ar	/I / D nd Add																MINATIC ng singly or j						
	Date	D	D	N	A	M	Y	Y	Y	Y		UCC/	DP ID						Client ID					
I/Y	We wish to	mak	e a 1	nom	inatio	on. [A	ls t	per de	etails	give	en below]													
	omination									0														
ev	vent of my	/ our	deat	th.			d d	lo her	eby 1	nomi	inate the fo	llowing p	erson(s)	who s	hall r	eceiv	ve a	all the asse	ets held in my / ou	r ac	coun	t in th	le	
N th	omination ree nomin								s of	1st N	Nominee		Details	of 2n	nd No	min	ee		Details of 3rd N	Nom	inee	1		
1	Name of			inee	(s) (N	Mr./N	1s.	•																0/
2	Share of Nominee		[p	E qua If not blease bercen	equal	ly, Ży						%						%						%
3	Relation: Applicar				e																			
4	Address				s)																			
	City / Place State & Cou																							
				PIN	COD	ЭE																		
5	Mobile/T nominee	Telepl (s)	non	e No	o. of																			
6	Email ID	of n	omi	inee((s)																			
7	Nominee [Please tick provide deta Photograp PAN A Saving B Proof of 1 Demat A	any on ails of s ph & S adhaan ank acc Identity	e of ame ignat count	follov] ture	on de ving ar	tails nd																		
Sr	. Nos. 8-14	l shou	ıld ł	be fil	lled c	only it	f n	omin	ee(s)	is a	minor													
8	Date of H minor no				of																			
9	Name of {in case of	Guai of mi	rdia nor	n (N non	Ar./N ninee	(s)																		
10	Address City / Pla State & C	ice:		dian	(s)																			
		PIN	ICO	DE																				
11	Mobile/T Guardia	'elepl n	non	e no	. of																			
12	Email ID																							
13	Relation nominee		of G	luar	dian	with																		
14	Guardian [Please tick provide deta Photograp PAN A Saving B Proof of 1 Demat A	any on ails of s ph & S adhaar ank acc Identity	e of ame ignat count	follov] ture																				
									Nan	ne(s)	of holder(s	s)							Signature(s) o	f hole	der*		
S	ole / First l	Holde	r (N	/Ir./N	As.)																			
S	econd Hole	der (N	/lr./l	Ms.)																				
Т	hird Holde	r (Mr	./M	s.)																				

* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature

Note:

This nomination shall supersede any prior nomination made by the account holder(s), if any. The Trading Member / Depository Participant shall provide acknowledgement of the nomination form to the account holder(s)

We Accept For **SAMCO SECURITIES LTD**

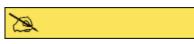
Authorized Signatories A- 302, 3rd Floor, Naman Midtown, A Wing, Senapati Bapat Marg, Prabhadevi, Mumbai – 400013

Demat Debit and Pledge Instruction

S.No.	Purpose	Signature of Client*
1.	Transfer of securities held in the beneficial owner accounts of the client towards Stock Exchange related deliveries / settlement obligations arising out of trades executed by clients on the Stock Exchange through the same stock broker	Signature of 1 st Holders Signature of 2 nd Holders
2.	Pledging / re-pledging of securities in favour of trading member (TM) / clearing member (CM) for the purpose of meeting margin requirements of the clients in connection with the trades executed by the clients on the Stock Exchange.	Signature of 1 st Holders Signature of 2 nd Holders
3.	Mutual Fund transactions being executed on Stock Exchange order entryplatforms	Signature of 1 st Holders Signature of 2 nd Holders
4.	Tendering shares in open offers through Stock Exchange platforms)	Signature of 1 st Holders Signature of 2 nd Holders

Demat Account Details-Samco Securities Limited

EXCHANGE & SEGMENTS	TYPE OF A/C	NSDL	CDSL
BSE CASH	PRINCIPLE A/C	IN609351	1205420000001278
BSE CASH	EARLY PAYIN A/C		1100001000018570
NSE CASH	EARLY PAYIN A/C		1100001100018602
NSE CASH	POOL A/C	IN560708	1205420000002691
NSE CASH	TM/CM CMPA A/C		1205420001505078
NSE CASH	SLB POOL A/C		1205420001834205





Signature of 1^{st} Holders

Signature of 2^{nd} Holders

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To,

SAMCO SECURITIES LIMITED A- 302, 3rd Floor, Naman Midtown, A Wing, Senapati Bapat Marg, Prabhadevi, Mumbai – 400013

Dear Sir,

Sub: Voluntary Authorization Letter

BO ID: 12054200 Client code

SMS Alert Facility MOBILE NO. +91 [(Mandatory, if you are giving Power of Attorney / Demat Debit and Pledge Instruction Refer to Terms & Conditions (POA / DDPI)] given as (if DDPI is not granted & you do not wish to avail of this facility, cancel this option). Annexure - 2.4 I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and Transactions Using Secured understood the Terms and Conditions prescribed by CDSL for the same. Texting Facility (TRUST). Refer to Terms and Conditions □ Yes □ No Annexure – 2.6 I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST Stock Exchange Name/ID Clearing Member Name Clearing Member Id (Optional) Easi To register for easi, please visit our website www.cdslindia.com. Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.

2) Authorisation to debit trading account for the demat account charges

I/We have opened/have a beneficiary account with your CDSL depository along with a trading account for investment and trading purpose. It would be difficult for me/us to keep issuing separate cheques against your depository bills. I/We therefore authorise you to debit the charges payable towards operations of the above account. I/We are aware of the charges for operating the said account. Any such sum debited to my trading account shall be binding on me/us.

3) Option form for issue of DIS Booklet (Voluntary)

I/We hereby state that: [select one of the option given below]

OPTION 1: I / We require you to issue Delivery Instruction Slip (DIS) booklet to me / us immediately on opening my / our CDSL account though I/ We have issued a Demat Debit and Pledge Instruction (DDPI) in favour of **SAMCO Securities Limited** for executing delivery instructions for settling stock exchange trades [Settlement related transactions] effected through such Clearing Member.

OR

OPTION 2: I / We do not require the delivery Instruction Slip(DIS) for the time being, Since samco provides an OTP based online instruction service & we will issue a DDPI in favour of **SAMCO Securities Limited** for executing the delivery instructions for settling stock exchange trades [settlement related transaction]effected through such Clearing Member. However, the Delivery Instruction Slip (DIS) booklet should be issued to me / us immediately on my / our request at any later date.

I We here by select \square **OPTION 1** \boxtimes **OPTION 2**

4) Request for bill/transaction/holding statement through email.

I/We request you to send me/us bill, transaction and holding statement of my CDSL Demat account no. **12054200**______at following email address:

I/We fully agree and are aware of following Terms and Conditions mentioned below.

(a) that I/We will not receive the bill, transaction and holding statements in paper form.

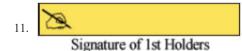
(b) that I/We will take all the necessary steps to ensure confidentiality and secrecy of the login name and password of the internet/email account.

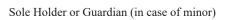
(c) that I/We am/are aware that the bill, transaction and holding statements may be accessed by other entities in case the confidentiality / secrecy of the login name and password is compromised.

(d) that I/We in case bill, transaction and holding statements are sent by email, I/We will immediately inform the SAMCO SECURITIES LIMITED. about change in email address, if any.

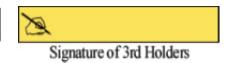
In case, the SAMCO Securities Limited is not able to provide bill/transaction statement to its Clients by email or on website due to any reason (including bounced emails), SAMCO Securities Limited will ensure that the transaction statement is provided to me/us in paper form as per the time schedule stipulated in the Bye Laws & Business Rules of CDSL.

I/We hereby request you to sent the statements: \Box daily \Box fortnightly \Box weekly \Box monthly









Date:

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SAMCO TARIFF SHEET

To,

SAMCO SECURITIES LIMITED A- 302, 3rd Floor, Naman Midtown, A Wing, Senapati Bapat Marg, Prabhadevi, Mumbai – 400013

Charges for SAMCO Trading Services

Equity Intraday	Intraday Futures Options* Currency Futures Currency Options*								
Rs 20 per	per executed order or 0.05% of Turnover whichever is lower								
Charge Head	harge Head Brokerage / Charges								

Equity Delivery Rs 20 per executed order or 0.5% of Turnover whichever is lower

*Turnover for Options is calculated as (Strike + Premium) *Lot Size

In addition to the brokerage charge the following charges will also be levied

Schedule of Charges:

- 1. Turnover Charges
- 2. Securities Transaction Tax
- 3. GST

4. Stamp Duty: State-wise stamp duty as applicable will be levied

5. Clearing Member charges (on actual basis)

6. SEBI Turnover Fees

7. Call N Trade Charges for Broker assisted trades

8. Demat Charges

9. Payment gateway charges will be applicable.

10. Any additional service request would be charged as per the applicable rates.

Detailed explanation of the Schedule of Charges is available online at https://samco.in/charge_list

DEMAT CHARGES

Sr No.	Services	Corporate	Individual
1	Account Maintenance	Rs.800/- plus GST	Rs.400/- plus GST
2	Deliveries/Debit (Market & Off Market) 1. Within SAMCO DP 2. Outside SAMCO DP (Charges are inclusive of CDSL tariff)	Rs.10/- plus GST per transaction 0.02% on transaction value subject to min. Rs.25/- per transaction plus GST	Rs.10/- plus GST per transaction 0.02% on transaction value subject to min. Rs.25/- per transaction plus GST
3	Pledge (Creation/Closure/Invocation)	Rs.25/- per ISIN plus GST	Rs.25/- per ISIN plus GST
4	Dematerialisation	Rs.10/- per certification plus Rs.50/- per request towards postal charges plus GST	Rs.10/- per certification plus Rs.50/- per request towards postal charges plus GST
	Rematerialization	Actual CDSL charges plus Rs.50/- per request towards postal charges plus GST	Actual CDSL charges plus Rs.50/- per request towards postal charges plus GST

• All charges mentioned above are inclusive of CDSL Charges.

• Any service, which is not mentioned above, will be charged separately as per the rates applicable from time to time.

• SAMCO reserves the right to revise the tariff structure from time to time with a notice of 30 days.

• Billing will be made on monthly basis.

• In addition to the above, all other statutory / regulatory levies such as GST etc. are recovered at the applicable rates from time to time.

• All instruction for transfer must be received at the DP at least 3.30 p.m. for the same day execution date & 5.00 p.m. for next day execution date on the pay in date accepted only at client's risk.

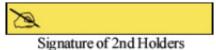
• Operation instruction for the joint account must be signed by all the holders.



Signature of 1st Holders

Client Signature

Name of the Applicant



Signature of 3rd Holders

Date:

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