CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual **Important Instructions:** A) Fields marked with '*' are mandatory fields. E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end. F) List of two character ISO 3166 country codes is available at the end. B) Please fill the form in English and in BLOCK letters. C) Please fill the date in DD-MM-YYYY format. G) KYC number of applicant is mandatory for update application. H) For particular section update, please tick (\checkmark) in the box available before the D) Please read section wise detailed guidelines / instructions at the end. section number and strike off the sections not required to be updated. Application Type* ☐ New Update For office use only (To be filled by financial institution) **KYC Number** (Mandatory for KYC update request) Account Type* ■ Normal ☐ Simplified (for low risk customers) ☐ Small 1. PERSONAL DETAILS (Please refer instruction A at the end) Prefix First Name Middle Name Last Name ■ Name* (Same as ID proof) Maiden Name (If any*) Father / Spouse Name' Mother Name* Date of Birth* **РНОТО** Gender* ☐ M- Male ☐ F- Female T-Transgender □ Others Marital Status* Married Unmarried 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 Categorised ☐ 2. TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end) ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked) ISO 3166 Country Code of Jurisdiction of Residence* Tax Identification Number or equivalent (If issued by jurisdiction)* Place / City of Birth* ISO 3166 Country Code of Birth ☐ 3. PROOF OF IDENTITY (Pol)* (Please refer instruction C at the end) (Certified copy of any one of the following Proof of Identity [Pol] needs to be submitted) ☐ A- Passport Number ☐ 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) Identification Number ☐ S- Simplified Measures Account - Document Type code Identification Number 4. PROOF OF ADDRESS (PoA)* 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end) (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

City / Town / Village*

ISO 3166 Country Code*

State / U.T Code³

Simplified Measures Account - Document Type code

Pin / Post Code*

Address I ine 1* Line 2

Line 3 District*

MANDATORY

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end) Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')															
	Permanent / Oversea	s Address details (in	case of multiple c	orrespondence	/ local ad	aresses	s, piease	e fili 'An	inexure	A1')					
Line 1*															
Line 2 Line 3								ity / To	wn / Vi	illage*			+		
District*		Pin / I	Post Code*		S	State / I	U.T Co			-	O 3166	Count	ry Co	de*	
4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)															
☐ Same as Current /					s Corresp								,		
Line 1*															
Line 2							Ci	ty / Tov	vn / Vill	lage*					
State*				ZIP / Po	st Code	*				ISC	3166	Countr	y Cod	e*	
☐ 5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)															
Tel. (Off)			Tel. (Res)					Mc	obile						
FAX			Email ID												
☐ 6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)															
☐ Addition of Related Person ☐ Deletion of Related Person ☐ KYC Number of Related Person (if available*)															
Related Person Type* Guardian of Minor Assignee Authorized Representative Prefix First Name Middle Name Last Name															
Name*	I IGIIX	1113	. I tullio		IV	nadio IV						_usi iva			
(If KYC number and name are provided, below details of section 6 are optional)															
PROOF OF IDEN	FITY [Pol] OF RELATE	ED PERSON* (Pleas	e see instruction (I	H) at the end)											
☐ A- Passport Num	ber					Pa	ssport	Expiry	Date	D D	- M	M - Y	Y	Y	
☐ B- Voter ID Card															
☐ C- PAN Card															
☐ D- Driving Licence	e				Dri	ving Li	icence	Expiry	Date	D D	- M	M - Y	Y	ΥY	
☐ E- UID (Aadhaar)														
☐ F- NREGA Job C	ard														
Z- Others (any do	cument notified by the	central government				lde	entificat	ion Nu	mber						
☐ S- Simplified Me	asures Account - D	ocument Type co	de			lde	entificat	ion Nu	mber						
☐ 7. REMARKS (I	f any)														
8. APPLICANT	DECLARATION														
 I hereby declare that the therein, immediately. In a for it. 	details furnished above are case any of the above inform								2[]						
I nereby consent to receiving information from Central KYC Hegistry through SMs/Email on the above registered number/email address.															
Date: DD - N	1 M — Y Y Y Y	Place	:							Signature	/ Thumb I	mpressio	n of App	olicant	
	N / FOR OFFICE U														
Documents Receiv		·													
K	YC VERIFICATION C	ARRIED OUT BY						INSTIT	TUTION	DETAIL	S				
Date	D D — M M	— Y Y Y Y		Name	N D	Α	SE	CU	RI	ГΙЕ	S	LTC).		
Emp. Name				Code	IN	0 2	6 5								
Emp. Code															
Emp. Designation															
IN-PE	RSON VERIFICATION	I (IPV) CARRIED OU	JT BY					INSTIT	TUTION	DETAIL	S				
Date	D D — M M	- Y Y Y Y		Name	N D	Α	SF	CII	RII	ГΙЕ	S	LTC)		
Emp. Name				Code		0 2		0 0					-		
Emp. Code				Code			- 0								
Emp. Designation															
[Institution Stamp]															

ALL EXCHANGES RUNNING ACCOUNT AUTHORISATION - VOLUNTARY

(Kindly note that these additional clause(s)/ documentation(s) are voluntary and at the discretion of the stock broker/ trading member and the client. The same are required in order to ensure running on a day to day basis between the stock broker/ trading member and the client. The client need not execute this document if he / she does not wish to. The client has the right to terminate the document)

does not wish to. The client has the ri	ght to terminate the document)
То,	Date
NDA Securities Ltd. 1002A,Arunachal, 19, Barakhamba New Delhi-110001	Road,
Sir(s),	Re: Running Account Authorisation
We are aware that as per the SEBI/within one working day of the payout which will entail that all securities and us only on demand. Since the transa authorise you to retain my/our payous I/We will advise you to release the fuyou to retain credit balance in any of at the exchange unless I instruct you margin/ future obligation at both the	Exchange requirements, the settlement of funds/securities shall be done. However, we request you to kindly keep my account as a running account, and funds due to us on payout shall be withheld with yourselves and given to actions are very frequent for purchase and sale of Securities, therefore I/We ent of funds and securities to meet our/my margin and pay-in requirement. and and securities as per my/our requirement from time to time. I request my account and to use the idle funds towards my margin/future obligations a otherwise. I request you to retain securities in your demat account for our exchanges unless I instruct you to transfer the same to my account. I tement of account for funds and securities on following intervals unless I
Quarterly basis	Monthly basis
funds up to Rs. 10,000/- or such a running of the trading and to avo securities.	ent of funds and securities, I further authorized you to please retain imount as specified by regular, in my trading account for the smooth id administrative of operational difficulties for transfer of funds and
I hereby state that all the above of in writing and I can revoke the sa	declaration will be valid until and unless I revoke the authorization time.
manner of renewal will be as per the shall be conforming to the norms pre 1. As per SEBI requirements, 2. The manner of renewal will circumstances shall be con 3. We can revoke this running 4. You shall transfer the funds	the authorization shall be renewed at least once a year and shall be dated. Ill be as per the policies on your website ndaindia.com which under all forming to the norms prescribed by SEBI/ Exchanges. account authorization at any time of some solution of the request if the distribution of the request if the distribution of the request if the same are lying with the
Thanking you	•
Name :	
Client Code :	
6	
(Signature of Client)	and by the client only and not by any authorized parson on his behalf or any

Note: The authorization shall be signed by the client only and not by any authorised person on his behalf or any holder of the Power of Attorney.

CLIENT DECLARATION ABOUT MOBILE NO. / EMAIL ID							
CLIENT DECLARATION ABOUT MOBILE NO. / EMAIL ID							
To, NDA Securities Limite 1002A, Arunachal, 19, New Delhi-110001		Date					
Dear Sir,							
Sub: Declaration about E- mail ID and Mobile No.							
Ref: Existing/ New Client Code							
I/We hereby request you to update the Mobile No. and E-mail ID number for sending SMS & Other Communication including but not limited to Contract Notes pertaining to my/our Trading Account opened with you for trading in various segments of exchanges.							
Mobile Number:							
Email ID. :							
I/we do hereby declare that the aforesaid details pertain to me/us or my/ our family members							
(means Self, Spouse, Dependent Children and Dependent Parents only. The detail of which is given below:							
S.No.	Client Name	Trading Code (UCC)					
	Onone Name						
communicated on the a full discharge of your ob	me to Exchange (s) or register null details on U aforesaid email ID & or mobile number shall be oligations as part of services rendered with resp ke that the said declaration shall be valid	e deemed to be due intimation to me/us in pect to my/our trading account.					
communicate in writing NDA Securities Limited to indemnify you and sl	g about any changes therein to you at registed, 1002A, Arunachal, 19, Barakhamba Road, Nall keep you indemnified against all losses, of of you acting on my/our this request and or my	ered address to The Compliance Officer, lew Delhi-110001. I/We hereby undertake lamages and actions which may suffer or					
Thanking you,							
Yours faithfully,							
Signature of Client							



FATCA & CRS Declaration - Individual

(Please consult your professional tax advisor for further guidance on your tax residency, FATCA/CRS Guidance)

PAN Folio No. (if PAN is not available)							
Name Gender M F O							
Type of address given at KYC KRA Residential Residential or Business Business							
Place of Birth Country of Birth							
Nationality							
Gross Annual Below Rs. Lac Rs. Lac to 5 Lac Rs. 5 Lac to 10 Lac ncome Details Rs. Rs. 10 Lac to 25 Lac Rs. 25 Lac to Crore > Crore							
Net Worth Amount Rs							
Occupational Business Private Sector Professional Government Service Public Sector Detail Agriculturist Housewife Student Retired Forex Dealer Others Pl. Specify							
Politically Exposed Person (PEP) Related to Politically Exposed Person (RPEP)							
Are you a tax resident of any country other than India Yes No							
If yes please indicates the all countries in which you are resident for tax purpose and the associated Tax ID number below.							
Sr. Country#	Tax Identification Number%	Identification Type (TIN or Other, please specify)					
I.							
2.							
3.							
# To also include USA, where the individual is a citizen/ green card holder of the USA							
% In case Tax Identication Number is not available, kindly provide its funtional equivalent \$ CERTIFICATION							
I/We have understood the information requirements of this form (read along with the FATCA & CRS instructions & definations) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and conditions below and hereby accept the same.							
Name							
Designation	on						
Client Signature		ate: D D M M Y Y Y Y ace:					

FATCA & CRS Terms & Conditions

Details under FATCA & CRS: the Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income Tax Rules, 1962, which Rules require Indian Financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly i.e with in 30 days. It is important that you respond to our request, even if you believe you have already supplied any previously requested information.