

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)

A. IDENTITY DETAILS

- 1. Name of the Applicant:
- 2. Father's/Spouse's Name:
- 3. A. Gender: Male Female
 B. Marital Status Single Married
 C. Date of Birth: //
- 4. Nationality Indian Other (Please Specify)
 Status Resident Individual Non Resident
 Foreign National (Passport Copy Mandatory)
- 5. A. PAN
 B. (UID)/Aadhaar, if any:
- 6. Proof of Identity Submitted



B. ADDRESS DETAILS

- 1. Residence/Correspondence Address :
 City/Town/Village: PIN Code:
 State: Country:
- 2. Specify Proof of Address submitted for Residence/Correspondence Address : Other _____
 Validity/Expiry date of proof of address submitted __/__/__.
- 3. Contact Details
 a. Mobile Number b. EMAIL ID: c. Tel. (Office):
 d. Tel. (Residence): e. FAX:
- 4. Permanent Address if different from above or overseas address, (mandatory for Non-Resident Applicant)
 Residence/Correspondence Address :
 City/Town/Village: PIN Code:
 State: Country:
- 5. Specify Proof of Address submitted for Permanent Address : Other _____
 Validity/Expiry date of proof of address submitted __/__/__.
- 6. Any other Information : _____

C. 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.

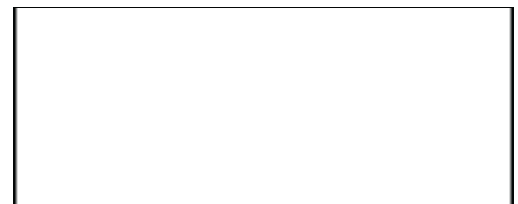
Date : __/__/____
Place _____



Signature of Applicant

FOR OFFICE USE ONLY

In Person Verification (IPV) Details: _____
 Name of the person who has done the IPV: _____
 Designation: _____ Employee ID: _____
 Name of the Organization: _____ Date of IPV: _____
 Signature of person who has done IPV: _____



Seal/Stamp

Originals Verified and Self Attested Document Copies Received:

Attested True copies of documents received

Main Intermediary:

POS Code: _____

Date: __/__/____



Signature of Authorized Signatory

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B. ADDRESS DETAILS

- 1. Residence/Correspondence Address :
 City/Town/Village: PIN Code:
 State: Country:
- 2. Specify Proof of Address submitted for Residence/Correspondence Address : Other _____
 Validity/Expiry date of proof of address submitted __/__/__.
- 3. Contact Details
 a. Mobile Number b. EMAIL ID: c. Tel. (Office):
 d. Tel. (Residence): e. FAX:
- 4. Permanent Address if different from above or overseas address, (mandatory for Non-Resident Applicant)
 Residence/Correspondence Address :
 City/Town/Village: PIN Code:
 State: Country:
- 5. Specify Proof of Address submitted for Permanent Address : Other _____
 Validity/Expiry date of proof of address submitted __/__/__.
- 6. Any other Information : _____

C. 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.

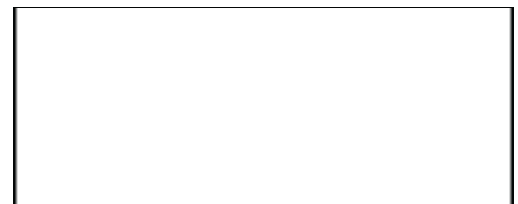
Date : __/__/____
Place _____



Signature of Applicant

FOR OFFICE USE ONLY

In Person Verification (IPV) Details: _____
 Name of the person who has done the IPV: _____
 Designation: _____ Employee ID: _____
 Name of the Organization: _____ Date of IPV: _____
 Signature of person who has done IPV: _____



Seal/Stamp

Originals Verified and Self Attested Document Copies Received:

Attested True copies of documents received

Main Intermediary:

POS Code: _____

Date: __/__/____



Signature of Authorized Signatory

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

(To be filled by the Depository Participant)

Application No. _____ Date _____ DP Internal Reference No. _____

DP ID

1	2	0	5	4	2	0	0
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 Client ID

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(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:-

Holders Details

Sole / First Holder's Name		PAN																
	UID																>	>
Second Holder's Name		PAN																
	UID																	
Third Holder's Name		PAN																
	UID																	

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	
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Individual Margin Trading A/C (MANTRA)	<input type="checkbox"/> Individual-Director <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Minor <input type="checkbox"/> Others(specify) _____
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Repatriable Promoter <input type="checkbox"/> NRI – Depository Receipts	<input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> NRI Non-Repatriable Promoter <input type="checkbox"/> Others (specify) _____
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National - Depository Receipts <input type="checkbox"/> 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] <input type="checkbox"/> Yes <input type="checkbox"/> 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')	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Requirement <input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in Physical)	
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]	<input type="checkbox"/> Yes <input type="checkbox"/> No

Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR code)	_____
IFS Code (11 character)	_____
Account number	_____
Account type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> 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.

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 <input type="checkbox"/> 1-5 <input type="checkbox"/> 1-10 <input type="checkbox"/> 10-25 <input type="checkbox"/> Above 25 <input type="checkbox"/>		
	Net worth as on (Date)	_____	Rs: _____
[Net worth should not be older than 1 year]			
Occupation	_____		
Please tick , if applicable:	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)		
Any other information:	_____		
SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4	MOBILE NO. +91 _____ [[Mandatory , if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).		
Transactions Using Secured Texting Facility (TRUST). Refer 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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, transactions and value of the portfolio online.		

Nomination Form

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

TM / DP Name and Address		FORM FOR NOMINATION (To be filled in by individual applying singly or jointly)														
Date	D	D	M	M	Y	Y	Y	Y	UCC/ DP ID				Client ID			
I/We wish to make a nomination. [As per details given below]																
Nomination Details																
I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.																
Nomination can be made upto three nominees in the account.		Details of 1st Nominee				Details of 2nd Nominee				Details of 3rd Nominee						
1	Name of the nominee(s) (Mr./Ms.)															
2	Share of each Nominee	Equally [If not equally, please specify percentage]				%				%						
3	Relationship With the Applicant(If Any)															
4	Address of Nominee(s)															
	City / Place: State & Country:															
	PINCODE															
5	Mobile/Telephone No. of nominee(s)															
6	Email ID of nominee(s)															
7	Nominee Identification details [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID															
Sr. Nos. 8-14 should be filled only if nominee(s) is a minor																
8	Date of Birth {in case of minor nominee(s)}															
9	Name of Guardian (Mr./Ms.) {in case of minor nominee(s)}															
10	Address of Guardian(s)															
	City / Place: State & Country:															
	PINCODE															
11	Mobile/Telephone no. of Guardian															
12	Email ID of Guardian															
13	Relationship of Guardian with nominee															
14	Guardian Identification details [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID															
Name(s) of holder(s)												Signature(s) of holder*				
Sole / First Holder (Mr./Ms.)																
Second Holder (Mr./Ms.)																
Third Holder (Mr./Ms.)																

* 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)

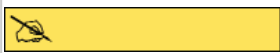



We Accept

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

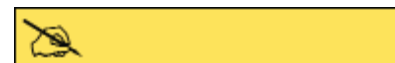
S.No.	Purpose	Signature of Client*
1.	Transfer of securities held in the beneficial owner accounts of the client towards Stock Exchange related deliveries / settlement obligations arising out of trades executed by clients on the Stock Exchange through the same stock broker	 Signature of 1 st Holders  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

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 1st Holders



Signature of 2nd Holders

Voluntary Authorization Letter

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 Refer to Terms & Conditions given as Annexure - 2.4	MOBILE NO. +91 _____ [(Mandatory , if you are giving Power of Attorney / Demat Debit and Pledge Instruction (POA / DDPI)] (if DDPI is not granted & you do not wish to avail of this facility, cancel this option).									
Transactions Using Secured Texting Facility (TRUST). Refer 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. <input type="checkbox"/> Yes <input type="checkbox"/> No I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST <table border="1" data-bbox="400 656 1251 786"> <thead> <tr> <th>Stock Exchange Name/ID</th> <th>Clearing Member Name</th> <th>Clearing Member Id (Optional)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Stock Exchange Name/ID	Clearing Member Name	Clearing Member Id (Optional)						
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 **OPTION 1** **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: daily fortnightly weekly monthly

11. 
Signature of 1st Holders


Signature of 2nd Holders


Signature of 3rd Holders

Sole Holder or Guardian (in case of minor)

Date: _____

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

I/ We agree to pay the charges as per following charges structure for our Trading account with SAMCO effective _____

Client ID _____ Client Name _____

Equity Intraday	Futures	Options*	Currency Futures	Currency Options*
Rs 20 per executed order or 0.02% of Turnover whichever is lower				

Charge Head	Brokerage / Charges
Equity Delivery	Rs 20 per executed order or 0.2% 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.

6. 
 Signature of 1st Holders


 Signature of 2nd Holders


 Signature of 3rd Holders

Client Signature

Date: _____

Name of the Applicant