



IN-DP-20-2015 NSDL IN301485, IN302700, SEBI Regn. No: INZ000004234 NSE, BSE & MCK-SX

Important Instructions:


- A) Fields marked with * are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- 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.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

CLIENT ID

TRADING CODE

For office use only Application Type* New Update KRA Acknowledgment No.:
 (To be filled by financial institution) KYC Number (Mandatory for KYC update request)
 Account Type* Normal Simplified (for low risk customers) Small DPM Instruction No. (For Office Use Only)

1. PERSONAL DETAILS (Please refer instruction A at the end) **A IDENTITY DETAILS**

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 <input type="text"/>)		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	<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)	<div style="border: 1px solid black; padding: 5px; width: 100px; margin: 0 auto;">  </div>
	<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 Categorised			
			Signature / Thumb Impression <input type="text"/>	

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 (PoI)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

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

4. PROOF OF ADDRESS (PoA)* / ADDRESS DETAILS

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
 Simplified Measures Account - Document Type code

Address

Line 1*

Line 2

Line 3

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

Signature of Applicant:

Sole/1st Holder 2nd Holder 3rd Holder

- 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)
- 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 / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*

Line 2

Line 3

District* Pin / Post Code*/ ZIP State / U.T Code* ISO 3166 Country Code*

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) - Mobile -

FAX - Email ID

I / we hereby declare that the aforesaid mobile number or E-mail ID belongs to Me My family (spouse, dependent children and dependent parents)

6. DECLARATION: I hereby declare that details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any change therein, immediately. In case of any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be liable for it.

7. MODE OF RECEIVING STATEMENT OF ACCOUNT Physical Form Electronic Form [Read Note 4 Email ID to Be Provided]
- [Tick any one]

Note 4: For receiving Statement of Account in electronic form:

- (I). Client must ensure the confidentiality of the password of the email account. (II). Client must promptly inform the Participant if the email address has changed. (III). Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice

8. BANK DETAIL (Please tick() the box whichever is applicable)
- Savings Current Cash Credit / OD Other (pls. Specify) _____

Bank Name											
Account No.											
MICR Code						IFSC/NEFT/RTGS Code					
Bank Address											
City									Pin Code		

Note: Copy of passbook / Statement and Original Cancelled / Copy of Cheque of the new bank account are must enclosed.

9. REMARKS (if any)

10. APPLICANT DECLARATION

2nd Holder Name PAN

3rd Holder Name PAN




- 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 change 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 :

I / We request you to make change in our Demat, Trading, Commodity Account and KYC details. Please tick (✓)

The box on left margin of appropriate row where Change / Modification are required and provide the details in the corresponding row:-

Sole/1st Holder 2nd Holder 3rd Holder

11. ATTESTATION AND IN PERSON VERIFICATION (IPV) DETAIL / FOR OFFICE USE ONLY

- Documents Received Certified Copies (Self Attested) (Original Verified) true Copies of Documents

IPV and C-KYC VERIFICATION CARRIED OUT BY

Date Of IPV/Attestation - -

Emp. / IPV Person Name

Emp. / AP Code

Emp. / AP Designation

Emp. / AP Branch

INSTITUTION DETAILS

Name **KIFS TRADE CAPITAL PRIVATE LIMITED**

Code **I N O 1 4 4 / NDML MIID - P1192**

(Sign of person who has done IPV / Attestation)



KIFS CIN No.: U65923DN2012PTC005494

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