

Please fill this form in ENGLISH and in BLOCK LETTERS. (Use black ink)

**A. IDENTITY DETAILS**

1	Name of the Applicant																			
2	Date of incorporation	D	D	M	M	Y	Y	Y	Y	Place of incorporation										
3	a. Business Commencement date	D	D	M	M	Y	Y	Y	Y	b. Regn. No. (eg. CIN)										
4	PAN, copy attached	<input type="checkbox"/>																		
5	Status (Please tick any one)	<input type="checkbox"/> Pvt. Ltd. Co.	<input type="checkbox"/> Public Ltd. Co.	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Partnership	<input type="checkbox"/> Charities	<input type="checkbox"/> Bank	<input type="checkbox"/> Society	<input type="checkbox"/> Trust	<input type="checkbox"/> Defense Establishment	<input type="checkbox"/> Others	<input type="checkbox"/> FII	<input type="checkbox"/> HUF	<input type="checkbox"/> AOP	<input type="checkbox"/> Non Govt. Organisation	<input type="checkbox"/> BOI	<input type="checkbox"/> LLP	<input type="checkbox"/> FI	<input type="checkbox"/> Government Body	<i>(Please specify)</i>

**B. ADDRESS DETAILS**

1	Correspondence Address												
		City/Town/Village						PIN Code					
		State						Country					
2	Specify proof of correspondence address submitted												
3	Contact Details	Telephone (office)						Telephone (Res)					
		Fax No.						Mobile No.					
		Email ID											
4	Registered Address (if different from above.)												
		City/Town/Village						PIN Code					
		State						Country					
5	Specify proof of registered address submitted												

**C. DECLARATION**

We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and 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, we are aware we may be held liable for it and the same will render our account liable for termination and suitable action.



Place							Signature of Applicant	Date	D	D	M	M	Y	Y	Y	Y
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Muni Broking House Limited

FOR OFFICE USE ONLY

	Documents verified with Originals by	Client interviewed by	In-Person Verification done by																					
Staff Name/ AP																								
Designation/ Reg. Code																								
Signature																								
Date	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
	<input type="checkbox"/> (Original verified) Self Certified Documents copies received						<input type="checkbox"/> (Self Attested) True copies of documents received																	
Sign/Seal/Stamp of the intermediary																								



**DETAILS OF PROMOTERS / PARTNERS / KARTA / TRUSTEES AND WHOLETIME DIRECTORS FORMING A PART OF KNOW YOUR CLIENT (KYC)**  
**Form should be filled in English and in Block Letters (Use Black ink only)**

Name of Applicant	PAN								
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S.N.	Particulars	Photograph	Signature with Stamp
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1	Name	Affix recent passport size Photograph and Sign across it 		
	Residential Address			
	Designation			
	PAN			Dt. of Birth
	DIN/UID			Contact No.
	Aadhar No.			PEP/RPEP <input type="checkbox"/> Yes <input type="checkbox"/> No

2	Name	Affix recent passport size Photograph and Sign across it 		
	Residential Address			
	Designation			
	PAN			Dt. of Birth
	DIN/UID			Contact No.
	Aadhar No.			PEP/RPEP <input type="checkbox"/> Yes <input type="checkbox"/> No

3	Name	Affix recent passport size Photograph and Sign across it 		
	Residential Address			
	Designation			
	PAN			Dt. of Birth
	DIN/UID			Contact No.
	Aadhar No.			PEP/RPEP <input type="checkbox"/> Yes <input type="checkbox"/> No

4	Name	Affix recent passport size Photograph and Sign across it		
	Residential Address			
	Designation			
	PAN			Dt. of Birth
	DIN/UID			Contact No.
	Aadhar No.			PEP/RPEP <input type="checkbox"/> Yes <input type="checkbox"/> No

5	Name	Affix recent passport size Photograph and Sign across it		
	Residential Address			
	Designation			
	PAN			Dt. of Birth
	DIN/UID			Contact No.
	Aadhar No.			PEP/RPEP <input type="checkbox"/> Yes <input type="checkbox"/> No

First Signatory	Second Signatory	Third Signatory
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Place	Name and signature with Stamp of the Authorised Signatory(ies)	Date	D	D	M	M	Y	Y
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Muni Broking House Limited



**Clearing Member Details (to be filled up by Clearing Members only) - Non-Individual DEMAT Account**

**FOR DEMAT ACCOUNT ONLY**

1	Name of Stock Exchange	2	Name of Clg. Corpn./Clg. House
3	Clearing Member ID	4	SEBI Regn. No.
5	Trade Name		
6	CM-BP ID (to be filled up by DP)	7	TM ID (to be filled up by DP)

**GUARDIAN'S DETAILS (same in line with KYC Form - must be filled up where Sole holder is MINOR)**

1	Guardian Name											
2	Guardian Address											
		City/Town/Village				PIN Code						
		State				Country						
3	Relationship with Minor				4	Guardian's PAN						
5	Contact Details of Guardian	Telephone (Office)				Telephone (Res.)						
		Fax No.				Mobile No.						
		Email ID										
6A	Gross Annual Income (Income Range per Annum (Plz tick))	<input type="checkbox"/> Below ₹ 1 Lac		<input type="checkbox"/> ₹ 1-5 Lac		<input type="checkbox"/> ₹ 5-10 Lac		<input type="checkbox"/> ₹ 10-25 Lac		<input type="checkbox"/> Above ₹ 25 Lac		
OR												
6B	Networth (should not be older than 1 year)	Amount (₹)				As on (Date)	D	D	M	M	Y	Y
7	a. Gender	b. Marital Status		c. Date of Birth			d. Nationality					
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married		D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> Indian <input type="checkbox"/> Other Pls specify (if other) _____
	e. Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National	f. Occupation		<input type="checkbox"/> Pvt. Sector <input type="checkbox"/> Pub. Sector <input type="checkbox"/> Govt. Service		<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist		<input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Others, specify _____		<input type="checkbox"/> Retired <input type="checkbox"/> Forex Dealer		
8	Please tick, if applicable	<input type="checkbox"/> Politically Exposed Person (PEP)				<input type="checkbox"/> Related to Politically Exposed Person (RPEP)						

Affix recent  
passport size  
Photograph of the  
guardian  
and  
Sign across it

**OTHER DETAILS**

1st Holder	1	Gross Annual Income (Income Range per Annum, Plz tick)	<input type="checkbox"/> Below ₹ 1 Lac		<input type="checkbox"/> ₹ 1-5 Lac		<input type="checkbox"/> ₹ 5-10 Lac		<input type="checkbox"/> ₹ 10-25 Lac		<input type="checkbox"/> Above ₹ 25 Lac	
	OR / AND (For Non-Individual)											
	2	Net worth (Not older than 1 year)	Amount (₹)				As on (Date)	D	D	M	M	Y
2nd Holder	2	Occupation (Pls. tick any one give brief details)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Retired		<input type="checkbox"/> Public Sector <input type="checkbox"/> Housewife		<input type="checkbox"/> Govt. Service <input type="checkbox"/> Student		<input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer		<input type="checkbox"/> Professional <input type="checkbox"/> Others (plz. specify) _____	
	3	Please tick, if applicable	<input type="checkbox"/> Politically Exposed Person (PEP)				<input type="checkbox"/> Related to politically exposed person (RPEP)					
3rd Holder	1	Gross Annual Income (Income Range per Annum, Plz tick)	<input type="checkbox"/> Below ₹ 1 Lac		<input type="checkbox"/> ₹ 1-5 Lac		<input type="checkbox"/> ₹ 5-10 Lac		<input type="checkbox"/> ₹ 10-25 Lac		<input type="checkbox"/> Above ₹ 25 Lac	
	OR / AND (For Non-Individual)											
	2	Net worth (Not older than 1 year)	Amount (₹)				As on (Date)	D	D	M	M	Y
3rd Holder	2	Occupation (Pls. tick any one give brief details)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Retired		<input type="checkbox"/> Public Sector <input type="checkbox"/> Housewife		<input type="checkbox"/> Govt. Service <input type="checkbox"/> Student		<input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer		<input type="checkbox"/> Professional <input type="checkbox"/> Others (plz. specify) _____	
	3	Please tick, if applicable	<input type="checkbox"/> Politically Exposed Person (PEP)				<input type="checkbox"/> Related to politically exposed person (RPEP)					
Any Other Information												

**BANK DETAILS (Mandatory)**

**FOR BOTH**

	Primary	Secondary, if any
Bank Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Others, <small>in case of NRI, NRE/NRO (Plz specify)</small>	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Others, <small>in case of NRI, NRE/NRO (Plz specify)</small>
Bank Account No.		
Bank Name		
Branch Address		
MICR Code		
IFSC Code		
Proof Provided	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PAST ACTIONS**

Details of any actions/proceedings initiated / pending/taken by SEBI/Exchange/any other authority against the applicant/constituent or its Partners / Promoter s/Wholetime Directors / Authorised Persons in-charge of dealing in securities/ commodities during the last 3 years **(In case of any details, please provide a separate sheet)**

**TRADING PREFERENCE FOR UCC.....**

Please sign in the relevant boxes where you wish to trade.  
Please strike off the segment not chosen by you.

**FOR TRADING ACCOUNT**

EXCHANGE	NSE & BSE		MCX
SEGMENTS	CASH / MUTUAL FUND	F & O	COMMODITY DERIVATIVES

**In case you do not wish to trade in any segments/ Mutual Funds, please mention here**

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- I/We are interested to trade into commodity options and hereby accord my/our consent to trading in commodity options.
  - I/We have gone through the additional risk disclosure document and have appraised myself/ourselves with the risk of trading in commodity options.
  - This consent is valid till I/we revoke the same. I/We understand that I/we have right to withdraw the same at any point of time.
- # If, in future, the client wants to trade on any new segment/new exchange, separate authorization/letter should be taken from the client by the stock broker.

**DP DETAILS**

Sr.#	Particulars	Primary DP Details	Secondary DP Details
1	DP	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL
2	DP Name		
3	DP ID	Provide Proof	Provide Proof
4	Beneficiary Name		
5	BO/Client ID		

**MODE OF OPERATION FOR EXECUTION OF TRANSACTIONS (Transfer, Pledge & Freeze)**

<input type="checkbox"/> Jointly	<input type="checkbox"/> Anyone of the Holder
<p>* If Mode of Operation for Joint Account is chosen as anyone of the holder or survivor(s) only specified operation such as transfer of securities including Inter-Depository Transfer, Pledge/Hypothecation/Margin Pledge/Margin re-pledge (creation, closure and invocation and confirmation thereof as applicable) of securities and freeze/unfreeze of account and/or securities and /or specific number of securities will be permitted.</p>	

**WHETHER DEALING WITH ANY OTHER STOCK BROKER / AP OF OTHER BROKERS (IN CASE DEALING WITH MULTIPLE STOCK BROKER / AP OF OTHER BROKER, PROVIDE DETAILS OF ALL)**

Stock Broker's Name			
AP's Name, if any			
Client Code		Exchange	
Details of disputes/dues pending from/to such stock broker/AP of other Brokers			

**ADDITIONAL DETAILS**

FOR BOTH DEMAT AND TRADING ACCOUNT	Whether you wish to receive physical contract notes/Documents or electronic contract notes (ECN)/Documents, please select		<input type="checkbox"/> Physical	<input type="checkbox"/> Electronic
	If Electronic, please specify your E-mail ID			
	Whether you wish to avail of the facility of Internet Trading / wireless technology, please tick		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Number of years of Investment / Trading Experience			
	In case of non-individuals, name, designation, PAN, UID, signature, residential address and photographs of persons authorised to deal in securities on behalf of company / firm / others : Fill in Annexure A			

**INTRODUCER DETAILS**

Introducer's Name	First Name	Middle Name	Surname
Introducer's Address			
Introducer's Status	<input type="checkbox"/> Remisier <input type="checkbox"/> Authorised Person <input type="checkbox"/> Existing Client <input type="checkbox"/> Other (pls. specify)_____		
Signature			Phone No.

**CLIENT CATEGORISATION**

Please Select ( ) on the below appropriate category depending upon your proposed nature of your activity against each product type.

<b>Commercial</b> - <input type="checkbox"/>	<b>Non-Commercial</b> - <input type="checkbox"/>
Product type - <input type="checkbox"/>	Product type - <input type="checkbox"/>
Bullion - <input type="checkbox"/>	Bullion - <input type="checkbox"/>
Base Metals - <input type="checkbox"/>	Base Metals - <input type="checkbox"/>
Energy - <input type="checkbox"/>	Energy - <input type="checkbox"/>
Agri-Commodities - <input type="checkbox"/>	Agri-Commodities - <input type="checkbox"/>

1. COMMERCIAL: Commercial Client includes Value Chain / Physical market participant / exporter / importer / having direct / indirect Exposure to the underlying Commodity
2. NON-COMMERCIAL: Non Commercial Client includes Trader / Arbitrageur