

**SHRIRAM INSIGHT SHARE BROKERS LTD.**

**Admin. Office :** CK-5 & 6, Sector-II, Salt Lake City, Kolkata - 700 091, Tel : (033) 2358-7188/8258/7691, Fax : 2321-8429, SISBL CIN : U67120TN1995PLC031813  
**Regd. Office :** Shriram House, No. 4, Burkit Road, T. Nagar, Chennai - 600 017, Phone (044) 4905 2500  
 DPID : 12038400, CDSL (SEBI Regn. No. : IN-DP-19-2015), NSDL (SEBI Regn No. :IN-DP-NSDL-311-2009)  
 SEBI Regn. No.: INZ000216238 -Member, NSE (Equity, Equity Derivative, Currency Derivative), BSE (Equity)

**Account Details Addition / Modification / Deletion Request Form**

Please fill all the details in Block Letters in English

 DATE : 

D	D	M	M	Y	Y	Y	Y
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DP ID								Client ID							
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**Account Holder's Details**

Name of First / Sole Holder	
Name of Second Holder	
Name of Third Holder	

I/We request you to make the following additions / modifications / deletions to my/our account in your records.

Details (Pl. specify change of address, bank details, telephone no. etc.)	Addition /Modification / Deletion (Please specify)	Existing Details	New Details
		* Email id : * Mobile No:	

I/We request you to add/delink Unique client code (UCC) with beneficial owners (BOID) linked with PAN \_\_\_\_\_

Unique Client Code (UCC)	Exch ID	Segment ID	CM ID	TM ID

Reason for add /modify/ delete Unique Client Code (UCC) : \_\_\_\_\_

- I/We request to carry out the change of address / signature in the demat account  
 I/We request to carry out the change of address / signature in the KRA and demat account

**Attach an Annexure (with signature(s)) if the space above is found insufficient.**

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

\* Mandatory Field


**Voluntary Document**

Date .....

**APPLICATION FOR CHANGE IN CLIENT MASTER**

 To  
**Shriram Insight Share Brokers Ltd.**  
 CK-5 & 6, Sector - II  
 Saltlake City  
 Kolkata - 700 091

**Sub : Change in Trading account against Client Code .....**

Dear Sir,

Please make necessary changes/updation in my Trading a/c as per details given below (proof to be submitted for the same) and I am agreeable to receive digitally signed Contract note, bills, and financial and stock ledger. In this regard I give the following details and accept the revised provisions relating to issue of digitally signed contract notes as may be issued by SEBI or the concerned exchange from time to time.

- I/We hereby confirm that this account has been opened by me personally without any assistance from any employee, representative or any person connected with Shriram Insight Share Brokers Ltd. (SISBL) in any manner.**
- Password or my email id has been kept confidential and has not been shared with any one intentionally or unintentionally. I understand that sharing of password will result in compromising security of my trading account details with SISBL.**

I hereby declare and confirm that any change in the email id shall be communicate by me through a physical letter to SISBL.

I/We hereby confirm that I will continue to protect the confidentiality of the password and if due to any reason my password known to someone else including any one connected with SISBL then will not hold SISBL responsible or any loss arising out of such mistakes.

Change of Address/PAN/ email id/Bank/ Demat / Contact details & others.	Addition/Modification/ Deletion (Please specify)	Existing Details	New Details
		* Email id : * Mobile No:	

Client Name : \_\_\_\_\_

Client Signature : \_\_\_\_\_

\* Mandatory Field

To be filled by client only

**CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual**



**Important Instructions:**

- A) Fields marked with '\*' are mandatory fields.
- B) Tick (✓) wherever applicable.
- C) Please fill the form in English and in BLOCK letters.
- D) Please fill the date in DD-MM-YYYY format.
- E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.
- F) Please read section wise detailed guidelines / instructions at the end.
- G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- H) List of two character ISO 3166 country codes is available at the end.
- I) KYC number of applicant is mandatory for update application.
- J) The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC is non-face to face mode.

<b>For office use only</b> <i>(To be filled by financial institution)</i>	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update	
	KYC Number	(Mandatory for KYC update request)		
	Account Type*	<input type="checkbox"/> Normal	<input type="checkbox"/> Minor	<input type="checkbox"/> Aadhaar OTP based E-KYC (in non-face to face mode)

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

	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	<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	
PAN*	<input type="text"/>		<input type="checkbox"/> Form 60 furnished	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Nationality*	<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"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		

**2. PROOF OF IDENTITY AND ADDRESS\*** (Please refer instruction **B** at the end)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number
- B- Voter ID Card
- C- Driving Licence
- D- NREGA Job Card
- E- National Population Register Letter
- F- Proof of Possession of Aadhaar

II.  E-KYC Authentication

III.  Offline verification of Aadhaar

**PHOTO**

Signature / Thumb Impression

**Address**

Line 1\*

Line 2

Line 3  City / Town / Village\*

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

**3. CURRENT ADDRESS DETAILS** (Please refer instruction **B** at the end)

Same as above mention address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number
- B- Voter ID Card
- C- Driving Licence
- D- NREGA Job Card
- E- National Population Register Letter
- F- Proof of Possession of Aadhaar

II.  E-KYC Authentication

III.  Offline verification of Aadhaar

IV.  Deemed Proof of Address - Document Type code

**Address**

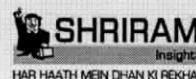
Line 1\*

Line 2

Line 3  City / Town / Village\*

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



**Know Your Client (KYC)****Application Form (For Individuals Only)**

Please fill the form in ENGLISH and in BLOCK letters

Fields marked \* are mandatory

Fields marked \* are pertaining to CKYC and mandatory only if processing CKYC also

Application Number: \_\_\_\_\_

Application Type: Without Supporting KYC Modification

**KYC Mode\*:** Please Tick (✓) Normal EKYC OTP EKYC Biometric Online KYC Offline EKYC Digilocker**1. Identity Details (please refer guidelines overleaf)**

PAN\* \_\_\_\_\_

Name (same as ID proof) \_\_\_\_\_

Fathers/Spouse's Name \_\_\_\_\_

Marital Status

 Single Married**2. Contact Details (in CAPITAL)**

Email ID \_\_\_\_\_

Mobile No. \_\_\_\_\_

Tel (off) \_\_\_\_\_

Tel (Res) \_\_\_\_\_

**3. Applicant Declaration**

I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

DATE: \_\_\_\_\_ (DD-MM-YYYY)

PLACE: \_\_\_\_\_

Applicant e-SIGN

Applicant Wet Signature

✓

**4. For Office Use Only**

Intermediary Details (Name and Stamp)\*

Intermediary Name and Stamp