

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.

For office use only Application Type* ☐ New ☐ Update
 (To be filled by financial institution) KYC Number (Mandatory for KYC update request)
 Account Type* ☐ Normal ☐ Simplified (for low risk customers) ☐ Small

	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"/>			
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"/> Foreign National <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) <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 Categorized			

PHOTO

SIGNATURE/THUMB IMPRESSION

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*

<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"/>

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

[illegible]

☐ 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')

Line 1*																											
Line 2																											
Line 3																											
District*								Pin / Post Code*						State / U.T Code*			ISO 3166 Country Code*										

☐ 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

☐ Same as Correspondence / Local Address details

Line 1*																											
Line 2																											
Line 3																											
State*											ZIP / Post 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																											

☐ 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*	<input type="checkbox"/> Guardian of Minor	<input type="checkbox"/> Assignee	<input type="checkbox"/> Authorized Representative	
Name*	Prefix	First Name	Middle Name	Last Name

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)

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

☐ 7. REMARKS (If any)

8. APPLICANT 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.

- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : DD-MM-YYYY

Place :

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date										
Emp. Name										
Emp. Code										
Emp. Designation										
Emp. Branch										

[Employee Signature]

INSTITUTION DETAILS

Name										
Code										

[Institution Stamp]

INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

1. Self attested copy of PAN card is mandatory for all clients.
2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals,(allowed to trade subject to RBI and FEMA guidelines), copy of passport/ PIOCard/OCICard and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
10. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/ Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
11. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.

B. Proof of Identity(POI): List of documents admissible as Proof of Identity:

1. PAN card with photograph. This is a mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
2. Unique Identification Number (UID) (Aadhaar)/Passport/Voter IDcard/Driving license.
3. Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

C. Proof of Address (POA): List of documents admissible as Proof of Address: (*Documents having an expiry date should be valid on the date of submission.)

1. Passport/Voters Identity Card/Ration Card/Registered Lease or Sale Agreement of Residence/Driving License/Flat

Maintenance bill/Insurance Copy.

2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill Not more than 3 months old.
3. Bank Account Statement/Passbook - Not more than 3 months old.
4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
6. Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.,to their Members.
7. For FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostilled or consularised) that gives the registered address should be taken.
8. The proof of address in the name of the spouse may be accepted.

D. Exemptions/clarifications to PAN (*Sufficient documentary evidence in support of such claims to be collected.)

1. In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
2. Investors residing in the state of Sikkim.
4. SIP of Mutual Funds upto Rs 50,000/- p.a.
5. In case of institutional clients, namely, FIIs, Mfs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.
3. UN entities/multilateral agencies exempt from paying taxes/ filing tax returns in India.

E. List of people authorized to attest the documents:

1. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
2. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.



KYC MODIFICATION/ADDITION & ACCOUNT REACTIVATION REQUEST FORM

Requisition form for Addition / Deletion / Modification of Account Details in Equity/Commodity/Demat Account

Date: ____/____/____

Broking	Depository (NSDL)/(CDSL)	Both	
---------	--------------------------	------	--

*Mandatory Fields

Update my KYC details as per below	Re-activate my account and update KYC Details	Re-activate account with no change in KYC
------------------------------------	---	---

To

Stewart & Mackertich Wealth Management Ltd.

4 Lee Road, Vaibhav, Kolkata – 700020

I/We request you to make the following Additions / Deletion / Modifications to my/our account in your records. Account details are as under:

* CDSL DP ID: 12016000 _____ NSDL DP ID: IN301629 _____ * Trading Account(UCC) _____ Client Type Individual/Non-Individual

*Please tick Request & Category

Request For	Category	Existing Details	New Details
<input type="checkbox"/> Modification	<input type="checkbox"/> Address Details <input type="checkbox"/> Correspondence <input type="checkbox"/> Permanent <input type="checkbox"/> Email ID <input type="checkbox"/> Mobile / Landline Number <input type="checkbox"/> Signature <input type="checkbox"/> Name Change in Trading Account <input type="checkbox"/> Aadhaar <input type="checkbox"/> Other _____ pls. specify		
<input type="checkbox"/> Addition	<input type="checkbox"/> Bank Details <input type="checkbox"/> Add with Default <input type="checkbox"/> Add without Default		
<input type="checkbox"/> Modification	<input type="checkbox"/> Demat Details <input type="checkbox"/> _____ pls. specify <input type="checkbox"/> _____ pls. specify		

I/We wish to update the above changes in KRA / Demat / Back office system

- Additional Information Related to Trading / Demat Account: Gross Annual Income Details (please specify): Income Range per annum: Below Rs 1 Lac / 1-5 Lac / 5-10 Lac / 10-25 Lac / >25 Lacs or Net-worth as on _____ (_____) (Net worth should not be older than 1 year)
- Occupation (please tick any one and give brief details): Private Sector/ Public Sector/ Government Service/Business/ Professional/ Agriculturist/ Retired/ Housewife/ Student/ Others _____
- Please tick, if applicable: Politically Exposed Person (PEP)/ Related to a Politically Exposed Person (PEP) (Account Type – Individual)
- Please tick, if applicable, for any of your Authorized Signatories/Promoters/Partners/Karta/Trustees/Whole Time Directors: Politically Exposed Person (PEP)/ Related to a Politically Exposed Person (PEP) (Account Type – Non - Individual)
- Net-worth as on (date) _____ (dd/mm/yyyy): _____ (*Net worth should not be older than 1 year) (Account Type – Non - Individual)



KYC MODIFICATION/ADDITION & ACCOUNT REACTIVATION REQUEST FORM

Ownership Declaration - Contact Detail (s) A. E-mail- I hereby declare that the E-mail ID given by me belongs to Me ☐ or my family ☐
 In case of family, the owner of E-mail ID is my Spouse ☐ Dependent Children ☐ Dependent Parent ☐
 B. Mobile- I hereby declare that the Mobile given by me belongs to Me or my family in case of family, the owner of Mobile is my Spouse Dependent Children Dependent Parent.

Declaration for Electronic Communication: Yes ☐ No ☐ I/we wish to receive all future communication to me including but not limited to Contract note, Bills and Statement of Accounts, Demat Transaction/ Holding Statements to be sent to the above mentioned E-mail ID

DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/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, I am/we are aware that I/we may be held liable for it. I/we hereby give consent to receive all communication from Stewart & Mackertich Wealth Management Limited.

	First / Sole Holder	Second Holder	Third Holder
Name			
PAN			
Signature *			

FOR OFFICE USE ONLY

We have given/sent the client a copy of the Client Master upon Updation/ Modification of details requested by the above Client.

Name of Authorized Signatory		Signature of the Authorized Signatory	Seal/Stamp of Stewart & Mackertich Wealth Management Limited
Date			
Place			

UCC of Client:	Name of Employee	Employee Code	Signature of Employee
Documents Verified With Originals & In-Person Verification Done by Relationship Manager			
Processed & Updated By:			

INSTRUCTIONS

- ❖ Copy of cancelled Cheque leaf/ pass book/bank statement specifying name of the constituent, MICR Code or/and IFSC Code of the bank should be submitted.
- ❖ Demat Client Master or recent Holding Statement issued by DP bearing name of the client.
- ❖ Refer the supporting documents mentioned in "Instruction checklist for filing KYC Form and for updating the changes in CKYC/ KRA / Demat / Back Office System should be submitted.
- ❖ Income Proof: Copy of ITR Acknowledgement / Net-worth Certificate/ In case of salary income - Salary Slip, Copy of Form 16 / Self declaration with relevant supporting documents/ Any other relevant documents substantiating ownership of assets.
- ❖ Aadhaar Card to be submitted for Aadhaar Details updation
- ❖ Beneficial Ownership Details if any for Non-Individual Client (Corporate/ Partnership Firm/Trust/ Unincorporated Association/Body of Individuals)