

Date: \_\_/\_\_/\_\_\_\_

**Dormant Account Activation**

From,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Request for reactivation of Trading Account No.** \_\_\_\_\_

Dear Sir or Madam,

I request you to reactivate my Trading ID in under signed trading preference.

Exchange Segment	NSE	BSE	MCX
Cash			NA
F & O			NA
Currency			NA
Commodity			

**Tick out which is applicable**

- I hereby declare that there are no changes in my Know Your Clients details submitted earlier. I assure to keep you informed in writing any changes in my Know Your Clients details in future.

- There are changes in my Know Your Clients hence I/We request you to make the following additions / modifications / deletions to my/our account in your records. For that please find attached KYC Form with appropriate proof.

**Acceptance by Investor**

Client Code : \_\_\_\_\_

Client ID: 12088400

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

Client Sign : \_\_\_\_\_

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

...Exploring New Horizons

**RELITRADE<sup>®</sup>**  
We care about your investment

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

PAN\* \_\_\_\_\_ Please enclose a duly attested copy of your PAN Card

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

Maiden Name\* (if any) \_\_\_\_\_

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

Date of Birth\* \_\_\_\_\_

Gender\*  Male  Female  TransgenderMarital Status\*  Single  MarriedNationality\*  Indian  Other \_\_\_\_\_Residential Status\*  Resident Individual  Non Resident IndianPlease Tick (✓)  Foreign National  Person of Indian Origin\*

(Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC. Select NRI or Foreign National based on Nationality of the individual)

Recent passport size  
Applicant Photo

Cross Signature across photograph

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

 A — Aadhaar Card XXXX XXXX \_\_\_\_ (Expiry Date) \_\_\_\_\_ B — Passport Number \_\_\_\_\_ (Expiry Date) \_\_\_\_\_ C — Voter ID Card \_\_\_\_\_ (Expiry Date) \_\_\_\_\_ D — Driving License \_\_\_\_\_ E — NREGA Job Card \_\_\_\_\_ F — NPR \_\_\_\_\_ Z — Others \_\_\_\_\_ (any document notified by Central Government)

Identification Number \_\_\_\_\_

**2. Address Details\*** (please refer guidelines overleaf)**A. Correspondence/ Local Address\***

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Address Type\*  Residential/Business  Residential  Business  Registered Office  Unspecified

Applicant e-SIGN

**B. Permanent residence address of applicant, if different from above A / Overseas Address\*** (Mandatory for NRI Applicant)

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City/  
Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Address Type\*  Residential/Business  Residential  Business  Registered Office  Unspecified

**Proof of Address\*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

A — Aadhaar Card XXXX XXXX \_\_\_\_ \_

B — Passport Number \_\_\_\_\_ (Expiry Date) \_\_\_\_\_

C — Voter ID Card \_\_\_\_\_

D — Driving License \_\_\_\_\_ (Expiry Date) \_\_\_\_\_

E — NREGA Job Card \_\_\_\_\_

F — NPR Letter \_\_\_\_\_

Z — Others \_\_\_\_\_ (any document notified by Central Government)

Identification Number \_\_\_\_\_

**3. Contact Details (in CAPITAL)**

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


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

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

**4. Applicant Declaration**

<p>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.</p> <p>I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.</p> <p>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.</p> <p>DATE: _____ (DD-MM-YYYY)</p> <p>PLACE: _____</p>	Applicant e-SIGN	Applicant Wet Signature

**5. For Office Use Only**

In-Person Verification (IPV) carried out by*	Intermediary Details*
<p>IPV Date _____</p> <p>Emp. Name _____</p> <p>Emp. Code _____</p> <p>Emp. Designation _____</p>	<p><input type="checkbox"/> Self certified document copies received (OVD)</p> <p><input type="checkbox"/> True Copies of documents received (Attested)</p> <p>AMC / Intermediary Name : _____</p>
<p><b>POS CODE (1401490535)</b></p> <p><b>RELITRAD STOCK BROKING PRIVATE LIMITED</b></p> <p>STAFF NAME: _____</p> <p>SIGNATURE: _____ DATE: _____</p>	

**FATCA-CRS Declaration & Supplementary KYC Information**  
Declaration Form for Individuals

PAN									
NAME									
ADDRESS TYPE FOR KYC	<input type="checkbox"/> Residential		<input type="checkbox"/> Residential / Business						
	<input type="checkbox"/> Business		<input type="checkbox"/> Registered Office						
Place of Birth					Country of Birth				
Gross annual Income details in INR	<input type="checkbox"/> Below 1 Lakh		<input type="checkbox"/> 1-5 Lacs		OCCUPATION DETAILS	<input type="checkbox"/> Business <input type="checkbox"/> Public Sector			
Net Worth in INR in Lacs	<input type="checkbox"/> 5-10 Lacs		<input type="checkbox"/> 10-25 Lacs			<input type="checkbox"/> Private Sector <input type="checkbox"/> Professional			
Net Worth Date	<input type="checkbox"/> 25 Lacs - 1 Cr		<input type="checkbox"/> > 1 Crore			<input type="checkbox"/> Gov. Service <input type="checkbox"/> Student			
						<input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife			
					<input type="checkbox"/> Retired <input type="checkbox"/> Forex Dealer				
	Others [Please specify] _____								
Politically Exposed Person [PEP]	<input type="checkbox"/> YES		<input type="checkbox"/> Related to PEP		Any other information				
	<input type="checkbox"/> Not Applicable								

\*If PAN is not available, please specify Folio No(s)

Is your Country of Tax Residency other than India  Yes  No

If Yes, please specify the details of all countries where you hold tax residency and its Tax Identification Number & type

S No	Country of Tax Residency#	Tax Payer Identification Number / Functional Equivalent	Identification Type <i>[TIN or other, please specify]</i>
1			
2			
3			

# to include all countries other than India, where investor is Citizen / Resident / Green Card Holder / Tax Resident in those respective countries especially of USA

**Declaration:**

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you [CAMS/Fund/AMC] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same

Date:

Signature: ↓

Place:

\_\_\_\_\_