

RELITRADE[®]
We care about your investment

CLIENT NAME:

CLIENT CODE:

DP/CLINT ID: 12088400

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



CDSL VENTURES LIMITED
...Exploring New Horizons



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* _____

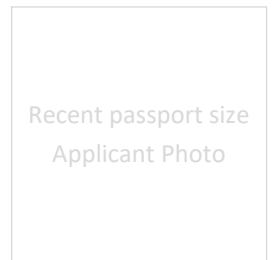
Gender* Male Female Transgender

Marital Status* Single Married

Nationality* Indian Other _____

Residential Status* Resident Individual Non Resident Indian

Please Tick (✓) Foreign National Person of Indian Origin+



Cross Signature across photograph

Mother's Name* _____

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

(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)

- 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 _____
- 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 _____
 Line3 _____
 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) PLACE: _____</p>	Applicant e-SIGN	Applicant Wet Signature

5. For Office Use Only

In-Person Verification (IPV) carried out by*	Intermediary Details*
IPV Date _____ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested) AMC / Intermediary Name : _____

POS CODE (1401490535) CKYC (IN2041)
RELITRAD STOCK BROKING PRIVATE LIMITED
 STAFF NAME: _____
 SIGNATURE: _____ DATE: _____



ADDITIONAL ACCOUNT OPENING FORM (FOR INDIVIDUALS)

RELITRADE STOCK BROKING PVT LTD O- Block, Second Floor, Mondeal Retail Park S.G. Highway, Ahmedabad -380059					DP ID 12088400 Client –ID (To be filled by Participant)											
I/We request you to open a depository account in my/our name as per the following details: <i>(Please fill all the details in CAPITAL LETTERS only)</i>							Date		D	D	M	M	Y	Y	Y	Y
A Details of Account holder(s):																
Account holder(s)	Sole/ First Holder			Second Holder			Third Holder									
Name																
PAN																
Occupation <i>(please tick any one and give brief details)</i>	<input type="checkbox"/> Private Sector		<input type="checkbox"/> Agriculturist		<input type="checkbox"/> Private Sector		<input type="checkbox"/> Agriculturist		<input type="checkbox"/> Private Sector		<input type="checkbox"/> Agriculturist					
	<input type="checkbox"/> Public Sector		<input type="checkbox"/> Retired		<input type="checkbox"/> Public Sector		<input type="checkbox"/> Retired		<input type="checkbox"/> Public Sector		<input type="checkbox"/> Retired					
	<input type="checkbox"/> Government Service		<input type="checkbox"/> Housewife		<input type="checkbox"/> Government Service		<input type="checkbox"/> Housewife		<input type="checkbox"/> Government Service		<input type="checkbox"/> Housewife					
	<input type="checkbox"/> Business		<input type="checkbox"/> Student		<input type="checkbox"/> Business		<input type="checkbox"/> Student		<input type="checkbox"/> Business		<input type="checkbox"/> Student					
	<input type="checkbox"/> Professional		<input type="checkbox"/> Others (Please specify; _____)		<input type="checkbox"/> Professional		<input type="checkbox"/> Others (Please specify; _____)		<input type="checkbox"/> Professional		<input type="checkbox"/> Others (Please specify; _____)					
Brief details:																
B For Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name & PAN of the Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below:																
a) Name					b) PAN											
C Type of account																
<input type="checkbox"/> Ordinary Resident			<input type="checkbox"/> NRI-Repatriable			<input type="checkbox"/> NRI-Non Repatriable										
<input type="checkbox"/> Qualified Foreign Investor			<input type="checkbox"/> Foreign National			<input type="checkbox"/> Promoter										
<input type="checkbox"/> Margin			<input type="checkbox"/> Others (Please specify) _____													
D Gross Annual Income Details																
Income Range per annum (please tick any one)																
<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"/> More than ` 25 lac													
E In case of NRIs/ Foreign Nationals																
RBI Approval Reference Number																
RBI Approval date							D	D	M	M	Y	Y	Y	Y		
K Mode of Operations for Joint Account																
<input type="checkbox"/> Jointly			<input type="checkbox"/> Anyone of the holder or survivor(s)													
Sole/FirstHolder's Signature			Second Holder's Signature				Third Holder's Signature									

Status	Sub - Status
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Individual Margin Trading A/C (MANTRA) <input type="checkbox"/> Others(specify) _____
<input type="checkbox"/> NRI	<input type="checkbox"/> Individual-Director <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Minor <input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Repatriable Promoter <input type="checkbox"/> NRI – Depository Receipts <input type="checkbox"/> Others(specify) _____
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National <input type="checkbox"/> Others(specify) _____
	<input type="checkbox"/> Foreign National - Depository Receipts

Details of Guardian (in case the account holder is minor)	
Guardian's Name	PAN
Relationship with the applicant	
I/We instruct the DP to receive each and every credit in my/our account (If not marked, the default option would be 'Yes')	[Automatic Credit] <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
I/We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end (If not marked, the default option would be 'No')	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
I/We wish to receive dividend/interest directly in to my bank account as given below through ECS (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4	CLIENT NAME: _____ MOBILE NO. : _____ [(Mandatory , if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).									
Transactions Using Secured Texting Facility (TRUST). Refer to Terms and Conditions Annexure – 2.6	I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for the same. <input type="checkbox"/> No <input type="checkbox"/> Yes I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST									
	<table border="1"> <thead> <tr> <th>Stock Exchange Name/ID</th> <th>Clearing Member Name</th> <th>Clearing Member ID (Optional)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)						
Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)								
Easi	To register for easi, please visit our website www.cdslindia.com . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.									

Note:

- In case client doesn't opt for DIS booklet, it would be issued on request at any later date.
- BO can view his SIN balances, transactions & value portfolio online. To register for Easi please visit website www.cdslindia.com
- Other documents includes SEBI prescribed standard documents i.e. Rights & Obligation documents for trading and depository account Risk Disclosure Document and Guidance Note or any other communication/document disseminated by Relitrade Broking.

H. INFORMATION FOR PREVENTION OF MONEY LAUNDERING ACT, 2002

Experience	Number of years of Investment/Trading Experience <input type="checkbox"/> <input type="checkbox"/>
Gross Annual Income	<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs
	OR Net Worth in ₹ _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> as on date
Occupation (Please tick)	<input type="checkbox"/> Govt Service <input type="checkbox"/> Professional <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others _____
Nature of Business	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Services <input type="checkbox"/> Trading <input type="checkbox"/> Consultancy <input type="checkbox"/> Others _____
Risk Categorisation	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Is the Client Politically Exposed Person (PEP) or Related to a PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATION

1. 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 Do's and Dont's, 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.
2. I/We confirm having read/been explained on policy and procedures of the stock broker and Guidance note the tariff sheet
3. I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and 'Risk Disclosure Document. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on stock broker's designated website, if any.
4. The rules and regulations and Bye laws of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and we agree to abide by and to be bound by the rules, regulations and bye laws as are in force from time to time for such accounts, 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. In case non-resident account, I/We also declare that I/We have complied and will continue to comply with FEMA regulations. I/We acknowledge the receipt of copy of the document Rights and Obligations of the Beneficial Owner and Depository Participant".

First Holder

Second Holder

Third Holder

PRO DISCLOSURE INFORMATION (FOR RELITRADE STOCK BROKING PVT. LTD.)

PRO DISCLOSURE INFORMATION (FOR RELITRADE STOCK BROKING PVT. LTD.)

To,

Dear Client

This is to inform you that we do client based trading and Pro-account Trading in National Stock Exchange of India Limited (NSE)/ Bombay Stock Exchange Limited (BSE)/Multi Commodity Exchange of India Ltd (MCX).

Thanks & Best Regards.

TRADING ACCOUNT RELATED DETAILS

(For Individuals & Non-Individuals)

A. BANK ACCOUNT(S) DETAILS

Bank Name	Bank Address	Bank Account No	Account Type	MICR No	IFSC Code
			<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> OD <input type="checkbox"/> NRI <input type="checkbox"/> NRO		

Authority to remit funds payout electronically into clients bank account

Yes No

IN CASE OF NRI

RBI/PIS Approval No.

RBI/PIS Approval Date

B. DEPOSITORY ACCOUNT(S) DETAILS

Depository Participants Name	Depository Name NSDL/CDSL	Name	DP ID	Beneficiary ID
Relitrade Stock Broking Pvt. Ltd.	CDSL		12088400	

C. TRADING PREFERENCE

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

Exchange Segment for Equity	NSE	BSE	MCX
Cash	<input type="checkbox"/>	<input type="checkbox"/>	NA
F & O	<input type="checkbox"/>	<input type="checkbox"/>	NA
Currency	<input type="checkbox"/>	<input type="checkbox"/>	NA
Commodity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Preferences

Mutual Fund	<input type="checkbox"/>
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D. PAST ACTIONS

Details of any action/proceedings initiated/pending/ taken by SEBI/ Stock exchange/any other authority against the applicant/constituent or its Partners/ Promoters/whole time directors/authorized persons in charge of dealing in securities during the last 3 years

No	If Yes, Please Specify	
----	------------------------	--

NOMINATION DETAILS

UCC ID: _____




Date: ___/___/___

Client ID: 12088400 _____

I/We wish to make a nomination. [As per details given below]			
Nomination Details			
I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my/our account in the event of my/our death.			
Nomination can be made upto three nominees in the account.	Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
1. Name of the nominee(s)			
2. Share of each Nominee	_____% _____% _____% Any odd lot after division shall be transferred to the first nominee mentioned in the form.		
3. Relationship With the Applicant			
4. Address of Nominee			
5. Mobile/Telephone No. of nominee(s)			
6. Email ID of nominee(s)			
7. Nominee Identification details [Please tick any one of following and provide details of same]	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> UID <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> UID <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> UID <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID

UCC ID: _____

Client ID: 12088400 _____

Sr. Nos. 814 should be filled only if nominee(s) is a minor:			
8. Date of Birth {in case of minor nominee(s)}			
9. Name of Guardian			
10. Address of Guardian(s)			
11. Mobile/Telephone no. of Guardian			
12. Email ID of Guardian			
13. Relationship of Guardian with nominee			
14. Guardian Identification details [Please tick any one of following and provide details of same]	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> UID <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> UID <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> UID <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID
Name(s) of holder(s)			Signature(s) of holder*
Sole/First Holder			
Second Holder Name			
Third Holder Name			

* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature

Note:

This nomination shall supersede any prior nomination made by the account holder(s), if any.

NOMINATION DETAILS

Relitrade Stock Broking Private Limited

Relitrade House, 2nd Floor, 'O' Block, Mondial Retail Park, S. G. Highway,
 Ahmedabad - 380 059, Gujarat, India
 Tel: +91 79 68199999 | Email: dp.helpdesk@relitrade.in




NOMINATION DO NOT WISH FORM

UCC ID: _____

Date: __/__/____

DP / Client ID: 12088400 _____

I/We hereby confirm that I/We do not wish to appoint any nominee(s) in my/our trading/demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my/our legal heirs would need to submit all the requisite documents/information for claiming of assets held in my/our trading/demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading/demat account.

Name(s) of holder(s)		Signature(s) of holder*
Sole/First Holder		
Second Holder Name		
Third Holder Name		

* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature

E. INTRODUCER DETAILS

Status of Introducer		
Introducer Name		Emp/Client Code
Mobile No		

F. STANDING INSTRUCTIONS / OTHER DETAILS / EMAIL-SMS ALERT / CONTRACT NOTE PREFERENCE

<i>Contract Note/Holding & Transaction Statement including Consolidated Account Statement/Other Document</i>	<input type="checkbox"/> Electronic	<input type="checkbox"/> Physical
<i>Receive Delivery Instruction slip in physical</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> On Demand
<i>Share Email ID with Registrar & Transfer Agent</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>Receive Annual Report</i>	<input type="checkbox"/> Electronic	<input type="checkbox"/> Physical <input type="checkbox"/> Both
<i>DP Account Statement</i>	<input type="checkbox"/> Monthly	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily <input type="checkbox"/> As per SEBI Regulation
<i>Declaration for Mobile Number</i>	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent
<i>Declaration for Email ID</i>	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent
<i>Running Account Settlement</i>	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
<i>Internet based Trading</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>Pledge shares for margin as per exchange circular</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>Inter segment adjustment</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>Amount below Rs. 1000/- to be retained</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>Whether you wish to receive SMS alert from Stock Exchanges/ Stock Brokers</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes

G. FATCA/CRS DECLARATION/SELF CERTIFICATION FOR INDIVIDUAL

Client Name	
Are you U.S. Person? (Refer KYC Handout - Customer Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specify country of residence for tax purpose (Tax Residency)	<input type="checkbox"/> India <input type="checkbox"/> Other
Specify country of citizenship If Other, Please Specify	<input type="checkbox"/> India <input type="checkbox"/> Other
Tax Identification Number	

Note: If you are a U.S. Person and/or if your tax residency/nationality/citizenship is other than India, then please provide declaration/ self-certification under FATCA/CRS. This Declaration form can be downloaded from Web: www.relitrade.in or call at centralized helpdesk at +91-79-68199999 or write to wecare@relitrade.in

First Holder

Second Holder

Third Holder

I. DEALING THROUGH AUTHORISED PERSON (AP) / OTHER STOCK BROKERS

If Client is dealing through AP/Other Stock Brokers then provide the following details

If Yes, please specify:		
Name of Broker/AP	SEBI Registration No	
Name of Exchange	Client Code	
Details of disputes/dues pending from/to such stock broker:		
Whether you are a member / AP of any Exchange <input type="checkbox"/> Yes <input type="checkbox"/> No		

TARIFF SHEET OF CASH, F&O AND CDS SEGMENT FOR NSE, BSE & MCX (BROKERAGE SLAB)

	Trading/ Intra-day first leg second leg	Delivery/ Carry forward	Minimum	Minimum (per Options contract Rs.per lot)
CM Segment				N.A.
F&O Segment				
Currency Segment				
Commodity Segment				

Note:

1. It must also be noted that Relitrade Stock Broking Pvt. Ltd. reserves the right to change any charge from time to time, with prior notice.
2. GST, Stamp duty, SEBI charges, Transaction charges, Other Statutory charges at actual where Applicable.
3. All segment/Exchanges Brokerage will be charges on per crore.
4. SLB Segment brokerage calculated on Premium.
5. Physical Sheet Rs 5 per page + courier.
6. Cheque Bounce 250+GST

Acceptance by Client

SLAB Code: _____

Client Code: _____

Client Name: _____

Client Sign



For, Relitrade Stock Broking Pvt Ltd



Authorized Signatory

TARIFF STRUCTURE - (Individual -HUF)

SERVICES	SCHEMES	
	LIFETIME-22	BSDA
Annual Maintenance Charges (Incl...GST)	Rs. 999/- Only Once	Free
KRA Upload / Download / KYC MODIFICATION	Rs. 50/-	Rs. 50/-
Deliveries / Debit Instructions	—	—
a. Within Relitrade	Rs. 10/-	Rs. 10/-
b. Outside Relitrade	Rs. 30/- or 0.05% Whichever is Higher	Rs. 30/- or 0.05% Whichever is Higher
Charges For Pledge Creation/ Pledge Closure	Rs. 50/-	Rs. 50/-
Margin Pledge / Margin UN Pledge	Rs. 20/-	Rs. 20/-
Freeze & Unfreeze	Rs. 50/-	Rs. 50/-
Dematerialization With Postal Charges	Rs.150/- Per Request Rs. 05/-Per Certificate	Rs. 150/-Per Request Rs. 10/-Per Certificate
Rematerialization	Rs. 50/- Per Certificate	Rs. 100/- Per Certificate
Demat Rejections With Postal Charges	Rs. 100/-	Rs. 100/-
Additional DIS Requisition	Rs. 50/-	Rs. 50/-
Physical Additional Request For Account Statement Or Holding With Valuation Etc.	Rs. 50/-	Rs. 50/-
Destat With Postal Charges	Rs. 150/-	Rs. 160/-
Redemption	Rs. 50/-	Rs. 50/-
Trading Ledger Delay Payment / Overdue Charges	18%	18%
Charges for Beneficiary Unpaid AC*	13%	13%

Annual Maintenance Charges for CORPORATE Accounts Rs.2000/- per annum

Notes

1. GST Tax at actual where Applicable
2. Opening Charge must be require Payable At Par cheque / DD (Payable at Ahmedabad)
3. All payment should be in favour of "RELITRADE STOCK BROKING PVT. LTD."
4. Once applied for this scheme amount will not be refunded under any circumstances.
5. Cheque return or any other error with regard to Cheque will attract a charge of Rs.250 plus GST.
6. It must also be noted that Relitrade Stock Broking Pvt. Ltd. reserves the right to change any charge from time to time, with 15 Days prior notice.
7. In case of BSDA, if the value of holding exceeds more than Rs.1000000/- at any date then charges will be levied as per SEBI regulation.
8. GST Details:- Name: Relitrade Stock Broking Pvt. Ltd., GST No: 24AAGCR3160F2ZN, State: Gujarat
9. *A charge at the rate of 13% is levied for non-transfer of securities to BOs account on a daily basis based on the closing rate of the said securities.

Acceptance by Client

DP Account No: 12088400 _____

Client Code: _____


Client Name: _____

First Holder




 V.3.01

Second Holder



 01032026

Third Holder



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: ↓

**CONFIRMATION OF THE ARRANGEMENT WITH AUTHORIZED
PERSON / RELATIONSHIP MANAGER**

To,

Date:

Relitrade Stock Broking Pvt. Ltd.

"Relitrade House", Second Floor, O Block, Mondeal Retail Park,
Nr. Rajpath Club, S. G. Highway, Ahmedabad, Gujarat – 380059

Ph No: +91-79-68199999 Email: wecare@relitrade.in | Web: www.relitrade.in

Dear Sir,

I/we confirm that I/we have been introduced to Relitrade Stock Broking Pvt. Ltd., as its Client by the within mentioned Authorized Person (AP/RM) appointed by Relitrade in terms of the relevant Regulations of the Exchanges.

In this connection, I/we state and confirm that we are aware of the following:

That the AP/RM is not authorised by Relitrade or under the Bye-laws, Rules and Regulations of the Exchange to enter into any separate private agreements with me/us in connection with any transactions in the securities market /commodity market.

That the AP/RM is prohibited from making any offers or operating any schemes of guaranteed or fixed returns on invest- ments made in the securities market/commodity market.

That the AP/RM is not authorized to receive payments of money or securities in his/her/its own name or account.

That all payments of funds & securities/commodity in respect of my/our Trading A/c shall be made to and/or received from Relitrade Stock Broking Pvt.Ltd.

That all statement of accounts and documents related to my/our transactions shall be received from Relitrade only and not from my AP/RM who is not authorized to issue any such statements/accounts.

That the AP/RM is not authorized to charge and receive from me/us any fee, commission, share of profit, or any consideration for the services he/she/it renders.

That I/we should not leave Delivery Instruction Slips (DIS) issued by Relitrade pre-signed or unsigned, in the custody of my AP/RM.


AP/RM/employee cannot carry any trades without the consent of clients.

Note: We don't authorize any employee to give any view on any i nvestments. You are advised to rely on any such investment made by AP / RM / employee on own your (Client) pers onal risk.

In view of the above, I/we agree and confirm that I/we shall not hold Relitrade liable for any loss, damage, loss of profit, or other consequences, whether direct or indirect, arising from my/our failure to act in accordance with or anything done by me/us in contravention of the requirements of the above express understanding.

Yours faithfully,

Client Sign



I/We hereby confirm to have read and understood the terms and c onditions as mentioned above and agree to abide by the same.

AP/RM Name

Signature of the SS/AP/NM

MUTUAL FUND TERMS AND CONDITIONS

To,

Relitrade Stock Broking Pvt. Ltd.

"Relitrade House", Second Floor, O Block, Mondeal Retail Park,

Nr. Rajpath Club, S. G. Highway, Ahmedabad, Gujarat – 380059

Ph No: +91-79-68199999 Email: wecare@relitrade.in | Web: www.relitrade.in

Dear Sir,

Subject: BSE Star MF/MFSS

I/We _____ am/are registered as your client with Client Code _____ No. and have entered into relationship with the Trading Member for the purpose of trading in the Capital Market Segment of Bombay Stock Exchange Ltd. (Exchange) and National Stock Exchange Ltd. (Exchange).

I/We am/are interested in availing the trading facility of the Exchange for the purpose of dealing in the units of Mutual Funds Schemes permitted to be dealt with on the BSE STAR MF and MFSS on the Exchange.

I/We am/are provides my consent for mutual fund trading against collateral lying my account. Also, aware that in event of non clearance of debit in my/our trading accounts; there is risk of stock collateral or MF collateral getting liquidated to extent of my/ our ledger debit for recovery of trading debit.

For the purpose of availing the BSE STAR MF & MFSS. I/We state that Know Your Client details as submitted by me/us for the stock broking may be considered for the purpose of BSE STAR MF & MFSS and I/We further confirm that the details contained in same remain unchanged as on date.

I/We am/are willing to abide by the terms and conditions as mention in the circular dated December 2, 2009 and such other Notices/Circulars as may be specified by the Exchange/ICCI from time to time in this regards, for BSE STAR MF and Terms & Conditions mentioned in circular No. NSE/MFSS/003/2001 download Ref. No. NSE (M IC/13533) dated November 24, 2009.

I/We shall ensure also compliance with the requirements as may be specified from time to time by Securities and Exchange Board of India and Association of Mutual Funds of India (AMFI)

I/We shall read and understand the contents of the Scheme Information Document and Key Information Memorandum, addenda issued regarding each Mutual Fund Schemes with respect to which I/We choose to subscribe/redeem. I/We further agree to abide by the terms and conditions, rules and regulations of the Mutual Fund Schemes.

I/We therefore request you to register me/us as your client for participating in BSE STAR MF and MFSS.

Thanking you,

Yours faithfully,

Date: _____

Place: _____

Client Sign



To,
Relitrade Stock Broking Pvt. Ltd.
 "Relitrade House", Second Floor, O Block, Mondeal Retail Park, Nr. Rajpath Club,
 S. G. Highway, Ahmedabad, Gujarat – 380059
 Ph No: +91-79-68199999 Email: wecare@relitrade.in | Web: www.relitrade.in

Sub: Acknowledgement

This is to acknowledge the receipt of following documents. I further state and confirm that I have read and understood all the clauses of aforesaid documents.

Sr. No.	BRIEF SIGNIFICANCE OF THE DOCUMENT
1.	Rights and Obligations of Stock Brokers, Sub-Brokers and Clients as prescribed by SEBI and Stock Exchanges
2.	Rights and Obligations Of Members, Authorized Persons and Clients as prescribed by SEBI and Commodity Exchanges
3.	Risk Disclosure Document for Capital Market and Derivatives Segment
4.	Internet & Wireless Technology Based Trading Facility Provided by Stock Brokers to Client
5.	Guidance Note - Do's and Dont's for Trading on the Exchange(s) For Investors
6.	Guidance Note - Do's and Don't's for the Commodity Clients
7.	Policies and Procedures
8.	Liquidation Note
9.	PMLA
10.	Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories
11.	Do's and Dont's for Demat
12.	Terms & Conditions-CUM -Registration/ Modification Form for Receiveing SMS Alerts From CDSL
13.	Terms & Conditions for Availing Transaction Using Secured Texting (TRUST) Service Offered by CDSL

I also confirm that I have received the relevant clarifications, if any, wherever required from the officials of Relitrade. Yours faithfully,

First Holder

Second Holder

Third Holder

**DECLARATION PURSUANT TO SEBI CIRCULAR SEBI/HO/CDMRD/DNPMP/CIR/P/2019/08
DATED 04TH JANUARY, 2019**

LIST OF COMMODITIES (MCX & NCDEX)

Commodities	Code	Commodities	Code	Commodities	Code	Commodities	Code
Aluminum		Brass		Copper		Lead	
Nickel		Zinc		Barley		Cardamom	
Castor		Chana		Cocudakl		Cotton	
Dhaniya		Guargum		Guarseed		Jeeraunjha	
Kapas		Maize		Moong		Pady	
Pepper		RM Seed		Sugar		Soyabean	
Turmeric		Wheat		Gold		Silver	
CPO		Crude Oil		Mentha Oil		Syoref	
Natural Gas		All Commodities					

**CATEGORY CODE REFERENCE
TABLE AS PER SEBI**

Category	FPOs / Farmers	Value Chain Participants	Proprietary Traders (Only for registered Stock / Commodity) brokers	Domestic Financial Institutional Investors	Foreign Participants	Others
Category Code	1	2	3	4	5	6

I/We declare that the details furnished above are true and correct to the best of my knowledge and belief and I/We undertake to inform you of any changes there in immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting I/We am/are aware that I/We may be held liable for it.

Date:

13/14

First Holder

Second Holder

Third Holder

Most Important Terms and Conditions (MITC)

(For non-custodial settled trading accounts)

1. Your trading account has a “Unique Client Code” (UCC), different from your Demat account number. Do not allow anyone (including your own stock broker, their representatives and dealers) to trade in your trading account on their own without taking specific instruction from you for your trades. Do not share your internet/ mobile trading login credentials with anyone else.
2. You are required to place collaterals as margins with the stock broker before you trade. The collateral can either be in the form of funds transfer into specified stock broker bank accounts or margin pledge of securities from your Demat account. The bank accounts are listed on the stock broker website. Please do not transfer funds into any other account. The stock broker is not permitted to accept any cash from you.
3. The stock broker’s Risk Management Policy provides details about how the trading limits will be given to you, and the tariff sheet provides the charges that the stock broker will levy on you.
4. All securities purchased by you will be transferred to your Demat account within one working day of the pay-out. In case of securities purchased but not fully paid by you, the transfer of the same may be subject to limited period pledge i.e. seven trading days after the pay-out (CUSPA pledge) created in favour of the stock broker. You can view your Demat account balances directly at the website of the Depositories after creating a login.
5. The stock broker is obligated to deposit all funds received from you with any of the Clearing Corporations duly allocated in your name. The stock broker is further mandated to return excess funds as per applicable norms to you at the time of quarterly/ monthly settlement. You can view the amounts allocated to you directly at the website of the Clearing Corporation(s).
6. You will get a contract note from the stock broker within 24 hours of the trade.
7. You may give a one-time Demat Debit and Pledge Instruction (DDPI) authority to your stock broker for limited access to your Demat account, including transferring securities, which are sold in your account for pay-in.
8. The stock broker is expected to know your financial status and monitor your accounts accordingly. Do share all financial information (e.g. income, net worth, etc.) with the stock broker as and when requested for. Kindly also keep your email Id and mobile phone details with the stock broker always updated.
9. In case of disputes with the stock broker, you can raise a grievance on the dedicated investor grievance ID of the stock broker. You can also approach the stock exchanges and/or SEBI directly.
10. Any assured/guaranteed/fixed returns schemes or any other schemes of similar nature are prohibited by law. You will not have any protection/recourse from SEBI/stock exchanges for participation in such schemes.

**RELITRADE STOCK BROKING PRIVATE LIMITED****Registered Office:** 206 & 207, Dalal Street Commercial Co-Op. Soc. Ltd., Block 53, Rd 5E, Gift City, Gandhinagar, Gujarat -382355**Corporate Office:** “Relitrade House”, 2nd Floor, O Block, Mondeal Retail Park, S. G. Highway, Ahmedabad, Gujarat – 380059V.3.01 **Tel. No.:** 079 68199999 **E-mail:** wecare@relitrade.in **Web:** www.relitrade.in **CIN:** U67120GJ2012PTC116832**Member:** NSE, BSE, MCX, CDSL & AMFI

**VOLUNTARY DOCUMENT
'DEMAT DEBIT AND PLEDGE INSTRUCTION' (DDPI)**













PLEASE FILL ALL THE DETAILS IN BLOCK LETTERS IN ENGLISH

DP ID							Client ID								
1	2	0	8	8	4	0	0								
CLIENT CODE															
CLIENT NAME															

Dear Sir / Madam,

I/We executing the 'Demat Debit and Pledge Instruction' (DDPI) for transfer of securities towards deliveries / settlement Obligations and Pledging / re- pledging of securities in favour of RELITRADE STOCK BROKING PRIVATE LIMITED, authorising them to Operate aforesaid beneficiary account Disclosed in Annexure-B for the below mentioned specific purpose.

Annexure-A

Sr. No.	Purpose	Signature of 1 st Holder	Signature of 2 nd Holder	Signature of 3 rd Holder
1.	Transfer of securities held in the beneficial owner accounts of the client towards Stock Exchange related deliveries / settlement obligations arising out of trades executed by clients on the Stock Exchange through the same stock broker			
2.	Pledging / re-pledging of securities in favour of trading member (TM) / clearing member (CM) for the purpose of meeting margin requirements of the clients in connection with the trades executed by the clients on the Stock Exchange.			
3.	Mutual Fund transactions being executed on Stock Exchange order entry platforms			
4.	Tendering shares in open offers through Stock Exchange platforms			

Note : This authorization will continue to remain valid until revoked in writing by you (pursuant to SEBI Circular no. **SEBI/HO/MIRSD/DoP/P/CIR/2022/44 dated April 04,2022**)

**ANNEXURE - B
LIST OF DEMAT ACCOUNT**

DEPOSITORY PARTICIPANT NAME	DEMAT ACCOUNT NO.	EXCHANGE	DEMAT ACCOUNT CATEGORY
RELITRADE STOCK BROKING PVT LTD	1208840000000141	BSE	POOL A/C
RELITRADE STOCK BROKING PVT LTD	1208840000000137	BSE	CM PRINCIPAL A/C
RELITRADE STOCK BROKING PVT LTD	1100001000024145	BSE	EARLY PAYIN A/C
RELITRADE STOCK BROKING PVT LTD	1100001100019551	NSE	EARLY PAYIN A/C
RELITRADE STOCK BROKING PVT LTD	1208840000000249	NSE	POOL A/C
RELITRADE STOCK BROKING PVT LTD	1208840000000973	CUSANSE	CLIENT UNPAID SECURITIES ACCOUNT
RELITRADE STOCK BROKING PVT LTD	1208840000037989	CUSABSE	CLIENT UNPAID SECURITIES ACCOUNT
RELITRADE STOCK BROKING PVT LTD	1208840000112764	NSE BSE	CLIENT UNPAID SECURITIES PLEDGE ACCOUNT
RELITRADE STOCK BROKING PVT LTD	1208840000004414	TM/CMCMPA	CLIENT COLLATERAL PLEDGE A/C
RELITRADE STOCK BROKING PVT LTD	IN30097412819130	TM/CMCMPA	CLIENT COLLATERAL PLEDGE A/C
MARWADI SHARES AND FINANCE LTD	IN30097411843413	BSE	POOL A/C
MARWADI SHARES AND FINANCE LTD	IN30097411798787	NSE	POOL A/C

First Holder

Second Holder

Third Holder

Sr. No.	Name of Family Member	Designation	Relationship	Date Of Birth	Signature
1		Co-Parcener			
2		Co-Parcener			
3		Co-Parcener			
4		Co-Parcener			
5		Co-Parcener			

Instructions/Guidelines for filling Individual KYC Application Form

A. General Instructions:

1. Self-attestation of documents is mandatory.
2. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant 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 below list 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 addresses 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/OCI Card and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in 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., Head of State or of Government, senior politician, senior government/judiciary/military officer, senior executive of state owned corporation, important political party official, etc.

B. Proof of Identity (POI):

1. PAN card with photograph is mandatory for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
2. Original Verified Documents (OVD) are acceptable: Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving License / Letter issued by NPR / NREGA job card
3. If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
4. Mention identification / reference number if 'Z – Others (any document notified by the central government)' is ticked.
5. Others – Identity card with applicant's photograph issued by any of the following: Central/ State Government 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):

1. PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
2. Others includes – Utility bill which is not more than 3 months old of any service provider (electricity, landline telephone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India
3. Identity card/document with address issued by any of the following: Central/ State Government 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.
4. Self declaration of High courts/Supreme court judges, giving the new address in respect of their own accounts.
5. For FII/Sub account, Power of attorney given by FII/Sub account to the custodians (which are duly notarized and/or apostilled or consularized) that gives registered address should be taken.
6. Proof of address in name of spouse may be accepted.
7. Registered lease or Sale agreement/ Flat maintenance bill / Insurance copy / Ration card / Latest Property tax
8. Original Verified Documents (OVD) are acceptable: Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving License / Letter issued by NPR / NREGA job card

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

1. Investments (including SIPs), in Mutual Fund schemes up to INR 50,000/- per investor per year per Mutual Fund.
2. Transactions undertaken on behalf of Central/State Government, by officials appointed by Courts, e.g., Official liquidator, Court receiver, etc.
3. Investors residing in the state of Sikkim.
4. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
5. In case of institutional clients, namely FIIs, MFs, VCFs, FVCIs, Scheduled commercial bank, Multilateral and Bilateral development financial institutions, State Industrial development corporations, insurance companies registered with IRDA and public financial institutions as defined under section 4A of the Company Act 1956, custodians shall verify the PAN card details with the original PANs and provide duly certified copies of such verified PAN details to the intermediary.

E. List of people authorized to attest the documents:

1. Authorized officials of Asset Management Companies (AMCs).
2. Authorized officials of Registrar & Transfer Agent (RTA) acting on behalf of the AMC.
3. KYC compliant mutual fund distributors affiliated to Association of Mutual Funds (AMFI) and have undergone the process of 'Know Your Distributor (KYD)'.
4. Notary Public, Gazette Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
5. 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.

F. Online Mode Processing of KYC:

1. EKYC BIOMETRIC

- Applicant may directly upload their documents (OVD) as scanned images on intermediary's portal.
- The documents should be e-signed.
- Applicant details are verified using UIDAI Biometric details.
- Original Seen Verification (OSV) of documents as well as IPV / VIPV is exempted.
- Intermediary attestation on documents is exempted.

2. EKYC OTP

- Applicant may directly upload their documents (OVD) as scanned images on intermediary's portal.
- The documents should be e-signed.
- Applicant details are verified using UIDAI details using OTP.
- Original Seen Verification (OSV) of documents as well as IPV / VIPV is exempted.
- Intermediary attestation on documents is exempted.

3. ONLINE KYC

- Applicant may directly upload their documents (OVD) as scanned images on intermediary's portal.
- The documents should be e-signed.
- Virtual In Person Verification (VIPV) is mandatory as per SEBI guidelines.
- Intermediary attestation on documents (OSV) is exempted.

4. OFFLINE EKYC

- Applicant may directly upload their document (PAN copy) as scanned images on intermediary's portal.
- The documents should be e-signed.
- Digital KYC performed through Offline Aadhaar e-KYC. OVD sourced from Offline Aadhaar e-KYC.
- Original Seen Verification (OSV) of documents as well as IPV / VIPV is exempted.

5. DIGILOCKER

- Digital KYC performed through the documents (OVD) sourced from Digilocker.
- Original Seen Verification (OSV) of documents as well as IPV / VIPV is exempted.
- Intermediary attestation on documents is exempted.

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.

Name: Applicant SIGN

Date: _____



📍 Relitrade House, Second Floor, O Block, Mondeal Retail Park, Nr. Rajpath Club, S. G. Highway, Ahmedabad, Gujarat – 380059

☎ +91-79-68199999 | ✉ wecare@relitrade.in | 🌐 www.relitrade.in