

REACTIVATION OF INACTIVE/DORMANT TRADING ACCOUNT**FOR INDIVIDUAL**

To,

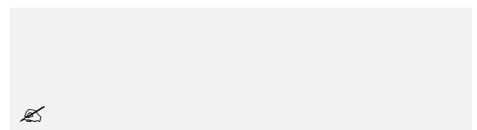
Date: DD/MM/YYYY**Affinity Securities Private Limited**Shaila Towers, 9th floor, Room No. 903, J1/16, EP & GP Block,
Salt Lake, Sector-V, Kolkata- 700091**Sub: Request for reactivation of my trading account no. _____**

Dear Sir/Madam,

I am maintaining the captioned trading account with you since _____. Due to some unavoidable circumstances, I could not trade in my said account from the last _____ year(s) and presently, my said account is in the state of dormant/inactive.

I have decided to restart trading activity in my said account and thus, I would request you to reactivate my trading account based on the following information:

Client Name				
Annual Income Details (In Rs.) OR Net Worth	<input type="checkbox"/> Below 1Lac <input type="checkbox"/> 1-5 Lac <input type="checkbox"/> 5-10 Lac <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> >25 Lac OR Rs. _____			<u>DD/MM/YYYY</u>
<input type="checkbox"/> Salary Slip <input type="checkbox"/> Copy of Annual Accounts <input type="checkbox"/> Copy of Form 16 in case of salary income <input type="checkbox"/> Net worth certificate <input type="checkbox"/> Copy of ITR Acknowledgement <input type="checkbox"/> Bank account statement for last 6 months <input type="checkbox"/> Copy of latest Demat account Holding statement <input type="checkbox"/> Any other relevant documents substantiating ownership of assets				
Politically Exposed Person (PEP)	<input type="checkbox"/> Not a PEP <input type="checkbox"/> PEP <input type="checkbox"/> Related to a PEP			
Bank Account Details <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> No change	Bank Name			
	Branch Add.			
	A/c. No.		A/c. type	
	MICR No.		IFSC Code	
Depository Account Details <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> No change)	DP Name			<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL
	DP ID		Client ID	
Trading Preferences (please sign for the segment you want to activate)	NSE		Cash	F&O
	BSE		Cash	F&O



Mode of receiving Contract Notes and other documents	<input type="checkbox"/> Physical		<input type="checkbox"/> Electronic / Digital																				
	Email ID																						

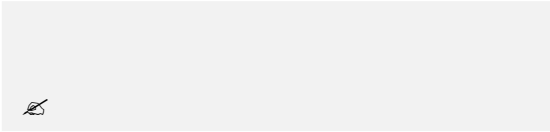
I am further enclosing the following documents:

- a) KYC form with updated information.
- b) A self-attested copy of my PAN Card.
- c) FATCA/CRS Declaration form.
- d) A self-attested copy of latest financial document (*mandatory for derivatives trading*).

I have read and understood the contents of 'Rights and obligations', 'Risk Disclosure Document', 'Policies and Procedures' and other necessary documents provided to me at the time of account opening and also available in your website and agree to be bound by the provisions as outlined in these documents and would abide by the same.

Thanking you.

Signature of client:



FOR OFFICE USE ONLY	
<p>The details furnished above have been successfully updated in KYC record and exchange UCC database and the account has been reactivated.</p> <p>Date: <u>DD</u> / <u>MM</u> / <u>YYYY</u> Place: Kolkata</p>	<p>Seal/Stamp of Stock Broker</p>

AFFINITY SECURITIES PRIVATE LIMITED

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

Important Instructions:

- 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) For particular section update, please tick(✓) in the box available before the section number and strike ffo the sections not required to be updated.



For office use only	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update		
<i>(To be filled by financial institution)</i>	KYC Number		<i>(Mandatory for KYC update request)</i>
	Account Type*	<input type="checkbox"/> Normal <input type="checkbox"/> Simplified (for low risk customers) <input type="checkbox"/> Small	

1. PERSONAL DETAILS

Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input style="width:100%" type="text" value="DD-MM-YYYY"/>		
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	<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 Categorised		

PHOTO

(1)

2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

Country of Jurisdiction of Residence*

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* Country of Birth*

3. PROOF OF IDENTITY (PoI)*

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

A- Passport Number Passport Expiry Date

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document notified by the central government) Identification Number

S- Simplified Measures Account - Document Type Identification Number

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT/PERMANENT/OVERSEAS ADDRESS DETAILS

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

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

Address

Line 1*

Line 2

Line 3

District* Pin / Post Code* State / U.T City /Town / Village* Country

Validity / Expiry Date of proof of address submitted / /

MANDATORY

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS *

Same as Current / Permanent / Overseas Address details

Line 1*

Line 2

Line 3 City /Town / Village*

District* Pin / Post Code* State / U.T Country

Validity / Expiry Date of proof of address submitted / /

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 City /Town / Village*

State* ZIP / Post Code* Country

5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID)

Tel. (Off) - Tel. (Res) - Mobile -

FAX - Email ID

6. DETAILS OF RELATED PERSON

Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* Guardian of Minor Assignee 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*

A- Passport Number Passport Expiry Date

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document notified by the central government) Identification Number

S- Simplified Measures Account - Document Type 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 : - - Place :



9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

INSTITUTION DETAILS A KYC VERIFICATION CARRIED OUT BY

Name **AFFINITY SECURITIES PRIVATE LIMITED** Code

Date - -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

IN-PERSON VERIFICATION (IPV)

DOCUMENTS VERIFIED WITH ORIGINALS

CLIENT INTERVIEWED BY

Date: / /

Employee/Sub-Broker/AP Details:

Name: _____

Code: _____

Designation: _____

Signature: _____

AFFINITY SECURITIES PRIVATE LIMITED (ASPL)

Registered & Correspondence Office Address :
 Shaila Tower, 9th Floor, Room No. 903, J1/16 EP & GP Block
 Salt Lake, Sector-V, Kolkata - 700 091
 Telefax : +91 33 4004-2356

FATCA / CRS DECLARATION FORM**FOR INDIVIDUALS****A. FATCA & CRS INFORMATION (SELF CERTIFICATION)**

Client Name			
Trading Account No.			
PAN			
Type of address given at KRA		<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Residential / Business <input type="checkbox"/> Registered Office	
Address for Tax purpose		<input type="checkbox"/> Same as mailing address <input type="checkbox"/> Same as permanent address	
Nationality	Gender	Date of Birth	
Mobile	Place of Birth	Country of Birth	
Father's Name			
Spouse's Name			
Document's required other than PAN	Please refer reverse page (Instruction)		
Identification Number of the document provided			
Is the applicant / guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India		Yes	No
If yes, please indicate all countries in which are you resident for tax purposes and associated Tax Id Numbers below			
S No.	Country of Tax Residency#	Tax Payer Identification Number^	Identification Type (TIN or other, please specify)

to also include USA, where the individuals is a citizen / green card holder of USA.

^ In case Tax Identification Number is not available, kindly provide its functional equivalent.

B. ADDITIONAL KYC INFORMATION

Occupation Details (Please tick)	Please refer reverse page (Instruction)		
Gross Annual Income (Rs.) [Please tick]	<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		
Politically Exposed Person(PEP) Status *	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable		

* 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.

C. DECLARATIONS

- i. I understand that ASPL is relying on this information for the purpose of determining my status in compliance with FATCA/CRS. ASPL is not able to offer and tax advice on FATCA/CRS or its impact. I shall seek advice from professional tax advisor for any tax questions.
- ii. I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- iii. I agree that as may be required by domestic regulations/tax authorities ASPL may also required to inform reportable details to **CBDT** or close or suspend my account.
- iv. I certify that I provide the information on this form and to the best of my knowledge and belief the certification is true, correct, and complete including the taxpayer identification number / functional equivalent number of the applicant.

Name :	Signature	Date (dd-mm-yyyy)