

**Know Your Client (KYC)  
APPLICATION FORM (FOR INDIVIDUALS ONLY)**

Please fill in ENGLISH and in BLOCK LETTERS



**Tradeswift**  
THE COMMODITY & EQUITY BROKERS

Application No.:

**Application Type**  New KYC  Modification KYC

**KYC Mode**  Normal  EKYC OTP  EKYC Biometric  Online KYC  Offline EKYC  Digilocker

**Identity Details**

<b>Name of Applicant</b>			
<b>Maiden Name (if any)</b>			
<b>Father's / Spouse Name</b>			
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	<b>Marital Status</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married
<b>Date of Birth</b>	DD / MM / YYYY	<b>Nationality</b>	<input type="checkbox"/> Indian <input type="checkbox"/> Other _____
<b>PAN No.</b>		<b>Aadhaar No.</b>	XXXX XXXX
<b>Proof of Identity submitted</b>	<input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> Driving Licence <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> NPR <input type="checkbox"/> Other _____		
<b>Status</b>	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin* <small>(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)</small>		

PHOTOGRAPH

Please affix the recent passport size photograph and sign across it

**Address Details**

<b>A. Correspondence Address</b>					
City/Town/Village		PIN Code		State	
Address Type	<input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified				
<b>B. Permanent Address</b> <small>(if different from above correspondence address)</small>					
City/Town/Village		PIN Code		State	
Address Type	<input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified				

**Proof of address to be submitted**

Passport  Ration Card  Registered Lease /Sale Agreement of Residence  Driving Licence  Voter Identity Card  
 Aadhaar  \* Latest Telephone Bill (only Land line)  \* Latest Electricity Bill  \* Latest Bank A/c Statement / Passbook  
 NREGA Job Card  NPR Letter  Other (please specify) \_\_\_\_\_

\* Not more than 2 Months old.

**Contact Details**

Email id: \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Tel. (Res./ Off.): \_\_\_\_\_

**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. 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>Place: _____ Date: _____</p>	<b>Applicant e-SIGN</b>	<b>Applicant Wet Signature</b>

**FOR OFFICE USE ONLY**

<b>In-Person Verification (IPV) carried out by</b>		<b>Intermediary Details</b>		Institution Name and Stamp
Employee Details	IPV Date	DD / MM / YYYY		
	Name			
	Code	Designation		
	Sign	AMC / Intermediary Name		
		<input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested)		

To,  
KYC Department  
Tradeswift Broking Pvt. Ltd.  
4<sup>th</sup>Floor, Baid House, 1, Tara Nagar,  
Ajmer Road, Jaipur - 302006

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

Dear Sir,

I am /We are your client having trading account with you under **Unique Client Code** \_\_\_\_\_  
allotted to me/us for NSE and/or BSE and/or MCX and/or NCDEX

I/we am/are not trading in securities market / commodities market through you for last one year / more than one year. However, I/we am/are desirous to start trading again through you. In this regard, you are requested to activate / reactivate my/our trading account and allow trading with immediate effect upon receipt of this form at your end as per your RMS policy.

**I / We wish to trade on the following Exchange/Segments. Accordingly, I/We do hereby put my/our signature against the respective Segment.**

[Please sign only against the respective segment you wish to activate / reactivate your code]

Trading Preferences				
Please sign the relevant boxes where you wish to trade. Please strike off the segment not chosen by you.				
Exchanges	NSE, BSE & MSEI			MCX & NCDEX
All segments	Cash /Mutual Fund	F&O	Currency	Commodity Derivatives
If you do not wish to trade in any of segments / Mutual Fund, please mention here _____.				

**Please update my Gross Annual Income Range (In Lacs) as per the follows**

<input type="checkbox"/> <1	<input type="checkbox"/> 1to5	<input type="checkbox"/> 5 to 10	<input type="checkbox"/> 10 to 25	<input type="checkbox"/> >25	As on Date _____ (not less than 1 Year)
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I/we hereby undertake that I/We have completed all the KYC formalities and submitted all the required documents thereof (Proof of Identity, Address Proof, Bank Proof, PAN, etc.), at the time of opening the trading account originally and enrolling as a client with you.

Further I hereby confirm the following **(Please tick the appropriate option)** :

- No Change in Existing KYC
- Change in Existing KYC **(Pls submit duly filled and signed KYC form & supporting documents)**

**I/we declare that the information given above is true to my/our knowledge.**

**Client's Code:**

**Client's Signature** 

**Client's Name:**

[Name of the Authorized Signatory –  
Designated Director/Managing Partner/Karta/Proprietor]