

Individual Re-Activation Process

Documents Required:

Reactivation Form

KRA Form

Modification Form

PAN Card (PAN SHOULD BE SEEDED WITH AADHAR)

Aadhar Card

Cancelled Cheque (If change Bank Details)

Account Holder live Photo with Reactivation form in hand



101-102 J P COMPLEX, NEAR AMBAWADI
CIRCLE, AMBAWADI AHMEDABAD 380015
PH NO. 079 26464676/26563221
MAIL ID mnmcare@mnmshares.com

Re-Activation Form

I/We hereby inform you that my/our current KYC details are as follow under.

Client Id	
Client Name	
Address	
Mobile No.	
Email ID	
Bank A/C No.	
Bank Name	
MICR Code	
IFSC Code	
DP ID	
DP Name	
BO ID	
Occupation	
Income slab	

☐ I/We hereby confirm that there is no change in my KYC details.

☐ I/We hereby confirm that there is change in my KYC details as erodification form submitted to you.

Client Signature

**IPV & KYC Verification Carried
out by**

Documents received : ☐ Certified Copies (Self attested) ☐ Original Verified (True copy of documents)

Date :
Emp/AP Name :
Emp/AP Code :
Emp/AP Designation :
Emp/AP Branch :
Emp/AP Signature :

TRADING PREFERNCES

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

Exchange	NSE ,BSE		BSE	MCX
Segment	Cash	F&O	Currency	Commodity
Signature				
If you do not wish to trade in any of segments / Mutual Fund, please mention here. 				

If, in future, the client want to trade on any new segment / new exchange , separate authorization letter / Segment Addition form has to be submitted by the client.

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:

Yes ☐ No ☐

If Yes, Please specify details_____

Trading Account No	Account Holder Name	Sign

Sole / First Account Holder

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

Important Instructions : A) Field 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 / instruction 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 applicatio. H) For particular section update, please tick (O) in the box available before the section number and strike off the sections is not required to be updated.

For Office use only (To be filled by financial institution)	Application Type*	☐ New	☐ Update	☐ Re-activation
	KYC Number			
	Account Type*	☐ Normal	☐ Minor	☐ Aadhar OTP based E-KYC (in non-face to face mode)

☐ **1. PERSONAL DETAILS** (Please refer instruction **A** at the end)

	Prefix	First Name	Middle Name	Last Name
☐ Name* (Same as ID proof)				
Middle Name (If any*)				
Father / Spouse Name*				
Mother Name				
Date of Birth				
Gender*	☐ M- Male ☐ F - Female ☐ T-Transgender			
Marital Status*	☐ Married ☐ Unmarried ☐ Others			
Citizenship*	☐ IN- Indian ☐ Other (ISO 3166 Country Code)			
Residential Status*	☐ Resident Individual ☐ Non Resident Indian ☐ Foreign Nationa ☐ Person of Indian Origin			
Occupation Type*	☐ S-Service (☐ Private Sector ☐ Public Sector ☐ Government Sector) ☐ O-Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student) ☐ B-Business ☐ X-Not Categoricalised			
PAN	☐ Form 60 furnished			

PHOTO

Signature / Thump Impression

☐ **2. PROOF OF INDENTITY AND ADDRESS** (Please refer to **B** at the end)

I. Certified copy of OVD of equivalent edocument of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A - Passport Number _____
 - ☐ B - Voter ID Card _____
 - ☐ C - Driving Licence _____
 - ☐ D - NREGA Job Card _____
 - ☐ E - National Population Register Letter _____
 - ☐ F - Proof of possession of Aadhar _____
 - I ☐ E - KYC Authentication _____
 - III ☐ Offline verification of Aadhar _____

Address

Line 1*			
Line 2			
Line 3			
	City / Town / Village*		
Disstrict*	Pin/ Post Code*	State / U.T. Code*	ISO 3166 Country Code*

☐ **3. CURRENT ADDRESS DETAILS** (Please refer to **B** at the end)

☐ Same as above mentioned address (In such cases address details as below need to be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A - Passport Number _____
- ☐ B - Voter ID Card _____
- ☐ C - Driving Licence _____
- ☐ D - NREGA Job Card _____

☐ E - National Population Register Letter _____

☐ F - Proof of possession of Aadhar _____

II ☐ E - KYC Authentication _____

III ☐ Offline Verification of Aadhar _____

IV ☐ Deemed proof of Address - Document Type Code _____

V ☐ Self Declaration

Address

Line 1* _____

Line 2 _____

Line 3 _____ City / Town / Village* _____

District* _____ Pin/ Post Code* _____ State / U.T. Code* _____ ISO 3166 Country Code* _____

☐ **4. CONTACT DETAILS** (All communications will be sent to Mobile Number / Email ID Provided) (Please refer instruction C at the end)

Tel. (Off.) -- _____ Mobile _____

Tel. (Res.) -- _____ Email ID _____

Mobile No. My Self ☐ Spouse ☐ Son ☐ Daughter ☐ Father ☐ Mother ☐

E-mail ID My Self ☐ Spouse ☐ Son ☐ Daughter ☐ Father ☐ Mother ☐

☐ **5. REMARKS** (if any)

☐ **6. 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

(Signature / Thumb Impression)

Date : _____ Place : _____

Signature / Thumb Impression of Applicant

7. ATTENSTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ E-KYC data received from UADI ☐ Data received from Offline verification
☐ Digital KYC Process ☐ Equivalent e-document ☐ Video based KYC

KYC VERIFICATION & IN-PERSON VERIFICATION (IPV) CARRIED OUT BY

INSTITUTION DETAILS

Date _____

Emp. / AP Name _____

Emp. / AP Code _____

Emp. / AP Designation _____

Emp. / AP Branch _____

NAME
MNMM STOCK BROKING PVT. LTD.

Code
 CKYC NO. : IN0626
 CVL KRA : 1200006579

(Employee Signature)

Second Account Holder

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

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For Office use only **Application Type*** ☐ New ☐ Update ☐ Re-activation
(To be filled by financial institution) **KYC Number** (Mandatory for KYC update request)
Account Type* ☐ Normal ☐ Minor ☐ Aadhar OTP based E-KYC (in non-face to face mode)

☐ 1. PERSONAL DETAILS (Please refer instruction A at the end)

Prefix First Name Middle Name Last Name

☐ Name* (Same as ID proof) _____

Middle Name (If any*) _____

Father / Spouse Name* _____

Mother Name _____

Date of Birth _____

Gender* ☐ M- Male ☐ F - Female ☐ T-Transgender

Marital Status* ☐ Married ☐ Unmarried ☐ Others

Citizenship* ☐ IN- Indian ☐ Other (ISO 3166 Country Code)

Residential Status* ☐ Resident Individual ☐ Non Resident Indian
☐ Foreign National ☐ Person of Indian Origin

Occupation Type* ☐ S-Service (☐ Private Sector ☐ Public Sector ☐ Government Sector)
☐ O-Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student)
☐ B-Business
☐ X-Not Categorised

PAN _____ ☐ Form 60 furnished

PHOTO

Signature / Thumb
Impression

☐ 2. PROOF OF INDENTITY AND ADDRESS (Please refer to B at the end)

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III ☐ Offline verification of Aadhar _____

Address

Line 1* _____

Line 2 _____

Line 3 _____ City / Town / Village* _____

Disstrict* _____ Pin/ Post Code* _____ State / U.T. Code* _____ ISO 3166 Country Code* _____

☐ **3. CURRENT ADDRESS DETAILS** (Please refer to **B** at the end)

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- IV ☐ Deemed proof of Address - Document Type Code _____
- V ☐ Self Declaration

Address

Line 1* _____

Line 2 _____

Line 3 _____ City / Town / Village* _____

District* _____ Pin/ Post Code* _____ State / U.T. Code* _____ ISO 3166 Country Code* _____

☐ **4. CONTACT DETAILS** (All communications will be sent to Mobile Number / Email ID Provided) (Please refer instruction C at the end)

Tel. (Off.) -- _____ Mobile _____

Tel. (Res.) -- _____ Email ID _____

Mobile No.	My Self ☐	Spouse ☐	Son ☐	Daughter ☐	Father ☐	Mother ☐
E-mail ID	My Self ☐	Spouse ☐	Son ☐	Daughter ☐	Father ☐	Mother ☐

☐ **5. REMARKS** (if any)

☐ **6. 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

Date : _____ Place : _____

(Signature / Thumb Impression)

Signature / Thumb Impression of Applicant

7. ATTENSTATION / FOR OFFICE USE ONLY

Documents Received

☐ Certified Copies	☐ E-KYC data received from UADI	☐ Data received from Offline verification
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KYC VERIFICATION & IN-PERSON VERIFICATION (IPV) CARRIED OUT BY

INSTITUTION DETAILS

Date _____

Emp. / AP Name _____

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NAME
MNMM STOCK BROKING PVT. LTD.

Code
CKYC NO. : IN0626
CVL KRA : 1200006579

(Employee Signature)



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CIRCLE, AMBAWADI AHMEDABAD 380015
PH NO. 079 26464676/26563221
MAIL ID mnmcare@mnmmshares.com

☐ DEMAT / ☐ TRADING ☐ KRA ☐ CKYC

ACCOUNT DETAILS ADDITION / MODIFICATION / DELETION REQUEST FORM

Application No.	Date :
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Please fill all details in BLOCK LETTERS in ENGLISH

DP : 12081300	CLIENT ID:	TRADING CODE:
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I/We request you to make the following additions / modifications / deletions to my/our account in your records.

ADDITION ☐	MODIFICATION ☐	DELETION ☐	BANK PRIMARY (Default) ☐
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Address: ☐ Correspondence ☐ Permanent

Addition/ Modification	Existing Details	New Details
ADDRESS		
BANK DETAILS		
MOBILE NO.		
EMAIL ID.		
SIGNATURE		
DP ID.CLIENT ID		
BROKERAGE SLAB		
INCOME SLAB		
OTHER		

CONSENT LETTER TO UPDATE MOBILE NUMBER AND EMAIL ID IN DEMAT AND TRADING ACCOUNT

MOBILE NO	MY Self ☐	Spouse ☐	Son/daughter ☐	Father /mother ☐	Director/ HUF ☐	Not available ☐
EMAIL ID	MY Self ☐	Spouse ☐	Son/daughter ☐	Father /mother ☐	Director/ HUF ☐	Not available ☐
NAME OF PERSON (MOBILE NO)						
NAME OF PERSON (EMAIL ID)						

	First/Sole Holder	SECOND HOLDER	THIRD HOLDER
NAME			
SIGNATURE			