Non-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

REDEFINING GROWTH

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 :

MNM Stock Broking Pvt. Ltd.

REDEFINING GROWTH

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

Important Instructions : A) Field marked with (*) are mandatory fields. B) Please fill the from in English and in BLOCK letters. C) Please fil 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 (0) 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 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ *(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 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 Categorised

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 ontained 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 Latter _____

☐ F - Proof of possession of Aadhar _____

I ☐ E - KYC Authentification _____

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 Authentification _____

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. Incase 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)

Signature / Thumb Impression of Applicant

Date : _____ Place : _____

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

Date _____

Emp. / AP Name _____

Emp. / AP Code _____

Emp. / AP Designation _____

Emp. / AP Branch _____

(Employee Signature)

INSTITUTION DETAILS

NAME Code

MNM STOCK BROKING PVT. LTD. CKYC NO. : IN0626

CVL KRA : 1200006579

MNM Stock Broking Pvt. Ltd.

REDEFINING GROWTH

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

Important Instructions : A) Field marked with (*) are mandatory fields. B) Please fill the from in English and in BLOCK letters. C) Please fil 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 (0) 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 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ *(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 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 Categorised

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 ontained 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 Latter _____

☐ F - Proof of possession of Aadhar _____

I ☐ E - KYC Authentification _____

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 Authentification _____

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. Incase 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)

Signature / Thumb Impression of Applicant

Date : _____ Place : _____

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

Date _____

Emp. / AP Name _____

Emp. / AP Code _____

Emp. / AP Designation _____

Emp. / AP Branch _____

(Employee Signature)

INSTITUTION DETAILS

NAME Code

MNM STOCK BROKING PVT. LTD. CKYC NO. : IN0626

CVL KRA : 1200006579

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**

REDEFINING GROWTH

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

☐ DEMAT / ☐ TRADING ☐ KRA ☐ CKYC

ACCOUNT DETAILS ADDITION / MODIFICATION / DELETION REQUEST FORM

Application No.	Date :

Please fill all details in BLOCK LETTERS in ENGLISH

DP : 12081300	CLIENT ID:	TRADING CODE:

I/We request you to make the following additions / modifications / deletions to my/our account in your records.

ADDITION ☐	MODIFICATION ☐	DELETION ☐	**BANK PRIMARY (Default)** ☐

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			

Know Your Client (KYC)
Application Form (For Non-Individuals Only)
Please fill in ENGLISH and in BLOCK LETTERS

CVL

REDEFINING GROWTH

MNM Stock Broking Pvt. Ltd.
Application No. :

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity / Other than Individuals

Important Instructions :

A) Fields marked with "*" are mandatory fields.
B) Tick (✓) wherever applicable.
C) Please fill the form in English and in BLOCK letters.
D) Please fill the date in DD-MM-YYYY format.
F) List of State / U.T. code as per Indian Motor Vehicle Act, 188 is available at the end.
G) List of two character ISO 3166 country codes is available at the end.
H) Please read section wise detailed guidelines / instructions at the end.
I) For particular section update, please tick (✓) in the box section number and strike

CERSAI

For office use only Application Type* ☐ New ☐ Update

(To be filled by financial institution) KYC Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ *(Mandatory for KYC update request)*

A. Identity Details (please see guidelines overleaf)

1. **Name of Applicant** (Please write complete name as per Certificate of Incorporation / Registration; leaving one box blank between 2 words. Please do not abbreviate the Name).

2. **Date of Incorporation** d d / m m / y y y y **Place of Incorporation**

3. **Registration No. (e.g. CIN)** **Date of commencement of business** d d / m m / y y y y

4. **Status** Please tick (✓) ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Body Corporate ☐ Partnership ☐ Trust / Charities / NGOs ☐ HUF ☐ FI ☐ FII
☐ FPI Category I ☐ FPI Category II ☐ FPI Category III ☐ AOP ☐ Bank ☐ Government Body ☐ Non-Government Organisation
☐ Defence Establishment ☐ Body of Individuals ☐ Society ☐ LLP ☐ Others _____ (Please specify)

5. **Permanent Account Number (PAN) (MANDATORY)** Please enclose a duly attested copy of your PAN Card

☐ **2. PROOF OF IDENTITY (PoI)*** (Please refer instruction **B** at the end)

☐ Officially valid document(s) in respect of person authorised to transact
☐ Certificate of incorporation / Formation
☐ Memorandum and Articles of Association
☐ Resolution of Board / Managing Committee
☐ Activity Proof - 1 (For Sole Proprietorship Only)
☐ Partnership Deed
☐ Power of attorney granted to its manager officers or employees to transact on its behalf
☐ Activity Proof - 2 (For Sole Proprietorship Only)
☐ Registration Certificate
☐ Trust Deed

☐ **3. ADDRESS*** (Please see instruction **C** at the end)

3.1 Registered Office Address / Place of Business*

Proof of Address* ☐ **Certificate of Incorporation / Formation** ☐ **Registration Certificate** ☐ **Other Document**

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

3.2 Local Address in India (If different from Above)*

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 on provided Mobile no. / Email-ID) (Please refer instruction **D** at the end)

Tel. (Off) FAX Mobile
Mobile Email ID
Mobile Email ID

☐ **5. NUMBER OF RELATED PERSONS** (Please refer instruction **E** at the end)

☐ **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. Incase 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 : D D — M M — Y Y Y Y Place :

4 [Signature / Thumb Impression]
Signature / Thumb Impression of Applicant

☐ **7. ATTESTATION (FOR OFFICE USE ONLY)**

Documents Received ☐ Certified Copies ☐ Equivalent e-document

KYC VERIFICATION CARRIED OUT BY

Date D D — M M — Y Y Y Y
Emp Name
Emp. Code
Emp. Designation
Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name M N M S T O C K B R O K I N G P V T L T D
Code C V L K R A 1 2 0 0 0 0 6 5 7 9

CKYC No.: IN0626

101,102, J. P. Complex, Opp. C. N. Vidyalay,
Nr. Ambawadi Circle,Ambawadi, Ahmedabad - 380015
Phone : + 91- 79-26464676
E-mail : mnmcare@mnmshares.com

Details of Promoters/Partners/Karta/Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

Name of Applicant

PAN of the Applicant

Sr. No.	PAN	Name	DIN of Director/ Aadhaar Number (for Client)	Residential/ Registered Address	Relationship with Applicant (i.e. Promoters, Whole time directors etc.)	Whether Politically Exposed	Photograph
						☐ PEP ☐ RPEP ☐ NO	PLEASE AFFIX RECENT PASSPORT SIZE PHOTOGRAPH AND SIGN ACROSS IT
						☐ PEP ☐ RPEP ☐ NO	PLEASE AFFIX RECENT PASSPORT SIZE PHOTOGRAPH AND SIGN ACROSS IT
						☐ PEP ☐ RPEP ☐ NO	PLEASE AFFIX RECENT PASSPORT SIZE PHOTOGRAPH AND SIGN ACROSS IT
						☐ PEP ☐ RPEP ☐ NO	PLEASE AFFIX RECENT PASSPORT SIZE PHOTOGRAPH AND SIGN ACROSS IT
						☐ PEP ☐ RPEP ☐ NO	PLEASE AFFIX RECENT PASSPORT SIZE PHOTOGRAPH AND SIGN ACROSS IT

PEP : Politically Exposed Person RPEP : Related to Politically Exposed Person

5 Signature With Stamp

Name & Signature of the Authorised Signatory(ies) Date D D — M M — Y Y Y Y

CVL

MNM Stock Broking Pvt. Ltd.
REDEFINING GROWTH