



COCHIN STOCK BROKERS LIMITED

Regd. Office: MES Dr. P K Abdul Gafoor Memorial Complex, 36/1565, 4th Floor, Judges Avenue,
 Kallur, Cochin – 682017. Telephone: 0484-3042500/3042595/3048519 Fax: 0484–2401169
 Compliance Officer : Mr. Mathew Thomas. Phone : 0484 - 3045501.
 Email Id for Investor complaints: csbl_grievance@cochinstockexchange.com

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

For activation of New Exchange, Segments, Periodical review, Dormant Account.

A. Identity Details Date :

1. Name of Applicant (As appearing in supporting identification document)
 Name
 Father's/Spouse Name

2. Gender Male Female B. Marital status Single Married C. Date of Birth / /

3. Nationality Indian Other

4. Status Please tick (✓) Resident Individual Non Resident Foreign National (Passport Copy, Mandatory for NRIs & Foreign National)

5. PAN 6. Client Code

7. Unique Identification Number (UID)/Aadhaar, if any:.....

B. Address Details

1. Address for Correspondence (Proof required if any change)

 City / Town / Village Pin Code
 State Country

2. Contact Details
 Tel. (Off.) Tel. (Res.)
 Mobile This Mobile No.is my - Own, Spouse, Dependant Parent/Child
 E-Mail Id.
 This E-mail ID is my Own, Spouse, Dependant Parent/Child

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
 Passport Ration Card Registered Lease/Sale Agreement of Residence Driving License Voter Identity Card * Latest Bank A/c Statement/Passbook* Latest Telephone Bill (only BSNL Land Line) *Latest Electricity Bill *Latest Gas Bill
 *Not more than 3 Months old. Validity/Expiry date of proof of address submitted

4. Permanent Address of Resident Applicant if different from above B1 OR Overseas Address (Mandatory) for Non-Resident Applicant

 City / Town / Village Pin Code
 State Country

C. Other Details.

1. Gross Annual Income Details (Please tick (✓)): Below 1 Lac 1-5 Lac 5-10 Lac 10-25 Lac > 25 Lacs
 OR
 Net-worth in ₹ (*Net worth should not be older than 1 year) as on (date) / /

2. Occupation (Please tick (✓) any one and give brief details):
 Private Sector Service Public Sector Government Service Business Professional Agriculturist Retired
 Housewife Student Forex Dealer Others (Please specify).....

3. Please tick, if applicable: Politically Exposed Person Related to a Politically Exposed Person

4. Proof/s given (Self attested copies).....

D. Bank Details : Bank Name:.....Branch

Bank A/c No.....A/c. Type IFSC

E. Depository A/c. Details: DP Name..... BO ID

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our 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/we are aware that I/we may be held liable for it.

Place:

Date:

SIGNATURE OF THE CLIENT

P. T. O.

F. TRADING PREFERENCES

*Please sign in the relevant boxes where you wish to trade. The segment not chosen should be struck off by the client.

Exchanges	Segments : Signatures of Client	BROKERAGE STRUCTURE		
		SEGMENTS	PERCENTAGE	MINIMUM PAISE
NSE	Cash : 	EQUITY Min. Rs. 15 /- per contract	Same day square off	
	Currency : 		Delivery	
	Derivative : 	FUTURES		
	F&O : 	OPTIONS		Rs. _____ per lot
	Mutual Fund : 	CURRENCY DERIVATIVES		
	Margin Trading : 	MUTUAL FUND		
BSE	Cash : 	Signature of the Client:		
	F & O : 			
	Mutual Fund : 			

G. Whether any action/proceedings initiated/pending/ taken by SEBI/ Stock exchange/any other authority against the applicant No Yes If Yes, Please specify.....

H. Whether you wish to receive physical contract note or Electronic Contract Note (ECN) - (please specify) If ECN Please Specify E-mail ID

I. Whether you wish to avail SMS / E-mail trade confirmation providing by the Exchanges. No Yes

J. Whether you wish to avail of the facility of internet trading/ wireless technology Yes / No (If Yes, please specify) : NEST Trader Web NEST Mobile NOW Fastrade

K. VOLUNTARY - I / We request you to settle my / our account for funds and securities on a Quarterly OR Monthly basis. (Tick any one) Clients signature..... or such other higher period as allowed by SEBI/Stock Exchange time to time.

L. NOMINATION DETAILS (for individuals only) I / We wish to nominate I / We do not wish to nominate
If wish to nominate put Clients signature.....

Name of the Nominee: Relationship.....

Address and Phone no. of the Nominee:.....

PAN of Nominee:..... Date of Birth of Nominee:..... If Minor

Name and Address of Guardian.....

Signature of Guardian.....

WITNESSES (Only applicable in case the account holder has made nomination)

Name : Name :

Signature : Signature :

Address : Address :

FOR OFFICE USE ONLY

IPV Done on / /

For CSBL office use only

Sub Broker details :- (Seal & Signature)

Staff Name :
Designation :
Name of the Organization :
Signature :

Date

Date

VOLUNTARY

Client Code _____

POA FOR PAY-IN OF SECURITIES FOR THE PURPOSE OF SETTLEMENT AND MARGIN

TO ALL TO WHOM THESE PRESENTS SHALL COME I/WE
.....
.....(name of the BO) , India, Indian inhabitant SEND GREETINGS.

Email Id.....Mobile.....

Whereas I/we hold a Beneficiary account no.12023900..... (BO-ID) with Central Depository Services (India) Limited, through CSBL (the Depository Participant) bearing DP-ID 12023900.

And Whereas I/we am/are an investor engaged in buying and selling of securities through CSBL (the Clearing Member), a member of NSE / BSE Stock Exchange, bearing SEBI registration no (1)INB - 231076937 (NSE) (2)INB - 011076933 (BSE)

And Whereas due to exigency and paucity of time, I/we am/are desirous of appointing an agent / attorney to operate the aforesaid beneficiary account on my/our behalf for a limited purpose in the manner hereinafter appearing:

NOW KNOW WE ALL AND THESE PRESENTS WITNESSTH THAT I/WE THE ABOVENAMED DO HEREBY NOMINATE, CONSTITUTE AND APPOINT CSBL (the attorney / Clearing Member) as my/our true and lawful attorney (hereinafter referred to as the attorney) for me/our and on my/our behalf and in my/our name:

i) to do instruct the aforesaid Depository Participant to debit securities and/or to transfer securities from the aforesaid account towards the stock exchange related margin/ settlement obligations/and for the purpose of delivering the same to the clearing house of the recognized stock exchange towards any segment in respect of securities sold by me/us through any of their respective demat accounts as shown below:

- 1100001100014631 - NSE Early Pay-in A/c
- 1202390000000685 - NSE CDSL Pool A/c
- 1100001000013821 - BSE Early Pay in A/c
- 1202390000000419 - BSE Principal A/c
- 1202390000295571 - NSE Margin DP A/c
- 1202390000295565 - BSE Margin DP A/c
- 1202390000351243 - F&O Margin DP A/c

ii) To apply for various products like mutual funds, public issues (shares as well as debentures), rights, offer of shares, tendering shares in open offers, redemption, etc. pursuant to my/our instructions. However, a proper audit trial should be maintained by CSBL to prove that the necessary application/act was made/done pursuant to receipt of instruction from me/us.

This authority is restricted to the pay -in obligations arising out of the transactions of sale effected by me/us through CSBL (*Clearing Member*) and I/we ratify the instructions given by the aforesaid Clearing Member to the Depository Participant named hereinabove in the manner specified herein.

This PoA is further given with the understanding that CSBL would return to the client(s), the securities that may have been received by it erroneously or those securities that it was not entitled to receive from the client(s).

It is further agreed and confirmed that for a demat account held jointly, a fresh PoA will be executed, if there is any change in the constitution of the account.

I/We hereby authorise CSBL to send consolidated summary of Client's scrip-wise buy and sell positions taken with average rates to the client by way of SMS / email on a daily basis.

I/We confirm that the powers and authorities conferred by this Power of Attorney shall be revocable at any time without notice.

SIGNED AND DELIVERED :

By the withinnamed Beneficial Owner(s)

Holder No: 1 : Name & Address:
.....Signature:  **X 17 A**

Holder No: 2 : Name & Address:
.....Signature:  **X 17 B**

Holder No: 3 : Name & Address:
.....Signature:  **X 17 C**

IN THE PRESENCE OF WITNESSES :

- 1. Name :
Address :
Signature :
- 2. Name :
Address :
Signature :

WE ACCEPT

(Name, Address and signature of the Attorney.)