

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



Please fill in ENGLISH and in BLOCK LETTERS

<b>Application Type</b>	<input type="checkbox"/> New KYC <input type="checkbox"/> Modification KYC		Application No.:
<b>KYC Mode</b>	<input type="checkbox"/> Normal <input type="checkbox"/> EKYC OTP <input type="checkbox"/> EKYC Biometric <input type="checkbox"/> Online KYC <input type="checkbox"/> Offline EKYC <input type="checkbox"/> 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	Country
<b>Address Type</b>	<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	Country
<b>Address Type</b>	<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	
<input type="checkbox"/> Passport <input type="checkbox"/> Ration Card <input type="checkbox"/> Registered Lease /Sale Agreement of Residence <input type="checkbox"/> Driving Licence <input type="checkbox"/> Voter Identity Card <input type="checkbox"/> Aadhaar <input type="checkbox"/> * Latest Telephone Bill (only Land line) <input type="checkbox"/> * Latest Electricity Bill <input type="checkbox"/> * Latest Bank A/c Statement / Passbook <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> NPR Letter <input type="checkbox"/> 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>		
Employee Details	IPV Date	DD / MM / YYYY		<input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested)	
	Name				
	Code	Designation			Institution Name and Stamp
	Sign			AMC / Intermediary Name	

To,  
KYC Department  
A.G.Shares & Securities Ltd  
Shop No.1,1st floor 20/4,Maruti Tower,  
Sanjay Place  
Agra-282002  
Dear Sir,

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

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

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]

## SCHEDULE OF SERVICE CHARGES



### A.G. SHARES & SECURITIES LTD.

Registered Office Address: Shop No.:-1, 1st Floor, 20/4, Maruti Tower, Sanjay Place, Agra- 282002 |  
Website: www.agssl.in Corporate Address: Block No. 20/4, 1st Floor Maruti Tower  
Sanjay Place, Agra-282002  
Phone: 0562-428900 E-mail Id: info@agssl.in

Client Code \_\_\_\_\_

Services	Charges in Rs
Re-Kyc Charges	500/-
Any Singal type of modification Charges	100/-per modification

- Any additional statement would be charged @`25/- uptoTen(10) pages and thereafter it would be charged extra @`5/- Per Page.
- Any other Services provided byDP which is not mentioned in above chart, would be charged extra.
- \* Taxes and other government levies extra as applicable from time to time.
- TradingAccount should also be opened in our Branch/Franchisee.
- The Outstanding dues will attract interest @ 24 p.a. (compounded) in case of NSDL account and Interest @ 0.99% per month in case of CDSL account "as per SEBI Circular No. CIR/MRD/DP/22/2012 dated 27th August 2012, all clients who are willing to hold only one demat account as first holder and DP hold valuation will be maintained below Rs. 2 Lac. Is eligible to opt for BSDA(Basic Service Demat Account) subject to term and conditions mentioned by SEBI." To opt BSDA scheme please sign a separate scheme sheet which can be obtained from our office."

Client Signature(s)



Sole/First Holder Name & Signature



Second Holder Name & Signature



Third Holder Name & Signature