Sir,

## RELIGARE BROKING LIMITED

Club 125 (Tower A) A-3,4 & 5, Sector- 125, Noida-201301 (U.P.)

Ph.: 0120-4866666 Fax: 0120-4866275

		representative.

I/Webeen / shall be dealing through you as my / our b	(Name of client) having client codehave roker i.e. agent.
residence and other particulars as given below as behalf and to place orders, give instructions, restatements, settlements, order and / or trade conf documents or communication and generally to do And I/ we undersigned do hereby agree and dec shall be my/our acts, deeds and things validly dor Please treat this authorization as written ratificat carried out by you earlier. I agree to indemnify y	ion of my verbal directions / authorizations if any given and you and keep you indemnified against all losses, damages and ence of adhering to and carrying out my directions given above.
Thanking you	Acceptance by authorized person:
Signature of client :	Signature of authorized person :
Date:	Date :
Client Name :	Name authorized person :
Address:	address of authorized person:
Client Phone No. :	Phone No of authorized person :
Client code :	PAN number of authorized person :
	Relationship of authorized person with the Client:

- An employee or representative of Religare Broking Limited cannot be appointed as an authorized person.
- If the authorized person has a PAN number, please ensure to mention it above.

## DETAILS OF RELATED PERSON **Application Type** New Update Delete **CKYC Number** PAN of the Applicant Name of Applicant **DETAILS OF RELATED PERSON PHOTOGRAPH** Addition of Related Person Deletion of Related Person Updation Please affix your recent passport CKYC Number of Related Person (if available) size photograph Related Person Type Guardian of Minor Assignee Authorized Representative OF Signature Across Photograph First Name Middle Name Last Name Prefix Name (If CKYC number and name are provided, below details are optional) Maiden Name Father/Spouse Name Mother Name PAN Date of Birth Gender M - Male F - Female T - Transgender Politically Exposed Person (PEP) Related to a Politically Exposed Person (RPEP) Please tick, If applicable Not a Politically Exposed Person (PEP) Not Related to a Politically Exposed Person (RPEP) 2. PROOF OF IDENTITY AND ADDRESS 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 Cardd C - Driving Licence D - NREGA Job Card E - National Population Register Letter F - Proof of Possession of Aadhaar E-KYC Authentication 2. 3. Offline verification of Aadhaar **Address** Line 1 Line 2 Line 3 City/Town/Village District Pin/Post Code Country **CURRENT ADDRESS DETAILS** 3. Same as above mentioned address (in such cases address details as below need not be provided) 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 Cardd

	□ C - Driving Licence         □			
	□ D - NREGA Job Card			
	E - National Population Register Letter			
	F - Proof of Possession of Aadhaar			
2.	☐ E-KYC Authentication			
3.	Offline verification of Aadhaar			
4.	□ Deemed Proof of Address			
5.	Self Declaration			
	Address			
	Line 1			
	Line 2			
	Line 3 City/Town/Village City/Town/Village			
	District Pin/Post Code Country Country			
4.	CONTACT DETAILS			
	Tel. (Off) Tel. (Resi)			
	Mobile Email ID			
5.	DEMADIZE (If any)			
5.	REMARKS (If any)			
6.	DECLARATION			
•	I hereby consent to receiving information from Central KYC Registry			
	through SMS/Email on the above registered number/email address.			
	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.			
Dat	te DDMMMYYYY			
Pla				
1 14	indica digitation of the Addionoca digitatory (100)			
	ATTESTATION / FOR OFFICE USE ONLY			
In	person Verification (IPV) Details / KYC Verification Carried out by :			
Name of the person who has done the IPV:				
Des	signation:Employee ID:			
Name of Authorised Person Seal/Stamp of the Intermediary				
Name of the Organization: Religare Broking Ltd. Emp. Branch				
Date of IPV: DDD / MM M / Y Y Y Y Y Signature of the person who has done the IPV				
Dat	(e of IPV: D D / M M / T T T T T Signature of the negrous who have done the IDV			
	te of IPV: DDD / MM M / Y Y Y Y Y S Signature of the person who has done the IPV sthod of receipt of Document:			