

Know Your Client (KYC) Application Form (For Non- Individuals Only) Please fill the form in ENGLISH and in BLOCK letters Fields marked * are mandatory Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also	 CDSL VENTURES LIMITEDExploring New Horizons Intermediary Logo
Application Number: _____	
Application Type*: ☐ New KYC ☐ Modification KYC	
1. Entity Details (please refer guidelines)	
PAN* _____ Please enclose a duly attested copy of your PAN Card Name* (same as ID proof) _____ Date of Incorporation* _____ Place of Incorporation* _____ Date of Commencement* _____ Registration Number* _____ Entity Type* Please Tick (✓) ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Body Corporate ☐ Partnership ☐ Trust/Charity/NGO ☐ HUF ☐ FPI Category I ☐ FPI Category II ☐ AOP ☐ Bank ☐ Government Body ☐ Defence Establishment ☐ Body of Individuals ☐ Society ☐ LLP ☐ Non-Government Organization ☐ Others _____	
2. Proof of Identity ⁺ (please refer the guidelines)	
☐ Officially Valid Document(s) in respect of person authorized to transact ☐ Certificate of Incorporation/Formation _____ ☐ Registration Certificate _____ ☐ Memorandum of Articles and Association ☐ Partnership Deed ☐ Trust Deed ☐ Board Resolution ☐ Power of attorney granted to its manager, office, employees to transact on its behalf ☐ Activity Proof –1⁺ (For Sole Proprietorship Only) ☐ Activity Proof –2⁺ (For Sole Proprietorship Only)	
3. Address Details ⁺ (please refer the guidelines)	
A. Registered Address* Line 1* _____ Line 2 _____ Line3 _____ City/Town/Village* _____ District* _____ Pin Code* _____ State* _____ Country* _____	
B. Correspondence/Local Address in India (if different from above)* Line 1* _____ Line 2 _____ Line3 _____ City/Town/Village* _____ District* _____ Pin Code* _____ State* _____ Country* _____	
	Applicant Digital Signature (DSC)

☐ Certificate of Incorporation/Formation ☐ Registration Certificate ☐ Other document _____
☐ Latest Telephone Bill[#] (Landline only) ☐ Latest Electricity Bill[#] ☐ Latest Bank Account Statement[#]
☐ Registered Lease/ Sale Agreement of Office Premises **Validity/Expiry Date of POA** (Expiry Date) ____ ____ ____ ____
☐ Any other proof of address document (as listed overleaf)

Email ID	_____	Mobile No.	_____
Email ID	_____	Mobile No.	_____
Tel (Off)	_____	Fax	_____

Number of Related Persons -	
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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. 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. DATE: __ __ __ __ __ __ (DD-MM-YYYY) PLACE: _____	Applicant Digital Signature (DSC)	Applicant Wet Signature

KYC carried out by*	Intermediary Details*
KYC Date _ _ _ _ _ _ _ _ _ _ _ _ _ _ Emp. Name _____ Emp. Code _____ Emp. Designation _____	☐ Self certified document copies received (Originals Verified) ☐ True Copies of documents received (Attested) AMC / Intermediary Name OR Code:
Employee Signature and Stamp	Employee Signature and Stamp

— This space is intentionally left blank — This space is intentionally left blank — This space is intentionally left blank — This space is intentionally left blank —

Know Your Client (KYC)**Annexure (For Non- Individuals Only)**

Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

Fields marked * are pertaining to CKYC and mandatory only if processing CKYC also

**CDSL VENTURES LIMITED**

....Exploring New Horizons

Intermediary
Logo

Application Number:

Application Type*: ☐ New KYC ☐ Modification KYC**1. Identity Details of Related Person** (please refer guidelines overleaf)

PAN*

Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof)

Maiden Name* (if any)

Fathers/Spouse's Name*

Date of Birth*

Gender*

☐ Male☐ Female☐ Transgender

Nationality*

☐ Indian☐ Other

Related Person Type*

☐ Director☐ Promoter☐ Karta☐ Trustee☐ Partner☐ Court Appointed Official Proprietor☐ Beneficiary☐ Authorized Signatory☐ Beneficial Owner☐ Power of Attorney Holder☐ Others (please specify)

DIN: (mandatory if the related person is Director)

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

☐ A — Aadhaar Card

XXXX XXXX

☐ B — Passport Number

(Expiry Date)

☐ C — Voter ID Card☐ D — Driving License

(Expiry Date)

☐ E — NREGA Job Card☐ F — NPR☐ Z — Others

(any document notified by Central Government)

Identification Number

2. Address Details* (please refer guidelines overleaf)**A. Correspondence/ Local Address***

Line 1*

Line 2

Line 3

City/Town/Village*

District*

Pin Code*

State*

Country*

Address Type*

☐ Residential/Business☐ Residential☐ Business☐ Registered Office☐ Unspecified

Applicant e-SIGN

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1* _____

Line 2 _____

Line3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Proof of Address* (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

☐ A — Aadhaar Card XXXX XXXX ____

☐ B — Passport Number _____ (Expiry Date) ____

☐ C — Voter ID Card _____

☐ D — Driving License _____ (Expiry Date) ____

☐ E — NREGA Job Card _____

☐ F — NPR Letter _____

☐ Z—Others _____ (any document notified by Central Government)

Identification Number _____

3. Contact Details

Email ID _____

Mobile No. _____

Tel (Off) _____ Tel (Res) _____

4. Applicant 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. 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.

DATE: ____ (DD-MM-YYYY)

PLACE: _____

Applicant e-SIGN

Applicant Wet Signature

5. For Office Use Only

KYC carried out by*

Intermediary Details*

KYC Date ____

Emp. Name _____

Emp. Code _____

Emp. Designation _____

☐ Self certified document copies received (OVD)☐ True Copies of documents received (Attested)

Employee Signature and Stamp

Institution Name and Stamp

Client Code: _____



FATCA / CRS DECLARATION (NON-INDIVIDUALS)

1. Name of Entity: _____

2. Country of Incorporation: ☐ India ☐ US Other _____

3. Nature of Business ☐ Manufacturing ☐ Financial Services ☐ Distribution / Retail
☐ Consultancy ☐ IT ☐ Investments ☐ Others

4. Services Provided: ☐ Forex / Money Charger Services ☐ Gaming / Gambling / Lottery Services
☐ Money Leading / Pawing ☐ None of the above

5. (a) Country of Tax Residence: ☐ India ☐ US Other _____

5. (b) Tax Identification No. (US TIN) or equipment (other): 1) _____ 2) _____

6. Whether "Specified US Person" ☐ Yes ☐ No

(Please full up EITHER section 7 OR section 8, as the case may be)

7. Please fill up this section if entity is Non US Financial Institution (FFI):

a. Registered Deemed Complaint FFI ☐

(Reporting Model 1 FFI)

b. Participating FFI ☐

Please provide GIIN (mandatory) _____

If GIIN is not available, please select:

a. Owner Documented FFI with specified US owners ☐

b. Deemed complaint FFI (Other than above mentioned categories) ☐

c. Exempt Beneficial Owner ☐

d. Non-Participating Foreign Financial Institution ☐

e. Non-reporting FFI ☐

8. Please fill up this section if entity is Non Financial Entity:

a. Active NFFE ☐

b. Passive NFFE ☐

c. Direct Reporting NFFE ☐

GIIN (mandatory if 'c' is selected): _____

9. Please fill below if applicable:

a. Our company is Listed Company listed on recognized stock exchange

b. Our company is a subsidiary of the Company

c. Our company is controlled by a Listed Company

Details of Listed Company (if 2nd or 3rd selected above):

a. Name of Company: _____

b. Stock Exchange on which listed: _____

Declaration

1. I/We hereby that the details furnished above are true and correct to the best of my/our knowledge and belief correct and complete. In case of any change in the above status given on a future date, I/we undertake to inform B D Shah Securities Limited (BDSSL) the same within 30 days.
2. I/we agree that if we are a Specified U.S. Person or tax resident of a reportable foreign jurisdiction (other than U.S.) or an entity with US Persons / foregin tax residents UBO requiring under FATCA/CRS or any other laws, our account details, as required under Inter Governmental Agreement (IGA) /Multilateral Competent Authority Agreement (MCAA) signed by Indian Government, would be reported by BDSSL to the relevant tax authority.
3. I/We hereby confirm that details as provided above can be shared by BDSSL with the concerned Asset Management Companies (AMC's) or such other product providers, to whom FATCA/CRS norms are applicable, in whose schemes / products we may invest/transact in future through BDSSL.

Name: _____ Designation: _____

Signature: _____ Date: _____

For more details about FATCA, please refer US IRS website on -

<http://www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA>. If you are sure about your entity's FATCA status, you are requested to contact your tax advisor.



Declaration Form of Ultimate Beneficial Ownership [UBO] / Controlling Persons

I: Investor details:

Investor Name										
*PAN										

II: Category

☐ Our company is a Listed Company on a recognized stock exchange in India / Subsidiary of a or Controlled

by a Listed Company *[If this category is selected, no need to provide UBO details]*

Name of the Stock Exchange where it is listed. _____

Security ISIN _____

Name of the Listed Company (applicable if the investor is subsidiary/associate):

☐ Unlisted Company ☐ Partnership Firm / LLP ☐ Unincorporated association / body of individuals

☐ Public Charitable Trust ☐ Private Trust ☐ Religious Trust ☐ Trust created by a Will.

☐ Others *[please specify]* _____

Ultimate Beneficiary Owner (UBO) / Controlling Person(s) / Senior Managing Official details.

Does your company/entity have any individual person(s) who holds direct / indirect controlling ownership above the prescribed threshold limit? # ☐ YES ☐ NO

If 'YES' - We hereby declare that the following individual person holds directly / indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below.

If 'NO' - declare that no individual person (directly / indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Managing Official (SMO) are provided below.

	UBO-1 / Senior Managing Official (SMO)	UBO-2	UBO-3
Name of the UBO/SMO#.			
UBO / SMO PAN#. For Foreign National, TIN to be provided]			
UBO/SMO Country of Tax Residency#			
UBO / SMO Taxpayer Identification No. /Equivalent ID Number#.			

UBO / SMO Identity Type			
UBO / SMO Place & Country of Birth#	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____
UBO / SMO Nationality			
UBO / SMO Date of Birth [dd-mmm-yyyy]#			
UBO / SMO PEP#	PEP. ☐ Related to PEP. ☐ Not a PEP. ☐	PEP. ☐ Related to PEP. ☐ Not a PEP. ☐	PEP. ☐ Related to PEP. ☐ Not a PEP. ☐
UBO / SMO Address Type	Residence ☐ Business ☐ Registered Office. ☐	Residence ☐ Business ☐ Registered Office. ☐	Residence ☐ Business ☐ Registered Office. ☐
UBO / SMO Occupation	Public Service ☐ Private Service ☐ Business ☐ Others ☐	Public Service ☐ Private Service ☐ Business ☐ Others ☐	Public Service ☐ Private Service ☐ Business ☐ Others ☐
SMO Designation#			
UBO / SMO KYC Complied?	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.
BEN2 Form and any other relevant supporting documents as applicable**	☐ BEN2 Form enclosed ☐ Others	☐ BEN2 Form enclosed ☐ Others	☐ BEN2 Form enclosed ☐ Others

Mandatory column.

** In case of Foreign Nationals, who are not KYC complied, they need to attach the ID proof in English along with the Nationality proof, Address proof again in English. If the documentary proof is in Foreign Language, it should be translated in English and should be attested by Indian Embassy of that country.

Note: If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.

Participating Mutual Fund(s) / Stockbroker/RTA may call for additional information/documentation wherever required or if the given information is not clear / incomplete / correct and valid declaration should be submitted again with all the required information.

Declaration

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false, untrue, misleading, or misrepresenting, I/We am/are aware that I/We may be liable for it including any penalty levied by the statutory/legal/regulatory authority. I/We hereby confirm the above beneficial interest after perusing all applicable shareholding pattern and MF/RTA/Stockbroker other registered intermediaries can make reliance on the same. I/We hereby authorize you [RTA/Fund/AMC/Stockbroker Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund/ Stockbroker, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI

Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities.

Signature with relevant seal:

Name:
Designation:

Name:
Designation:

Name:
Designation:

Place: _____

Date: __/__/__