

**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 LIMITED**

....Exploring 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<sup>#</sup> (Landline only)      ☐ Latest Electricity Bill<sup>#</sup>      ☐ Latest Bank Account Statement<sup>#</sup>  
☐ 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 -	
-----------------------------	--


<p>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.</p> <p>I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.</p> <p>DATE:   __   __   __   __   __   __   (DD-MM-YYYY)</p> <p>PLACE: _____</p>	Applicant Digital Signature (DSC)	Applicant Wet Signature

KYC carried out by*	Intermediary Details*
<p>KYC Date      ____      ____      ____</p> <p>Emp. Name      _____</p> <p>Emp. Code      _____</p> <p>Emp. Designation      _____</p>	<p><input type="checkbox"/> Self certified document copies received (Originals Verified)</p> <p><input type="checkbox"/> True Copies of documents received (Attested)</p> <p>AMC / Intermediary Name OR Code:</p>
<p>Employee Signature and Stamp</p>	<p>Employee Signature and Stamp</p>

— 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

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 (For Directors) / Aadhaar Number (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph
						co-partner photo with id proof pan card aadharcard self attested
						co-partner photo with id proof pan card aadharcard self attested

huf stamp & sign✓

Name & Signature of the Authorised Signatory(ies)

Date    d d / m m / y y y y



Place for  
Intermediary Logo



# Hardik Fintrade Pvt. Ltd.

*You're in Safe Hands*

Registered office: 1006, B-wing, Atma house, Ashram road, Nr Times of India, Ahmedabad 380009

## FATCA-CRS Declaration & Supplementary KYC Information

### Self Declaration Form for Entities / Non-Individuals [for DP & Trading]

Please seek appropriate advice from your professional tax professional on your tax residency and related FATCA & CRS guidance

TRADING CODE

DPID

NAME

PAN\*

Address Type  
(For KYC Address)

☐ Residential

☐ Residential / Business

☐ Business

☐ Registered Office

Place of  
Incorporation

Country of  
Incorporation

Gross Annual  
Income Details  
in INR

☐ Below 1 Lakh ☐ 1-5 Lacs  
☐ 5-10 Lacs ☐ 10-25 Lacs  
☐ 25 Lacs - 1 Cr ☐ > 1 Crore

Net Worth in  
INR. In Lacs

Net Worth As of

/ /20

Is the entity  
involved in /  
providing any of  
the following  
services:

☐ Foreign Exchange / Money  
Changer Services  
☐ Gaming / Gambling / Lottery  
Services [e.g. casinos, betting  
syndicates] Money Laundering  
/ Pawning

Any other  
information  
(if applicable)

Is your [Entity] Country of Tax Residency other than India – ☐ Yes ☐ No

If "Yes", please specify the details of all countries where you [Entity] hold tax residency and its Tax Identification Number & type hereunder:

SR No	Country of Tax Residency#	Tax Payer Identification Number /Functional Equivalent / Company Identification Number or Global Entity Identification Number	Identification Type (TIN or other, please specify)
1			
2			

In case the Entity's Country of Incorporation / Tax Residence is US but Entity is not a Specified US person, mention Entity's exemption code here \_\_\_\_\_ (Refer Instructions P)

#### Declaration:

Entity Constitution Type (Pvt.Co./Public Co./LLP/Partnership/ HUF/AOP/BOI/Proprietorship/Trust/ Others	
Entity Identification Type (tick as applicable)	<input type="checkbox"/> Company Identification Numbe <input type="checkbox"/> TIN/ Tax deduction Account Number <input type="checkbox"/> Global Entity Identification Number (GEIN) <input type="checkbox"/> Trust Registration Number <input type="checkbox"/> US GIIN <input type="checkbox"/> Other
Entity Identification No.	
Entity Identification issuing country	
Country of Residence for tax purpose	



**Entity Classification :**

## Part I – Financial Institution

A.	<p>Whether Reporting Financial Institution (Please tick as applicable): <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, Please tick any one of the following categories as applicable to you and provide your Global Intermediary Identification Number (GIIN) :</p> <p><input type="checkbox"/> Depository Instt. <input type="checkbox"/> Custodial Instt. <input type="checkbox"/> Investment Entity <input type="checkbox"/> Specified Insurance Company</p> <p><b>GIIN :</b></p> <table border="1" data-bbox="223 562 1444 600"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
B.	<p>Whether Non Reporting Financial Institution (Please tick as applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, Mention category as applicable to you (<i>Refer Annexure B</i>) :</p>																				
C.	<p>Whether Sponsored Investment Entity which is not qualified intermediary to obtain GIIN but Sponsored by another entity that has registered as a Sponsoring Entity (Please tick as applicable): <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, Please provide the following details of Sponsoring Entity :</p> <p>Name of Sponsoring Entity : _____</p> <p>GIIN of Sponsoring Entity : _____</p>																				
D.	<p>Whether Trustee Documented Trust and has not yet obtained GIIN (Please tick as applicable):</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO                      If Yes, Please provide the following details of Trustee :</p> <p>Name of Trustee : _____</p> <p>GIIN of Trustee : _____</p>																				
E.	<p>Whether Owner documented Financial Institution (Please tick as applicable) : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, Provide the details of each controlling person in the table given below</p>																				
F.	<p>Whether Non Participating Financial Institution (Please tick as applicable) : <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																				

## Part II – Non Financial Entity (NFE)

[illegible]

**Controlling Person Declaration:**

Name of Controlling person	Correspondence Address	Country of residence for tax purpose	TIN (if any)	TIN issuing Country	Controlling person type

Details	For Controlling person 1	For Controlling person 2	For Controlling person 3	For Controlling person 4	For Controlling person 5
Document submitted for Identification : Passport/Election Card/PAN card/Govt. ID Card / Others					
Identification Number					

**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 or untrue or misleading or misrepresenting, I/We am/are aware that I/We may liable for it. I/We hereby authorize you to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to any of the Exchanges/Depositories/Mutual Fund, its sponsor, Asset Mgmt. Co., 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 and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same. I /We understand that you do not offer any tax advice on CRS/FATCA or its impact on me/us. I/We shall seek advice from Professional Tax Advisor for any tax questions.

**Signature with relevant seal:**

X\_\_\_\_\_

DATE : \_\_\_\_\_ PLACE : \_\_\_\_\_