## Know Your Client (KYC) Application Form (For Non - Individuals Only)



	ARN-64917	E434563						
Application Type*: New KYC Modification KYC	Application Number							
ENTITY DETAILS (please refer guidelines)								
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						
PAN* Please enclose a duly attested copy of your PAN Card								
Name*(same as ID proof)								
Date of Incorporation*  D D M M Y Y Y Place of Incorporation*								
Date of Commencement*								
Entity Type* Private Ltd. Co. Public Ltd. Co. Body Corporate Partnership Trust/Charity/NGO HUF AOP Bank FPI Category I FPI Category I Please ( ) Government Body Defence Establishment Body of Individuals Society LLP Non-Government Organization Others								
PROOF OF IDENTITY* (please refer the guidelines)								
Officially Valid Document(s) in respect of person authorized to transact								
Certificate of Incorporation/Formation Registrat	tion Certificate							
Memorandum of Articles and Association Partnership Deed Trust Deed Power of attorn	ney granted to its manager, office	ce, employees to transact on its behalf						
Board Resolution Activity Proof -1* (For Sole Proprietorship Only) Activity Proof -2* (For Sole Proprietorship Only)	roprietorship Only)							
ADDRESS DETAILS* (please refer the guidelines)								
A. Registered Address*								
Line 1*								
Line 2								
Line 3								
City/Town/Village*								
District+	F	Pin Code*						
State* Country*								
B. Correspondence/Local Address in India (if different from above)*								
Line 1*								
Line 2								
Line 3								
City/Town/Village*								
District+	F	Pin Code*						
State* Country* Country* Proof of Address* (attested copy of any one POA to be submitted-*Not more than 3 months old)								
	document							
	Bank Account Statement <sup>#</sup>							
Registered Lease/ Sale Agreement of Office Premises Validity/Expiry Date of POA (Expiry Date)	D M M Y Y Y Y							
Any other proof of address document (as listed overleaf)		Applicant Digital Signature (DSC)						
CONTACT DETAILS								
Email ID	Mobile No.							
Email ID	Mobile No.							
Tel (Off)								
ANNEXURES SUBMITTED								
Number of Related Persons								
REMARKS / ADDITIONAL INFORMATION								



APPLICANT DECLARATION										
I hereby declare that the details furnished above are true and correct to the best knowledge and belief and I under-take to inform you of any changes therein, immediate any of the above information is found to be false or untrue or misleading or misrepre 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 registered number/Email address.  Place:  Date:	y. In case esenting, I									
FOR OFFICE USE ONLY										
KYC carried out by*	Intermediary Details*									
KYC Date	Self certified document copies received (Originals Verified)									
Emp. Name	True Copies of documents received (Attested)									
Emp. Code	AMC / Intermediary Name OR Code:									
Emp. Designation										
Employee Signature and Stamp	Employee Signature and Stamp									

## Annexure A2 I Legal Entity I Other than Individuals Know Your Customer (KYC) Application Form | Related Person



																		-	۱N	11-0	0491	1			_	<b>-4</b> 3	) <del>4</del> (	003	,	
Application Type*:	New KY	c	Mod	dification	KYC												App	licat	ion N	lumi	ber			$\perp$						
IDENTITY DETAIL	S OF REL	ATED P	ERSC	ON (plea	ise re	fer gu	idelii	nes ov	/erlea	af)																				
Please fill the form in ENGL	ISH and in B	LOCK le	tters Fi	ields mai	ked * a	are mai	ndator	y Field:	s mark	ced +	are pe	ertaini	ing to	CKY	C and	man	ndato	ry onl	if pro	ocess	ing CK\	YC a	so [		_					
PAN*				Ple	ease e	enclose	e a du	ıly atte	sted	сору	of yo	our P	AN (	Card																
Name*(same as ID proof)			T									П							Т			T								
Maiden Name+ (if any)																														
Fathers/Spouse's Name	*																									Арр	licar	nt Pho	oto	
Date of Birth*	D	D M	M	YY	Υ	YG	ende	r* Mal	e	Fema	ale	Tra	ansg	ende	r Na	tiona	ality*	India	n	Oth	ier									
Tyne* Please (🗸)	Director [Authorized S		moter ry	Benefi	Karta cial O	—	Trust	ee [		artner orney				Appoi Other		Offic	cial F	_	ietor ise sp	ecify	Bene	eficia	iry							
DIN:					(ma	ndatory	if the	related	perso	on is D	)irecto	or)																		
Proof of Identity (POI)	submitted	for PAN	l exer	mpted o	ases	Pleas	e (✓	)																						
A - Aadhaar Card								В	- Pas	sport	l Nun	nber										(	Expir	/ Da	te)	D	D	MM	Υ	YYY
C - Voter ID Card							<b>D</b> - [	Oriving	J Lice	ense												(	Expir	/ Da	te)	D	D	MM	Υ	YYY
E - NREGA Job Ca	rd						F -	NPR I	etter								Z	- Oth	ners[		(any	docu	ment r	otifie	d by	Cent	tral G	Govern	ment	i)
Identification Number	er																								_		_		_	
ADDRESS DETAI	LS* (please	e refer t	he gu	uideline	s)																									
A. Correspondence/ L	ocal Addr	ess*																												
Line 1*																						Т	T	Т	Т	Т	Т	$\Box$	Т	
Line 2																						Ť		Ť	Ŧ	T	Ŧ	T	T	
Line 3																						Ť	Ť	Ť	Ť	一	Ť	T	Ŧ	$\dot{\top}$
City/Town/Village*					T		$\overline{}$	Ť	T													Ť	Ť	Ť	Ť	$\overrightarrow{\top}$	$\dot{\top}$	$\overline{\top}$	Ť	$\pm$
District+							$\overline{}$															$\overline{}$	Pin C	ode	* [	十	寸	一	$\dot{\top}$	$\pm$
State*					$^{\perp}$		$\overline{}$		$\frac{1}{1}$																					
Country*					<del> </del>				<del> </del>																					
Address Type*	Residen	ıtial/Rus	inacc	. [	R	esider	ntial		⊢ □ B	usine	255			Reg	ister	ed O	)ffice			Un	specifi	ied			Aŗ	plic	ant	e-SIC	3N	
B. Permanent residen	_			-				ve A				ldres	ss* (	·					lican	-						-				
Line 1*																									T	$\top$	$\top$		$\top$	
Line 2																									T	$\top$	$\top$	$\top$		
Line 3																									I					
City/Town/Village*																									I				$\Box$	
District+																							Pin C	ode <sup>*</sup>	* [					
State*												Co	ount	ry*											I					
Address Type*		Resider	ntial/E	Busines	S			Re	side	ntial					Busir	ness					Regis	tere	d Off	ce					Uns	pecifie
Proof of Identity (POI)	submitted	for PAN	l exer	mpted o	ases	Pleas	e ( <b>√</b>	)																						
A - Aadhaar Card								В	- Pas	sport	l Nun	nber										(	Expir	/ Da	te)	D	D	MM	Υ	YYY
C - Voter ID Card							<b>D</b> - [	Oriving	J Lice	ense												(	Expir	/ Da	te)	D	D	MM	Y	YYY
E - NREGA Job Ca	rd						] F -	NPR I	_etter								Z	- Oth	ners[		(any	docu	ment r	otifie	d by	Cent	tral G	overn	ment	i)
Identification Numb	er																								_		_			
CONTACT DETAI	LS																													
Email ID																			Мо	bile	No.	T	Ī	T	T	T	Ť	T	T	
Email ID																			Mo	bile	No.	$\overline{}$	$\overline{}$	Ŧ	〒	寸	寸	一	寸	$\overline{}$
Tel (Off)								<u> </u>				F	ax									$\pm$	$\pm$	+	$\pm$	$\pm$	$\mp$	$\pm$	+	$\pm$

APPLICANT DECLARATION									
I hereby declare that the details furnished above are true and correct to the best knowledge and belief and I under-take to inform you of any changes therein, immediatel any of the above information is found to be false or untrue or misleading or misrepre 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 tregistered number/Email address.  Place:	ely. In case esenting, I								
Date: D D M M Y Y Y Y		Applicant e-SIGN	Applicant Wet Signature						
FOR OFFICE USE ONLY									
KYC carried out by*	Intermediary Details*								
KYC Date	Self certified document copies received (Originals Verified)								
Emp. Name	True Cop	pies of documents received (Atteste	ed)						
Emp. Code	AMC / Intermed	diary Name OR Code:							
Emp. Designation									
Employee Signature and Stamp		Employee Signature an	d Stamp						

### Instructions/Guidelines for filling Individual KYC Application Form



#### A. General Instructions:

- Self-attestation of documents is mandatory.
- 2. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per below list mentioned list.
- 3. If any proof of identity or address is in a foreign language, then translation into English is required.
- 4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- 5. If correspondence & permanent addresses are different, then proofs for both have to be submitted.
- 6. Sole proprietor must make the application in his individual name & capacity.
- 7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCI Card and overseas address proof is mandatory.
- 8. For foreign entities, CIN is optional; and in absence of DIN no. for the directors, their passport copy should be given.
- 9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- 10. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
- 11. Politically exposed persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country e.g., Head of State or of Government, senior politician, senior government/judiciary/military officer, senior executive of state owned corporation, important political party official, etc.

#### B. Proof of Identity (POI):

- 1. PAN card with photograph is mandatory for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
- 2. Original Verified Documents (OVD) are acceptable: Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving License / Letter issued by NPR / NREGA job card.
- 3. If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- 4. Mention identification / reference number if 'Z Others (any document notified by the central government)' is ticked.
- Others Identity card with applicant's photograph issued by any of the following: Central/ State Government Depart-ments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.

#### C. Proof of Address (POA):

- 1. PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
- 2. Others includes Utility bill which is not more than 3 months old of any service provider (electricity, landline telephone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government de-partments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.
- Identity card with applicant's photograph and address issued by any of the following: Central/ State Government Depart-ments, Statutory/Regulatory Authorities, Public Sector
  Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council,
  etc., to their Members.
- 4. Self declaration of High courts/Supreme court judges, giving the new address in respect of their own accounts.
- 5. Proof of address in name of spouse may be accepted.
- 6. Registered lease or Sale agreement/ Flat maintenance bill / Insurance copy / Ration card / Latest Property tax.
- Original Verified Documents (OVD) are acceptable: Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving License / Letter issued by NPR / NREGA job card.

#### D. Exemptions/Clarifications to PAN (\*Sufficient documentary evidence in support of such claims to be collected)

- $1. \qquad \text{Investments (including SIPs), in Mutual Fund schemes up to INR 50,000/-per investor per year per Mutual Fund.} \\$
- 2. Transactions undertaken on behalf of Central/State Government, by officials appointed by Courts, e.g., Official liquidator, Court receiver, etc.
- 3. Investors residing in the state of Sikkim.
- 4. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
- 5. In case of institutional clients, namely FIIs, MFs, VCFs, FVCIs, Scheduled commercial bank, Multilateral and Bilateral development financial institutions, State Industrial development corporations, insurance companies registered with IRDA and public financial institutions as defined under section 4A of the Company Act 1956, custodians shall verify the PAN card de-tails with the original PANs and provide duly certified copies of such verified PAN details to the intermediary.

#### E. List of people authorized to attest the documents:

- Authorized officials of Asset Management Companies (AMCs).
- 2. Authorized officials of Registrar & Transfer Agent (RTA) acting on behalf of the AMC.
- 3. KYC compliant mutual fund distributors affiliated to Association of Mutual Funds (AMFI) and have undergone the process of 'Know Your Distributor (KYD)'.
- 4. Notary Public, Gazette Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
- 5. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.

#### F. Online Mode Processing of KYC:

#### ONLINE KYC

- · Applicant may directly upload their documents (OVD) as scanned images on intermediary's portal.
- The documents should be digitally signed using DSC.
- Intermediary attestation on documents (OSV) is exempted.

Type of Entity	Additional Documents Required over and above PAN, POI and POA
Corporate	Copy of Balance Sheet for the last to financial years ( to be submitted every year).
	Copy of latest share-holding pattern including the list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover regulations, duly certified by the company secretary/ whole time director/ MD (to be submitter every year).
	Photograph, POI, POA, PAN and DIN number of the whole time Director/ 2 directors in charge of day to day operations.
	Photograph, POI, POA, PAN of individual promoters holding control either directly or indirectly.
	Copy of Memorandum and Articles of Association and Certificate of Incorporation.
	Copy of Board Resolution for Investment in security markets.
	Authorized signatories list with specimen signatures.
	Shareholding pattern.
Partnership Firm	Copy of Balance Sheet for the last to financial years ( to be submitted every year).
	Certificate of Registration (for registered partnership firms only).
	Copy of Partnership Deed.
	Authorized signatories list with specimen signatures.
	Photograph, POI, POA, PAN of Partners.
	Shareholding pattern.
Trust	Copy of Balance Sheet for the last to financial years ( to be submitted every year).
	Certificate of Registration (for registered Trusts only).
	Copy of Trust Deed.
	List of Trustees certified by Managing Trustees/ CA
	Photograph, POI, POA, PAN of Trutees.
HUF	• PANofHUF.
	Deed of Declaration of HUF or List of Co-Parceners.
	Bank Passbook / Bank statement in the name of HUF.
	Photograph, POI, POA, PAN of KARTA.
Banks/Institutional Investors	Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years
	Authorized signatories list with specimen signatures.
Unincorporated Association or a Body of Individuals	<ul> <li>Proof of existence or Constitution document.</li> <li>Resolution of Managing Body and power of Attorney granted to transact business on its behalf.</li> </ul>
Army/Government Bodies	Copy of Constitution/Registration or Annual report/Balance Sheet for the last 2 financial years.
	Authorized signatories list with specimen signatures.
Army/Government Bodies	Self certification on letterhead.
	Authorized signatories list with specimen signatures.
Registered Society	Copy of Registration Certificate under Society Registration Act.
	List of managing committee members.
	Committee Resolution for persons authorized to act as authorised signatories with specimen signatures.
	True copy of society rules and by-laws certified by Chairman/Secretary.
FPI Category I	FPI Certificate
	Constitution Documents
	Copy of Board Resolution (optional)
	Shareholding pattern and Ultimate Beneficiary Owners List (UBO)
	Authorized signatories list with specimen signatures.
FPI Category II	FPI Certificate
	Constitution Documents
	Copy of Board Resolution
	Shareholding pattern and Ultimate Beneficiary Owners List (UBO) with UBO proof of identity
	Authorized signatories list with specimen signatures.



# FATCA, CRS & ULTIMATE BENEFICIAL OWNERSHIP (UBO) SELF CERTIFICATION FORM FOR NON-INDIVIDUALS (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

ARN-64917

E434563

Name	e of the	entity											
Type of address given at KRA Residential or Business Residential Business Registered Office													
PAN		Date of Incor	poration DDMMYYYY										
City o	of incor	poration	Country of incorporation										
			FATCA & CRS DECLARATION										
		he applicable tax resident declaration -											
		y" a tax resident of any country other than India	lent for tax purposes and the associated Tax ID number below.)										
(,	Sr.		Identification Type %										
	No.	Country %	Tax Identification Number (TIN or Other , please specify)										
	1.												
	2. 3.												
		To the Court New York and a state of the Court New York and the Court New York New York and the Court New York New Y											
		se Tax Identification Number is not available, kindly pro TIN or its functional equivalent is not available, please	ovide its functional equivalent.  provide Company Identification number or Global Intermediary Identification Number or GIIN, etc.										
lr	n case t	the Entity's Country of Incorporation / Tax residence is	U.S. (United States) but Entity is not a Specified U.S. Person, mention Entity's exemption code here										
PAF	RT A	(to be filled by Financial Institutions or Direct Reporting	NFEs)										
	1.	We are a, Financial Institution	GIIN										
		(Refer 1 of Part C)	Name of sponsoring entity										
		OR  Direct Beneving NEE											
		Direct Reporting NFE (Refer 3(vii) of Part C) (Please tick as appropriate)	GIIN (of sponsoring Entity, if any)										
	GIIN not available Applied for Not obtained – Non-participating FI												
		(please tick as applicable)  Not required to apply for - please specify 2 digits sub-category  (Refer 1 A of Part C)											
PAF	RT A	(to be filled by Financial Institutions or Direct Reporting	NFEs)										
	1.	Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C)  YES (If yes, please specify any one stock exchange on which the stock is regularly traded)  Name of stock exchange											
			Halle of Scott Oxolitality										
		Is the Entity a related entity of a publicly traded company (a company whose shares are regularly	YES (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)										
:	2.	traded on an established securities market) (Refer 2b of Part C)	Name of listed company  Subsidiary of the Listed Company  Controlled by a Listed Company										
			Nature of relation Subsidiary of the Listed Company or Controlled by a Listed Company  Name of stock exchange										
		Is the Entity an active NFE (Refer 2c of Part C)											
.	3.	is the Littly an active Ni L (Nelei 2001 Fait C)	YES										
'	J.		Nature of Business  Please specify the sub-category of Active NFE (Mention code – refer 2c of Part C)										
		To the Parties and Alberto C. 200 CB CB											
.	4.	Is the Entity a passive NFE (Refer 3(ii) of Part C)	YES										
			Nature of Business										
		UBO DECLARATION (Mandatory for	all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)										
	tegory ase tick	Unlisted Company Partnership Firm	Limited Liability Partnership Company Unincorporated association / body of individuals										
applicable category):  Public Charitable Trust  Religious Trust  Private Trust  Others  please specify													

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)

Owner-documented FI's should provide FI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C).