ARN-64917 E434563

CENTRAL KYC REGISTRY I Know Your Customer (KYC) Application Form Legal Entity / Other than Individuals



Important Instructions:

- A) Fields marked with '*' are mandatory fields.
- B) Tick './' wherever applicable.
- C) Please fill the date in 00-MM-YYYY format.
- D) Please fill the form in English and in BLOCK letters.
- E) KYC number of applicant is mandatory for update application.

- F) List of State I U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- G) List of two character ISO 3166 country codes is available at the end.
- H) Please read section wise detailed guidelines I instructions at the end.
- For particular section update, please tick (*) in the box available before the section number and strike off the sections not required to be updated.

For office use only	Application Typ	e* New	Update							
(To be filled by financial institution)	KYC Number*				(Man	datory for KY	'C update req	uest)		
1. PERSONAL DETAILS*	(Please refer instruction	on A at the end)								
Name*										
Entity Constitution Type*				(Please refer ins	truction B at th	e end)				
Date of Incorporation / Formation*	D D I M M	I Y Y Y Y		Date of Comme	ncement of Bu	siness	D / M	MIIY	YY	
Place of Incorporation / Formation*				Country of	Incorporation	Formation*	TIN	or Equivalent Is	suing Country	
PAN*				Form	n 60 furnished					
TIN / GST Registration Number										
2. PROOF OF IDENTITY (Pol)* (Please refer ins	struction B at the e	end)							
Officially valid document(s) in re	espect of person authorise	ed to transact								
Certificate of Incorporation / For	rmation			Registratio	n Certificate					
Memorandum and Articles of As	ssociation	F	artnership Deed		Trus	t Deed				
Resolution of Board I Managing	Committee	F	ower of attorney g	ranted to its man	ager, officers of	r employees	to transact or	its behalf		
Activity Proof - 1 (For Sole Prop	orietorship Only)	A	ctivity Proof - 2 (Fo	or Sole Proprietor	rship Only)					
3. ADDRESS* (Please see	instruction C at the en	nd)								
3.1 Registered Office Address / P	Place of Business*									
Proof of Address* Certificate	of Incorporation / Formati	on Registra	tion Certificate	Other Docur	ment					
Line 1*										
Line 2										
Line 3						ity / Town / Vi	llage*			
District*		Pin/Post	Code*		State/ UT Co	de		ISO 3166	Country Code*	
3.2 Local Address in India (If diffe	erent from Above)*									
Line 1*										
Line 2										
Line 3					C	ity / Town / Vi	llage*			
District*		Pin/Post	Code*		State/ UT Co	de		ISO 3166	Country Code*	
4. CONTACT DETAILS (A	Il communications will	be sent to Mobile	number/ Email-	D provided" ma	ay be used) (Please refe	er instruction	D at the end)	
Tel. (Off)		Fax	-							
Mobile -		Email ID								
Mobile -		Email ID								
5. NUMBER OF RELATED	PERSONS	(Please refer inst	ruction Eat the e	end)						

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Know Your Client (KYC)

Application Form (For Non- Individuals Only)

CDSL VENTURES LIMITED

.Exploring New Horizons

ARN-64917 E434563

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Please fill the form in ENGLISH and in BLOCK le Fields marked * are mandatory	tters	Application Numbe	r:	
Fields marked * are pertaining to CKYC and ma also	ndatory only if processing CKYC	, .pp.ication Numbe	••	
<u> </u>	<u>_</u>			
Application Type*:	New KYC ☐ Mo	odification KYC		
1. Entity Details (please re	efer guidelines)			
PAN*	Ple	ase enclose a duly attested copy	y of your PAN Card	
Name* (same as ID proof)				
Date of Incorporation*		Place of Inco	rnoration*	
Date of Commencement*		Registration		
Entity Type*	— — — — — — — — — — — — — — — — — — —	Public Ltd. Co.	Body Corporate	☐ Partnership
Please Tick (✓)	Trust/Charity/NG		FPI Category I	FPI Category II
	☐ AOP ☐ Body of Individual	☐ Bank	Government Body Society	Defence Establishment LLP
	Non-Government		Society	LLF
	Others			
2. Proof of Identity [†] (plea	se refer the guideline	es)		
Officially Valid Documen	t(s) in respect of persor	authorized to transact		
Certificate of Incorporati			Registration Certificate	
Memorandum of Articles		Partnership D		eed
☐ Board Resolution			anager, office, employees	
Activity Proof –1 ⁺ (For So			of −2 ⁺ (For Sole Proprieto	
3. Address Details* (please	se refer the guideline	s)		
A. Registered Address*				
Line 1*				
Line 2				
Line3				
City/Town/Village*		District ⁺		Pin Code*
State*		 Country*		
B. Correspondence/Local A	ddress in India (if dif	 ferent from above)*		
Line 1*		,		
Line 2				
Line3				
City/Town/Village*		District ⁺		Pin Code*
State*		Country*		
				Applicant Digital Signature (DSC)

Proof of Address* (attested copy of any one POA to be submitted—"Not	more than 3 months old)	
Certificate of Incorporation/Formation Registrat	ion Certificate Other doc	ument
Latest Telephone Bill* (Landline only)	ectricity Bill* Latest Ban	nk Account Statement#
Registered Lease/ Sale Agreement of Office Premises	Validity/Expiry Date of POA (Expiry Date	ate)
Any other proof of address document (as listed overleaf)		
4. Contact Details		
Email ID	Mobile No.	
Email ID	Mobile No.	
Tel (off)	Fax	
5. Annexures Submitted		
Number of Related Persons -		
6. Remarks / Additional Information		
7 Applicant Designation		
7. 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	Applicant Digital Signature (DSC)	Applicant Wet Signature
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:		
8. For Office Use Only		
KYC carried out by*	Intermo	ediary Details*
KYC Date	Self certified document	copies received (Originals Verified)
Emp. Name	True Copies of docume	nts received (Attested)
Emp. Code	AMC / Intermediary Name	OR Code:
Emp. Designation		
Employee Signature and Stamp	Employe	ee Signature and Stamp
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FATCA / FOREIGN TAX LAWS INFORMATION - NON INDIVIDUAL FORM

(Including HUF)

(Please seek appropriate advice from a tax professional of FACTA/Foreign Tax laws related information)

ARN-64917 E434563

PART I : APPLICANT / INVESTOR DETAILS :

Self Certification Declaration

Investor Na	me																											
																	P/	AN										
PART II :	: DECL	_ARAT	IONS	8																								
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