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

 $\hfill \square$ (Attested) True copies of documents received



Place for Intermediary Logo

Application No.:

Designation Name of the Organization

> Signature Date

Please fill in ENGLISH and in BLOCK LETTERS	CVL	South Gujarat ARN: 54854							
A. Identity Details (please see guidelines overleaf)									
1. Name of Applicant (Please write complete name as per Certificate of Incorpor	ration / Registra	tion; leaving one box blank between 2 words. Please do not abbreviate the Name).							
2. Date of Incorporation d d / m m / y y y y Pla	ace of Incorpo	ration							
3. Registration No. (e.g. CIN)		Date of commencement of business d d / m m / y y y y							
4. Status Please tick (✓) ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Body Corporate ☐ Partnership ☐ Trust / Charities / NGOS ☐ FI ☐ FII ☐ HUF ☐ AOP ☐ Bank ☐ Government Body ☐ Non-Government Organisation ☐ Defence Establishment ☐ Body of Individuals ☐ Society ☐ LLP Others (Please specify)									
5. Permanent Account Number (PAN) (MANDATORY) Please enclose a duly attested copy of your PAN Card									
B. Address Details (please see guidelines overleaf)									
1. Address for Correspondence									
City / Trum / Village		Death Code							
City / Town / Village State		Postal Code Country							
2. Contact Details		County							
Tel. (Off.) (ISD) (STD) Mobile (ISD) (STD) E-Mail Id.		Tel. (Res.) (ISD) (STD) Fax (ISD) (STD)							
4. Registered Address (If different from above) City / Town / Village		Postal Code							
State		Country							
	*Latest Bank	e following valid documents & tick (✓) against the document attached. Account Statement □Registered Lease / Sale Agreement of Office Premises □							
C. Other Details (please see guidelines overleaf)									
 Name, PAN, DIN/Aadhaar Number, residential address an (Please use the Annexure to fill in the details) Any other information: 	d photogra	phs of Promoters/Partners/Karta/Trustees/whole time directors							
DECLARATION									
I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the									
ove information is found to be false or untrue or misleading or isrepresenting, I am/we are aware that I/we may be held liable for it. PERSON(S)									
Date:									
FOR	OFFICE U	JSE ONLY							
AMC/Intermediary name OR code		Seal/Stamp of the intermediary should contain							
☐ (Originals Verified) Self Certified Document copies received		Staff Name Designation							

ndividuals		-qa		
n for Non-Ir		Photograph		
.YC) Application Forr	PAN of the Applicant	Relationship with Applicant (i.e. promoters, whole time directors etc.)		
ng a part of Know Your Client (K		Residential / Registered Address		
e directors formi		DIN (For Directors) / Aadhaar Number (For Others)		
Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals South Gujarat ARN: 54854		Name		
ls of Promoters/ Partner Sujarat ARN: 54854	Name of Applicant	PAN		
Detai South (Name of	Sr. No.		

Place for Intermediary Logo

Date | d | d | / | m | m | / | y | y | y | y

Name & Signature of the Authorised Signatory(ies)

Details of ultimate beneficial owner including additional FATCA & CRS information



South Gujarat ARN: 54854

1. APPLICANT(S) NAME AND INFORMATION (If the applicant is minor, then please provide details of natural / legal guardian)																
Name of the entity Mr. / Ms. / M/s. Type of address given at KPA Residential or Rusiness Residential or Rusiness Residential or Rusiness Residential or Rusiness Address of tax residence would be taken as available in KRA database.																
	f address given at	(RA	○ Re	sidential or	Business	Residential	Business	○ Registere		In case	of any ch	ange please a	pproach K	RA & notify	he chang	jes
PAN De	tails							Cust IE	O / Folio No.							
		D M	M Y	Y Y	<u>Y</u>	City of incorporati			y of incorpor							
-	constitution Type tick (✓)]) Partnei	rship Firm	○ HU	F	○ Pr	ivate Limited Compar	y O Public Limi	ited Company	(A	OP/BO			. 0:5-		
[Flease	tick (*)]) Trust H	H Liquidato	r 🔾 Lim	ited Liabilit	y Partnership	tificial Juridical Person	n O Society		00	Others _		Pleas	e Specify		
ls "Ent	ity" a tax resident	of any o	country o	ther than	n India	○ Yes	○ No									
If yes,	please indicate all	ountri	es in wh	ch you a	re reside	nt for tax purpose	es and the associ	ated Tax ID Nur	mbers below	<i>I</i> .						
	Co	untry*				Tax Ide	Tax Identification Number [®]			Identification Type (TIN or Other, please specify)						
												71		3,		
* In case	Tax Identification Num	per is no	t available,	kindly prov	ide its func	tional equivalent\$.										
	TIN or its functional equi the Entity's Country o															
							·		-							
	ATCA & CRS DECL						visor for further o	juidance on FA	TCA & CRS	classi	ificatio	on)				
PART	, ,	GIIN		IONS OF L	illect Kep											
We are Financ	ial institution	GIIN		do not have a (SIIN but you ar	e sponsored by another entity	v please provide vour spons	or's GIIN above and indica	ate vour sponsor's n	ame held	nw					
or Direct	reporting NFE ⁷	Non				s openiosiou by unounor onur,	, prodoc provide your operior	or o on taboro and maior	ato your oponion on	umo boto						
[Please	e tick (V)]	Nan	ne or spo	nsoring	entity:											
GIIN no	ot available [Please	tick (✓	()]	O Appli	ed for	O Not required	○ Not required to apply for - please specify 2 digits sub-category 10 ○ Not obtained - Non-participal							ting FI		
PART	B (please fill any o	ne as a	appropri	ate "to be	filled by	NFEs other than	Direct Reporting	NFEs")								
1	Is the Entity a pub	diely tro	dod com	nany ¹		O Voc. (If you	Veg. (If year places appoint any and stock evaluates an which the stock in regularly traded)									
'	(that is, a compar	y whos	e shares	are regula	arly	O les (il yes,	Yes (If yes, please specify any one stock exchange on which the stock is regularly traded)									
	traded on an esta	olished	securities	s market)		Name of stock e	xchange:									_
2	Is the Entity a rela					○ Yes (If yes,	Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)									
	traded company (regularly traded o					Name of Catada	Name of listed company:									
	,				,	Name of listed o	ompany:									_
						Nature of relatio	n O Subsidiary of the	ne Listed Company	or O Conf	trolled I	by a Lis	ted Compa	ny			
						Name of steels										
						Name of Stock e	xchange:									_
3	Is the Entity an ac	tive ³ NF	E			○ Yes (If yes,	please fill UBO decla	ration in the next se	ection.)							
						Nature of Busine	ess:									_
						Please specify the	ne sub-category of Ac	tive NEE	(Mention cod	le - ref	ar 2c of	Part D\				
						i icase specify ti	ic sub-category of AC	UVO IVI L	(INIGHTIOH COC	io - Ielt	J1 40 UI	(עו וווי				
4	Is the Entity a pas	sive ⁴ N	FE			Yes (If yes,	please fill UBO decla	ration in the next se	ection.)							
							•		,							
						Nature of Busine	ess:									_

3. UBO DECLARATION								
ategory Ounlisted Company Partnership Firm Limited Liability Partnership Company Unincorporated association / body of indiv								
[Please tick (✓)]	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). Owner-documented FFI's5 should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E								
Name: Beneficial owner / Controlling person	Tax ID Type: TIN or Other, please specify	Address: Include State, Country, PIN / ZIP Code						
Country: Tax Residency* Tax ID No.: Or functional equivalent for each country%	Beneficial Interest: In percentage Type Code11: Of Controlling person	& Contact Details Address Type:						
		7						
1. Name:	Tax ID Type:	Address:						
Country:	Type Code:							
	O D I I O D	ZIP:						
Tax ID No.%:	Address Type Residence Business Registered office	State: Country:						
2. Name:	Tax ID Type:	Address:						
Country:	Type Code:							
		ZIP:						
Tax ID No.%:	Address Type Residence Business Registered office	State: Country:						
3. Name:	Tax ID Type:	Address:						
Country:	Type Code:							
		ZIP:						
Tax ID No.%:	Address Type O Residence O Business O Registered office	State: Country:						
# If passive NFE, please provide below additional details.(Please	attach additional sheets if necessary)							
PAN / Any other Identification Number (PAN, Aadhar, Passport,	Occupation Type: Service, Business, Others	202 2 4 4 2 11						
Election ID, Govt. ID, Driving Licence NREGA Job Card, Others)	Nationality:	DOB: Date of Birth Gender: Male, Female, Other						
City of Birth - Country of Birth	Father's Name: Mandatory if PAN is not available							
1. PAN:	Occupation Type:	Date Of Birth:						
City of Birth:	Nationality:	Gender Male Female Other						
Country of Birth:	Father's Name:							
2. PAN:	Occupation Type:	Date Of Birth:						
City of Birth:	Nationality:	Gender O Male O Female Other						
Country of Birth:	Father's Name:	-						
3. PAN:	Occupation Type:	Date Of Birth:						
City of Birth:	Nationality:	Gender						
Country of Birth:	Father's Name:	9						
# Additional details to be filled by controlling persons with tax reside * To include US, where controlling person is a US citizen or green of %In case Tax Identification Number is not available, kindly provide		other than India:						
4. Refer 3(iii)	of Part D 5. Refer 3(vi) of Part D 11. Refer 3(iv)	(A) of Part D						
4. FATCA - CRS TERMS AND CONDITIONS								
	art of the Income-tax Rules, 1962, which Rules require Indian financial in	stitutions such as the Bank to seek additional personal, tax and beneficial						
The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.								
Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Please note that you may receive more than one request for information if you have multiple relationships with (insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you								
Please note that you may receive more than one request for information if you have multiple relationships with (insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.								
If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number. \$It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this								
5it is mandatory to supply a 11it or functional equivalent if the country in vito the form.	which you are tax resident issues such identifiers. If no 1 hi is yet available	or has not yet been issued, piease provide an explanation and attach this						
CERTIFICATION								
1 / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.								
Name:		Designation:						
Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA/Karta	Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA	Signature of 3 st Applicant / Guardian / Authorised Signatory /PoA						