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

☐ (Attested) True copies of documents received



Place for Intermediary Logo

Application No. :

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 Incorpora	ation / Registra	ation; leaving one box blank between 2 words. Please do not abbreviate the Name).
2. Date of Incorporation ddd/mmm/yyyyy Plac	ce of Incorp	pration
3. Registration No. (e.g. CIN)		Date of commencement of business $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$
4. Status Please tick (✓) ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Body Co. ☐ FPI Category II ☐ FPI Category III ☐ AOP ☐ ☐ Defence Establishment ☐ Body of Individuals ☐ Society ☐ LI	Bank	Partnership Trust / Charities / NGOs HUF FI FII Government Body Non-Government Organisation 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		
A. (** 1.08)		
City / Town / Village		Postal Code
State		Country
2. Contact Details   Tel. (Off.)   (ISD)   (STD)		Tel. (Res.) (ISD) (STD)
Mobile (ISD) (STD)		Fax (ISD) (STD)
E-Mail Id.		
City / Town / Village State  F. Proof of address to be provided by Applicant Please submit ANY	/ ONE of th	Postal Code  Country  Te following valid documents & tick (/) against the document attached
	*Latest Bank ify)	Account Statement Registered Lease / Sale Agreement of Office Premises
C. Other Details (please see guidelines overleaf)		
	d photogr	aphs of Promoters/Partners/Karta/Trustees/whole time directors
2. Any other information:		
DECLARATION		
We hereby declare that the details furnished above are true a orrect to the best of my/our knowledge and belief and I/we undertable inform you of any changes therein, immediately. In case any of the bove information is found to be false or untrue or misleading hisrepresenting, I am/we are aware that I/we may be held liable for it.	the or	ME & SIGNATURE(S) OF AUTHORISED
lace:		PERSON(S)
late:	0.000	IGE ONLY
FOR ( MC/Intermediary name OR code	OFFICE	USE ONLY
members for code		Seal/Stamp of the intermediary should contain Staff Name
(Originals Verified) Self Certified Document copies received		Designation

duals				
orm for Non-Indivi		Photograph		
(YC) Application F	PAN of the Applicant	Relationship with Applicant (i.e. promoters, whole time directors etc.)		
ing 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		
<b>Details of Promoters/ Partne</b> l South Gujarat ARN: 54854	Name of Applicant	PAN		
<b>Detai</b> South	Name o	Sr. No.		

Place for Intermediary Logo

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

Name & Signature of the Authorised Signatory(ies)

ΚΛΕ	5/	/	Y	
<b>Compu</b>	iters	hare	)	
PAN*				

Supplementary KYC Information & FATCA-CRS Declaration - Entities & HUF (Please consult your professional tax advisor for further guidance on your tax residency, FATCA / CRS Guidance) South Gujarat ARN: 54854

_	Court	Odjarat 7 tr tr t. O 100 1									
PAN	<b> *</b>	Name									
Тур	e of address given at KYC KF	RA Residential	Residential or Business	Business Registered Office							
City	of incorporation										
Cou	intry of incorporation										
Net	Worth in INR. In ₹ Lakhs		Net Worth as on	(Date should not be older than one year)							
الم ما	a antifu involved	, <sub>VES</sub> Gaming / 0	Sambling /	Any other information (if applicable)							
in / p	oroviding any of e services:  Foreign Exclusion Money Characterists  Services	anger Lottery S	Services Mon Laundering	ey YES							
Enti	ty Constitution Type Partne	rship Firm	vate Limited Company 🔲 Public	Limited Company Society AOP/BOI							
Ple	ease tick as appropriate Trust [	Liquidator Limited Liab	ility Partnership 🗌 Artificial Juri	dical Person							
Ple	ase tick the applicable tax re	sident declaration -									
ı	Is "Entity" a tax resident of any c	_	Yes No Sociated Tax ID number below.)								
	Country		ntification Number <sup>%</sup>	Identification Type (TIN or Other*, please specify)							
<sup>%</sup> In o	case Tax Identification Number is not a	vailable, kindly provide its functi	ional equivalent or Company Identif	ication Number or Global Entity Identification Number.							
In ca	se the Entity's Country of Incor	poration / Tax residence is	s U.S. but Entity is not a Spe	ecified U.S. Person, mention Entity's							
exen	nption code here										
	(Please		CA Declaration advisor for further guidance on FA	ATCA classification)							
PA	RT A (to be filled by Financial Ins	titutions or Direct Reporting N	IFFEs)								
1.	We are a,	GIIN									
	Financial institution <sup>6</sup>	Note: If you do not have a GIIN above and indicate yo	GIIN but you are sponsored by an	nother entity, please provide your sponsor's							
	or Direct reporting NFFE <sup>7</sup>	Name of sponsoring enti									
	(please tick as appropriate)	Name of sponsoring enti									
	GIIN not available (please tick a	as applicable)									
	Not required to apply for -	please specify 2 digits sub-ca	tegory <sup>10</sup>								
	Not obtained – Non-partici	pating FI									
PA	RT B (please fill any one as appr	opriate to be filled by NFEs o	ther than Direct Reporting NFEs)								
1. Is the Entity a publicly traded company¹ (that is, a company whose shares are regularly traded on an established securities market)  Yes No (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange											
2.	Is the Entity a related entity <sup>2</sup> of a		Yes No (If yes, pleas	se specify name of the listed company and one stock exchange on which the stock is regularly traded)							
	(a company whose shares are reguestablished securities market)	larly traded on an	Name of listed company								
			Name of stock exchange								
3.	Is the Entity an <i>active</i> <sup>3</sup> NFE		Yes No Olf yes, plea	ise fill UBO declaration in the next section.)							
			Please specify the sub-cate	gory of Active NFE (Mention code – refer 2c of Part D)							
4.	Is the Entity a <i>passive</i> ⁴ NFE			se fill UBO declaration in the next section.)							
	<sup>1</sup> Refer 2a of Part D   <sup>2</sup> Refer 2l	o of Part D   <sup>3</sup> Refer 2c of Pa	Nature of Businessart D   Fract D   The state of Part D   Th	Refer 3(vii) of Part D   <sup>10</sup> Refer1A of Part D							
	TOOL TO OF THE PROPERTY			I TOO I TO I UIT D							

UBO Declaration																					
Category (Please tick applicable category):	Unlisted Co	mpan	у		Partı	nersh	ip Fi	rm		Г	□Li	mite	ed L	iabili	ity P	artn	ers	hip C	om	pany	
Unincorporated association / body of individuals	_ 	Puk	olic Cha	ritable	e Trus	t		Г	□R	ت Relig	_ iious	s Tr	ust			Γ		Priv	ate	Trust	
Listed Company (Need not provide UBO details sour	aht under)	_	Г	_			e spe	ecify												)	
												nation									
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's <sup>5</sup> 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																					
#Country - Tax Residency*  #Tax ID No Or functional equivalent for each country*											State, Country, PIN / ZIP Code & Contact Details										
1. Name	Tax ID Type						Add	ress													
Country	Beneficial Interes	est																			
Tax ID No.	Type Code ZIP State: Country:																				
2. Name	Tax ID Type Address																				
Country	Beneficial Interes	est																			
Tax ID No.	Type Code ZIP State: Country:																				
3. Name	Tax ID Type						Add	ress													
Country	Beneficial Inter	est																			
Tax ID No.	Type Code						ZIP					State:	te: Country:								
If passive NFE, please provide below additional of	letails.						(Plea	se atta	ch add	dition	al she	ets	if nec	essar	y)						
PAN City of Birth Country of Birth		Natio	upation onality er's Nar						9						Date o			e, Othe	ər		
1. PAN																					
City of Birth		Natio	nality										Gender Male Female								
Country of Birth		Fathe	er's Nam	ne												(	Oth	ers			
2. PAN		Оссь	ıpation T	уре									D	OB I	DD/MM	YYYY					
City of Birth Nationality													G	ende	r M	ale		Fer	nale	,	
Country of Birth		Fathe	er's Nam	ne												(	Oth	ers			
3. PAN		Occi	ipation T	уре									D	OB I	DD/MM	YYYY					
City of Birth Nationality Gender Male Female									)												
Country of Birth		Fathe	er's Nam	ne													Oth	ers			
# Additional details to be filled by controlling persons * To include US, where controlling person is a US citiz *In case Tax Identification Number is not available, ki	zen or green car	rd hold	der		idency	/ / cit	izens	ship /	Gree	en C	Card	in a	any	cour	ntry (	othe	r th	an Ir	ndia	ı:	
⁴Refer 3(iii	of Part D   <sup>5</sup> R	efer 3(	vi) of Pa	art D	11Re	fer 3(	(iv) (A	) of F	art D	)											
	EATCA T	orm	s and	4 C	ndi	tio	ne														
FATCA Terms and Conditions  Towards compliance with tax information sharing laws, such as FATCA, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Towards compliance with such laws, 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. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).										t with nptly, m the											
If any controlling person of the entity is a US citizen or resident or gre Account Tax Compliance provisions (commonly known as FATCA) are with ABC. Therefore, it is important that you respond to our request, ever	contained in the US H	lire Act 2	010.Pleas	se note t	hat you	may re	eceive	more th	an one												
Certification																					
I have understood the information requirements of this us on this Form is true, correct, and complete. I also same.																					
Name																					
Designation				П				П	П								Ι		Τ	$\top$	
				• •			-								'	-	•		_	•	
											Б.										
Signature >>										ı	۲la	се									
														[	Date	∍	_/_	/			