

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* Private Ltd. Co. Public Ltd. Co. Body Corporate Partnership
- Please Tick (✓) 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)

Proof of Address* (attested copy of any one POA to be submitted—*Not more than 3 months old)

- Certificate of Incorporation/Formation Registration Certificate Other document _____
 Latest Telephone Bill* (Landline only) Latest Electricity Bill* Latest Bank Account Statement*
 Registered Lease/ Sale Agreement of Office Premises **Validity/Expiry Date of POA** (Expiry Date) _____
 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 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 Digital Signature (DSC)

Applicant Wet Signature

8. For Office Use Only

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

— This space is intentionally left blank —

Know Your Client (KYC)
Annexure (For Non- Individuals Only)



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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

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

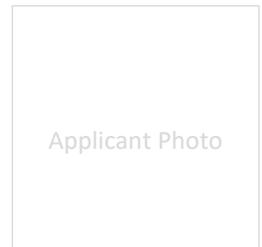
Nationality* Indian Other _____

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

Blank area for stamp or signature.

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 _____	<input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Employee Signature and Stamp	Institution Name and Stamp

Instructions/Guidelines for filling Individual KYC Application Form

A. General Instructions:

1. 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.
5. Others – Identity card with applicant's photograph issued by any of the following: Central/ State Government Departments, 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 departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India
3. Identity card with applicant's photograph and address issued by any of the following: Central/ State Government Departments, 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
7. 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. 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 details 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:

1. 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:

1. 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.

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Type of Entity	Additional Documents Required over and above PAN, POI and POA
Corporate	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • PAN of HUF. • 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	<ul style="list-style-type: none"> • 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 style="list-style-type: none"> • Proof of existence or Constitution document. • Resolution of Managing Body and power od Attorney granted to transact business on its behalf.
Army/Government Bodies	<ul style="list-style-type: none"> • Copy of Constitution/Registration or Annual report/Balance Sheet for the last 2 financial years. • Authorized signatories list with specimen signatures.
Army/Government Bodies	<ul style="list-style-type: none"> • Self certification on letterhead. • Authorized signatories list with specimen signatures.
Registered Society	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.

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Name* (same as ID proof) _____

Maiden Name* (if any) _____

Fathers/Spouse's Name* _____

Date of Birth* _____

Gender* Male Female Transgender

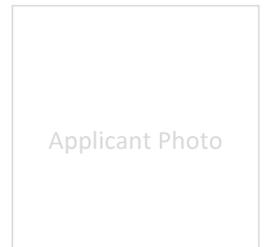
Nationality* Indian Other _____

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 _____

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Line 3 _____

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Address Type* Residential/Business Residential Business Registered Office Unspecified

Blank area for stamp or signature.

Applicant e-SIGN

Blank area for e-signature.

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1* _____
 Line 2 _____
 Line3 _____
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 State* _____ Country* _____
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 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 _____	<input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Employee Signature and Stamp	Institution Name and Stamp