

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



Application Number: _____

SS Corporate Securities LtdApplication 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 _____

- Self certified document copies received (Originals Verified)
- True Copies of documents received (Attested)

AMC / Intermediary Name OR Code:

SS Corporate Securities Ltd

Employee Signature and Stamp

Employee Signature and Stamp

— This space is intentionally left blank — This space is intentionally left blank — This space is intentionally left blank — This space is intentionally left blank —

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



CDSL VENTURES LIMITED
 ...Exploring New Horizons



SS Corporate Securities Ltd

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) _____

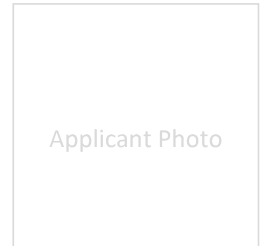
Maiden Name* (if any) _____

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

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) <p style="text-align: center;">SS Corporate Securities Ltd</p>
Employee Signature and Stamp	Institution Name and Stamp

**Details of Promoters / Partners / Karta / Trustees and Whole time directors forming a part of
Know Your Client (KYC) Application Form for Non- Individuals**

Name of Applicant _____

PAN of the Applicant

--	--	--	--	--	--	--	--	--	--

Sr. No	PAN	Name	DIN for Directors / UID (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time Directors etc.	Whether Politically Exposed	Photograph
	Please Attach a copy of your PAN Card			Please attach proof of your residential address		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	Please Attach a copy of your PAN Card			Please attach proof of your residential address		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	Please Attach a copy of your PAN Card			Please attach proof of your residential address		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	Please Attach a copy of your PAN Card			Please attach proof of your residential address		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	Please Attach a copy of your PAN Card			Please attach proof of your residential address		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
	Please Attach a copy of your PAN Card			Please attach proof of your residential address		<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	



(Signature)

Name & Signature of the Authorised Signatory (ies)

Date DD / MM / YYYY

PEP: Politically Exposed Person

RPEP: Related to Politically Exposed Person

F. In case of Non-Individuals, additional documents to be obtained from non-individuals, over & above the POI & POA, as mentioned below:

Types of entity	Documentary requirements
Corporate	<ul style="list-style-type: none"> ● Copy of PAN CARD & Address Proof of Company ● Original Signed cancelled cheque of Company ● Bank Statement of Company (Duly Stamped) by Bank (Two Set) ● Copy of Pan Card & Address Proof of all Directors. (Name should match in all proofs) ● Signed cancelled cheque of all Directors (Original) (Name should be printed on Cancelled Cheque, if no name on Cheque, Bank Statement duly stamped by bank reqd.) ● Board Resolution to deal in securities market and authorisation to sign the documents on behalf of the company to its Director/s. ● Photographs of all Directors in Annexure Sheet duly cross signed on photo. ● Networth Certificate of company certified by CA ● List of Directors ● Share Holding Pattern including Promoters Holding. ● List of Authorised Signatories duly signed by Directors. ● Last Two years Audited Financial Accounts (Two Sets) ● Memorandum & Article of Association (Two Sets) <p>(ALL DOCUMENTS SHOULD BE SELF CERTIFIED.)</p>
Partnership firm	<ul style="list-style-type: none"> ● Copy of the balance sheets for the last 2 financial years (to be submitted every year). ● Certificate of registration (for registered partnership firms only). ● Copy of partnership deed. ● Authorised signatories list with specimen signatures. ● Photograph, POI, POA, PAN of Partners.
Trust	<ul style="list-style-type: none"> ● Copy of the balance sheets for the last 2 financial years (to be submitted every year). ● Certificate of registration (for registered trust only). ● Copy of Trust deed. ● List of trustees certified by managing trustees/CA. ● Photograph, POI, POA, PAN of Trustees.
HUF	<ul style="list-style-type: none"> ● Copy of PAN CARD & Address Proof of HUF Firm ● Original Signed cancelled cheque of HUF Firm ● Bank Statement of HUF Firm ● Copy of Pan Card & Address Proof of all Karta (Name should match in all proofs) ● Original Signed cancelled cheque of Karta ● Bank Statement of Karta ● Karta's Details, Co-Parceners detail along with their photo (duly cross signed), their Pan card and address proofs in annexure detail page. ● If Co-parcener are minor, then DOB certificate ● HUF declaration <p>(ALL DOCUMENTS SHOULD BE SELF CERTIFIED.)</p>
Unincorporated association or a body of individuals	<ul style="list-style-type: none"> ● Proof of Existence/Constitution document. ● Resolution of the managing body & Power of Attorney granted to transact business on its behalf. ● Authorized signatories list with specimen signatures.
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.
Foreign Institutional Investors (FII)	<ul style="list-style-type: none"> ● Copy of SEBI registration certificate. ● 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 Societies Registration Act. ● List of Managing Committee members. ● Committee resolution for persons authorised to act as authorised signatories with specimen signatures. ● True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.

MANDATORY**DECLARATION BY HUF**

To,

SS CORPORATE SECURITIES LIMITED

NDM 2, Block D, 3rd Floor, Netaji Subhash Place,
 Pitam Pura, Delhi-110034
 Tele. : 91 11 4700 3600 (30 Lines), Fax : 91 11 47003601

As our HUF wishes to open an Trading Account with your Company in the said name _____

_____ This is to inform you that the first signatory to this letter Mr. _____
 is the Karta of the joint family and other signatories are the co-parceners of the said family.

We further confirm that the business of the said joint family is carried on mainly by the said Karta as also by the other signatories here to in the interest and for the benefit of the entire body of co-parceners of the joint family. We all undertake that claims due to the Company from the said family shall be recoverable personally from all or any of us and also for the entire family properties of which the first signatory is the Karta, including the share of minor co-parceners.

In view of the fact that ours is not a firm governed by the Indian Partnership Act 1952, we have not got our said firm registered under the said act.

We hereby undertake to inform the Company of the death or birth of a co-parcener or change occurring at any time in the membership of our joint during the currency of the account.

Name of the Co-Parceners	Sex	Date of Birth	Relationship with the Karta	Signature of Co-parceners

DETAILS OF MINOR

Name of the Minor	Sex	Date of Birth	Relationship with the Karta	Signature of Karta

Your sincerely



Name of Karta _____

(Signature with rubber stamp)

SS CORPORATE SECURITIES LIMITED

FATCA & CRS Declaration - Non Individual

PAN Trading DP Code
 Name

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India Yes No
 (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Sr. No.	Country	Tax Identification Number	Identification Type (TIN or Other, please specify)
1.			
2.			

In case Tax Identification Number is not available, kindly provide its functional equivalent.
 In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a,
 Financial institution
 (Refer 1 of Part C)
 or
 Direct reporting NFE
 (Refer 3(vii) of Part C)
 (please tick as appropriate)

GIIN

Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below
 Name of sponsoring entity _____

GIIN not available (please tick as applicable) **Applied for** **Not obtained – Non-participating FI**
 Not required to apply for - please specify 2 digits sub-category (Refer 1 A of Part C)

PART B (please fill any one as appropriate "to be filled by NFEs other than 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 _____

2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)
 Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)
 Name of listed company _____
 Nature of relation: Subsidiary of the Listed Company or Controlled by a Listed Company
 Name of stock exchange _____

3. Is the Entity an active NFE (Refer 2c of Part C)
 Yes Nature of Business _____
 Please specify the sub-category of Active NFE (Mention code – refer 2c of Part C)

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)

Category (Please tick applicable category): Unlisted Company Partnership Firm Limited Liability Partnership Company
 Unincorporated association / body of individuals 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 FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
PAN #			
Address	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Tax ID %			
Tax ID Type			
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Holding (%) ⁵			

* To include US, where controlling person is a US citizen or green card holder

[#] If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.

[%] In case Tax Identification Number is not available, kindly provide functional equivalent


⁵ Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

DECLARATION

I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform SS Corporate Securities Limited for any modification to this information promptly. I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

Name

Designation

Sign here : (I) 

Date :

Place :

For Investor convenience, SS Corporate Securities Limited collecting this mandatory information for updating across all Group Companies of SS Corporate Securities Limited whether you are already an investor or would become an investor in future.

Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest SS Corporate Securities Limited branch or you can dispatch the hard copy to-

SS Corporate Securities Limited
NDM 2, Block D, 3rd Floor, Netaji Subhash Place,
Pitam Pura, Delhi-110034