

FORM 11
PART II – ACCOUNT OPENING FORM
(FOR NON-INDIVIDUALS)

Purva Sharegistry (India) Pvt. Ltd. (DP ID – IN304990) Address: - Unit no. 9, Shiv Shakti Ind. Estt, J.R. Boricha Marg, Lower Parel (E), Mumbai - 400 011						Client –ID (To be filled by Participant)																	
We request you to open a depository account in our name as per the following details: <i>(Please fill all the details in CAPITAL LETTERS only)</i>														Date		D	D	M	M	Y	Y	Y	Y
A) Details of Account holder(s):																							
		Name						PAN															
Sole/First Holder																							
Second Holder																							
Third Holder																							
B) Type of account																							
☐ Body Corporate		☐ FI		☐ FII																			
☐ Qualified Foreign Investor		☐ Mutual Fund		☐ Trust																			
☐ Bank		☐ CM		☐ HUF																			
				☐ Other (Please specify)																			
C) For Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., although the account is opened in the name of the partner(s), trustee(es) etc., the name & PAN of the Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., should be mentioned below:																							
a) Name								b) PAN															
D) Income Details (please specify)																							
Income Range per annum				and		Networth: Amount ()																	
☐ Below 20 Lac						As on (date)																	
☐ 20 – 50 Lac						D D M M Y Y Y Y																	
☐ 50 Lac – 1 crore						(Networth should not be older than 1 year)																	
☐ Above 1 crore																							
E) In case of FIIs/Others (as may be applicable)																							
RBI Approval Reference Number																							
RBI Approval date								D	D	M	M	Y	Y	Y	Y								
SEBI Registration Number (for FIIs)																							
F) Bank details																							
1	Bank account type	☐ Savings Account		☐ Current Account		☐ Others (Please specify)																	
2	Bank Account Number																						
3	Bank Name																						
4	Branch Address																						
				City/town/village				PIN Code															
				State				Country															

[illegible]

Declaration

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by us and we have understood the same and we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and we 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, we are aware that we may be held liable for it. I/we acknowledge the receipt of copy of the document, “Rights and Obligations of the Beneficial Owner and Depository Participant”.

Authorised Signatories (Enclose a Board Resolution for Authorised Signatories. In case of HUF details of Karta to be given)

Sole/First Holder	Name	Signature(s)
First Signatory/Karta of HUF		X
Second Signatory		X
Third Signatory		X
<u>Other Holders</u>		
Second Holder		X
Third Holder		X

Mode of Operation for Sole/First Holder (In case of joint holdings, all the holders must sign. In case of HUF this is not applicable)	
☐ Any one singly	
☐ Jointly by	
☐ As per resolution	
☐ Others (please specify)	

Notes:

1. In case of additional signatures, separate annexures should be attached to the application form.
2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
3. For receiving Statement of Account in electronic form:
 - I. Client must ensure the confidentiality of the password of the email account.
 - II. Client must promptly inform the Participant if the email address has changed.
 - III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
4. Strike off whichever is not applicable.

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Acknowledgement

Purva Sharegistry (India) Pvt. Ltd.

Regd. Office: Unit No. 9, Ground Floor, Shiv Shakti Ind. Estt, J. R. Boricha Marg, Lower Parel East, Mumbai, 400011

Phone: 91-22-41343262 Website: www.purvashare.com CIN: U67120MH1993PTC074079

Received the application from M/s _____ as the sole/first holder along with _____ and _____ as the second and third holders respectively for opening of a depository account. Please quote the DP ID & Client ID allotted to you (CM-BP-ID in case of Clearing Members) in all your future correspondence.

Date:

D	D	M	M	Y	Y	Y	Y
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Participant Stamp & Signature

ANNEXURE K

Rights and Obligations of the Beneficial Owner and Depository Participant

General Clause

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Rules and Regulations of Securities and Exchange Board of India (SEBI), Circulars/Notifications/Guidelines issued there under, Bye Laws and Business Rules/Operating Instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.
2. The DP shall open/activate demat account of a beneficial owner in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time.

Beneficial Owner Information

3. The DP shall maintain all the details of the beneficial owner(s) as mentioned in the account opening form, supporting documents submitted by them and/or any other information pertaining to the beneficial owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.
4. The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of opening the demat account or furnished to the DP from time to time.

Fees/Charges/Tariff

5. The Beneficial Owner shall pay such charges to the DP for the purpose of holding and transfer of securities in dematerialized form and for availing depository services as may be agreed to from time to time between the DP and the Beneficial Owner as set out in the Tariff Sheet provided by the DP. It may be informed to the Beneficial Owner that "no charges are payable for opening of demat accounts".
6. In case of Basic Services Demat Accounts, the DP shall adhere to the charge structure as laid down under the relevant SEBI and/or Depository circulars/directions/notifications issued from time to time.
7. The DP shall not increase any charges/tariff agreed upon unless it has given a notice in writing of not less than thirty days to the Beneficial Owner regarding the same.

Dematerialization

8. The Beneficial Owner shall have the right to get the securities, which have been admitted on the Depositories, dematerialized in the form and manner laid down under the Bye Laws, Business Rules and Operating Instructions of the depositories.

Separate Accounts

9. The DP shall open separate accounts in the name of each of the beneficial owners and securities of each beneficial owner shall be segregated and shall not be mixed up with the securities of other beneficial owners and/or DP's own securities held in dematerialized form.
10. The DP shall not facilitate the Beneficial Owner to create or permit any pledge and/or hypothecation or any other interest or encumbrance over all or any of such securities submitted for dematerialization and/or held

in demat account except in the form and manner prescribed in the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996 and Bye-Laws/Operating Instructions/Business Rules of the Depositories.

Transfer of Securities

11. The DP shall effect transfer to and from the demat accounts of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the Beneficial Owner and the DP shall maintain the original documents and the audit trail of such authorizations.
12. The Beneficial Owner reserves the right to give standing instructions with regard to the crediting of securities in his demat account and the DP shall act according to such instructions.

Statement of Account

13. The DP shall provide statements of accounts to the beneficial owner in such form and manner and at such time as agreed with the Beneficial Owner and as specified by SEBI/depository in this regard.
14. However, if there is no transaction in the demat account, or if the balance has become Nil during the year, the DP shall send one physical statement of holding annually to such BOs and shall resume sending the transaction statement as and when there is a transaction in the account.
15. The DP may provide the services of issuing the statement of demat accounts in an electronic mode if the Beneficial Owner so desires. The DP will furnish to the Beneficial Owner the statement of demat accounts under its digital signature, as governed under the Information Technology Act, 2000. However if the DP does not have the facility of providing the statement of demat account in the electronic mode, then the Participant shall be obliged to forward the statement of demat accounts in physical form.
16. In case of Basic Services Demat Accounts, the DP shall send the transaction statements as mandated by SEBI and/or Depository from time to time.

Manner of Closure of Demat Account

17. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository. Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided no charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their demat account should be transferred to another demat account of the Beneficial Owner held with another DP or to rematerialize the security balances held.
18. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of thirty days as per procedure specified from time to time by the depository. Provided further, closure of demat account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

Default in Payment of Charges

19. In event of Beneficial Owner committing a default in the payment of any amount provided in Clause 5 & 6 within a period of thirty days from the date of demand, without prejudice to the right of the DP to close the demat account of the Beneficial Owner, the DP may charge interest at a rate as specified by the Depository from time to time for the period of such default.

20. In case the Beneficial Owner has failed to make the payment of any of the amounts as provided in Clause 5&6 specified above, the DP after giving two days notice to the Beneficial Owner shall have the right to stop processing of instructions of the Beneficial Owner till such time he makes the payment along with interest, if any.

Liability of the Depository

21. As per Section 16 of Depositories Act, 1996:

- (1) Without prejudice to the provisions of any other law for the time being in force, any loss caused to the beneficial owner due to the negligence of the depository or the participant, the depository shall indemnify such beneficial owner.
- (2) Where the loss due to the negligence of the participant under Clause (1) above, is indemnified by the depository, the depository shall have the right to recover the same from such participant.

Freezing/Defreezing of Accounts

22. The Beneficial Owner may exercise the right to freeze/defreeze his/her demat account maintained with the DP in accordance with the procedure and subject to the restrictions laid down under the Bye Laws and Business Rules/Operating Instructions.
23. The DP or the Depository shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any regulator or court or any statutory authority.
24. The Joint holders are aware that in case of any Statutory Order for freezing any one joint holder, the demat account will be frozen and the other joint holders will have to obtain a specific Order for unfreezing their percentage of joint ownership by submitting the relevant documentary proof of the Order issuing authority.

Redressal of Investor Grievance

25. The DP shall redress all grievances of the Beneficial Owner against the DP within a period of thirty days from the date of receipt of the complaint.

Authorized Representative

26. If the Beneficial Owner is a body corporate or a legal entity, it shall, along with the account opening form, furnish to the DP, a list of officials authorized by it, who shall represent and interact on its behalf with the Participant. Any change in such list including additions, deletions or alterations thereto shall be forthwith communicated to the Participant.

Additional Rights and Obligations

27. The stock broker / stock broker and depository participant shall not directly / indirectly compel the clients to execute Power of Attorney (PoA) or Demat Debit and Pledge Instruction (DDPI) or deny services to the client if the client refuses to execute PoA or DDPI.

Law and Jurisdiction

28. In addition to the specific rights set out in this document, the DP and the Beneficial owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Rules, Bye Laws and Regulations of the respective Depository in which the demat account is opened and circulars/notices issued there under or Rules and Regulations of SEBI.
29. The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars/notices issued by SEBI and Rules, Regulations and Bye-laws of the relevant Depository, where the Beneficial Owner maintains his/her account, that may be in force from time to time.

30. The Beneficial Owner and the DP shall abide by the arbitration and conciliation procedure prescribed under the Bye-laws of the depository and that such procedure shall be applicable to any disputes between the DP and the Beneficial Owner.
31. Words and expressions which are used in this document but which are not defined herein shall unless the context otherwise requires, have the same meanings as assigned thereto in the Rules, Bye-laws and Regulations and circulars/notices issued there under by the depository and/or SEBI.
32. Any changes in the rights and obligations which are specified by SEBI/Depositories shall also be brought to the notice of the clients at once.
33. If the rights and obligations of the parties hereto are altered by virtue of change in Rules and regulations of SEBI or Bye-laws, Rules and Regulations of the relevant Depository, where the Beneficial Owner maintains his/her account, such changes shall be deemed to have been incorporated herein in modification of the rights and obligations of the parties mentioned in this document.

ACKNOWLEDGEMENT

(To be signed by the Beneficial Owner and retained by the Depository Participant)

I/We hereby acknowledge having received a copy of the document "**Rights and Obligations of the Beneficial Owner and Depository Participant**" as prescribed by SEBI and Depositories (Annexure K of NSDL Business Rules) and confirm that I/we have read and understood the contents thereof.

Name of Beneficial Owner:

DP ID / Client ID:

Date:

IN304990 / _____

DD / MM / YYYY

Signature(s) of Beneficial Owner(s):

Sole / First Holder	Second Holder	Third Holder
Name: _____	Name: _____	Name: _____
Signature: _____	Signature: _____	Signature: _____

For Office Use Only

Received by (Name):	_____	Date:	DD / MM / YYYY
Designation:	_____	Stamp & Signature:	

Important Instructions:

- A) Fields marked with "*" are mandatory.
 B) Please fill the form in English and in BLOCK letters.
 C) List of two character ISO 3166 country codes is available at the end.
 D) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
 E) KYC number of entity is mandatory for update application.



For office use only (To be filled by financial institution)	Application Type* KYC Number	☐ New ☐ Update		(Mandatory for KYC update request)
	Account Holder Type*	US Reportable ☐ Other Reportable ☐	(Please refer instruction A at the end)	
	Nature of Business / Entity Constitution Type*	☐	(Please refer instruction B at the end)	

1. ENTITY DETAILS (Please refer instruction C at the end)

☐ Name*

Date of Incorporation* DD - MM - YY YY YY YY Date of Commencement of Business* DD - MM - YY YY YY YY

Place of Incorporation* Country of Incorporation* Country of Residence as per Tax laws*

Identification Type ☐ Tax Identification Number (TIN) TIN Issuing Country

PAN

Number of controlling person(s) resident outside India for tax purposes
 (Please provide details of each Controlling Person resident outside India for Tax purposes separately in 'Annexure C2')

2. PROOF OF IDENTITY (PoI)* (Please refer instruction D at the end)

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

☐ Certificate of Incorporation / Formation ☐ Registration Certificate
☐ Resolution of Board / Managing Committee ☐ Memorandum and Article of Association / Partnership Deed / Trust Deed
☐ Officially valid document(s) in respect of person authorised to transact

3. PROOF OF ADDRESS (PoA)* (Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted) (Please see instruction E at the end)

3.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS*

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Proof of Address* ☐ Certificate of Incorporation / Formation ☐ Registration Certificate

Line 1*

Line 2

Line 3

State / U.T Code* Pin / Post Code* City / Town / Village* ISO 3166 Country Code*

3.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS *

☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A2')

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Proof of Address* ☐ Certificate of Incorporation / Formation ☐ Registration Certificate

Line 1*

Line 2

Line 3

State / U.T Code* Pin / Post Code* City / Town / Village* ISO 3166 Country Code*

3.3 ADDRESS IN THE JURISDICTION WHERE ENTITY IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES*

☐ Same as Current / Permanent / Overseas Address details ☐ Same as Correspondence / Local Address details

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Proof of Address* ☐ Certificate of Incorporation / Formation ☐ Registration Certificate

Line 1*

Line 2

Line 3

State* ZIP / Post Code* City / Town / Village* ISO 3166 Country Code*

4. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email ID) (Please refer instruction F at the end)

Tel. (Off) Tel. (Res) Mobile

FAX Email ID

5. DETAILS OF RELATED PERSON* (In case of additional related persons, please fill 'Annexure B2') (Please refer instruction G at the end)

☐ Addition of Related Person ☐ Deletion of Related Person ☐ Update Related Person details

KYC Number of Related Person (if available*)

Related Person Type* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Beneficiary ☐ Authorised Signatory ☐ Court Appointed Official

If KYC number is available, only 'Related Person Type' and 'Name' is mandatory.

5.1 PERSONAL DETAILS (Please refer instruction G.I at the end)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)				
Maiden Name (If any*)				
Father / Spouse Name*				
Mother Name*				
Date of Birth*	DDMMYY			
Gender*	☐ M- Male ☐ F- Female ☐ T-Transgender			
Marital Status*	☐ Married ☐ Unmarried ☐ Others			
Nationality*	☐ IN- Indian ☐ Others (ISO 3166 Country Code)			
Residential Status*	☐ Resident Individual ☐ Non Resident Indian			
Occupation Type*	☐ Foreign National ☐ Person of Indian Origin			
	☐ S-Service (☐ Private Sector ☐ Public Sector) ☐ Government Sector)			
	☐ O-Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student)			
	☐ B-Business ☐ X-Not Categorized			

5.2 TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction **G.II** at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 5.2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* ISO 3166 Country Code of Birth*

5.3 PROOF OF IDENTITY (Pol)*^(Please refer instruction G.III at the end)

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

☐ A- Passport Number		Passport Expiry Date	
☐ B- Voter ID Card			
☐ C- PAN Card			
☐ D- Driving Licence		Driving Licence Expiry Date	
☐ E- UID (Aadhaar)			
☐ F- NREGA Job Card			
☐ Z- Others (any document notified by the central government)		Identification Number	

5.4 PROOF OF ADDRESS (PoA)**(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)*

5.4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction **G.IV** at the end)

Address Type*	☐ Residential / Business	☐ Residential	☐ Business	☐ Registered Office	☐ Unspecified
Proof of Address*	☐ Passport	☐ Driving Licence	☐ UID (Aadhaar)		
Address	☐ Voter Identity Card	☐ NREGA Job Card	☐ Others		
Line 1*					
Line 2					
Line 3					
State / U.T Code*	Pin / Post Code*		City / Town / Village*		

☐ 6 REMARKS (If any)

[illegible]

7. APPLICANT 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 above information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it.
- My/Our personal KYC details may be shared with Central KYC Registry.
- I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[illegible]

Signature / Thumb Impression of Applicant

8. ATTESTATION / FOR OFFICE USE ONLY

Documents Received	☐ Self-Certified	☐ True Copies	☐ Notary	Risk Category	☐ High	☐ Medium	☐ Low				
IN PERSON VERIFICATION CARRIED OUT BY				INSTITUTION DETAILS							
Identity Verification	☐ Done	Date	- -	Name							
Emp. Name				Code							
Emp. Code				[Institution Stamp]							
Emp. Designation											
Emp. Branch											
[Employee Signature]											

CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Legal Entity KYC Application Form

General Instructions:

- 1 Fields marked with '*' are mandatory.
- 2 Tick **1322** wherever applicable.
- 3 Please fill the form in English and in BLOCK letters.
- 4 Please fill all dates in DD-MM-YYYY format.
- 5 Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- 6 KYC number of applicant is mandatory for update application.
- 7 For particular section update, please tick **(1322)** in the box available before the section number and strike off the sections not required to be updated.

A Clarification / Guidelines for filling 'Account Holder' type section

US Reportable

- F1 - Owner-Documented FI with specified US owner(s)
 F2 - Passive Non-Financial Entity with substantial US owner(s)
 F3 - Non-Participating FFI
 F4 - Specified US Person
 F5 - Direct Reporting NFFE
 XX - Not Applicable

Other Reportable

- C1 - Passive Non-Financial Entity with one or more controlling person that is a Reportable Person
 C2 - Other Reportable Person
 C3 - Passive Non-Financial Entity that is a CRS Reportable
 XX - Not Applicable

B Clarification / Guidelines for filling 'Nature of Business / Entity Constitution' type section

Entity Constitution Type:

- | | |
|--|-----------------------------------|
| A - Sole Proprietorship | H - Trust |
| B - Partnership Firm | I - Liquidator |
| C - HUF | J - Limited Liability Partnership |
| D - Private Limited Company | K - Artificial Juridical Person |
| E - Public Limited Company | Z - Others |
| F - Society | X - Not Categorized |
| G - Association of Persons (AOP) / Body of Individuals (BOI) | |

C Clarification / Guidelines for filling 'Entity Details' section

Identification Type:

- T-TIN
 C- Company Identification Number
 G- US GIIN
 E- Global Entity Identification Number (EIN)
 O- Other

D Clarification / Guidelines for filling 'Proof of Identity[Pol]' section

- 1 One certified copy of any one of the mentioned Proof of Identity [Pol] needs to be submitted.

E Clarification / Guidelines for filling 'Proof of Address [PoA]' section

- 1 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 2 In case of multiple correspondence / local addresses, please fill 'Annexure A2'

F Clarification / Guidelines for filling 'Contact Details' section

- 1 Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

G Clarification / Guidelines for filling 'Related Person Details' section

I Personal Details

- 1 **Name:** Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Either **father's name or spouse's** name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

II Resident outside India for tax purposes

- 1 **Jurisdiction(s) of Residence:** It may be mentioned that since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA.
- 2 **Tax Identification Number (TIN):** TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification ("Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

III Proof of Identity [Pol]

- 1 If driving license number or passport is provided as Pol then expiry date is to be mandatorily furnished.
- 2 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

IV Proof of Address [PoA]

- 1 PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
- 2 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.

H Clarification / Guidelines for filling 'Details of Controlling Person' section

I Personal Details

- 1 **Name:** Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Pol submitted failing which the application is liable to be rejected.
- 2 Either **father's name or spouse's** name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

II Proof of Identity [Pol]

- 1 If driving license number or passport is provided as Pol then expiry date is to be mandatorily furnished.
- 2 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

III Proof of Address [PoA]

- 1 PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
- 2 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.

List of two- digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code	State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

List of ISO 3166 two- digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SI
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire Côte d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion Réunion	RE	Virgin Islands, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao Curaçao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy lSaint Barthélemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French part)	MF		

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | IndividualSSS

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
 B) Please fill the form in English and in BLOCK letters.
 C) Please fill the date in DD-MM-YYYY format.
 D) Please read section wise detailed guidelines / instructions at the end.
 E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
 F) List of two character ISO 3166 country codes is available at the end.
 G) KYC number of applicant is mandatory for update application.
 H) 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 Type* ☐ New ☐ Update
 (To be filled by financial institution) KYC Number (Mandatory for KYC update request)
 Account Type* ☐ Normal ☐ Simplified (for low risk customers) ☐ Small

☐ 1. PERSONAL DETAILS (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
☐ Name* (Same as ID proof)				
Maiden Name (If any*)				
Father / Spouse Name*				
Mother Name*				
Date of Birth*				
Gender*	☐ M- Male	☐ F- Female	☐ T-Transgender	
Marital Status*	☐ Married	☐ Unmarried	☐ Others	
Citizenship*	☐ IN- Indian	☐ Others (ISO 3166 Country Code)		
Residential Status*	☐ Resident Individual	☐ Non Resident Indian		
	☐ Foreign National	☐ Person of Indian Origin		
Occupation Type*	☐ S-Service (☐ Private Sector	☐ Public Sector	☐ Government Sector)	
	☐ O-Others (☐ Professional	☐ Self Employed	☐ Retired ☐ Housewife ☐ Student)	
	☐ B-Business			
	☐ X- Not Categorised			

PHOTO



Signature / Thumb Impression

☐ 2. TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*
 Tax Identification Number or equivalent (If issued by jurisdiction) *
 Place / City of Birth* ISO 3166 Country Code of Birth*

☐ 3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

☐ A- Passport Number		Passport Expiry Date	
☐ B- Voter ID Card			
☐ C- PAN Card			
☐ D- Driving Licence		Driving Licence Expiry Date	
☐ E- UID (Aadhaar)			
☐ F- NREGA Job Card			
☐ Z- Others (any document notified by the central government)		Identification Number	
☐ S- Simplified Measures Account - Document Type code		Identification Number	

4. PROOF OF ADDRESS (PoA)*

☐ 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified
 Proof of Address* ☐ Passport ☐ Driving Licence ☐ UID (Aadhaar)
☐ Voter Identity Card ☐ NREGA Job Card ☐ Others
☐ Simplified Measures Account - Document Type code

Address

Line 1*	
Line 2	
Line 3	
District*	
Pin / Post Code*	
City / Town / Village*	
State / U.T Code*	
ISO 3166 Country Code*	

[illegible]

☐ Same as Current / Permanent / Overseas Address details	☐ Same as Correspondence / Local Address details
Line 1*	
Line 2	
Line 3	City / Town / Village*
State*	ZIP / Post Code* ISO 3166 Country Code*

[illegible]

☐ Addition of Related Person	☐ Deletion of Related Person	KYC Number of Related Person (if available*)	
Related Person Type*			
☐ Guardian of Minor	☐ Assignee	☐ Authorized Representative	
Prefix	First Name	Middle Name	Last Name

(If KYC number and name are provided, below details of section 6 are optional)

☐ A- Passport Number		Passport Expiry Date	
☐ B- Voter ID Card			
☐ C- PAN Card			
☐ D- Driving Licence		Driving Licence Expiry Date	
☐ E- UID (Aadhaar)			
☐ F- NREGA Job Card			
☐ Z- Others (any document notified by the central government)		Identification Number	
☐ S- Simplified Measures Account - Document Type code		Identification Number	

☐ I hereby declare that the details furnished above are true and correct to the best of my 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 aware that I may be held liable for it.

☐ I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : - -

Place :

Signature / Thumb Impression of Applicant

[illegible]

CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Individual KYC Application Form

General Instructions:

- Fields marked with '*' are mandatory fields.
- Tick '☐' wherever applicable.
- Self-Certification of documents is mandatory.
- Please fill the form in English and in BLOCK Letters.
- Please fill all dates in DD-MM-YYYY format.
- Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- KYC number of applicant is mandatory for updation of KYC details.
- For particular section update, please tick (☐) in the box available before the section number and strike off the sections not required to be updated.
- In case of 'Small Account type' only personal details at section number 1 and 2, photograph, signature and self-certification required.

A Clarification / Guidelines on filling 'Personal Details' section

- Name:** Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- Either **father's name** or **spouse's** name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

- Tax identification Number (TIN):** TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

C Clarification / Guidelines on filling 'Proof of Identity [Pol]' section

- If driving license number or passport is provided as proof of identity, then expiry date is to be mandatorily furnished.
- Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.
- In case of Simplified Measures Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 3 (S).

Document Code	Description
01	Identity card with applicant's photograph issued by Central/ State Government Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions.
02	Letter issued by a gazetted officer, with a duly attested photograph of the person.

D Clarification / Guidelines on filling 'Proof of Address [PoA] - Current / Permanent / Overseas Address details' section

- PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
- State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 4.1.

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal Tax receipt.
03	Bank account or Post Office savings bank account statement.
04	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
05	Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation.
06	Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.

E Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

- To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- In case of multiple correspondence / local addresses, Please fill '**Annexure A1**'

F Clarification / Guidelines on filling 'Contact details' section

- Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- Do not add '0' in the beginning of Mobile number.

G Clarification / Guidelines on filling 'Related Person details' section

- Provide KYC number of related person if available.

H Clarification / Guidelines on filling 'Related Person details – Proof of Identity [Pol] of Related Person' section

- Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

List of two – digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code	State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

List of ISO 3166 two- digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SI
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion	RE	Virgin Islands, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French part)	MF		

PURVA SHAREGISTRY (INDIA) PRIVATE LIMITED

NSDL Depository Participant | DP ID: IN304990

9 Shiv Shakti Industrial Estate, J.R. Boricha Marg, Near Lodha Excelus, Lower Parel East, Mumbai – 400 011

Tel: 022-41343265 | Email: dp@purvashare.com

AUTHORISED SIGNATORY DECLARATION & SPECIMEN SIGNATURE CARD

This form must be submitted by all non-individual account holders (Companies, LLPs, Trusts, etc.). The specimen signatures will be used to verify instructions sent to Purva Sharegistry.

Attach a Board Resolution / Equivalent Resolution authorising the persons named below to operate the demat account.

PART A — ACCOUNT HOLDER DETAILS

1. Full Legal Name of Entity *	
2. DP ID * <i>IN304990</i>	
3. Client ID (Beneficiary Account No.) * <i>To be assigned by Purva Sharegistry</i>	
4. PAN *	
5. Date of Board Resolution / Equivalent * <i>DD/MM/YYYY</i>	
6. Board Resolution Reference No. / Minute No. *	

PART B — MODE OF OPERATION

Mode of Operation *	☐ Singly (any one signatory) ☐ Jointly (any two signatories) ☐ Jointly (all signatories) ☐ Other (specify below)
If 'Other', specify mode	

PART C — SPECIMEN SIGNATURES OF AUTHORISED SIGNATORIES

S.No.	Full Name (Block Letters)	Designation	Specimen Signature 1	Specimen Signature 2
1.				
2.				
3.				

**PART D — CONTACT DETAILS OF
AUTHORISED SIGNATORIES**

Signatory 1 — Phone / Mobile *	
Signatory 1 — Email *	
Signatory 2 — Phone / Mobile	
Signatory 2 — Email	
Signatory 3 — Phone / Mobile	
Signatory 3 — Email	

**PART E — INSTRUCTIONS FOR
OPERATING THE ACCOUNT**

Who can give delivery instructions (DIS)?	☐ Any one signatory jointly	☐ Any two signatories	☐ All signatories
Who can give pledge instructions?	☐ Any one signatory jointly	☐ Any two signatories	☐ All signatories
Who can update account details?	☐ Any one signatory jointly	☐ Any two signatories	☐ All signatories

PART F — DECLARATION & CERTIFICATION**We hereby certify that:**

- (a) The above-named persons are duly authorised by the Board of Directors / Governing Body of the entity to operate the demat account with Purva Sharegistry (India) Pvt. Ltd.
- (b) The Board Resolution / Equivalent attached hereto is a true and correct extract of the resolution passed at a duly convened meeting.
- (c) We undertake to inform Purva Sharegistry (India) Pvt. Ltd. within 7 days of any change in the authorised signatories or mode of operation.
- (d) The specimen signatures provided above are the genuine signatures of the persons named.

Signatory 1 (Name & Designation)_____
Signatory 2 (Name & Designation)_____
Signatory 3 (Name & Designation)

Entity Seal / Company Stamp	
Date (DD/MM/YYYY)	
Place	

FOR OFFICE USE ONLY — Purva Sharegistry (India) Pvt. Ltd.

Verified by: _____ Date: _____ Matched with Board Resolution: ☐ Yes ☐ No

DP Account No.: IN304990 — _____

PURVA SHAREGISTRY (INDIA) PRIVATE LIMITED

NSDL Depository Participant | DP ID: IN304990

9 Shiv Shakti Industrial Estate, J.R. Boricha Marg, Near Lodha Excelus, Lower Parel East, Mumbai – 400 011

Tel: 022-41343265 | Email: dp@purvashare.com

FATCA / CRS SELF-CERTIFICATION — ENTITY

Pursuant to SEBI Circular SEBI/HO/MIRSD/SECFATF/P/CIR/2024/12 dated February 20, 2024, all intermediaries are required to obtain FATCA / CRS self-certification from account holders.

FATCA = Foreign Account Tax Compliance Act (US). CRS = Common Reporting Standard (OECD). This form identifies entities that may have tax obligations in more than one country.

SECTION 1 — ENTITY DETAILS

1. Full Legal Name of Entity *

2. Country of Incorporation *

3. PAN (India) / Foreign Tax ID *

4. GIIN (Global Intermediary Identification Number)

If registered as FATCA-compliant Financial Institution

SECTION 2 — TAX RESIDENCY DETAILS

If the entity is a tax resident in more than one country, please list all countries. Attach additional sheet if required.

S.No.	Country of Tax Residence	Tax Identification Number (TIN)	If no TIN, reason (A/B/C)*
1.			
2.			
3.			

* TIN Not Available — Reason Codes: A = Country does not issue TINs; B = Entity is not required to obtain TIN; C = TIN not yet obtained (state reason below)

SECTION 3 — ENTITY CLASSIFICATION (FATCA / CRS)

For FATCA purposes, tick whether the entity is a 'Financial Institution' or a 'Non-Financial Entity (NFE)'. For CRS purposes, indicate if the NFE is 'Active' or 'Passive'.

FATCA Entity Type *	☐ Financial Institution (FI) ☐ Non-Financial Entity (NFE) – Active ☐ Non-Financial Entity (NFE) – Passive
CRS Entity Type *	☐ Reporting Financial Institution ☐ Non-Reporting Financial Institution ☐ Active NFE ☐ Passive NFE
Is the entity incorporated in the USA? *	☐ Yes ☐ No
Is the entity a US Person under US tax law? *	☐ Yes ☐ No

Does the entity have a Substantial US Owner? *	☐ Yes (provide details below) ☐ No
If Yes — Name of Substantial US Owner	
US SSN / TIN of Substantial US Owner	
% Ownership / Control	

SECTION 4 — CONTROLLING PERSONS (for Passive NFE)

If the entity is classified as a Passive NFE, the FATCA/CRS details of all 'Controlling Persons' (with ≥25% ownership or control) must be provided. Use separate sheet if more than 2.

Name	Country of Tax Residence	TIN	Date of Birth	Country of Birth	Type of Control

DECLARATION

I / We hereby certify that the information provided above is complete, true and correct. I / We undertake to inform Purva Sharegistry (India) Pvt. Ltd. of any change in circumstances which would cause the information herein to be incorrect or incomplete within 30 days of such change.

Authorised Signatory 1 (Name & Designation)

Authorised Signatory 2 (if req.) (Name & Designation)

Entity Seal / Stamp	
Date (DD/MM/YYYY)	
Place	