

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

**RELITRADE®**
We care about your investment

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*

Please Tick (✓)

☐ Private Ltd. Co.☐ Public Ltd. Co.☐ Body Corporate☐ Partnership☐ 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 SubmittedNumber 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: _____
POS CODE (1401490535) CKYC (IN2041) RELITRAD STOCK BROKING PRIVATE LIMITED STAFF NAME: _____ SIGNATURE: _____ DATE: _____	 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)**

Please fill the form in ENGLISH and in BLOCK letters

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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 ☐ TransgenderNationality* ☐ 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 _____

Applicant Photo

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*

KYC Date ____
Emp. Name _____
Emp. Code _____
Emp. Designation _____

Intermediary Details*

☐ Self certified document copies received (OVD)
☐ True Copies of documents received (Attested)

Employee Signature and Stamp

Institution Name and Stamp

