

**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\*

 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)

<input type="checkbox"/> Certificate of Incorporation/Formation	<input type="checkbox"/> Registration Certificate	<input type="checkbox"/> Other document _____
<input type="checkbox"/> Latest Telephone Bill* (Landline only)	<input type="checkbox"/> Latest Electricity Bill*	<input type="checkbox"/> Latest Bank Account Statement*
<input type="checkbox"/> Registered Lease/ Sale Agreement of Office Premises	<b>Validity/Expiry Date of POA</b> (Expiry Date) _____	
<input type="checkbox"/> 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:

<b>POS CODE (1401490535) CKYC (IN2041)</b> <b>RELITRAD STOCK BROKING PRIVATE LIMITED</b> STAFF NAME: _____ SIGNATURE: _____ DATE: _____ <small>Employee Signature and Stamp</small>	 <small>Employee Signature and Stamp</small>
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— This space is intentionally left blank — This space is intentionally left blank — This space is intentionally left blank — This space is intentionally left blank —

**FATCA-CRS Declaration & Supplementary KYC Information**  
**Self Declaration Form for Entities / Non-Individuals [Demat & Trading]**

*Please seek appropriate advice from your professional tax professional on your tax residency and related FATCA & CRS guidance*

Part – A			
<b>PAN</b>			
<b>Name</b>	<b>Client ID :</b> _____		
<b>Address Type [for KYC address]</b>	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential / Business	
	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	
<b>Place of Incorporation</b>		<b>Country of Incorporation</b>	
<b>Gross Annual Income Details in INR</b>	<input type="checkbox"/> < 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs-1 Cr <input type="checkbox"/> > 1 Cr	<b>Net Worth in INR in Lacs</b>	_____
		<b>Net Worth as of</b>	dd/mmm/yyyy
<b>Is the entity involved in / providing any of the following services:</b>	<input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates] <input type="checkbox"/> Money Laundering / Pawning	<b>Any other information [if applicable]</b>	<i>[Please specify]</i>

Is your [Entity] Country of Tax Residency other than India –     Yes     No

If “Yes”, please specify the details of all countries where you [Entity] hold tax residency and its Tax Identification Number & type hereunder:

S No	Country of Tax Residency	Tax Payer Identification Number/ <i>Functional Equivalent / Company Identification Number or Global Entity Identification Number</i>	Identification Type <i>[TIN or other, please specify]</i>
1			
2			

In case the Entity's Country of Incorporation / Tax Residence is US but Entity is not a Specified US person, mention Entity's exemption code here \_\_\_\_\_ *(Refer Instructions P)*

<b>Entity Constitution Type</b> (Pvt. Co./Public Co./LLP/ Partnership/HUF/AOP/BOI/ Proprietorship/Trust/Others)	
<b>Entity Identification Type</b> (tick as applicable)	<input type="checkbox"/> Company Identification Number <input type="checkbox"/> Trust Registration Number <input type="checkbox"/> TIN/ Tax deduction Account Number <input type="checkbox"/> US GIIN <input type="checkbox"/> Global Entity Identification Number (GEIN) <input type="checkbox"/> Other
<b>Entity Identification No.</b>	
<b>Entity Identification issuing country</b>	
<b>Country of Residence for tax purpose</b>	



**Controlling Person Declaration:**

Name of Controlling person	Correspondence Address	Country of residence for tax purpose	TIN (if any)	TIN issuing country	Controlling person type

Details	For Controlling person 1	For Controlling person 2	For Controlling person 3	For Controlling person 4	For Controlling person 5
Document submitted for Identification : Passport/Election Card/PAN card/Govt. ID Card / Others					
Identification Number					

**Declaration:**

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may liable for it. I/We hereby authorize you to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to any of the Exchanges/Depositories/Mutual Fund, its sponsor, Asset Mgmt. Co., trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same. I/We understand that you do not offer any tax advice on CRS/FATCA or its impact on me/us. I/We shall seek advice from Professional Tax Advisor for any tax questions.

Signature with relevant seal:

<b>X</b>	<b>X</b>	<b>X</b>
Authorized Signatory	Authorized Signatory	Authorized Signatory

Date: \_\_\_\_\_ Place: \_\_\_\_\_

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



**CDSL VENTURES LIMITED**  
 ...Exploring New Horizons



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

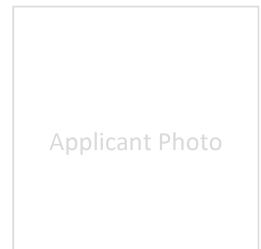
Nationality\*  Indian  Other \_\_\_\_\_

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; width: 100%; height: 20px;"></div>
POS CODE (1401490535) CKYC (IN2041) RELITRADE STOCK BROKING PRIVATE LIMITED  STAFF NAME: _____ SIGNATURE: _____ DATE: _____	Institution Name and Stamp  

## FATCA-CRS Declaration & Supplementary KYC Information

### Declaration Form for Individuals

PAN									
NAME									
ADDRESS TYPE FOR KYC	<input type="checkbox"/> Residential		<input type="checkbox"/> Residential / Business						
	<input type="checkbox"/> Business		<input type="checkbox"/> Registered Office						
Place of Birth					Country of Birth				
Gross annual Income details in INR	<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr <input type="checkbox"/> > 1 Crore		OCCUPATION DETAILS		<input type="checkbox"/> Business <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Professional <input type="checkbox"/> Gov. Service <input type="checkbox"/> Student <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Forex Dealer				
Net Worth in INR in Lacs	_____				Others [Please specify] _____				
Net Worth Date	_____								
Politically Exposed Person [PEP]	<input type="checkbox"/> YES <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable		Any other information						

\*If PAN is not available, please specify Folio No(s)

Is your Country of Tax Residency other than India  Yes    No

If Yes, please specify the details of all countries where you hold tax residency and its Tax Identification Number & type

S No	Country of Tax Residency#	Tax Payer Identification Number / Functional Equivalent	Identification Type <i>[TIN or other, please specify]</i>
1			
2			
3			

# to include all countries other than India, where investor is Citizen / Resident / Green Card Holder / Tax Resident in those respective countries especially of USA

#### Declaration:

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you [CAMS/Fund/AMC] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same

Date:

Signature: ↓

Place:

\_\_\_\_\_



**Relitrade Stock Broking Private Limited**

RELITRADE HOUSE, 2nd FLOOR, 'O' BLOCK, MONDEAL RETAIL PARK, S.G.HIGHWAY, AHMEDABAD - 380 059, GUJARAT, INDIA.

**Declaration Form Of Ultimate Beneficial Ownership [UBO]/Controlling Persons**

**I: Investor details:**

Investor Name										
PAN (Mandatory)										

**II: Category**

Our Company is a Listed Company on a recognized stock exchange in india/ subsidiary of a or Controlled by a Listed Company [If this category is selected, no need to provide UBO details].

Name of the Stock Exchange Where it is listed. \_\_\_\_\_ Others \_\_\_\_\_

Security ISIN \_\_\_\_\_

Name of the Listed Company (applicable if the investor is subsidiary/associate): \_\_\_\_\_

Unlisted Company       Partnership Firm / LLP       Unincorporated association / body of individuals

Public Charitable Trust       Private Trust       Religious Trust       Trusted created by a Will.

Others [Please Specify] \_\_\_\_\_

**Ultimate Beneficiary Owner (UBO)/Controlling Person(s)/Senior Managing Official details.**

**Does your company/entity have any individual person(s) who holds direct / indirect controlling ownership above the prescribed threshold limit?#      Yes      No**

If 'YES' - we hereby declare that the following individual holds directly / indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below.

If 'NO' - Declare that no individual person (directly / indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior managing Official (SMO) are provided below.

	UBO-1 / Senior Managing Official (SMO)	UBO-2	UBO-3
Name of the UBO / SMO#.			
UBO / SMO PAN#. For Foreign National, TIN to be provided]			
UBO / SMO Country of Tax Residency#.			
UBO / SMO Taxpayer Identification Number / Equivalent ID Number#.			
UBO / SMO Identity Type			
UBO / SMO Place & Country of Birth#	Place of Birth Country of Birth	Place of Birth Country of Birth	Place of Birth Country of Birth
UBO / SMO Nationality			
UBO / SMO Date of Birth [dd-mmm-yyyy]#			
UBO / SMO PEP#	PEP. Related to PEP. Not a PEP.	PEP. Related to PEP. Not a PEP.	PEP. Related to PEP. Not a PEP.
UBO / SMO Address Type	Residence Business Registered Office.	Residence Business Registered Office.	Residence Business Registered Office.
UBO / SMO Occupation	Public Service Private Service Business Others	Public Service Private Service Business Others	Public Service Private Service Business Others
SMO Designation#			
UBO / SMO KYC Complied**. If not complied, please complete KYC process independently and then submit the proof.	Please attach the KYC acknowledgement.	Please attach the KYC acknowledgement.	Please attach the KYC acknowledgement.

# Mandatory column.

\*\* In case of Foreign Nationals, who are not KYC complied, they need to attach the ID proof in English along with the Nationality proof, Address proof again in English. If the documentary proof is in Foreign Language, it should be translated in English and should be attested by Indian Embassy of that country.

Note: If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.  
Participating Mutual Fund(s) / RTA may call for additional information/documentation whenever required or if a given information is not clear / incomplete / correct and valid declaration should be submitted again with all the required information.

	UBO-4	UBO-5	UBO-6
Name of the UBO / SMO#.			
UBO / SMO PAN#. For Foreign National, TIN to be provided]			
UBO / SMO Country of Tax Residency#.			
UBO / SMO Taxpayer Identification Number / Equivalent ID Number#.			
UBO / SMO Identity Type			
UBO / SMO Place & Country of Birth#	Place of Birth Country of Birth	Place of Birth Country of Birth	Place of Birth Country of Birth
UBO / SMO Nationality			
UBO / SMO Date of Birth [dd-mmm-yyyy]#			
UBO / SMO PEP#	PEP. Related to PEP. Not a PEP.	PEP. Related to PEP. Not a PEP.	PEP. Related to PEP. Not a PEP.
UBO / SMO Address Type	Residence Business Registered Office.	Residence Business Registered Office.	Residence Business Registered Office.
UBO / SMO Occupation	Public Service Private Service Business Others	Public Service Private Service Business Others	Public Service Private Service Business Others
SMO Designation#			
UBO / SMO KYC Complied**. <small>If not complied, please complete KYC process independently and then submit the proof.</small>	Please attach the KYC acknowledgement.	Please attach the KYC acknowledgement.	Please attach the KYC acknowledgement.

# Mandatory column.

\*\* In case of Foreign Nationals, who are not KYC complied, they need to attach the ID proof in English along with the Nationality proof, Address proof again in English. If the documentary proof is in Foreign Language, it should be translated in English and should be attested by Indian Embassy of that country.

Note: If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.  
Participating Mutual Fund(s) / RTA may call for additional information/documentation whenever required or if a given information is not clear / incomplete / correct and valid declaration should be submitted again with all the required information.

**Declaration**

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false, untrue, misleading, or misrepresenting, I/We am/are aware that I/We may be liable for it including any penalty levied by the statutory/legal/regulatory authority. I/We hereby confirm the above beneficial interest after perusing all applicable shareholding pattern and MF/RTA/other registered intermediaries can make reliance on the same. I/We hereby authorize you [RTA/Fund/AMC/Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employee / RTAs ('the Authorized parties') or any Indian or Foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India whenever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries / or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities.

Signature with relevant seal:

Name:  Designation:
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Name:  Designation:
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Name:  Designation:
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Name:  Designation:
---------------------------

Name:  Designation:
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Name:  Designation:
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Place: \_\_\_\_\_

Date: \_\_/\_\_/\_\_\_\_