

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

Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also

**CDSL VENTURES LIMITED**

...Exploring New Horizons

Intermediary
Logo

Application Number: _____

Application Type*: New KYC Modification KYC**1. Entity Details** (please refer guidelines)

PAN* _____ Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof) _____

Date of Incorporation* _____ Place of Incorporation* _____

Date of Commencement* _____ Registration Number* _____

- Entity Type* Private Ltd. Co. Public Ltd. Co. Body Corporate Partnership
- Please Tick (✓) Trust/Charity/NGO HUF FPI Category I FPI Category II
- AOP Bank Government Body Defence Establishment
- Body of Individuals Society LLP
- Non-Government Organization
- Others _____

2. Proof of Identity+ (please refer the guidelines)

- Officially Valid Document(s) in respect of person authorized to transact
- Certificate of Incorporation/Formation _____ Registration Certificate _____
- Memorandum of Articles and Association Partnership Deed Trust Deed
- Board Resolution Power of attorney granted to its manager, office, employees to transact on its behalf
- Activity Proof -1+ (For Sole Proprietorship Only) Activity Proof -2+ (For Sole Proprietorship Only)

3. Address Details* (please refer the guidelines)**A. Registered Address***

Line 1* _____

Line 2 _____

Line3 _____

City/Town/Village* _____ District+ _____ Pin Code* _____

State* _____ Country* _____

B. Correspondence/Local Address in India (if different from above)*

Line 1* _____

Line 2 _____

Line3 _____

City/Town/Village* _____ District+ _____ Pin Code* _____

State* _____ Country* _____

Applicant Digital Signature (DSC)

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



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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 Transgender

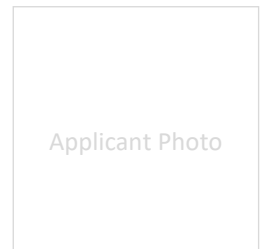
Nationality* Indian Other _____

Related Person Type*

Director Promoter Karta Trustee Partner Court Appointed Official Proprietor

Beneficiary Authorized Signatory Beneficial Owner Power of Attorney Holder

Others _____ (please specify) DIN: _____ (mandatory if the related person is Director)



Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

A — Aadhaar Card XXXX XXXX ____

B — Passport Number _____ (Expiry Date) _____

C — Voter ID Card _____

D — Driving License _____ (Expiry Date) _____

E — NREGA Job Card _____

F — NPR _____

Z — Others _____ (any document notified by Central Government)

Identification Number _____

2. Address Details* (please refer guidelines overleaf)

A. Correspondence/ Local Address*

Line 1* _____

Line 2 _____

Line 3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified

Blank area for stamp or signature.

Applicant e-SIGN

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

Line 1* _____
 Line 2 _____
 Line3 _____
 City/Town/Village* _____ District* _____ Pin Code* _____
 State* _____ Country* _____
 Address Type* Residential/Business Residential Business Registered Office Unspecified

Proof of Address* (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

A — Aadhaar Card XXXX XXXX ____ _
 B — Passport Number _____ (Expiry Date) ____ _
 C — Voter ID Card _____
 D — Driving License _____ (Expiry Date) ____ _
 E — NREGA Job Card _____
 F — NPR Letter _____
 Z—Others _____ (any document notified by Central Government)
 Identification Number _____

3. Contact Details

Email ID _____
 Mobile No. _____
 Tel (Off) _____ Tel (Res) _____

4. Applicant Declaration

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: ____ _ (DD-MM-YYYY)

PLACE: _____

Applicant e-SIGN

Applicant Wet Signature

5. For Office Use Only

| KYC carried out by* | Intermediary Details* |
|---|--|
| KYC Date ____ _ Emp. Name _____ Emp. Code _____ Emp. Designation _____ | <input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| Employee Signature and Stamp | Institution Name and Stamp |