

No.:

CLIENT **REGISTRATION** **FORM**

Non Individual

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CDSL

VERSION 20.1

Sharekhan

by BNP PARIBAS

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SHAREKHAN LIMITED

Registered / Correspondence Office Address : 10th Floor, Beta Building, Lodha iThink Techno Campus, Off. JVL R, Opp. Kanjurmarg Station, Kanjurmarg (East), Mumbai - 400 042, Maharashtra. | Tel: 022 - 6115 0000. | Fax: 022 - 6748 1899 | Website: www.sharekhan.com

Processing Office Address: 3rd Floor, Bay City Centre, 309, Ponnammallee High Road, Above Maruti Kapico Show room, Near Pachiyappas College, Chennai- 600010 | Tel: 044-49105050 / 28362900 / 28363160 / 49035050 / 49035051 | Website: www.sharekhan.com

EXCHANGE	SEGMENT	SEBI REGISTRATION NO.	DATE	
BSE	CASH, F&O, CURRENCY	INZ000171337	26.03.2018	<p>For any grievance/dispute, please contact Sharekhan Ltd. at the above mentioned Registered / Correspondence office address or e-mail at myaccount@sharekhan.com / igc@sharekhan.com or contact at 022 - 25753200/022 - 61151111/022-33054600</p> <p>Compliance Officer: Mr. Joby John Meledan, Tel. No : 022 - 6115 0000, E-mail ID: compliance@sharekhan.com</p> <p>CEO Name: Mr. Jaideep Arora, Tel No. : 022 - 6115 0000, E-mail ID: ceo@sharekhan.com</p> <p>In case you are not satisfied with the response, please contact the concerned Exchange(s) as provided below:</p> <p>(1) NSE - ignse@nse.co.in or contact at 1800 2660058</p> <p>(2) BSE - dis@bseindia.com or contact at 022-2272 8517</p> <p>(3) NSDL - relations@nsdl.co.in or contact at 022 - 2499 4200</p> <p>(4) CDSL - complaints@cdslindia.com or contact at 1800 225 533</p> <p>(5) MCX - grievance@mcxindia.com or contact at 022 - 6649 4070</p> <p>(6) SEBI - www.scores.gov.in or contact at 1800 2667 575</p>
NSE				
MCX	COMMODITY			

IMPORTANT NOTE

 Signature of First Holder/Client/Applicant - (10)
  Signature of Second Holder - (3)
  Signature of Third Holder - (3)

 Signature of Witness - (2)

BRANCH STAMP & DATE	H O STAMP & DATE

List of Abbreviations

Sr. No.	Short form	Expansion
1	AMC	Asset Management Company
2	AMFI	Association of Mutual Funds in India
3	AML	Anti Money Laundering
4	AP	Authorised Person
5	BSE	Bombay Stock Exchange Limited
6	CBDT	Central Board of Direct Taxes
7	CDSL	Central Depository Services Limited
8	CIN	Corporate Identification Number or Company Identification Number
9	CRS	Common Reporting Standard
10	DHC	Delivery Handling Charges
11	DIN	Director Identification Number
12	DIS	Delivery Instruction Slip
13	E & C Traders	“Energy & Commodity traders” or “E&C traders” are entities deriving their revenue from the international purchase and sale of physical commodity goods such as oil, natural gas, metals, soft commodities, etc. - excluding entities for which origin and sales of the commodities are exclusively domestic* (directly or indirectly); - excluding industrial groups that buy commodities for their transformation activities, and/or sell commodities that they have produced; - but including the trading affiliates of such industrial groups
14	F&O	Futures and Options
15	FATCA	Foreign Account Tax Compliance Act
16	FEMA	Foreign Exchange Management Act
17	EMF	Exchange Margin Funding
18	IFSC	Indian Financial System Code
19	IPV	In-person Verification
20	IRDA	Insurance Regulatory Development Authority
21	ITR	Income Tax Return
22	KRA	KYC Registration Agency
23	KYC	Know Your Client / Know Your Customer
24	MF	Mutual Fund
25	MICR	Magnetic Ink Character Recognition
26	MSEI	Metropolitan Share Exchange of India Limited
27	NRI	Non-Resident Indian
28	NSDL	National Securities Depository Limited
29	NSE	National Stock Exchange of India Limited
30	PAN	Permanent Account Number
31	PEP	Politically Exposed Person
32	POA	Proof of Address or Power of Attorney (as applicable)
33	POI	Proof of Identity
34	RBI	Reserve Bank of India
35	RDD	Risk Disclosure Document
36	RTA	Registrar and Transfer Agent
37	SEBI	Securities and Exchange Board of India
38	SIP	Systematic Investment Plan
39	SLB	Stock Lending and Borrowing
40	SMO	Senior Managing Official Senior Managing Officials (SMOs) are the Chairman of the Board of Directors or Supervisory Board*, the CEO*, the CFO*, and possibly other natural persons that have a prominent influence on the client's decisions – e.g. the COO* or other executives
41	UID	Unique Identification Number
42	UIDAI	Unique Identification Authority of India
43	UPI	Unified Payments Interface
44	VPA	Virtual Payment Address
45	NHB	National Housing Bank
46	PFRDA	Pension Fund Regulatory and Development Authority

INSTRUCTIONS/CHECK LIST FOR FILLING KYC FORM**A. IMPORTANT POINTS:**

1. Self attested copy of PAN card is mandatory for all clients, including Promoters/Partners/Karta/Trustees and whole time directors and persons authorized to deal in securities on behalf of company/firm/others.
2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIO Card/OCI Card and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
10. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
11. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.
12. Fields marked with '*' are mandatory fields.
13. Tick '✓' wherever applicable.
14. Please fill all dates in DD-MM-YYYY format.
15. KYC number of applicant is mandatory for updation of KYC details.
16. For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
17. Clarification / Guidelines on filling 'Personal Details' section
 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.

B. Proof of Identity (POI): - List of documents admissible as Proof of Identity:

1. Aadhaar Card/Passport/ Voter ID card/ Driving license.
If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
2. PAN card with photograph.
3. Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions.

1. INSTRUCTIONS / CHECK LIST

Additional documents in case of trading in derivatives segment (illustrative list):

1. Copy of ITR Acknowledgement	4. Bank Statement (For last 6 months)
2. Copy of Annual Accounts	5. Demat Account Holding Statement along with valuation
3. Net worth Certificate - CA Certified	6. *Any other relevant documents substantiating ownership of Assets

* Relevant documents as per risk management policy of the stock broker to be provided by the client from time to time

C. Proof of Address (POA): - List of documents admissible as Proof of Address: (*Documents having an expiry date should be valid on the date of submission.)**Permanent Address:**

1. *Passport / Voters Identity Card / Aadhaar Card / Driving License.
2. Utility bill which is not more than two months old of any service provider (electricity, telephone, piped gas, water bill).
3. Property or Municipal Tax receipt.
4. Bank account or Post Office savings bank account statement not more than 3 months old.
5. Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
5. 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.
6. Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.

Correspondence Address:

In addition to the above permanent address proof the below proof can be accepted for correspondence proof

1. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
2. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks / Gazetted Officer / Notary public / Elected representatives to the Legislative Assembly / Parliament / Documents issued by any Govt. or Statutory Authority.
3. Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
4. For FPI/Power of Attorney given by FPI to Custodians specifying the address (duly notarized and/or apostilled or consularised), that gives the registered address should be taken.
5. The proof of address in the name of the spouse may be accepted.
6. Aadhaar Letter issued by UIDAI shall be admissible as Proof of address in addition to Proof of Identity.
7. e-KYC service launched by UIDAI shall also be accepted as a valid process for KYC verification. The information containing the relevant client details and photograph made available from UIDAI as a result of e-KYC process shall be treated as a valid proof of address.

D. Exemptions/clarifications to PAN (*Sufficient documentary evidence in support of such claims to be collected.)

1. In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
2. Investors residing in the state of Sikkim.
3. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
4. SIP of Mutual Funds upto Rs. 50,000/- p.a.
5. In case of institutional clients, namely, FPIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.
- E. List of people authorised to attest the documents: Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative bank or Multinational Bank (Name, Designation & Seal should be affixed on the copy)

In case of Non-Individuals, following additional documents to be obtained (as applicable)

Types of entity	Documentary requirements
Corporate	<p>Copy of the balance sheets for the last 2 financial years (to be submitted every year).</p> <p>Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year).</p> <p>List of all Directors with details as Full name, Date & Place of birth</p> <p>Photograph, POI, POA, PAN, DIN numbers of whole time directors/two directors in charge of day to day operations.</p> <p>Photograph, POI, POA, PAN of Authorised Signatories.</p> <p>Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly.</p> <p>Copy of the Memorandum and Articles of Association and certificate of incorporation.</p> <p>Board Resolution for investment in securities market.</p> <p>Declaration from SMO with details as Full name, Date & Place of birth, Citizenship, Country of Residence, Position in company.</p> <p>Authorised signatories list with specimen signatures along with authorisation letter</p>
Partnership firm/LLP	<p>Copy of the balance sheets for the last 2 financial years (to be submitted every year).</p> <p>Certificate of registration (for registered partnership firms only).</p> <p>Copy of partnership deed.</p> <p>Authorised signatories list with specimen signatures along with authorisation letter</p> <p>Photograph, POI, POA, PAN of all Partners</p> <p>Resolution/ Authority Letter for investment in securities market.</p>
Trust	<p>Copy of the balance sheets for the last 2 financial years (to be submitted every year).</p> <p>Certificate of registration (for registered trust only).</p> <p>Copy of Trust deed.</p> <p>List of trustees certified by managing trustees/CA.</p> <p>Photograph, POI, POA, PAN of all Trustees.</p>
HUF	<p>PAN of HUF.</p> <p>Deed of declaration of HUF</p> <p>List of coparceners.</p> <p>Bank pass-book/bank statement in the name of HUF.</p> <p>Photograph, POI, POA, PAN of Karta.</p>
Unincorporated association or a body of individuals	<p>Proof of Existence/Constitution document.</p> <p>Resolution of the managing body & Power of Attorney granted to transact business on its behalf.</p> <p>Authorised signatories list with specimen signatures along with photograph</p> <p>Declaration from SMO with details as Full name, Date & Place of birth, Citizenship, Country of Residence, Position in company.</p> <p>Copy of balance sheets for the last 2 financial years (to be submitted every year)</p>
Banks/Institutional Investors	<p>Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years.</p> <p>Authorised signatories list with specimen signatures along with authorisation letter</p> <p>Declaration from SMO with details as Full name, Date & Place of birth, Citizenship, Country of Residence, Position in company.</p> <p>List of all Directors with details as Full name, Date & Place of birth</p>
Foreign Portfolio Investor(FPI)	<p>Copy of SEBI registration certificate.</p> <p>Authorised signatories list with specimen signatures along with authorisation letter</p> <p>Declaration from SMO with details as Full name, Date & Place of birth, Citizenship, Country of Residence, Position in company.</p> <p>List of all Directors with details as Full name, Date & Place of birth</p>
Army/ Government Bodies	<p>Self-certification on letterhead.</p> <p>Authorised signatories list with specimen signatures along with authorisation letter</p>
Registered Society	<p>Copy of Registration Certificate under Societies Registration Act.</p> <p>List of Managing Committee members.</p> <p>Committee resolution for persons authorised to act as authorised signatories with specimen signatures along with authorisation letter</p> <p>True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.</p>

Registered office address : 10th Floor, Beta Building, Lodha iThink Techno Campus, Off. JVLR, Opp. Kanjurmarg Station, Kanjurmarg (East),
Mumbai - 400 042, Maharashtra. | Tel: 022 - 6115 0000 | Fax: 022 - 6748 1899 | Website: www.sharekhan.com

For office use only

Application Type* ☐ New ☐ Update(To be filled by financial institution) KYC Number (Mandatory for KYC update request)☐ 1. ENTITY DETAILS*

☐ Name*

Entity Constitution Type*

- ☐ Partnership Firm ☐ Public Sector Banks
- ☐ HUF ☐ Central/State Government Department of Agency
- ☐ Private Limited Company ☐ Section 8 Companies (Companies Act,2013)
- ☐ Public Limited Company ☐ Artificial Jurisdical Person
- ☐ Society ☐ International Organisation or Agency / Foreign Embassy or Consular Office etc.
- ☐ Association of Persons (AOP) / Body of Individuals (BOI) ☐ Foreign Portfolio Investors
- ☐ Trust ☐ Not categorized
- ☐ Liquidator ☐ Others Please Specify
- ☐ Limited Liability Partnership
- ☐ Artificial Liability Partnership

Date of Incorporation / Formation* Date of Commencement of Business Place of Incorporation / Formation* Registration No. (e.g. CIN): Country of Incorporation / Formation* TIN or Equivalent Issuing Country TIN / GST Registration Number PAN* ☐ Form 60 furnishedApplicable only for Commodity Segment: ☐ EFE ☐ FPO ☐ AIF☐ 2. PROOF OF IDENTITY (POI)*☐ Officially valid document(s) in respect of person authorised to transact☐ Certificate of Incorporation / Formation ☐ Registration CertificateRegn Certificate No. ☐ Memorandum and Articles of Association☐ Partnership Deed☐ Trust Deed☐ Resolution of Board / Managing Committee☐ Power of attorney granted to its manager, officers or employees to transact on its behalf☐ 3. ADDRESS*

3.1 Registered Office Address / Place of Business*

Proof of Address* ☐ Certificate of Incorporation / Formation ☐ Registration Certificate ☐ Other Document Line 1* Line 2 Line 3 Landmark City / Town / Village* District* PIN / Post Code* State* Country*

3.2 Local Address in India (If different from Above)*

Line 1* Line 2 Line 3 Landmark City / Town / Village* District* PIN / Post Code* State* Country* ☐ 4. CONTACT DETAILS (All communications will be sent to Mobile number/Email-ID provided may be used)Tel. (Off) FAX Mobile Email ID ☐ 5. NUMBER OF RELATED PERSONS

6. REMARKS (If any)

7. APPLICANT DECLARATION

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

Date : _____

Place : _____

(1) 

Signature of Authorised Person

8. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ Equivalent e-document

This is to certify that I have carried out in-person verification in respect of the client mentioned in the KYC form.

KYC VERIFICATION CARRIED OUT BY

Identity Verification ☐ Done Date - -

Emp. Name _____

Emp. Code _____

Emp. Designation _____

Emp. Branch _____

[Employee Signature]

INSTITUTION DETAILS

Name : SHAREKHAN LIMITED

Code IN0344

[Institution Stamp]

Registered office address : 10th Floor, Beta Building, Lodha iThink Techno Campus, Off. JVLR, Opp. Kanjurmarg Station, Kanjurmarg (East),
Mumbai - 400 042, Maharashtra. | Tel: 022 - 6115 0000 | Fax: 022 - 6748 1899 | Website: www.sharekhan.com

For office use only

Application Type* ☐ New ☐ Update ☐ Delete

(To be filled by financial institution) KYC Number

(Mandatory for KYC update and delete request)

1. DETAILS OF RELATED PERSONS (Please fill the form in English and in BLOCK letters)

☐ Addition of Related Person☐ Deletion of Related Person☐ Update Related Person DetailsKYC Number of Related Person (if available*) If KYC number is available, only 'Related Person Type' & 'Name' is mandatoryRelated Person Type* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointment Official☐ Beneficiary ☐ Authorised Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder ☐ Other (Please specify)DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS (Please fill the form in English and in BLOCK letters) (As per OVD document only)

Name* (Same as OVD proof)	Prefix	First Name	Middle Name	Last Name
Maiden Name (If any)		First Name	Middle Name	Last Name
Father / Spouse Name		First Name	Middle Name	Last Name
Mother Name		First Name	Middle Name	Last Name
Date of Birth*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Place of Birth		Country of Birth
Gender*	<input type="checkbox"/> M - Male <input type="checkbox"/> F - Female <input type="checkbox"/> T-Transgender			
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others			
Citizenship	<input type="checkbox"/> IN-Indian <input type="checkbox"/> Others		Nationality <input type="checkbox"/> IN-Indian <input type="checkbox"/> Others	
PAN Card*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Form 60 furnished		

1.2 PROOF OF IDENTITY AND ADDRESS*

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/> A- Passport Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> F - Proof of Possession of Aadhaar	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> G - E-KYC Authentication	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> C- Driving Licence	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> H- Offline verification of Aadhaar	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> D- NREGA Job Card	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<input type="checkbox"/> E - National Population Register Letter	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State*

Country*

1.3 CURRENT ADDRESS DETAILS

☐ Same as above mentioned address (in such cases address details as below need not be provided)

Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/> A- Passport Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> F - Proof of Possession of Aadhaar	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> G - E-KYC Authentication	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> C- Driving Licence	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> H- Offline verification of Aadhaar	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> D- NREGA Job Card	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> I - Deemed Proof of Address	<input type="checkbox"/>
<input type="checkbox"/> E - National Population Register Letter	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> J - Self Declaration	<input type="checkbox"/>

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State*

Country*

1.4 CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID)

Tel. (Off) <input type="text"/>	<input type="text"/> - <input type="text"/>	Tel. (Res) <input type="text"/>	<input type="text"/> - <input type="text"/>	Mobile <input type="text"/>	<input type="text"/> - <input type="text"/>
Email ID <input type="text"/>	<input type="text"/>				

Tel. (Off) [] [] [] [] – [] [] [] [] [] [] Tel. (Res) [] [] [] [] – [] [] [] [] [] [] Mobile [] [] – [] [] [] [] [] []

Email ID

1.5 OTHER DETAILS

A. If the following is additionally applicable to you. Please tick (✓) one or more as applicable:

- ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)
☐ Civil Servant ☐ Bureaucrat ☐ Current / Former MP, MLA or MLC
☐ Politician ☐ Not a PEP / Related to PEP ☐ Current / Former Head of State


B. Job Category: ☐ Chairman ☐ Director ☐ CEO ☐ CFO ☐ COO ☐ Other Senior Managing official
☐ Others

C. Whether UBO/ SMO of listed entity (Yes or No)_____. If yes then Name of Listed company_____

1.6 APPLICANT DECLARATION

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

PHOTO

(1) 

Signature of Applicant

Signature of Applicant

Date : _____

Place : _____

1.7 ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process
☐ Equivalent e-document ☐ Video Based KYC

This is to certify that I have carried out in-person verification in respect of the client mentioned in the KYC form.

KYC VERIFICATION CARRIED OUT BY

Date

Emp. Name

Emp. Code _____

Emp. Designation _____

Emp. Branch _____

INSTITUTION DETAILS

Name : SHAREKHAN LIMITED

Code IN0344

Registered office address : 10th Floor, Beta Building, Lodha iThink Techno Campus, Off. JVLR, Opp. Kanjurmarg Station, Kanjurmarg (East),
Mumbai - 400 042, Maharashtra. | Tel: 022 - 6115 0000 | Fax: 022 - 6748 1899 | Website: www.sharekhan.com

For office use only

Application Type* ☐ New ☐ Update ☐ Delete

(To be filled by financial institution) KYC Number

(Mandatory for KYC update and delete request)

1. DETAILS OF RELATED PERSONS (Please fill the form in English and in BLOCK letters)

☐ Addition of Related Person☐ Deletion of Related Person☐ Update Related Person Details

KYC Number of Related Person (if available*)

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

Related Person Type* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointment Official☐ Beneficiary ☐ Authorised Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder ☐ Other (Please specify)

DIN (Director Identification Number)

(Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS (Please fill the form in English and in BLOCK letters) (As per OVD document only)

Name* (Same as OVD proof)

Prefix

First Name

Middle Name

Last Name

Maiden Name (If any)

First Name

Middle Name

Last Name

Father / Spouse Name

First Name

Middle Name

Last Name

Mother Name

First Name

Middle Name

Last Name

Date of Birth*

Place of Birth

Country of Birth

Gender*

☐ M - Male☐ F - Female☐ T-Transgender

Marital Status*

☐ Married☐ Unmarried☐ Others

Citizenship

☐ IN-Indian☐ Others

Nationality

☐ IN-Indian☐ Others

PAN Card*

☐ Form 60 furnished

1.2 PROOF OF IDENTITY AND ADDRESS*

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

☐ A- Passport Number

☐ F - Proof of Possession of Aadhaar

☐ B- Voter ID Card

☐ G - E-KYC Authentication

☐ C- Driving Licence

☐ H- Offline verification of Aadhaar

☐ D- NREGA Job Card

☐ E - National Population Register Letter

Address

Line 1*

Line 2

Line 3

City / Town / Village*

District*

Pin / Post Code*

State*

Country*

1.3 CURRENT ADDRESS DETAILS

☐ Same as above mentioned address (in such cases address details as below need not be provided)

Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

☐ A- Passport Number

☐ F - Proof of Possession of Aadhaar

☐ B- Voter ID Card

☐ G - E-KYC Authentication

☐ C- Driving Licence

☐ H- Offline verification of Aadhaar

☐ D- NREGA Job Card

☐ I - Deemed Proof of Address

☐ E - National Population Register Letter

☐ J - Self Declaration

Address

Line 1*

Line 2

Line 3

City / Town / Village*

District*

Pin / Post Code*

State*

Country*

1.4 CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID)

Tel. (Off) [] [] [] [] - [] [] [] [] Tel. (Res) [] [] [] [] - [] [] [] [] Mobile [] [] - [] [] [] [] [] []

[illegible]

1.5 OTHER DETAILS

A. If the following is additionally applicable to you. Please tick (✓) one or more as applicable:

☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

☐ Civil Servant ☐ Bureaucrat ☐ Current / Former MP, MLA or MLC

☐ Politician ☐ Not a PEP / Related to PEP ☐ Current / Former Head of State

B. Job Category: ☐ Chairman ☐ Director ☐ CEO ☐ CFO ☐ COO ☐ Other Senior Managing official


☐ Others

C. Whether UBO/ SMO of listed entity (Yes or No)_____. If yes then Name of Listed company_____

1.6 APPLICANT DECLARATION

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

PHOTO

(1) 

Signature of Applicant

Signature of Applicant

Date : _____

Place : _____

1.7 ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process
☐ Equivalent e-document ☐ Video Based KYC

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KYC VERIFICATION CARRIED OUT BY

Date

Emp. Name

Emp. Code _____

Emp. Designation _____

Emp. Branch _____

INSTITUTION DETAILS

Name : SHAREKHAN LIMITED

Code IN0344

Registered office address : 10th Floor, Beta Building, Lodha iThink Techno Campus, Off. JVLR, Opp. Kanjurmarg Station, Kanjurmarg (East),
Mumbai - 400 042, Maharashtra. | Tel: 022 - 6115 0000 | Fax: 022 - 6748 1899 | Website: www.sharekhan.com

For office use only Application Type* ☐ New ☐ Update ☐ Delete
(To be filled by financial institution) KYC Number (Mandatory for KYC update and delete request)

1. DETAILS OF RELATED PERSONS (Please fill the form in English and in BLOCK letters)

☐ Addition of Related Person ☐ Deletion of Related Person ☐ Update Related Person Details
KYC Number of Related Person (if available*) If KYC number is available, only 'Related Person Type' & 'Name' is mandatory

Related Person Type* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointment Official
☐ Beneficiary ☐ Authorised Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder ☐ Other (Please specify)

DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS (Please fill the form in English and in BLOCK letters) (As per OVD document only)

Name* (Same as OVD proof) Prefix First Name Middle Name Last Name
Maiden Name (If any) First Name Middle Name Last Name
Father / Spouse Name First Name Middle Name Last Name
Mother Name First Name Middle Name Last Name
Date of Birth* Place of Birth , Country of Birth
Gender* ☐ M - Male ☐ F - Female ☐ T-Transgender
Marital Status* ☐ Married ☐ Unmarried ☐ Others
Citizenship ☐ IN-Indian ☐ Others Nationality ☐ IN-Indian ☐ Others
PAN Card* ☐ Form 60 furnished

1.2 PROOF OF IDENTITY AND ADDRESS*

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

☐ A- Passport Number ☐ F - Proof of Possession of Aadhaar
☐ B- Voter ID Card ☐ G - E-KYC Authentication
☐ C- Driving Licence ☐ H- Offline verification of Aadhaar
☐ D- NREGA Job Card
☐ E - National Population Register Letter

Address

Line 1*
Line 2
Line 3 City / Town / Village*
District* Pin / Post Code* State*
Country*

1.3 CURRENT ADDRESS DETAILS

☐ Same as above mentioned address (in such cases address details as below need not be provided)

Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

☐ A- Passport Number ☐ F - Proof of Possession of Aadhaar
☐ B- Voter ID Card ☐ G - E-KYC Authentication
☐ C- Driving Licence ☐ H- Offline verification of Aadhaar
☐ D- NREGA Job Card ☐ I - Deemed Proof of Address ☐
☐ E - National Population Register Letter ☐ J - Self Declaration

Address

Line 1*
Line 2
Line 3 City / Town / Village*
District* Pin / Post Code* State*
Country*

[illegible]

Tel. (Off) - Tel. (Res) - Mobile -

[illegible]

1.5 OTHER DETAILS

A. If the following is additionally applicable to you. Please tick (✓) one or more as applicable:

- ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)
☐ Civil Servant ☐ Bureaucrat ☐ Current / Former MP, MLA or MLC
☐ Politician ☐ Not a PEP / Related to PEP ☐ Current / Former Head of State


B. Job Category: ☐ Chairman ☐ Director ☐ CEO ☐ CFO ☐ COO ☐ Other Senior Managing official
☐ Others

C. Whether UBO/ SMO of listed entity (Yes or No)_____. If yes then Name of Listed company_____

1.6 APPLICANT DECLARATION

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

PHOTO

(1) 

Signature of Applicant

Signature of Applicant

Date : _____

Place : _____

1.7 ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process
☐ Equivalent e-document ☐ Video Based KYC

This is to certify that I have carried out in-person verification in respect of the client mentioned in the KYC form.

KYC VERIFICATION CARRIED OUT BY

Date

Emp. Name

Emp. Code _____

Emp. Designation _____

Emp. Branch _____

INSTITUTION DETAILS

Name : SHAREKHAN LIMITED

Code IN0344

Registered office address : 10th Floor, Beta Building, Lodha iThink Techno Campus, Off. JVLR, Opp. Kanjurmarg Station, Kanjurmarg (East),
Mumbai - 400 042, Maharashtra. | Tel: 022 - 6115 0000 | Fax: 022 - 6748 1899 | Website: www.sharekhan.com

For office use only Application Type* ☐ New ☐ Update ☐ Delete
(To be filled by financial institution) KYC Number (Mandatory for KYC update and delete request)

1. DETAILS OF RELATED PERSONS (Please fill the form in English and in BLOCK letters)

☐ Addition of Related Person ☐ Deletion of Related Person ☐ Update Related Person Details
KYC Number of Related Person (if available*) If KYC number is available, only 'Related Person Type' & 'Name' is mandatory

Related Person Type* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointment Official
☐ Beneficiary ☐ Authorised Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder ☐ Other (Please specify)

DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS (Please fill the form in English and in BLOCK letters) (As per OVD document only)

Name* (Same as OVD proof) Prefix First Name Middle Name Last Name
Maiden Name (If any) First Name Middle Name Last Name
Father / Spouse Name First Name Middle Name Last Name
Mother Name First Name Middle Name Last Name
Date of Birth* Place of Birth , Country of Birth
Gender* ☐ M - Male ☐ F - Female ☐ T-Transgender
Marital Status* ☐ Married ☐ Unmarried ☐ Others
Citizenship ☐ IN-Indian ☐ Others Nationality ☐ IN-Indian ☐ Others
PAN Card* ☐ Form 60 furnished

1.2 PROOF OF IDENTITY AND ADDRESS*

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

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☐ B- Voter ID Card ☐ G - E-KYC Authentication
☐ C- Driving Licence ☐ H- Offline verification of Aadhaar
☐ D- NREGA Job Card
☐ E - National Population Register Letter

Address

Line 1*
Line 2
Line 3 City / Town / Village*
District* Pin / Post Code* State*
Country*

1.3 CURRENT ADDRESS DETAILS

☐ Same as above mentioned address (in such cases address details as below need not be provided)

Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

☐ A- Passport Number ☐ F - Proof of Possession of Aadhaar
☐ B- Voter ID Card ☐ G - E-KYC Authentication
☐ C- Driving Licence ☐ H- Offline verification of Aadhaar
☐ D- NREGA Job Card ☐ I - Deemed Proof of Address ☐
☐ E - National Population Register Letter ☐ J - Self Declaration

Address

Line 1*
Line 2
Line 3 City / Town / Village*
District* Pin / Post Code* State*
Country*

1.4 CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID)

Tel. (Off) [] [] [] [] - [] [] [] [] Tel. (Res) [] [] [] [] - [] [] [] [] Mobile [] [] - [] [] [] [] [] []

[illegible]

1.5 OTHER DETAILS

A. If the following is additionally applicable to you. Please tick (✓) one or more as applicable:

- ☐ Politically Exposed Person (PEP)
 ☐ Related to a Politically Exposed Person (PEP)
☐ Civil Servant
 ☐ Bureaucrat
 ☐ Current / Former MP, MLA or MLC
☐ Politician
 ☐ Not a PEP / Related to PEP
 ☐ Current / Former Head of State


B. Job Category: ☐ Chairman ☐ Director ☐ CEO ☐ CFO ☐ COO ☐ Other Senior Managing official
☐ Others

C. Whether UBO/ SMO of listed entity (Yes or No)_____. If yes then Name of Listed company_____

1.6 APPLICANT DECLARATION

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

PHOTO

(1) 

Signature of Applicant

Signature of Applicant

Date : _____

Place : _____

1.7 ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process
☐ Equivalent e-document ☐ Video Based KYC

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KYC VERIFICATION CARRIED OUT BY

Date

Emp. Name

Emp. Code _____

Emp. Designation _____

Emp. Branch _____

INSTITUTION DETAILS

Name : SHAREKHAN LIMITED

Code IN0344

Registered office address : 10th Floor, Beta Building, Lodha iThink Techno Campus, Off. JVL R, Opp. Kanjurmarg Station, Kanjurmarg (East),
Mumbai - 400 042, Maharashtra. | Tel: 022 - 6115 0000 | Fax: 022 - 6748 1899 | Website: www.sharekhan.com

For office use only

Application Type* ☐ New ☐ Update ☐ Delete

(To be filled by financial institution) KYC Number

(Mandatory for KYC update and delete request)

1. DETAILS OF RELATED PERSONS (Please fill the form in English and in BLOCK letters)

☐ Addition of Related Person☐ Deletion of Related Person☐ Update Related Person DetailsKYC Number of Related Person (if available*) If KYC number is available, only 'Related Person Type' & 'Name' is mandatoryRelated Person Type* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointment Official☐ Beneficiary ☐ Authorised Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder ☐ Other (Please specify)DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS (Please fill the form in English and in BLOCK letters) (As per OVD document only)

Name* (Same as OVD proof)	Prefix	First Name	Middle Name	Last Name
Maiden Name (If any)		First Name	Middle Name	Last Name
Father / Spouse Name		First Name	Middle Name	Last Name
Mother Name		First Name	Middle Name	Last Name
Date of Birth*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Place of Birth		Country of Birth
Gender*	<input type="checkbox"/> M - Male <input type="checkbox"/> F - Female <input type="checkbox"/> T-Transgender			
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others			
Citizenship	<input type="checkbox"/> IN-Indian <input type="checkbox"/> Others		Nationality <input type="checkbox"/> IN-Indian <input type="checkbox"/> Others	
PAN Card*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Form 60 furnished		

1.2 PROOF OF IDENTITY AND ADDRESS*

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/> A- Passport Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> F - Proof of Possession of Aadhaar	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> G - E-KYC Authentication	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> C- Driving Licence	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> H- Offline verification of Aadhaar	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> D- NREGA Job Card	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<input type="checkbox"/> E - National Population Register Letter	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State*

Country*

1.3 CURRENT ADDRESS DETAILS

☐ Same as above mentioned address (in such cases address details as below need not be provided)

Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/> A- Passport Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> F - Proof of Possession of Aadhaar	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> G - E-KYC Authentication	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> C- Driving Licence	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> H- Offline verification of Aadhaar	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> D- NREGA Job Card	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> I - Deemed Proof of Address	<input type="checkbox"/>
<input type="checkbox"/> E - National Population Register Letter	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> J - Self Declaration	<input type="checkbox"/>

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State*

Country*

1.4 CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID)

[illegible]

1.5 OTHER DETAILS

A. If the following is additionally applicable to you. Please tick (✓) one or more as applicable:

- ☐ Politically Exposed Person (PEP)
 ☐ Related to a Politically Exposed Person (PEP)
☐ Civil Servant
 ☐ Bureaucrat
 ☐ Current / Former MP, MLA or MLC
☐ Politician
 ☐ Not a PEP / Related to PEP
 ☐ Current / Former Head of State


B. Job Category: ☐ Chairman ☐ Director ☐ CEO ☐ CFO ☐ COO ☐ Other Senior Managing official
☐ Others

C. Whether UBO/ SMO of listed entity (Yes or No)_____. If yes then Name of Listed company_____

1.6 APPLICANT DECLARATION

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

PHOTO

(1) 

Signature of Applicant

Date : _____

Place : _____

1.7 ATTESTATION / FOR OFFICE USE ONLY

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☐ Equivalent e-document ☐ Video Based KYC

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KYC VERIFICATION CARRIED OUT BY

Date D D M M Y Y Y Y

Emp. Name _____

Emp. Code _____

Emp. Designation _____

Emp. Branch _____

INSTITUTION DETAILS

Name : SHAREKHAN LIMITED

Code IN0344

G. OPTION FOR ISSUANCE OF DIS BOOKLET

Option 1 : ☐ I/we do not wish to receive the Delivery Instruction Slip (DIS) booklet with account opening. However, the DIS booklet should be issued to me/us immediately on my/our request at any later date.

Option 2 : ☐ I/we wish to receive the Delivery Instruction Slip (DIS) booklet with account opening.

H. DP TARIFF SCHEME ("Schedule A") - (Scheme Details on Page 33)

☐ Scheme A (TC100) ☐ Scheme B (TC108) ☐ Scheme C (TC119) ☐ Scheme D (TC117) ☐ Scheme G (TC123)

I. Mobile no. & Email ID Declaration of Entity:

I/We hereby declare that the Mobile number as per KRA/CKYC belongs to: <input type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Partner <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> UBO <input type="checkbox"/> Others _____	I/We hereby declare that the Email ID as per KRA/CKYC belongs to: <input type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Partner <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> UBO <input type="checkbox"/> Others _____
---	--

J. STOCK EXCHANGES ON WHICH YOU WISH TO TRADE

CASH (BSE & NSE)	F & O (BSE & NSE)	Currency (BSE & NSE)	Commodity (BSE, NSE & MCX)
(2)	I have knowledge of trading in derivatives segment and am aware of risks associated therein (3)	I have knowledge of trading in currency derivatives segment and am aware of risks associated therein (4)	I have knowledge of trading in Commodity segment and am aware of risks associated therein (5)

1. Please sign in the relevant boxes where you wish to trade. The segment not chosen should be struck off / mentioned as NA.

2. In future, if you need to trade in any additional Segment/Exchange, not opted above, separate authorisation letter will be required.

3. In case of trading in Derivatives it is compulsory to submit proof of Financial Details.

Details of any action/proceedings initiated /pending/taken by SEBI/Stock Exchange/any other authority against the Client or its partners/ Promoters/Whole Time Director/Authorised Signatory in charge of dealing in securities during the last 3 years for violation of securities law/other economic offences (including action taken against relatives/associates) _____

K. DETAILS OF PARTNER / TRUSTEE / OTHER HOLDERS

	FIRST HOLDER	SECOND HOLDER	THIRD HOLDER																								
Gross Income Range Per Annum (Rs. in Lakhs)	<input type="checkbox"/> <1 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-25 <input type="checkbox"/> 25-1cr <input type="checkbox"/> > 1cr	<input type="checkbox"/> <1 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-25 <input type="checkbox"/> 25-1cr <input type="checkbox"/> > 1cr	<input type="checkbox"/> <1 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-25 <input type="checkbox"/> 25-1cr <input type="checkbox"/> > 1cr																								
Networth : (should not be older than 1 year)	Amount (Rs.) _____ As on date <table border="1"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y	Amount (Rs.) _____ As on date <table border="1"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y	Amount (Rs.) _____ As on date <table border="1"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y																				
d	d	m	m	y	y	y	y																				
d	d	m	m	y	y	y	y																				
Additional Details, if applicable. (Please tick one or more as applicable)	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP) <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Civil Servant <input type="checkbox"/> Politician <input type="checkbox"/> Current/Formal MP, MLA or MLC <input type="checkbox"/> Current/Formal Head of State <input type="checkbox"/> Not PEP / Related to PEP	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP) <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Civil Servant <input type="checkbox"/> Politician <input type="checkbox"/> Current/Formal MP, MLA or MLC <input type="checkbox"/> Current/Formal Head of State <input type="checkbox"/> Not PEP / Related to PEP	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP) <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Civil Servant <input type="checkbox"/> Politician <input type="checkbox"/> Current/Formal MP, MLA or MLC <input type="checkbox"/> Current/Formal Head of State <input type="checkbox"/> Not PEP / Related to PEP																								
Mobile Number Declaration (*Family to strictly include spouse, dependent children and dependent parents only. Kindly tick relevant option)	I hereby declare that the Mobile number as per CKYC belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family* (specify relation) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents Consent for SMS Alert facility <input type="checkbox"/> Yes <input type="checkbox"/> No	I hereby declare that the Mobile number as per CKYC belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family* (specify relation) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents Consent for SMS Alert facility <input type="checkbox"/> Yes <input type="checkbox"/> No	I hereby declare that the Mobile number as per CKYC belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family* (specify relation) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents Consent for SMS Alert facility <input type="checkbox"/> Yes <input type="checkbox"/> No																								
Email ID Declaration (*Family to strictly include spouse, dependent children and dependent parents only. Kindly tick relevant option)	I hereby declare that the Email ID as per CKYC belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family* (specify relation) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents	I hereby declare that the Email ID as per CKYC belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family* (specify relation) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents	I hereby declare that the Email ID as per CKYC belongs to <input type="checkbox"/> Self OR <input type="checkbox"/> Family* (specify relation) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents																								
Nature of Business	_____	_____	_____																								
Sources of Wealth / Income	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Gift <input type="checkbox"/> Rental Income <input type="checkbox"/> Royalty <input type="checkbox"/> Prize Money <input type="checkbox"/> Ancestral Property <input type="checkbox"/> Others (Please specify) _____	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Gift <input type="checkbox"/> Rental Income <input type="checkbox"/> Royalty <input type="checkbox"/> Prize Money <input type="checkbox"/> Ancestral Property <input type="checkbox"/> Others (Please specify) _____	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Gift <input type="checkbox"/> Rental Income <input type="checkbox"/> Royalty <input type="checkbox"/> Prize Money <input type="checkbox"/> Ancestral Property <input type="checkbox"/> Others (Please specify) _____																								
Place of Birth Country of Birth	_____ <input type="checkbox"/> INDIA <input type="checkbox"/> Other _____	_____ <input type="checkbox"/> INDIA <input type="checkbox"/> Other _____	_____ <input type="checkbox"/> INDIA <input type="checkbox"/> Other _____																								
Any other information	_____	_____	_____																								

L. INVESTMENT/TRADING EXPERIENCE & PREFERENCE
☐ No Prior Investment Experience ☐ Years in Equities ☐ Years In Derivatives ☐ Years in other Investment Related Field

Proposed Investment/Margin through Sharekhan: ₹ _____

Do you have any presence in a country other than India through offices or investments ☐ Yes ☐ No If Yes (Country Name) _____Do you have any transaction or activity or planned activity with any country other than India ☐ Yes ☐ No If Yes (Country Name) _____**M. DEALINGS THROUGH AUTHORISED PERSON & OTHER STOCK BROKERS** ☐ No ☐ Yes (If yes, please mention details below)

Name of Authorised Person : _____

Registration No: NSE BSE MSEI

R.O. Address: _____ Tel.: _____ Fax: _____ Website: _____

Whether registered with a ny other Stock Broker / Authorised Person (If registered with multiple Stock Broker, provide all details)

Name of Stock Broker: _____ Name of Authorised Person : _____

Name of Exchange: _____ Client Code No.: _____

Details of disputes / dues pending from / to such Stock Broker Authorised Person: _____

Whether Employee/Agent/Approved user/Authorised Person of any other *Trading/Clearing Member: Recognized stock exchange ☐ Yes ☐ No

Name of Member _____ (Please provide consent letter from such Trading/Clearing Member)

Whether Broker of any Exchange ☐ Yes ☐ No Name of Exchange/s _____ (Please provide consent letter from such Exchange/s)Whether Declared Defaulter/debarred/suspended By SEBI/RBI/any Other Recognized Stock Exchange/Commodity Exchange: ☐ Yes ☐ No**N. BROKERAGE STRUCTURE (Mandatory)**

	Cash Segment		Derivatives Segment		Currency Derivatives Segment	
	(Percentage)	Min. Rupees/ Paisa Per Share	Futures Segment (Percentage)	Options Segment ★ (Percentage)	Futures Segment (Percentage)	Options Segment ★ (Percentage)
First Leg						
Second Leg (Same day Sq. off)						
Delivery Brokerage			Same as Cash Segment		NA	NA
Next day square off	NA	NA				
Default Brokerage		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

	Commodity Segment	
	Futures Segment (Percentage)	Options Segment ★ (Percentage)
First Leg (Normal)		
Second Leg (Same day Sq. off)		
Next day square off		
Delivery Brokerage	Same as Cash Segment	
Default Brokerage		<input type="checkbox"/>

1. In case of unit price of securities of Rs. 10/- or less, then brokerage of Rs. 0.25 per share will be levied

2. Delivery Handling Charges (DHC) would be levied on each delivery based sell transaction (per scrip) where value of brokerage levied is less than Rs 21/- The value of DHC would be difference of Rs 21/- and the brokerage charged.

3. If total brokerage for all transactions in the cash segment is less than Rs. 21, then a brokerage of Rs. 21 or 2.5% of the transaction value, whichever is less, would be levied.

4. On all Square-off transactions initiated by Sharekhan Ltd, brokerage of 0.5% will be levied.

* Minimum amount per lot would be applicable as per the details provided in the policy and procedures.

• Expiry handling charges would be charged as applicable • Statutory cost will be charged as per Exchange / Regulatory Authorities • Trade Tiger access charges applicable from time to time • KYC Registration Agency (CKYC & KRA) charges will be levied as applicable. • Please refer the details of default brokerage, standard brokerage on option segments and schedule of charges in the Policy and Procedures.

O. INTRODUCER DETAILSName of The Introducer:

Status of the Introducer: Sub-broker/Remisier/Authorised Person/Existing Client/Director or Employee of any other Person (Please Specify)

Proof of Identity (POI) : ☐ PAN No. ☐ Passport No. ☐ Driving Licence ☐ Voter ID Residence Address: Pin Code Mobile No. / Tel. No. : Email ID : _____

1. 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 of 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.
2. I/we confirm having read, received, explained and understood the contents of policies and procedures, terms & conditions governing Stock Broker, terms & conditions applicable for Margin Trading, Risk Disclosure Documents & Do's & Don't's for trading on the Exchanges, Rights and Obligations applicable for Stock Brokers, Clients, Rights and Obligations applicable for Margin Trading Facility as well as Rights and Obligations applicable for the Beneficial Owner & Depository Participants & the tariff sheet, as available on the website on the company. I/We am/are further aware that a copy of Terms & Conditions governing Stock Broker, Risk Disclosure Document, Policies and Procedures, Do's & Don't's for trading on the Exchanges and Rights and Obligations applicable for Stock Brokers, Authorized Persons & Clients, Rights and Obligations of Stock Brokers & Clients for Margin Trading Facility as well as Rights and Obligations applicable for the Beneficial Owner & Depository Participants will be received by me/us in electronic form on the email ID provided by me / us in the KYC Document.
3. I/we have read and agree to be bound by the Rules, Regulations, bye laws, circulars and guidelines issued by SEBI, Exchanges, Stock Broker, AMFI, Mutual Funds, Depository and Depository Participant pertaining to my/our trading and demat account, as are in force from time to time.
4. I/we understand that the Stock Broker is relying on this information for the purpose of determining the status of the applicants named above in compliance with CRS/FATCA. The Stock Broker is not able to offer any tax advice on CRS or FATCA or its impact on the applicants and I/We shall seek advice from professional tax advisor for any tax questions. Further, I/We agree to submit a new form within 30 days if any information or certification on this form gets changed. I/We agree, as may be required by Regulatory authorities, Stock Broker shall be required to comply to report, reportable details to CBDT or close or suspend my/our account.
5. Declaration of Tax Conformity— I/We acknowledge that it is my responsibility to understand and comply with and am / are in full compliance with any tax obligations and requirements and the consequences thereof that apply to me/us under the laws and regulations of my/our country(ies) of residence or any other relevant jurisdiction.
I/We hereby declare that all assets, including cash and securities, deposited in my account(s) with the Sharekhan and the income or proceeds thereof, are currently and will continue to be fully disclosed to the relevant tax and any other authorities in my/our country(ies) of residence and in any other jurisdiction as required by the applicable laws and regulations and also authorize Sharekhan to disclose the same to any domestic / overseas regulators or tax authorities, to enable the authorities to establish my / our tax liability therein and / or to enable Sharekhan to comply with the regulatory requirements it is subject to.
6. I/We hereby declare that I/we had provided Aadhaar Card as proof of Identity and/or proof of address to Sharekhan Ltd even-though there were other documents accepted by Sharekhan and I/we authorize Sharekhan to share the copy and/or details of the Aadhaar card (excluding Aadhaar Number) as per the Regulatory/Exchange/Depository requirement. (Applicable in case Aadhaar card is provided as proof of address and/or identity)
7. I/We hereby confirm that Sharekhan may update my/our name in all Exchanges as per the name available in Income Tax records.
8. I/We, opening demat account with Sharekhan, hereby declare that I/we will submit only those inter depository transfer instructions in respect of Government Securities (G-Sec) which are bonafide and arising out of genuine trade or transfer transaction.
9. I/We hereby confirm that I/We am/are not subject to sanctions nor do I/We form a part of the sanctions lists enforced by the European Union ("EU"), France ("FR"), the United States ("U.S."), United Nations Security Council ("UNSC") or form part of the list of banned organizations, designated entities/individuals listed under the Unlawful Activities (Prevention) Act, 1967.

Authorised Signatories (Enclose a Board Resolution for Authorised Signatories)

	Name	Designation	Specimen Signature(s) (with Co. Rubber Stamp)
Sole/First Holder			
First Signatory			(6)
Second Signatory			
Third Signatory			
Other Holders			
Second Holder			(1)
Third Holder			(1)

Mode of Operation For Authorised Signatories (in case of Multiple Signatories, all the holders must sign)

<input type="checkbox"/> Any one singly	<input type="checkbox"/> As per resolution
<input type="checkbox"/> Jointly by	<input type="checkbox"/> Others (please specify)

Date: _____

Place: _____

FOR OFFICE PURPOSES:

UCC Code allotted to the Client: (As mention on page no. 6 on account opening form)

	Documents verified with Originals	Client Interviewed By	In-Person Verification done by
Name of the Staff / Authorised Person			
Staff Code			
Designation of the Staff			
Date			
Signature			

I/ We undertake that we have made the client aware of 'Policy and Procedures', tariff sheet and all the non-mandatory documents. I/ We have also made the client aware of 'Rights and Obligations' document(s), RDD and terms and conditions and handed over a copy of the same. I/ We under take that any change in the 'Policy and Procedures', tariff sheet and all the non-mandatory documents would be duly intimated to the clients. I/ We also undertake that any change in the 'Rights and Obligations', Terms and Conditions and RDD would be made available on my/ our website, if any, for the information of the clients.

I hereby confirm that, I have not directed, encouraged or assisted client with respect to strategies to their account as US accounts / Other reportable account. I have not given any tax advice to client."

Date: _____

Seal/ Stamp of Sharekhan Limited

(Name & Signature of the Authorised Signatory)

Particular	Name	Code
Franchisee / Branch Name		
Remisier Name		
Referring Employee Name		
Name of RM / Executive		
Name of Manager		
Lead Source		

Account opening charges : _____

In case of waiver of account opening charges:

Approved by (Name)	Designation	Signature with Stamp

MANDATE FOR MAINTAINING THE ACCOUNT ON RUNNING ACCOUNT BASIS

To,

Sharekhan Limited
10th Floor, Beta Building, Lodha iThink Techno Campus,
Off. JVL R, Opp. Kanjurmarg Station, Kanjurmarg (East),
Mumbai – 400 042.

Dear Sir,

Notwithstanding anything contrary contained in any of the document or correspondence, I / We hereby severally give mandate to you for maintenance of my/our account with you on running account basis. This mandate shall be applicable to all segments across exchanges maintained with you including Mutual funds availed through NSE MFSS and / or BSE STAR MF or such other platform.

This mandate is voluntarily given by me / us as it is cumbersome for me / us to settle the accounts with you frequently. This will facilitate me/us in my transactions through you. I/We also request you to consider the balances in my/our funds, securities, mutual fund units and currency account with you for the purpose of margins/any other obligations due to you.

In view of the above it would be proper for you to release the funds, mutual fund units and securities due to me/us on my specific request, either written or oral. You may debit the charges of holding units/securities/commodities to my/our account with you.

Further, I/We, authorise Sharekhan Limited to retain such amount of funds and/or securities payable to me/ us, not exceeding value of Rs. 10,000/- (Rupees ten thousand only) or such other permissible amount as directed by regulatory authorities from time to time during any monthly/quarterly settlement of my/our account. I/We, further agree that my/our account shall be deemed to have been settled as per SEBI/Exchange guidelines for respective quarter notwithstanding the said retention by Sharekhan Limited.

I/We hereby agree to settle my/our funds/securities/mutual funds/commodities account on *Monthly/Quarterly basis as per SEBI guidelines. Further, I/We hereby declare that I/We retain the right to revoke this authorization at anytime.

Yours faithfully,

Date : _____

Place : _____

(7) 

Signature of Client / Authorised Signatory

* In case not specified account would be settled in Quarterly basis.

POWER OF ATTORNEY (POA)

(Voluntary)

This Power of Attorney (POA) is executed by the person(s), whose details are mentioned in the Schedule to the POA in favour of "SHAREKHAN LIMITED", a company incorporated under the provisions of the Companies Act, 1956 in India (hereinafter referred to as 'Sharekhan' and shall include its successors and assigns), having its registered office at 10th Floor, Beta Building, iThink Lodha Techno Campus, Kanjur Marg – East, Mumbai – 400 042 and processing office at 3rd Floor, Bay City Centre, 309, Ponnammallee High Road, Above Maruti Kapico Show room, Near Pachiyappas College, Chennai-600010.

Sharekhan Ltd. is a member of the National Stock Exchange of India Limited ("NSE"), Bombay Stock Exchange Limited ("BSE") for Capital Market, Future & Options, Currency Derivatives and Commodity Segments and The Multi Commodity Exchange of India Limited ("MCX") on the Commodity Segment.

18.1 WHEREAS Sharekhan is also a "Depository Participant" registered with NSDL & CDSL bearing Regn No. IN-DP-NSDL-365-2018 AND WHEREAS Sharekhan is registered with Association of Mutual Funds in India (AMFI) as Mutual Fund Distributor having Registration no. ARN 20669.

AND WHEREAS, I/We wish to avail or I/We am/ are a client availing of the services offered by Sharekhan including transactions in securities or availing any services offered by Sharekhan by whatsoever name called from time to time (including transactions/services carried out/availed through E-broking, web based documents/ facilities and/ or services through its website www.sharekhan.com or any other website or any other channel used for offering Services). Details of my/our Trading and Demat account with Sharekhan are provided in Schedule to this POA.

Whereas in the course of availing the services or for meeting the settlement obligations thereof on the Exchanges, I/We do hereby nominate, constitute and appoint Sharekhan acting through their Directors, Officers and/or duly authorized staff for the purpose, as my/our true and lawful constituted attorneys for my/our depository account(s) as provided in the Schedule to the POA and at my/our risk and costs to do, execute, exercise and perform all or any of the following acts, deeds, matters and things:

1. To have and exercise the powers and / or authority, and to do and / or execute the acts, deeds matters and things specified in Terms & Conditions governing the services provided by the Stock Broker between Sharekhan and the Client as may be applicable in relation to the transactions executed by the client.
2. To operate depository account(s) for giving/receiving instructions, for the purpose of honoring delivery obligations, for any transactions executed through Sharekhan on recognized stock exchanges, under my/our instructions, in any form or format and at any time either electronically or otherwise or through the portal of the Sharekhan or through the internet or any other mode.
3. To instruct the DP to debit securities to my / our aforesaid demat account and/or transfer securities from the said account and/or instruct the DP to execute the share transfer requests given by me/us in electronic form or otherwise through Sharekhan to pool / Client Unpaid Securities Account / Client Securities under Margin Funding Account / Client Securities Margin Pledge account or any other DP account of Sharekhan as per the Schedule to POA, to the extent of shares sold through Sharekhan for pay-in obligation as well as for upfront margins/margins/settlement obligations towards Stock Exchanges across all segments and to meet such obligation which may arise on account of my/our availing of any services from Sharekhan.
4. To sign instructions on my/our behalf with respect to debit/credit the depository account(s) for the credit or benefit of my/our account with Sharekhan, for the transactions carried by me/us with Sharekhan.
5. To debit my/our Trading account towards monies/ fees/charges etc. payable to Sharekhan/service provider/any of the affiliates/subsidiaries of Sharekhan by virtue of fees/charges incurred under this POA, demat charges, or any such costs incurred for I/We using/subscribing to any of the facilities/services provided either by Sharekhan or through a Third Party service provider or by any other security or financial instrument on behalf of me/us through Sharekhan or any third party. To bind ourselves with respect to any.

6. Pursuant to my/our instructions or instructions from my/our Authorised representatives, to do all such acts and things as may be necessary, to enable us to avail services offered by Sharekhan including but not limited to apply/subscribe /renounce/sign renunciation forms for any offer or public issues of shares, securities, stocks, bonds, debentures, rights shares, additional shares, mutual fund units, units of collective investment schemes or any other securities or purchase/sale/redemption, investment, tendering shares in open offer/ buy back, delisting or any other like issues and/or investment product for which services are availed from Sharekhan.
7. To pledge securities in favour of Sharekhan/Clearing Member and further re-pledge of securities to Clearing House/Clearing Corporation for limited purpose of meeting margin requirements and/or our obligation to Sharekhan.
8. To sign applications, contracts, receipts, documents or forms or correspondences with Exchanges/Depositories/ Mutual Funds or Asset Management Companies or such person(s) or authorities or Departments, apply for, subscribe to, redeem or enter into correspondence, or carry out necessary correspondence, with respect to any Initial Public Offers/Offer for Sale of Securities of the companies/Units of mutual fund, Asset Management company or any other "Investment Products" offered through the website www.sharekhan.com or any other means as per the instructions made available to them by me/us by electronic mail or through the website or any other mode as specified on the website or otherwise and / or to affix their signatures to any document, form or any other record, being a delivery instruction or any other form or document given by me/us to the said depository participant, as required by the concerned depository.
9. To register this Power of Attorney with the Depository Participant and/ or with any other party concerned as is required within the parameters of this Power of Attorney.
10. To receive intimation from the Exchange and any other party regarding the allocation / allotment / rejection / regret of the securities or such other "Investment Product" applications / (Voluntary) subscriptions / withdrawal or any other communications.
11. To authorize Sharekhan to invest on behalf of me/us and to hold the units of the schemes of mutual fund issued by the asset management company(ies) based on the request given by me/us, to correspond with and give notice to the corresponding asset management company/body corporate(s)/issuer/registrar and transfer agent of securities including giving instructions with regard to nomination/change in investment plans/any other changes that may be necessitated, pursuant to the authorization given by me/us to Sharekhan in this regard.
12. To reverse / return to/from me/us the securities or mutual fund units or funds that may have been erroneously debited / credited from/to my/our DP account as soon it comes to the notice of Sharekhan.
13. To authorize Sharekhan to transfer the securities to any of the demat accounts of Sharekhan mentioned in Schedule to the POA for meeting clearing, Margin and settlement obligations with respect to securities.
14. We, the joint holders (first, second, third holders) of demat account agree, ratify and confirm to bind ourselves to any instructions given by the first holder of the demat account, being the trading account holder, as herein above mentioned, who shall be the exclusive beneficiary of the transactions carried out pursuant to this Power of Attorney, the Director/s and/or Authorised Signatories, who have in token thereof, subscribed their signature thereto. We are aware that execution of PoA is not a mandatory requirement as per SEBI/Exchange guidelines and are executing the same to facilitate efficient and seamless disposal of our securities upon our instructions to Sharekhan.
15. That the Power of Attorney (POA) herein referred to is revocable at any time by giving notice in writing to Sharekhan subject to such revocation shall not be applicable for any outstanding obligations arising out of the transactions carried out/services availed prior to receiving request for revocation of POA.

	Name	Address
Authorized Signatory (1) / Karta/Partner of the First / Sole Holder (Trading Account Client)		
Authorized Signatory (2) / Co-parcener / Partner		
Authorized Signatory (3) / Co-parcener/Partner		
Authorized Signatory (4) / Co-parcener/Partner		
Second Holder		
Third Holder		
Demat Account No.	As per specified in page no. 8	

Sharekhan Designated Demat Account Nos.

DP Name	DP ID	Client ID
Sharekhan Limited	IN300513	13377988, 10000578, 23589560, 23612690, 23612681
Sharekhan Limited	12036000	00056193, 00000076, 00000061, 00072608, 00072591, 04020865, 05212853, 05212868
NCL	11000011	00016512
ICCL	11000010 11000024	00014903 00000442

IN WITNESS WHEREOF I/We have hereunto set and subscribed my/our respective hands to these presents the day and the year herein above written Signed and Delivered

	Authorized Signatory (1) / Karta/Partner of the First / Sole Holder	Authorized Signatory (2) / Co-parcener / Partner	Authorized Signatory (3) / Co-parcener / Partner
SIGNATURE	(8)		
	Authorized Signatory (4) / Co-parcener / Partner	Second Holder	Third Holder
SIGNATURE		(2)	(2)

The Common Seal of _____ has been affixed hereunto in accordance to the Articles of Association and in pursuance to the resolution of the Board of Directors dated _____ in the presence of below witnesses:

CLIENT'S WITNESS TO THE POWER OF ATTORNEY (For and on behalf of the client)

Witness 1 Name _____ Address _____ _____ (1) Signature _____	Witness 2 Name _____ Address _____ _____ (2) Signature _____
--	--

We hereby agree to exercise the powers conferred upon us in terms of the clauses mentioned here in above.

For Sharekhan Limited

Date: _____

Authorised Signatory
(HO purpose only)

Sharekhan

by BNP PARIBAS

Date:

To,

Sharekhan Ltd.

10th Floor, Beta Building, iThink Lodha Techno Campus,

Kanjur Marg – East, Mumbai – 400 042

Ref. Customer id _____

PAN: _____

Dear Sir / Madam,

Sub: Systematic Investment Plan (SIP) Mandate

I/We, Mr. / Mrs. / Ms. / M/s. _____ hereby request Sharekhan to kindly commence the following SIP (s) for the above mentioned customer id.

I/We, further authorize Sharekhan to place the SIP request with the aforesaid Asset Management Company (ies) and to sign such documents / authorizations on my/our behalf for giving effect to the said transactions.

Sr. No.	Scheme Code	Scheme Name	Option (Growth/ Dividend)	SIP Installment Amount (Rs.)	SIP Start Date (dd)	Frequency (Monthly/ Quarterly/ Half Yearly)	Period in Months
1							
2							
3							
4							

I/We confirm that I/We are eligible to invest in mutual funds as per the existing applicable rules and regulations prescribed by SEBI / AMC / RTAs and Sharekhan.

I/We hereby further confirm having read the applicable terms and conditions mentioned on the website and such other applicable terms and conditions as would be laid down by Sharekhan Limited or various Asset Management Companies (AMCs) / Registrar and Transfer Agents (RTAs) from time to time and shall abide by the same at all times. I/We agree that it shall be my/our responsibility for regularly reviewing these Terms and Conditions, including amendments as may be posted on the website of the company and shall be deemed to have accepted the amended Terms and Conditions by continuing to use the Services.

You are requested to process my/our SIP request as above.

Note - AUTO SWEEP – Yes ☐ **- No** ☐ (Please select “Yes” for automatic allocation of funds from trading account to Mutual Fund account)

Yours truly,

(9) 

Signature of the client

Name of the Client

Employee Code: _____

Employee Name: _____

Mutual Fund AMC wise Monthly*SIP Date :




*For weekly and Quarterly SIP dates please coordinate with mfsupport@sharekhan.com

Mutual Fund Name	Date1	Date2	Date3	Date4	Date5	Date6	Date7
Axis Mutual Fund	1 To 27						
Birla Mutual Fund	1	7	10	15	20	28	
BNP Paribas Mutual Fund	1	7	15	25			
BOI AXA Mutual Fund	1	7	10	15	20	25	
Canara Robeco Mutual Fund	1	5	15	20	25		
DSP Black Rock Mutual Fund	1	7	14	21			
Edelweiss Mutual Fund	7	14	21				
Franklin Templeton Mutual Fund	1	7	10	20	25		
HDFC Mutual Fund	1	5	10	15	20	25	
HSBC Mutual Fund	3	10	17	26			
ICICI Prudential Mutual Fund	7	10	15	25			
IDFC Mutual Fund	1 To 27						
IIFL Mutual Fund	1 To 28						
JM Financial Mutual Fund	1	5	10	15	20	25	
JPMorgan Mutual Fund	1	10	15	25			
Kotak Mahindra Mutual Fund	1	7	14	21			
L&T Mutual Fund	5	15	25				
LIC Mutual Fund	1	7	10	15			
Mirae Asset Mutual Fund	1	10	15	21			
Motilal Oswal Mutual Fund	1	7	14	21	28		
PRINCIPAL Mutual Fund	1	5	15	25			
Reliance Mutual Fund	2	10	18	28			
Religare Mutual Fund	3	10	20				
SBI Mutual Fund	5	15	25				
Sundaram Mutual Fund	1	7	14	20	25		
Tata Mutual Fund	1	7	10	20			
Taurus Mutual Fund	1	5	10	15			
UTI Mutual Fund	1	7	15	25			

Declaration by Partners

To,
Sharekhan Limited
10th Floor, Beta Building, Lodha iThink Techno Campus, Off. JVLR, Opp. Kanjurmarg Station, Kanjurmarg (East), Mumbai - 400 042.

1. I / We, have submitted an application for opening a single / joint account for opening a Beneficial Owner [BO] account in the category "individual" for holding and carrying out transactions in respect of securities belonging to our firm, since as per the clarification issued by the Department of Company Affairs vide its Circular No. 5/75 (8/18/75-CL-V) dated March 31, 1975, Partnership Firm is not capable of being a member within the meaning of Section 41 of The Companies Act, 1956.
2. I / we represent the firm.
3. In consideration of you having agreed to accept the Permanent Account Number [PAN] issued by the Income Tax Department [ITD] to the firm along with our individual identity documents, I / We acknowledge and undertake as under :-
 - a) The acceptance of the PAN number of our firm does not amount to you having taken notice of trust or recognise our firm.
 - b) I / We shall continue to be responsible for complying with the relevant provisions of The Companies Act, 1956 and the Rules made thereunder and other applicable Laws failing which I / we shall be responsible for the consequences thereof.

Yours faithfully, (10)  _____ (3)  _____ (3)  _____
(Name of the Partner) (Name of the Partner) (Name of the Partner)

Declaration by Partner(s) to recognize Demat A/c for trading purpose.

To,
Sharekhan Limited
10th Floor, Beta Building, Lodha iThink Techno Campus, Off. JVLR, Opp. Kanjurmarg Station, Kanjurmarg (East), Mumbai - 400 042.
Dear Sir,

This is with reference to the trading account opened with you in the name of _____ a partnership firm and bearing the code _____.

I _____, partner of the above mentioned firm hereby declare and authorise you to recognize the beneficiary account No. _____.

_____ with depository _____ opened in my name, for the purposes of completing the share transfer obligations pursuant to the trading operations of the Partnership Firm. I agree and understand that this is to facilitate the operation of the above trading account with you, as a beneficiary account cannot be opened with a depository participant in the name of a partnership firm as per regulations and that transfers made by you to the beneficiary account as complete discharge of obligations by you in respect of trades executed in the above trading account of the firm.

Signature (Please sign with stamp of the Firm)

(Name of the Partner whose beneficiary is used)

We, (please write name of partners)

1. _____ 2. _____
3. _____ 4. _____

partners of the firm confirm that any securities due to the Firm's trading account with you, if transferred to the above mentioned Dmat account, will constitute good delivery of your obligation. We further state that Sharekhan will not be responsible, if the shares are transferred to the above-mentioned a/c.

If there is any change in the information given above, same shall be informed to Sharekhan in writing. If any such information not communicated to Sharekhan, than Sharekhan will not be liable for losses suffered by the firm or any of the individual partners.

Signature X Signature X Signature X
Name _____ Name _____ Name _____

Declaration By HUF To Recognize Demat A/c For Trading Purpose.

To,
Sharekhan Limited
10th Floor, Beta Building, Lodha iThink Techno Campus, Off. JVLR, Opp. Kanjurmarg Station, Kanjurmarg (East), Mumbai - 400 042.
Dear Sir,

This is with reference to the trading account opened with you in the name of _____ and bearing the code _____, I hereby declare and authorise you to recognize the beneficiary account No. _____ with depository _____ opened in the name of the undersigned who is the Karta of the HUF. For the purposes of completing the share transfer obligations pursuant to the trading operations. I agree and understand that this is to facilitate the operation of the above trading account. the transfers made by you to the beneficiary account shall be complete discharge of obligations by you in respect of trades executed in the above trading account.

Signature (Please sign with stamp of the HUF)

Signature X _____

PROFILE SHEET

Dear Customer,

Please select product that you wish to avail of:

Also, please answer a few questions to help us serve you better

Sr. No.	Questions	Option					
		A	B	C	D	E	F
1	How would you like to trade with Sharekhan?	Internet	Phone/Branch	Both			
2	Have you been investing or trading in the stock market?	Yes	No				
3	Do you trade in Cash market or Derivative market?	Cash	Derivative	Both	None		
4	What is your frequency of your investing / trading?	Many times a day	Once a day	Many times Week	Once a Week	Once a month or more	None
5	What is your current portfolio size? (Total investment in Shares and Mutual Funds)	Below 5 Lacs	5-25 Lacs	25-50 Lacs	50 Lacs and above	No Portfolio	
6	How much more do you plan to invest in stock market in the next 2 years?	Below 5 Lacs	5-25 Lacs	25-50 Lacs	50 Lacs and above		
7	In which range would your annual income fall in to?	Below 5 Lacs	5-25 Lacs	25-50 Lacs	50 Lacs and above		
8	What is your existing mode of transaction?	Internet based account	Non Internet account	No Broker			
9	Do you have a Relationship Manager allocated to you?	Yes	No	None			
10	Would you like to undergo free education?	<input type="checkbox"/> Investments <input type="checkbox"/> Trading strategies based on technical analysis					
11	How long have you been investing in stocks?	<input type="checkbox"/> New <input type="checkbox"/> 1 to 5 years <input type="checkbox"/> 5 to 10 years <input type="checkbox"/> More than 10 years					
12	What is your source of stock market information?	<input type="checkbox"/> TV channels: <input type="checkbox"/> CNBC <input type="checkbox"/> NDTV PROFIT <input type="checkbox"/> Others (Specify) _____ <input type="checkbox"/> Newspaper: <input type="checkbox"/> Economic Times <input type="checkbox"/> Others (Specify) _____ <input type="checkbox"/> Sharekhan Research Magazines <input type="checkbox"/> Other research magazines <input type="checkbox"/> Friends/Relatives <input type="checkbox"/> Broker <input type="checkbox"/> Others (Specify) _____					
13	What is your marketstock preference?	Market preference <input type="checkbox"/> Speculator <input type="checkbox"/> High risk return <input type="checkbox"/> Regular investor <input type="checkbox"/> Bluechip <input type="checkbox"/> Occasional investment <input type="checkbox"/> Stocks valued less than Rs10 <input type="checkbox"/> Trader <input type="checkbox"/> Stocks recommended by Sharekhan research <input type="checkbox"/> Stocks recommended by other research houses					
Other Brokerage Firm you are trading with please tick the		ICICI Securities	HDFC Securities	Kotak Securities	Reliance Money	Angel Broking	Anand Rathi
		India Infoline	Motilal Oswal	Indiabulls	Geojit	Religare	Any other _____
No Brokerage Firm <input type="checkbox"/>							
Other Product Interest		IPO		PMS		Mutual Fund	
						Insurance	

FOR OFFICE USE

Profiling Code

1	2	3	4	5	6	7	8	9

SHAREKHAN LIMITED

Registered office address : 10th Floor, Beta Building, Lodha iThink Techno Campus, Off. JVLR, Opp. Kanjurmarg Station, Kanjurmarg (East), Mumbai - 400 042, Maharashtra.
Tel: 022 - 6115 0000. | Fax No. 6748 1899 | Website: www.sharekhan.com

FATCA, CRS, ULTIMATE BENEFICIAL OWNERSHIP (UBO) AND ADDITIONAL KYC (Details and Self Certification form for Non-Individuals)

Please read all the instructions carefully before filling the form

*Please fill in ENGLISH and in BLOCK LETTERS with black ink

Please consult your professional tax advisor for further guidance on FATCA & CRS classification

Fields marked with (*) are mandatory and if not filled, the form is liable for rejection

Request ID

I. *Entity Details: (please write complete name as per Certificate of Incorporation / Registration; leaving one box blank between 2 words. Please do not abbreviate the Name)

Client Code

Entity Name

PAN

II. * Additional KYC information:

1. Gross Annual Income Details please tick (✓) ☐ Below 1 Lac ☐ 1-5 Lac ☐ > 5 - 10 Lac ☐ > 10- 25 Lac ☐ > 25 Lacs-1 Crore ☐ > 1 crore

2. Net-worth in ₹. as on (date) DD / MM / YYYY (not older than 1 year)

3. Source of Wealth (please tick (✓) any one) : ☐ Business Income ☐ Gift ☐ Ancestral Property ☐ Rental Income ☐ Prize Money ☐ Royalty

Others (please specify)

specify here

4. Occupation (please tick(✓)any one):

☐ Business

☐ Service

Others (please specify)

specify here

5. Is the entity involved/providing any of the following services please tick(✓)

-Foreign Exchange / Money Changer Services

YES

NO

-Money Lending / Pawning

YES

NO

-Gaming / Gambling/ Lottery Services(e.g. casinos, betting syndicates)

YES

NO

6. Politically Exposed Person (PEP) Status* (please tick(✓) anyone : (Also applicable for authorised signatories/Promoters/ Karta/ Trustee/ Wholtime Directors)

I am a PEP

I am related to PEP

Not Applicable

*PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of Stat military officers, senior executives of state owned corporations, important political party officials, etc.

7. Type of address given at KRA (please tick(✓) any one) :

☐ Residential or Business

☐ Residential

☐ Business

☐ Registered Office

III. * FATCA & CRS declaration: (Please tick (✓) the appropriate tax resident declaration)

City of Incorporation

Date of Incorporation

Country of Incorporation

Entity Constitution Type

☐ Sole Proprietorship

☐ Partnership Firm

☐ HUF

☐ Pvt. Ltd. Company

☐ Public Ltd. Company

☐ Society

☐ AOP/BOI

☐ Liquidator

please tick(✓) as appropriate

☐ Trust

☐ Limited Liability Partnership

☐ Artificial Juridical Person

☐ Others

please specify

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:)

S.No	Country of Tax Residency	Tax Identification Number	Identification Type (TIN or Other, please specify)
1.			
2.			
3.			

% - In case Tax Identification Number is not available, kindly provide its functional equivalent^s

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 mention here (refer 3(viii) of Part C)

Account holder type for Us Reportable Person (Refer 3(ix) of Part C)

Account holder type for other Reportable Person (Refer 3(ix) of Part C)

Part A: (to be filled by Financial Institutions or Direct Reporting NFEs) ☐ N.A. (Please tick (✓) if not applicable)

We are a,

☐ Financial Institution (Refer 1 of Part C)

☐ Participating FFI

☐ Reporting Model 1 FFI (IGA 1 environment)

☐ Reporting Model 2 FFI (IGA 2 environment)

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 an other entity, please provide your sponsor's GIIN above and indicate your sponsor's name below:

Name of the Sponsoring entity:

GIIN not available

☐ Applied For

☐ Non participating FFI

☐ Non reporting FFI

please tick(✓) as appropriate

☐ Not required to apply for - please specify 2 digits of sub-category

(Refer 1A of Part C)

Part B: (Please tick (✓) and fill any one as appropriate, to be filled by NFEs other than Direct Reporting NFEs) ☐ N.A.

☐

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)

(Please specify any one stock exchange where it is regularly traded)

Name of the Stock Exchange

☐

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)

(Please specify name of the listed company and one stock exchange on which the stock is regularly traded)

Name of the listed company

Nature of relation: ☐ Subsidiary of the listed company (OR) ☐ Controlled by a Listed Company

Name of the Stock Exchange

☐

Is the Entity an Active NFE? (Refer 2C of Part C)

Specify the nature of business and provide UBO form

Nature of Business:

Please specify the sub-category of Active NFE (Mention Code - Refer 2C of Part C)

☐

Is the Entity a Passive NFE? (Refer 3(ii) of Part C)

Specify the nature of business and provide UBO form

Nature of Business:

*Declaration for Ultimate Beneficial Ownership (UBO)

(Mandatory for all entities EXCEPT, Publicly Traded Company or a related entity of Publicly Traded Company)

Category (please tick applicable category):

<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Unincorporated Association/Body of Individuals	<input type="checkbox"/> Religious Trust
<input type="checkbox"/> Public Charitable Trust	<input type="checkbox"/> Private Trust / Trust created by a Will	<input type="checkbox"/> Others	please specify	

Details of Ultimate Beneficial Owners:- (Please list below each controlling person, confirming ALL countries of Tax Residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person. (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	UB01	UB02	UB03
PAN #			
Name of UBO			
Residential Status	<input type="checkbox"/> Res. Ind. <input type="checkbox"/> NRI <input type="checkbox"/> Foreign National <input type="checkbox"/> Others	<input type="checkbox"/> Res. Ind. <input type="checkbox"/> NRI <input type="checkbox"/> Foreign National <input type="checkbox"/> Others	<input type="checkbox"/> Res. Ind. <input type="checkbox"/> NRI <input type="checkbox"/> Foreign National <input type="checkbox"/> Others
UBO Code (Refer 3(iv) A of Part C)			
Customer ID (If any with Sharekhan Limited)			
Percentage of Holding (%) ⁵			
Address	ZIP/PIN Code : State : Country :	ZIP/PIN Code : State : Country :	ZIP/PIN Code : State : Country :
Address Type	<input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered Office	<input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered Office	<input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered Office
Telephone	ISD STD NUMBER	ISD STD NUMBER	ISD STD NUMBER
Mobile	ISD NUMBER	ISD NUMBER	ISD NUMBER
Are you a US person ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Tax Residency*			
Tax ID ⁶			
Tax ID Type (TIN or Other, please specify)			
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
City of Birth			
Country of Birth (Mandatory)			
Nationality			
Citizenship			
Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Others	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Others	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Others
Father's Name			
Occupation	<input type="radio"/> Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Doctor <input type="radio"/> Private Sector <input type="radio"/> Public Sector <input type="radio"/> Forex Dealer <input type="radio"/> Government <input type="radio"/> Others	<input type="radio"/> Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Doctor <input type="radio"/> Private Sector <input type="radio"/> Public Sector <input type="radio"/> Forex Dealer <input type="radio"/> Government <input type="radio"/> Others	<input type="radio"/> Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Doctor <input type="radio"/> Private Sector <input type="radio"/> Public Sector <input type="radio"/> Forex Dealer <input type="radio"/> Government <input type="radio"/> Others

- If UBO is KYC compliant, KYC proof to 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.

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

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

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

FATCA - CRS Terms and Conditions

- 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 of 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.
- I/we understand that the Stock Broker is relying on this information for the purpose of determining the status of the applicants named above in compliance with CRS/FATCA. The Stock Broker is not able to offer any tax advice on CRS or FATCA or its impact on the applicants and I/we shall seek advice from professional tax advisor for any tax questions. Further, I/we agree to submit a new form within 30 days if any information or certification on this form gets changed. I/we agree, as may be required by Regulatory authorities, Stock Broker shall be required to comply to report, reportable details to CBDT or close or suspend my/our account.
- Under Penalty of perjury, I/we certify that:
 - The number shown on this form is the correct taxpayer identification number of the applicant, and
 - The applicant is (i) an applicant taxable as US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof, or
 - The applicant is an applicant taxable as a tax resident under the laws of country outside India.
- I/we hereby confirm that details as provided above can be shared by Sharekhan with the concerned Asset Management Companies (AMCs) or such other product providers, to whom FATCA/CRS norms are applicable, in whose schemes/ products we may invest/transact in future through Sharekhan.

Authorized Signatory(ies) [with Company/Trust/Firm/Body Corporate seal/stamp]

Name : _____	Name : _____	Name : _____
Designation : _____	Designation : _____	Designation : _____
Signature : _____	Signature : _____	Signature : _____

Date ____ / ____ / ____

Place _____

PART C: FATCA Instructions & Definitions

1. Financial Institution

The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance company, as defined.

- Depository institution: is an entity that accepts deposits in the ordinary course of banking or similar business.
- Custodial institution is an entity that holds as a substantial portion of its business, holds financial assets for the account of others and where its income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of-

(i) The three financial years preceding the year in which determination is made; or

(ii) The period during which the entity has been in existence, whichever is less.

- Investment entity is any entity:

✓ That primarily conducts a business or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer
Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or

(ii) Individual and collective portfolio management; or

(iii) Investing, administering or managing funds, money or financial asset or money on behalf of other persons;

or

✓ The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described above.

An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of :

(i) The three-year period ending on 31 March of the year preceding the year in which the determination is made; or

(ii) The period during which the entity has been in existence.

The term "Investment Entity" does not include an entity that is an active non-financial entity as per codes 03, 04, 05 and 06 (refer point 2C.)

- Specified Insurance Company: Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.

- FI not required to apply for GIIN:

A. Reasons why FI not required to apply for GIIN:

Code	Sub-Category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors, Investment Managers & Executing Brokers
07	Exempt collective investment vehicle
08	Trustee of an Indian Trust
09	FI with a local client base
10	Non-registering local banks
11	FFI with only Low-Value Accounts
12	Sponsored investment entity and controlled foreign corporation
13	Sponsored, Closely Held Investment Vehicle
14	Owner Documented FFI

2. Non-financial entity (NFE) - Foreign entity that is not a financial institution

Types of NFEs that are regarded as excluded NFE are:

A. Publicly traded company (listed company)

A company is publicly traded if its stock are regularly traded on one or more established securities markets

(Established securities market means an exchange that is officially recognized and supervised by a governmental authority in which the securities market is located and that has a meaningful annual value of shares traded on the exchange)

B. Related entity of a publicly traded company

The NFE is a related entity of an entity of which is regularly traded on an established securities market;

C. Active NFE : (is any one of the following):

Code	Sub-Category
01	Less than 50 percent of the NFE's gross income for the preceding financial year is passive income and less than 50 percent of the assets held by the NFE during the preceding financial year are assets that produce or are held for the production of passive income;
02	The NFE is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing;
03	Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for this status if the entity functions as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
04	The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;
05	The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
06	The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;
07	<p>Any NFE that fulfills all of the following requirements:</p> <ul style="list-style-type: none">• It is established and operated in India exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in India and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare;• It is exempt from income tax in India;• It has no shareholders or members who have a proprietary or beneficial interest in its income or assets; <p>The applicable laws of the NFE's country or territory of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and The applicable laws of the NFE's country or territory of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE's country or territory of residence or any political subdivision thereof.</p> <p>Explanation:- For the purpose of this sub-clause, the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely:-</p> <ul style="list-style-type: none">(I) an Investor Protection Fund referred to in clause (23EA);(II) a Credit Guarantee Fund Trust for Small Industries referred to in clause 23EB; and(III) an Investor Protection Fund referred to in clause (23EC), of section 10 of the Act;

3. Other Definitions (including UBO)

(i) Related entity

An entity is a 'related entity' of another entity if either entity controls the other entity, or the two entities are under common control For this purpose, control includes direct or indirect ownership of more than 50% of the votes and value in an entity.

(ii) Passive NFE

The term passive NFE means

- (1) any non-financial entity which is not an active non-financial entity including a publicly traded corporation or related entity of a publicly traded company;
or
(2) an investment entity defined in clause (b) of these instructions
(3) a withholding foreign partnership or withholding foreign trust;
(Note: Foreign persons having controlling interest in a passive NFE are liable to be reported for tax information compliance purposes)

(iii) Passive income

The term passive income includes income by way of :

- (1) Dividends,
(2) Interest
(3) Income equivalent to interest,
(4) Rents and royalties, other than rents and royalties derived in the active conduct of a business conducted, at least in part, by employees of the NFE
(5) Annuities
(6) The excess of gains over losses from the sale or exchange of financial assets that gives rise to passive income
(7) The excess of gains over losses from transactions (including futures, forwards, options and similar transactions) in any financial assets,
(8) The excess of foreign currency gains over foreign currency losses
(9) Net income from swaps
(10) Amounts received under cash value insurance contracts

But passive income will not include, in case of a non-financial entity that regularly acts as a dealer in financial assets, any income from any transaction entered into in the ordinary course of such dealer's business as such a dealer.

(iv) UBO/Controlling persons

Controlling persons are natural persons who exercise control over an entity and includes a beneficial owner under sub-rule (3) of rule 9 of the Prevention of Money-Laundering (Maintenance of Records) Rules, 2005. In the case of a trust, the controlling person means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust. In the case of a legal arrangement other than a trust, controlling person means persons in equivalent or similar positions.

Pursuant to guidelines on identification of Beneficial Ownership issued vide SEBI circular no. CIR/MIRSD/2/2013 dated January 24, 2013, persons (other than Individuals) are required to provide details of Beneficial Owner(s) ('BO'). Accordingly, the Beneficial Owner means 'Natural Person', who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest of / entitlements to:

- (1) More than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
(2) More than 15% of the capital or profits of the juridical person, where the juridical person is a partnership; or
(3) More than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

Where the client is a trust, the financial institution shall identify the beneficial owners of the client and take reasonable measures to verify the identity of such persons, through the identity of the settlor of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

Where no natural person is identified the identity of the relevant natural person who holds the position of senior managing official.

(A) UBO Code/Type Code of the Controlling Person:

Code	Sub-Category
01	CP of legal person-ownership
02	CP of legal person-other means
03	CP of legal person-senior managing official
04	CP of legal arrangement-trust-settlor
05	CP of legal arrangement-trust-trustee
06	CP of legal arrangement-trust-protector
07	CP of legal arrangement-trust-beneficiary
08	CP of legal arrangement-trust-other
09	CP of legal arrangement-Other-settlor equivalent
10	CP of legal arrangement-Other-trustee equivalent
11	CP of legal arrangement-Other-protector equivalent
12	CP of legal arrangement-Other-beneficiary equivalent
13	CP of legal arrangement-Other-other equivalent
14	Unknown

(v) Specified U.S. person – A U.S. person other than the following:

- (1) a corporation the stock of which is regularly traded on one or more established securities markets;
(2) any corporation that is a member of the same expanded affiliated group, as defined in section 1471(e)(2) of the U.S. Internal Revenue Code, as a corporation described in clause (i);
(3) the United States or any wholly owned agency or instrumentality thereof;
(4) any State of the United States, any U.S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing;
(5) any organization exempt from taxation under section 501(a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code;
(6) any bank as defined in section 581 of the U.S. Internal Revenue Code;
(7) any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code;
(8) any regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or any entity registered with the U.S. Securities and Exchange Commission under the Investment Company Act of 1940 (15 U.S.C. 80a-64);
(9) any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code;
(10) any trust that is exempt from tax under section 664(c) of the U.S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code;
(11) a dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any State;
(12) a broker as defined in section 6045(c) of the U.S. Internal Revenue Code; or
(13) any tax-exempt trust under a plan that is described in section 403(b) or section 457(g) of the U.S. Internal Revenue Code.

(vi) Owner documented FFI

FFI meets the following requirements:

- (a) The FFI is an FFI solely because it is an investment entity;
(b) The FFI is not owned by or related to any FFI that is a depository institution, custodial institution, or specified insurance company;
(c) The FFI does not maintain a financial account for any non participating FFI;
(d) The FFI provides the designated withholding agent with all of the documentation and agrees to notify the withholding agent if there is a change in circumstances; and
(e) The designated withholding agent agrees to report to the IRS (or, in the case of a reporting Model 1 IGA, to the relevant foreign government or agency thereof) all of the information described in or (as appropriate) with respect to any specified U.S. persons and (2). Notwithstanding the previous sentence, the designated withholding agent is not required to report information with respect to an indirect owner of the FFI that holds its interest through a participating FFI, a deemed-compliant FFI (other than an owner-documented FFI), an entity that is a U.S. person, an exempt beneficial owner, or an excepted NFE.

(vii) Direct reporting NFE

A direct reporting NFE means a NFE that elects to report information about its direct or indirect substantial U.S. owners to the IRS.

(viii) Exemption code for U.S. persons

Code	Sub-Category
A	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
B	The United States or any of its agencies or instrumentalities
C	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
E	A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
F	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G	A real estate investment trust
H	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I	A common trust fund as defined in section 584(a)
J	A bank as defined in section 581
K	A broker
L	A trust exempt from tax under section 664 or described in section 4947(a)(1)
M	A tax exempt trust under a section 403(b) plan or section 457(g) plan

4. Additional KYC Details

- 1 The entity is required to provide all the information sought under the Additional KYC details mandatorily.

Client ID:	"Schedule A"					Remarks
	Scheme Chosen					
	Scheme A <input type="checkbox"/> AMC 400	Scheme B <input type="checkbox"/> AMC 500	Scheme C <input type="checkbox"/> AMC 350	Scheme D <input type="checkbox"/> One Time 2999	Scheme G <input type="checkbox"/> (Pvt. Ltd./Ltd./LLP)	
Transaction type	Scheme A (TC100)	Scheme B (TC108)	Scheme C (TC119)	Scheme D (TC117)**	Scheme G (TC123)	
Deposit	Trading Client Code / Trading Application No. { _____ }					
	Nil	Nil	Nil	Rs. 2999 (refund of deposit Rs. 2000 on closure)	Nil	
Account Opening	Nil					Stamp paper / KRA charges as applicable
Annual Maintenance Charges	Rs. 400 p.a (DP Account, POA & Dig. Contract Notes Mandatory)	Rs.500 p.a (without POA & Dig. Contract Notes)	Rs. 350 p.a (DP Account, POA & Dig.Contract Notes Mandatory)	Nil (DP Account, POA & Dig. Contract Notes Mandatory)	Rs. 1000 p.a (DP Account, POA & Dig. Contract Notes Mandatory)	
Sales - Through Sharekhan	Nil	Nil	Rs. 6 Per transaction	Rs. 6 Per transaction	Nil	
Purchases	Nil					
Delivery Handling Charges (DHC)#	Min Rs.21/- (on sale only)..Delivery Handling Charges (DHC) would be levied in case value of the brokerage levied is less than Rs. 21/- per scrip.	Min Rs.21/- (on sale only)..Delivery Handling Charges (DHC) would be levied in case value of the brokerage levied is less than Rs. 21/- per scrip.	N.A	N.A	N.A	
Sales - Not through Sharekhan/ Offmarket transfer/IDT	0.03% of the value of transact on. (Min.Rs.30)	0.03% of the value of transaction. (Min.Rs.30)	0.03% of the value of transaction. (Min.Rs.30)	0.03% of the value of transaction. (Min.Rs.30)	0.03% of the value of transaction. (Min.Rs.30)	Per transaction
Dematerialisation	Rs.5 per certificate	Rs.5 per certificate	Rs.5 per certificate	Rs.5 per certificate	Rs.5 per certificate	Min. Rs.50 per request
Rematerialisation /Repurchase	Rs. 50 per certificate or Rs. 50 for every hundred securities					Per request
Margin Pledge Creation	A : Securities Margin Pledge			Rs. 20/- Per Transaction		
	B : Securities Pledge under Margin Funding			Rs. 30/- Per Transaction		
Pledge Creation	0.03% of the value of the transaction (Min Rs.100)					Per transaction
Freeze/De-freeze	Rs.25					Per request
Stock Lending & Borrowing	0.02% of the value of the transaction (Min Rs.100)					Per request
Advance	Rs.500			Rs.1000		Advance which will be adjusted Against billing (Optional)

**This Scheme is valid for 10 years from the date of execution and then would be converted to TC 100.

Note: 1. Sharekhan reserves the right to revise the tariff by providing 30 days notice & this will be binding on all. 2. Any service not quoted above will be charged separately. 3. Transaction statement : Will be sent as per CDSL requirements at no extra cost. Every extra Statement shall be charged at Rs.10. If the number of pages exceeds 10 then every additional page will be charged at the rate of Rs.3 per page. 4. All charges are exclusive of GST and stamp paper / Stamp Duty 5. In case of non payment of DP charge, Sharekhan may levy interest.

SHAREKHAN LIMITED

10th Floor, Beta Building, Lodha iThink Techno Campus, Off. JVLR, Kanjurmarg (East), Mumbai - 400 042.

Sharekhan

by BNP PARIBAS

Date : ____ / ____ / ____

Application No.

Acknowledgment Slip

Received the application from the following holder/s for opening a trading & depository account. Please quote the Client Code, DP ID & Client ID allotted to you in all your future correspondence.

Name of 1st Holder	Name of 2nd Holder	Name of 3rd Holder

Received Cheque No. _____ Amount _____ Bank Name _____

Received Cheque No. _____ Amount _____ Bank Name _____

Executive Name : _____ Executive Sign : _____

Outlet Name : _____ Outlet Code : _____

For all queries, please call 022 25753200 / 022 33054600 (Local Call Charges) / 022 - 6115 0000 (If you are in Mumbai)

For DP Inquires & Queries email at dpcall@sharekhan.com & Broking Queries email at myaccount@sharekhan.com

Note : "Kindly DO NOT handover Cash / Shares to the sales executive for any reason whatsoever.

Sharekhan
Seal and Signature



Achieve Financial Freedom

SIP by SIP

**Set up Systematic Investment Plans
in mutual funds**

Sharekhan

by BNP PARIBAS