

Corporate Identity Number (CIN): U74999DL2003PLC122874;

Correspondence Address Plot no. 108, 5th Floor, IT Park, Udyog Vihar, Phase - I, Gurugram - 122016, Haryana.

Client Helpline: 022-61446300, Fax: 0124 6681111, E-mail: helpdesk@dhani.com, grievances_dsl@dhani.com;

Registered Office: 1/1E, First Floor, East Patel Nagar, New Delhi - 110008. Tel.: 011-41052775, Fax: 011-42137986; **Website:** www.dhanistocks.com; **CIN:** U74999DL2003PLC122874

KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Non-Individuals)

Please fill the form in English and 'BLOCK LETTERS' only

Trading Code																
Demat ID (1)	1	2	0	2	9	9	0	0								
Demat ID (2)	1	2	0	2	9	9	0	0								
Demat ID (3)	1	2	0	2	9	9	0	0								

PART- (A) IDENTITY DETAILS

Name of the Applicant																	
Date of Incorporation	D	D	M	M	Y	Y	Y	Y	Place of Incorporation								
Date of commencement of business	D	D	M	M	Y	Y	Y	Y	PAN								
Registration Number (e.g. CIN)																	
Status	<input type="checkbox"/> Public Ltd. Co <input type="checkbox"/> Private Ltd. Co <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Charities <input type="checkbox"/> NGO's <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> Bank <input type="checkbox"/> Govt. Body <input type="checkbox"/> Non-Government Organisation <input type="checkbox"/> BOI <input type="checkbox"/> Society <input type="checkbox"/> LLP <input type="checkbox"/> FPI – category I <input type="checkbox"/> FPI – category II <input type="checkbox"/> FPI – category III <input type="checkbox"/> Defence Establishment <input type="checkbox"/> Others (Please Specify) _____																

PART (B) ADDRESS DETAILS

Address for Correspondence																	
City/Town/Village						State											
Country						PIN											
Specify the Proof of Address submitted for correspondence address																	
Contact Details																	
Telephone (Off.)						Fax											
Telephone (Res.)						Mobile											
Email ID																	
Registered Address (if different from above)																	
Registered Address																	
City/Town/Village						State											
Country						PIN											
Specify the Proof of Address submitted for Registered address																	

Signature of authorised signatory:  (1) _____

C. Other Details

Name, UID/DIN, residential address and photographs of Promoters/Partners/Karta/Trustees/Whole Time Directors

Name (1)											Please affix your recent passport size photograph and sign half way across the photograph and the form
PAN											
DIN of whole time directors											
Relationship With Applicant (i.e. promoters, whole time directors etc.)											
Whether Politically Exposed	<input type="checkbox"/> PEP	<input type="checkbox"/> RPEP	<input type="checkbox"/> No								
Residential Address											
City/Town/Village						State					
Country						PIN					

Name (2)											Please affix your recent passport size photograph and sign half way across the photograph and the form
PAN											
DIN of whole time directors											
Relationship With Applicant (i.e. promoters, whole time directors etc.)											
Whether Politically Exposed	<input type="checkbox"/> PEP	<input type="checkbox"/> RPEP	<input type="checkbox"/> No								
Residential Address											
City/Town/Village						State					
Country						PIN					

Name (3)											Please affix your recent passport size photograph and sign half way across the photograph and the form
PAN											
DIN of whole time directors											
Relationship With Applicant (i.e. promoters, whole time directors etc.)											
Whether Politically Exposed	<input type="checkbox"/> PEP	<input type="checkbox"/> RPEP	<input type="checkbox"/> No								
Residential Address											
City/Town/Village						State					
Country						PIN					

Any other information										
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Signature of authorised signatory:  (2) _____

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

DETAILS OF AUTHORISED SIGNATORIES												
	First Authorised Signatory				Second Authorised Signatory				Third Authorised Signatory			
Name												
Signature	☞ (3)				☞ (3)				☞ (3)			
Photograph	<div style="border: 1px solid black; padding: 10px; width: 100%;"> Please affix your recent passport size photograph and sign across it </div>				<div style="border: 1px solid black; padding: 10px; width: 100%;"> Please affix your recent passport size photograph and sign across it </div>				<div style="border: 1px solid black; padding: 10px; width: 100%;"> Please affix your recent passport size photograph and sign across it </div>			
Date	D	D	M	M	Y	Y	Y	Y	Place			

IDENTITY VERIFIED "IN PERSON" - Dhani Stocks Limited

IPV Done on	D	D	M	M	Y	Y	Y	Y	SEAL/STAMP of Dhani Stocks Limited
Place									
Employee Name									
Designation									
Date	D	D	M	M	Y	Y	Y	Y	
Employee Signature ☞									

FOR OFFICE USE ONLY

Intermediary Name - Dhani Stocks Limited (Formerly Indiabulls Securities Ltd.)

<input type="checkbox"/> (Originals Verified) True copies of documents received										SEAL/STAMP of Dhani Stocks Limited
<input type="checkbox"/> (Self-attested) Self-certified document copies received										
Employee Name										
Designation										
Date	D	D	M	M	Y	Y	Y	Y		
Employee Signature ☞										

DETAILS OF ULTIMATE BENEFICIAL OWNER INCLUDING FATCA & CRS INFORMATION

Name of the entity										
Type of address given at KYC		<input type="checkbox"/> Residential <input type="checkbox"/> Residential / Business <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <i>Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify any changes.</i>								
PAN										
City of incorporation						Country of Incorporation				
Date of Incorporation (DD/MM/YYYY)		D	D	M	M	Y	Y	Y	Y	
Entity constitution type (please tick as appropriate)		<input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Trust <input type="checkbox"/> Liquidator <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Artificial Judicial Person <input type="checkbox"/> Others (Please Specify) _____								
Please tick (√) the applicable tax resident declaration										
Is the "entity" a tax resident of any country other than India - <input type="checkbox"/> Yes <input type="checkbox"/> 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 Payer Identification Number (TIN) / Functional Equivalent					Identification Type (TIN / other, please specify)*			
1.										
2.										
3.										
*Incase of 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 US but Entity is not a Specified US person, mention Entity's exemption code here _____ (Refer Instructions o)

FATCA & CRS DECLARATION

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

Part A (to be filled by Financial Institutions or Direct Reporting NFFEs)	
We are a - <input type="radio"/> Financial Institution / FFI ⁶ <input type="radio"/> Direct Reporting NFFEs ⁷ (Please √ as appropriate)	GIIN (Global Intermediary Identification Number)
	<i>Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below</i>
	Name of the sponsoring entity
	GIIN not available [tick any one]: <input type="checkbox"/> Applied For If entity is a financial institution: <input type="checkbox"/> Not required to apply for – please specify 2 digit sub-category ¹⁰ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not obtained - Non-participating FFI

Signature of authorised signatory:  (4) _____

Name:	Tax ID Type:	Address:
Country:	Type Code:	Zip: State:
Tax ID No %:	Address type: <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	Country:

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

* 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

If passive NFE, please provide below additional details (please attach additional sheets if necessary)

PAN / Any other identification number (PAN, Aadhaar, Passport, Election ID, Govt. ID, Driving License, NREGA Job Card, Others) City of birth – Country of birth	Occupation type – Service, Business, Others Nationality Father's Name – Mandatory, if PAN is not available.	DOB – Date of Birth Gender – Male, Female, Others
PAN: City of Birth: Country of Birth:	Occupation Type: Nationality: Father's Name:	DOB: (DD/MM/YYYY) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
PAN: City of Birth: Country of Birth:	Occupation Type: Nationality: Father's Name:	DOB: (DD/MM/YYYY) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
PAN: City of Birth: Country of Birth:	Occupation Type: Nationality: Father's Name:	DOB: (DD/MM/YYYY) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others




Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

* 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

Gross annual income details (income range per annum)	<input type="checkbox"/> < 1 Lac <input type="checkbox"/> 1 - 5 Lac <input type="checkbox"/> 5 - 10 Lac <input type="checkbox"/> 10 - 25 Lac <input type="checkbox"/> 25 Lac – 1 Crore <input type="checkbox"/> (>) Above 1 Crore										
(AND) Net worth	As on date			D	D	M	M	Y	Y	Y	Y
Net worth should not be older than 1 year											

Declaration: I/We have understood the information requirements of this form (read along with FATCA and CRS instructions) and hereby confirm that the information provided by me/us on this form is true, correct and complete. I/We also confirm that I/we have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Signature of Authorised Signatory	First Authorised Signatory			Second Authorised Signatory			Third Authorised Signatory		
	 (6)			 (6)			 (6)		
Date	D	D	M	M	Y	Y	Y	Y	Place