

# dhani Stocks KNOW YOUR CLIENT (KYC) UPDATION FORM (For Non-Individuals) **Dhani Stocks Limited**

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) 2 0 9 2 Demat ID (2) 2 0 2 9 9 0 0 1 Demat ID (3) 0 2 9 1 2 9 0 0 PART- (A) **IDENTITY DETAILS** Name of the Applicant Date of Incorporation D D M Place of Incorporation Date of commencement of D D M Υ PAN M Υ business Registration Number (e.g. CIN) Status □ Public Ltd. Co □ Private Ltd. Co □ Body Corporate □ Partnership □ Trust □ Charities □ NGO's □ FI □ FII □ HUF □ AOP □ Bank □ Govt. Body □ Non-Government Organisation □ BOI □ Society □ LLP □ FPI – category I □ FPI – category II □ FPI – category III □ Defence Establishment □ 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 PIN Country Specify the Proof of Address submitted for Registered address

Signature of authorised signatory: (1)

### C. Other Details

Name, UID/DIN, residential ad	ddress	and pl	hotogra	aphs of	Promot	ers/Pa	rtners/	Karta/T	rustees	s/Whole	e Time [	Directors	5		
Name (1)															
												ase affix	-		
PAN											recent passport size photograph and sign				
DIN of whole time directors												way acr			
Relationship With Applicant ( time directors etc.)	i.e. pro	omoter	s, who	le							- pnot	ograph a form	and the		
Whether Politically Exposed	□ PE	P	□ RF	PEP	□N	lo									
Residential Address															
City/Town/Village					Sta	ate									
Country					PIN	N									
Name (2)															
												ease affi	-		
												ent passp			
											-	ograpn way acr	and sign		
												tograph			
											'	form			
PAN															
DIN of whole time directors															
Relationship With Applicant (	i.e. pro	omoter	s, who	le											
time directors etc.)															
Whether Politically Exposed	□ PE	Р	□ RF	PEP	$\square$ N	lo									
Residential Address															
City/Town/Village					C+-	ate									
									<u> </u>			ı	1		
Country					PII	N									
Name (3)											DI	tt:			
										•		ease affi ent passp	-		
PAN													and sign		
DIN of whole time directors										I		f way acı tograph	ross the and the		
Relationship With Applicant (directors etc.)	i.e. pro	omoter	s, who	le time							Pilo	form			
Whether Politically Exposed	□ PE	P	□ Rf	PEP	N	lo									
Residential Address															
City/Town/Village					St	ate									
Country					PI	N									
<u> </u>	<u> </u>											<u> </u>			
Any other information															
<del></del>															

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	<b>(3)</b>	<b>(3)</b>	<b>P</b> (3)							
Photograph	Please affix your recent passport size photograph and sign across it	Please affix your recent passport size photograph and sign across it	Please affix your recent passport size photograph and sign across it							
Date D D	M M Y Y Y	Place	I							

#### **IDENTITY VERIFIED "IN PERSON" - Dhani Stocks Limited**

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

#### **FOR OFFICE USE ONLY**

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

□ (Originals Verified) True copies of documents received									
☐ (Self-attested) Se									
Employee Name									
Designation									SEAL/STAMP of Dhani Stocks
					•		•		Limited
Date	D	D	M	M	V	V	V	V	
			101	141					
Employee									
Employee Signature									

## **DETAILS OF ULTIMATE BENEFICIAL OWNER INCLUDING FATCA & CRS INFORMATION**

Signature of authorised signatory: (4)

Name of the entity

	address given a	t 🗆 Residen	□ Residential □ Residential / Business □ Business □ Registered Office										
KYC		-	of tax residence would be taken as available in KRA database. Incase of any change, oproach KRA & notify any changes.										
PAN		, ,		<i>,</i> , 3									
City of i	ncorporation			Country of	Incorporation								
Date of	Incorporation M/YYYY)	D	D M	M	Υ	Υ	Υ	Υ					
• •	onstitution type	□ Partner	□ Partnership Firm □ HUF □ Private Limited Company □ Public Limited Company										
(please	tick as approprio	nte) □ Society											
		□ Artificia	Judicial Person	☐ Others (Please	e Specify)								
Please t	ick ( $$ ) the applic	able tax resident	declaration										
Is the "e	entity" a tax resid	dent of any counti	y other than Indi	a - □ Yes □ No									
(if yes,   below)	please provide o	country(ies) in wh	ich the entity is	a resident for t	ax purposes a	nd the	associated Tax	x ID number					
S. No	Country of tax	residency	Tax Payer Id Functional Equi		umber (TIN)		Identification Type (TIN other, please specify)*						
1.													
2.													
3.	3.												
*incase of TIN or its functional equivalent is not available, please provide Company Identification Number or Global Entity													
Identific	ation Number o	r GIIN, etc.											
In case t	the Entity's Cour	try of Incorporati	on / Tax Residenc	e is US but Entit	y is not a Speci	fied US	person, menti	on Entity's					
exempti	ion code here	(	Refer Instructions	: o)									
			EATCA & C	RS DECLARAT	ION								
(Please	consult vour pro	fessional tax advis				cation)							
-		nancial Institution				<i>-</i>							
	-	GIIN (Global Inte	ermediary Identif	ication Number)									
We are	a -												
			not have a GIIN		•	nother	entity, please	provide your					
O Final	ncial	•	sor's GIIN above and indicate your sponsor's name below e of the sponsoring entity										
Instituti	on / FFI <sup>6</sup>	realite of the spe	isoring charty										
	ect Reporting	GIIN not availab  ☐ Applied For	le [tick any one]:										
NFFEs <sup>7</sup>		_ / ipplied i of											
(Please	√ as	If entity is a fina											
appropr			o apply for – plea Non-participatin		t sub-category¹	0 🗆							

Part B [F	ill any one as applicable - to be j	filled by	NFEs other than Direct Reporting	NFFEs]					
	Is the entity is a publicly traded		Yes □ (Please specify any one Stock Exchange(s) on which the stock is						
	company <sup>1</sup> [that is, a company v		regularly traded)						
	shares are regularly traded on a	n							
1	established securities market]		Name of the Stock Exchange:						
	Is the entity a Related Entity <sup>2</sup> of		Yes $\Box$ (Please specify the name of	f the listed company, name of the Stock					
	publicly traded company [a con	npany	Exchange(s) where it is traded reg	gularly)					
2	whose shares are regularly trad	led on							
	an established securities marke	t]	Name of the listed company:						
			Name of the Stock Exchange:						
			National desirations						
			Nature of relation:	.1					
			☐ Subsidiary of listed company (o	1)					
	Is the entity an Active <sup>3</sup> NFE?		☐ Controlled by listed company  Yes ☐ (if yes, please fill UBO dec	Jaration in the next section)					
3	is the entity an Active TNFE!		res (ii yes, please iiii obo dec	laration in the next section)					
3			Nature of business						
			Nature of business						
			Please specify sub-category of Ac	tive NFF   [mention code]					
4	If the entity a Passive <sup>4</sup> NFE:		Yes  (if yes, please fill UBO dec						
	[Refer instructions h.]		(ii yes, piedse iiii obo dee	idiation in the next section,					
	[neger man decions m.]		Nature of business						
<sup>1</sup> Refer 2	a of Part C: <sup>2</sup> Refer 2b of Part C: <sup>3</sup>	Refer 2		Refer 1 of Part C; <sup>7</sup> Refer 3 (vii) of Part C;					
	LA of Part C;								
UBO De	claration								
	$\sqrt{\text{(please }\sqrt{\text{applicable category)}}}$ :								
			Limited Liability Partnership Comp	oany □ Public charitable trust					
			body of individuals   Private true	· · ·					
- 0 -			,	(J. 222 2)					
Please lis	st below the details of controlling	g persor	n(s), confirming all countries of tax	residency / permanent residency /					
citizensh	ip and all Tax Identification Num	bers for	EACH controlling person.						
Owner d	ocumented FFI's <sup>5</sup> should provide	FFI Ow	ner Reporting Statement and Audi	tor's letter with required details as					
mention	ed in Form W8 BEN E								
• 1	Name – Beneficial Owner /	•	Tax ID Type – TIN or Other,	<ul> <li>Address – Include State,</li> </ul>					
(	Controlling Person		please specify	Country, PIN/ZIP code and					
• (	Country – Tax Residency*	•	Beneficial interest – in %	contact details					
• 7	Γax ID No. – or functional	•	Type Code <sup>11</sup> – of controlling						
6	equivalent for each country %		person						
Name:		Tax ID	Type:	Address:					
Country:		Type C	ode:						
Tax ID No	o %:	Addres	ss type: □ Residence □ Business	Zip: State:					
		□ Regi	stered Office						
				Country:					
Name:		Tax ID	Type:	Address:					
Country:		Type C	ode:						
Tax ID No	o %:	Addres	ss type:   Residence   Business	Zip: State:					
		□ Regi	stered Office						
				Country:					

Signature of authorised signatory: (5)

Name:		Tax ID Type	:			Addres	ddress:								
Country:		Type Code:													
			Zip: State:												
Tax ID No %:			e: 🗆 Residence	e 🗆 Bus	iness										
		□ Registere				Countr									
# Additional details t	•	lling persons	with tax reside	ency / pe	ermaner	nt resid	ency /	citizen	ship /	Green Ca	ırd in				
any country other than India:  * To include US, where controlling person is a US Citizen or green card holder.															
% Incase Tax Identification Number is not available, kindly provide functional equivalent															
% incase rax identific	ation Number is no	t avallable, Kli	naly provide it	IIICLIOIIa	ii equiva	ilent									
# If passive NFE, please provide below additional details (please attach additional sheets if necessary)															
PAN / Any other identification number															
(PAN, Aadhaar, Pass		Others	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, =	,										
Govt. ID, Driving Lice		Nationality				Gende	r – Ma	ale, Fen	nale, O	thers					
Card, Others)		•	me – Mandato	ry, if PA	N is										
City of birth – Countr	y of birth	not availabl	e.												
PAN:		Occupation	Type:			DOB:									
						(DD/M	IM/YY	YY)							
City of Birth:		Nationality:													
						Gende									
Country of Birth:		Father's Na			□ Male	9	□ Fema	ale	□ Othe	rs					
PAN:	Occupation	Occupation Type:					DOB:								
			Alasta a alti					(DD/MM/YYYY)							
City of Birth:	Nationality:	Nationality:					Gender:								
Country of Dirth	Falls de Na									ender: Male					
Country of Birth: PAN:		Father's Na Occupation		DOB:	<b>:</b>	🗆 гени	ale	□ Otile	15						
PAIN.		Occupation	/ I <sup>-</sup> -				(DD/MM/YYYY)								
City of Birth:		Nationality:				(00)10	11 <b>v</b> 1/ 1 1	11,							
City of Birtin		-				Gender:									
Country of Birth:		Father's Na					□ Male □ Female □ Others								
# Additional details t	o be filled by contro	lling persons	with tax reside	ncy / pe	ermaner	nt resid	ency /	citizen	ship /	Green Ca	rd in				
any country other th	an India:														
* To include US, whe	re controlling perso	n is a US Citizo	en or green ca	rd holde	er.										
% Incase Tax Identific	cation Number is no	t available, ki	ndly provide fu	ınctiona	al equiva	lent									
Gross annual income	🗆 🗆	Lac □1-5L	.ac □5 - 10 La	c □10	- 25 Lac	□25	Lac – :	1 Crore	□(>)	Above 1	Crore				
(income range per an	num)		A	1	1 1										
(AND) Net worth			As on date	D	D	M	M	Υ	Υ	Υ	Υ				
Net worth should not	t be older than 1 yea	ar													
<b>Declaration</b> : I/We ha			•		-	_					-				
and hereby confirm								-			onfirm				
that I/we have read a	and understood the	FATCA & CRS	Terms and Co	nditions	below	and her	eby a	ccept th	ne sam	e.					
	First Authorised	Signatory	Second Aut	horised	Signato	orv	Thir	d Auth	orised	Signator	v				
Signature of		01	223		2.0.144	,				0	•				
Authorised Signatory	<b>(6)</b>		<b>(6)</b>				<b>3</b> (6)								
Signatory	(0)		(0)				(0)								

Place

Date