

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

Signature of authorised signatory: (1)

KNOW Y	OUR C	CLIEN	NT (K	(YC)	APPL	ICA	TION	I FO	RM (For N	lon-	-Indi	ivid	uals	s)		
Please fill the form in Engli	ish and '	BLOC	K LET	TERS' o	nly												
Trading Code																	
Demat ID (1)	ı	N	3	0	2	2	3	6									
Demat ID (2)	ı	N	3	0	2	2	3	6									
Demat ID (3)	ı	N	3	0	2	2	3	6									
PART- (A) IDENTITY DET	ΓAILS																
Name of the Applicant																	
Date of Incorporation	D D	M	M	Y	Υ	Υ	Place	e of Ir	ncorpo	ration							
Date of commencement of	D	D	MN	1 Y	YY	Υ	PAN										
business																	
Registration Number (e.g. CIN)																	
Status Public Ltd. Co	□ Priva	te Ltd	l. Co	□ Bod	y Corp	orate	. □ P	artne	rship	□ Trus	st 🗆	Charit	ties	□ NG	iO's	□ FI	
□ FII □ HUF □ A	AOP □ B	ank [□ Govt	t. Body	□ No	n-Gov	vernm	ent C	rganis	ation [⊐ ВОІ	□ So	ciety)		
□ FPI – category	I □ FPI ·	– cate	gory I	I □ FPI	– cate	egory	III 🗆	Defe	nce Est	ablish	nent						
□ Others (Please	Specify)															
PART (B) ADDRESS DETA	AILS																
Address for																	
Correspondence																	
City/Town/Village					Stat	:e											
Country					PIN												
Specify the Proof of Addres	s submi	tted f	or														
correspondence address																	
Contact Details Telephone (Off.)							Fax										
Telephone (Res.)							Mobile	,									
Email ID						'	VIODIIC										
Registered Address (if diffe	erent fro	m ab	ove)														
Registered Address																	
City/Town/Village							State										
Country							PIN										
Specify the Proof of Addres	s submi	tted f	or Reg	gistered	d addr	ess											

C. Other Details

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

Name (1)									PI	ease affix	your
PAN									rece	ent passpo	ort size
DIN of whole time directors									hal	tograph a f way acro tograph a	ss the
Relationship With Applicant (i directors etc.)	.e. pro	moters	s, whole	e time						form	
Whether Politically Exposed	□ PE	Р	□ RP	EP	□ N	0					
Residential Address											
City/Town/Village					Sta	ite					
Country					PII	١					
Name (2)									Plo	ease affix	your
PAN										ent passpo	
DIN of whole time directors							1		half	tograph ai way acro tograph a	ss the
Relationship With Applicant (i directors etc.)	.e. pro	omoters	s, whole	e time					pilo	form	na tric
Whether Politically Exposed	□ PE	Р	□ RP	EP	□ N	0					
Residential Address											
City/Town/Village					Sta	ite					
Country					PIN	J					
Name (3)									P	lease affix	(your
PAN									pho	ent passp tograph a	and sign
DIN of whole time directors										If way acro otograph a	and the
Relationship With Applicant (i directors etc.)	.e. pro	omoters	s, whole	e time						form	
Whether Politically Exposed	□ PE	Р	□ RP	EP	□ N	0					
Residential Address											
City/Town/Village					Sta	ate					
Country					PII	V					
Any other information											
Any other information	1										

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 O	F AUTHORISED SIGNATORIES	
	First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Signature	(3)	(3)	(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	

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

□ (Originals Verifie									
□ (Self-attested) Se	elf-certifi	ed docun	nent cop	ies recei	ved				
Employee Name									
Designation									SEAL/STAMP of Dhani Stocks
Date	D	D	M	M	Υ	Υ	Υ	Υ	Limited
Employee									
Signature ©									

DETAILS OF ULTIMATE BENEFICIAL OWNER INCLUDING FATCA & CRS INFORMATION

Name o	f the entity											
Type of	address given a	t 🗆 Resident	tial 🗆 Resi	idential /	Busi	iness 🗆 Bu	usiness	□ Regis	tered O	ffice		
KYC		Address of	tax residen	ce would	l be t	taken as av	vailable	in KRA da	ıtabase.	. Incase of a	any change,	
		please app	please approach KRA & notify any changes.									
PAN				T T								
City of i	ncorporation		Country of Incorporation								_	
	Incorporation	D	D	M		M	Υ	Υ		Υ	Υ	
-	M/YYYY) onstitution type	□ Partners	 ship Firm	<u> </u> □ HUF		Private Lii	mited C	ompany	□ Pı	 ublic Limite	d Company	
-	tick as approprio		□ Society □ AOP/BOI □ Trust □ Liquidator □ Limited Liability Partnership									
			Judicial Per			•			,		'	
Please tick ($$) the applicable tax resident declaration												
Is the "e	Is the "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)											ID number	
S. No	Country of tax	residency	Tax Paye Functiona			ation Nur	mber ((TIN) /		fication Ty please spe	pe (TIN / cify)*	
1.												
2.												
3.												
*incase	of TIN or its fur	ictional equivalent	is not avai	lable, ple	ease	provide Co	ompany	Identifica	ation N	umber or G	lobal Entity	
	ation Number o	•										
	•	ntry of Incorporation.			US I	but Entity	is not a	Specified	US pers	son, mentic	n Entity's	
exempt	ion code here	(Refer Instru	ctions o)								
			FATCA	& CRS	DEC	CLARATIC	N					
-		fessional tax advis					R CRS cla	assificatio	n)			
Part A (to be filled by Fi	nancial Institution		-								
We are	a -	GIIN (Global Inte	ermediary ic	ientificat	ion i	number)						
	-	Note: If you do	not have a	GIIN bu	ıt yo	ou are spo	nsored	by anoth	er enti	ty, please	provide your	
O Fina	ncial	sponsor's GIIN at			ur sp	onsor's na	me belo)W				
	on / FFI ⁶	Name of the spo	nsoring ent	ity								
	- ,											
O Dir	ect Reporting	GIIN not availab	le [tick any o	one]:								
NFFEs 7	, ,	☐ Applied For										
/DI		If entity is a final	ncial institu	tion:								
(Please appropr		□ Not required to	apply for -	- please s	•	ify 2 digit s	ub-cate	gory¹0 □□]			
	- /	□ Not obtained -	Non-partici	pating FF	=1							
Signatu	re of authoricad	signatory: [©] (4)	<u> </u>									
Signatu	ie oi authorised	signatury: - (4)	·									

Part B [Fill any one as applicable - to be 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 ¹ [that is, a company shares are regularly traded on a										
1	established securities market]	Name of the Stock Exchange:									
	Is the entity a Related Entity ² o	f a Yes □ (Please specify the name of	of the listed company, name of the Stock								
	publicly traded company [a con	, ,	gularly)								
2	whose shares are regularly trac an established securities marke										
		Name of the Stock Exchange:									
		Nature of relation:									
			□ Subsidiary of listed company (or)								
			□ Controlled by listed company								
	Is the entity an Active ³ NFE?	Yes □ (if yes, please fill UBO dec	claration in the next section)								
3											
		Nature of business									
	If the section of December 4 NEE	Please specify sub-category of Ac									
4	If the entity a Passive ⁴ NFE: [Refer instructions h.]	Yes □ (if yes, please fill UBO ded	ciaration in the next section)								
	[hejer histractions h.j	Nature of business									
¹ Refer 2	La of Part C: ² Refer 2b of Part C: ³	Refer 2c of Part C; ⁴ Refer 3(ii) of Part C; ⁶	Refer 1 of Part C: 7 Refer 3 (vii) of Part C:								
¹⁰ Refer	1A of Part C;	, , , , , , , , , , , , , , , , , , , ,									
	·										
	eclaration										
	y (please $$ applicable category):										
		m									
Religio	ous trust $\ \square$ Unincorporated asso	ciation / body of individuals	ust \square Others (please specify)								
Dlassa lie	st below the details of controlling	g person(s), confirming all countries of ta	v residency / nermanent residency /								
		bers for EACH controlling person.	x residency / permanent residency /								
Cicizensi	np and an rax rachemeation rian.	zers for Extern controlling person.									
Owner d	locumented FFI's ⁵ should provide	FFI Owner Reporting Statement and Aud	itor's letter with required details as								
mention	ed in Form W8 BEN E										
• 1	Name – Beneficial Owner /	 Tax ID Type – TIN or Other, 	 Address – Include State, 								
	Controlling Person	please specify	Country, PIN/ZIP code and								
	Country – Tax Residency*	 Beneficial interest – in % 	contact details								
	Tax ID No. – or functional	 Type Code¹¹ – of controlling 									
	equivalent for each country %	person									
Name:		Tax ID Type:	Address:								
Country:		Type Code:									
Country.	•	Type Code.									
Tax ID N	o %:	Address type: □ Residence □ Business	Zip: State:								
	- ,	□ Registered Office									
		3	Country:								
Name:		Tax ID Type:	Address:								
Country:	:	Type Code:									
Tax ID N	0 %:	Address type: □ Residence □ Business	Zip: State:								
		□ Registered Office	Country								
	~		Country:								
Signatur	e of authorised signatory: 🎏 (5	5)									
Name:		Tax ID Type:	Address:								
Country:		Type Code:									

						_		Zip:		9	State:				
Tax ID No %:					e: 🗆 Residence	e □ Bus	iness								
				□ Registere				Count		,					
# Additional details to		by con	troll	ing persons	with tax reside	ency / po	ermane	ent resid	dency /	citizens	ship / G	reen Ca	ird in		
any country other tha		_													
* To include US, whe					_										
% Incase Tax Identific	ation Num	iber is	not	available, ki	ndly provide fi	unctiona	al equiv	/alent							
# If passive NFE, plea	se provide	below	ado	litional deta	ils (please atta	ch addit	tional s	heets if	neces	sary)					
PAN / Any other iden	tification r	numbe	r	Occupation	type – Service	, Busine	DOB -	- Date	of Birth						
(PAN, Aadhaar, Passp	ort, Electio	on ID,		Others											
Govt. ID, Driving Lice	nse, NREG	A Job		Nationality				Gend	er – Ma	ale, Fem	iale, Otl	ners			
Card, Others)				Father's Na	me – Mandato	ry, if PA	N is								
City of birth – Countr	y of birth			not availabl	e.										
PAN:				Occupation	Type:			DOB:							
				·				(DD/N	им/үү	YY)					
City of Birth:				Nationality:				` '	•	•					
,				,				Gend	er:						
Country of Birth:		Father's Na	me:			□ Ma		□ Fema	ıle	□ Othe	rs				
PAN:				Occupation				DOB:					-		
.,				o coupation.	.,,,			_	лм/үү	YY)					
City of Birth:				Nationality:	(DD/MM/YYYY)										
City of Birtin		rvacionancy.				Gend	or.								
Country of Birth:	Father's Na	me.				☐ Male ☐ Female ☐ Others									
PAN:				Occupation				DOB:		- r Cilic	iic .	- Othe	13		
ran.				Occupation	Type.				лм/үү	vv\					
City of Dirth				Nationality				ו/טט/וי	viivi/ i i	11)					
City of Birth:				Nationality:				Cond							
Country of Birth:				Eathor's Na	ther's Name:					Gender: □ Male □ Female □ Others					
<u> </u>	- f :	l					□ Male □ Female □ Otners t residency / citizenship / Green Card ir								
		by con	tron	ing persons	with tax reside	ency / po	ermane	ent resid	iency /	citizens	snip / G	reen Ca	ira in		
any country other tha		•		: IIC C:+:-		ململم مالمد									
* To include US, whe		• .			•			.11							
% Incase Tax Identific	ation Num	iber is	not	available, kii	ndly provide fi	ınctiona	al equiv	alent							
Gross annual income	datails														
(income range per an			< 1 L	.ac □1-5L	.ac □5 - 10 La	ıc □10	- 25 La	ac □25	Lac –	1 Crore	\square (>) A	Above 1	Crore		
(AND) Net worth					As on date	D	Б	D./I	D./I	V	V	Υ	Υ		
						D	D	M	M	Υ	T	T	ĭ		
Net worth should not	. pe older t	nan 1	yea	T											
Declaration : I/We ha					•		-		_				-		
and hereby confirm										•			onfirm		
that I/we have read a	and unders	tood t	he F	ATCA & CRS	Terms and Co	nditions	below	and he	reby a	ccept th	ie same	•			
Signature of First Authorised				ignatory	Second Aut	horised	Signat	tory	Thir	d Autho	orised Si	ignator	У		
Authorised															
Signatory	© (6)				(6)		® (6)								
0	(0)								(5)						
Date D D M	M Y Y	/ V	Y	Place											
-310															