

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)	I	N	3	0	2	2	3	6								
Demat ID (2)	I	N	3	0	2	2	3	6								
Demat ID (3)	I	N	3	0	2	2	3	6								

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											

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

<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.										
*In case 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"/> Not obtained - Non-participating FFI

Signature of authorised signatory:  (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 <input type="checkbox"/> (Please specify any one Stock Exchange(s) on which the stock is

1	company ¹ [that is, a company whose shares are regularly traded on an established securities market]	regularly traded) Name of the Stock Exchange: _____
2	Is the entity a Related Entity ² of a publicly traded company [a company whose shares are regularly traded on an established securities market]	Yes <input type="checkbox"/> (Please specify the name of the listed company, name of the Stock Exchange(s) where it is traded regularly) Name of the listed company: _____ Name of the Stock Exchange: _____ Nature of relation: <input type="checkbox"/> Subsidiary of listed company (or) <input type="checkbox"/> Controlled by listed company
3	Is the entity an Active ³ NFE?	Yes <input type="checkbox"/> (if yes, please fill UBO declaration in the next section) Nature of business _____ Please specify sub-category of Active NFE ____ [mention code]
4	If the entity a Passive ⁴ NFE: [Refer instructions h.]	Yes <input type="checkbox"/> (if yes, please fill UBO declaration in the next section) Nature of business _____

¹ Refer 2a 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;

UBO Declaration		
Category (please ✓ applicable category): <input type="checkbox"/> Unlisted company <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Limited Liability Partnership Company <input type="checkbox"/> Public charitable trust <input type="checkbox"/> Religious trust <input type="checkbox"/> Unincorporated association / body of individuals <input type="checkbox"/> Private trust <input type="checkbox"/> Others (please specify) _____		
Please list below the details of controlling person(s) , confirming all countries of tax residency / permanent residency / citizenship and all Tax Identification Numbers for EACH controlling person.		
Owner documented FFI's ⁵ should provide FFI Owner Reporting Statement and Auditor's letter with required details as mentioned in Form W8 BEN E		
<ul style="list-style-type: none"> Name – Beneficial Owner / Controlling Person Country – Tax Residency* Tax ID No. – or functional equivalent for each country % 	<ul style="list-style-type: none"> Tax ID Type – TIN or Other, please specify Beneficial interest – in % Type Code¹¹ – of controlling person 	<ul style="list-style-type: none"> Address – Include State, Country, PIN/ZIP code and contact details
Name: Country: Tax ID No %:	Tax ID Type: Type Code: Address type: <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	Address: Zip: State: Country:
Name: Country: Tax ID No %:	Tax ID Type: Type Code: Address type: <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	Address: Zip: State: Country:

Signature of authorised signatory:  (5) _____

Name:	Tax ID Type:	Address:
Country:	Type Code:	

