

Please affix your recent passport size photograph and sign across it

Dhani Stocks Limited

 (1)

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

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								

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

PART- (A) IDENTITY DETAILS

	Prefix	First Name						Middle Name				Last Name							
Name of the Applicant (as per PAN Website)																			
Name of the applicant (same as ID Proof)																			
Maiden Name * (if any)																			
Father's/Spouse Name * (if any)																			
Mother's Name *																			
Date of Birth * (DD/MM/YYYY)				D	D	M	M	Y	Y	Y	Y	Gender: <input type="checkbox"/> M - Male <input type="checkbox"/> F – Female <input type="checkbox"/> T - Transgender							
Marital Status: <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Others				Citizenship * <input type="checkbox"/> IN-Indian <input type="checkbox"/> Others (please specify) _____						Residential Status*: <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National (Passport copy mandatory for NRIs and Foreign Nationals) <input type="checkbox"/> Person of Indian Origin									
PAN												<input type="checkbox"/> Form 60 furnished				Please enclose a duly attested copy of your PAN card			
# Proof of Identity submitted for PAN exempted cases. Please tick (√) – Please refer instruction B. (Certified copy of any one of the following Proof of Identity (PoI) needs to be submitted).																			
<input type="checkbox"/> Passport Number								Passport Expiry Date				D	D	M	M	Y	Y	Y	Y
<input type="checkbox"/> Voter ID Card																			
<input type="checkbox"/> PAN Card																			
<input type="checkbox"/> Driving Licence								Driving Licence Expiry Date				D	D	M	M	Y	Y	Y	Y

	Sole / First Holder	Second Holder	Third Holder
Client's signature	 (2)	 (2)	 (2)




<input type="checkbox"/> National population register letter													
<input type="checkbox"/> Proof of Possession of Aadhaar ^	X	X	X	X	X	X	X	X					
<input type="checkbox"/> EKYC Authentication ^	X	X	X	X	X	X	X	X					
<input type="checkbox"/> Offline verification of Aadhaar ^	X	X	X	X	X	X	X	X					
^ Please enter only the last 4 digits of your UID / Aadhaar													
<input type="checkbox"/> NREGA Job Card													
# Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted.													
Others (Any document notified by Central Government)							Identification number:						

PART (B). ADDRESS DETAILS

Address Type *	<input type="checkbox"/> Residential / Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified												
Address for Correspondence													
City/Town/Village		State											
Country		PIN/ Post Code											
State / U.T. Code*		ISO 3166 Country Code*											
Proof of Address to be provided by the Applicant. Please submit ANY ONE of the following documents. Please tick (√) against the document attached.													
<input type="checkbox"/> Passport <input type="checkbox"/> Ration Card <input type="checkbox"/> Driving License <input type="checkbox"/> Latest Electricity Bill# <input type="checkbox"/> Voter Identity Card <input type="checkbox"/> Latest Gas Bill # <input type="checkbox"/> Latest Telephone Bill (only landline) # <input type="checkbox"/> Registered Lease/Sale Agreement of Residence <input type="checkbox"/> UID (Aadhaar) <input type="checkbox"/> <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> National population register letter <input type="checkbox"/> Proof of Possession of Aadhaar <input type="checkbox"/> EKYC Authentication <input type="checkbox"/> Others _____ # not more than 2 months old										Validity/Expiry date of proof of address submitted D D M M Y Y Y Y			
Deemed proof of address: Document Type Code													

Please tick (√) permanent address is the same as above address.

Address Type*	<input type="checkbox"/> Residential / Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified												
Permanent Address													
City/Town/Village		State											
Country		PIN/Post Code											
State / U.T. Code*		ISO 3166 Country Code*											

	Sole / First Holder	Second Holder	Third Holder
Client's signature	 (3)	 (3)	 (3)

Proof of Address to be provided by the Applicant. Please submit ANY ONE of the following documents.
Please tick (✓) against the document attached.

<input type="checkbox"/> Passport <input type="checkbox"/> Ration Card <input type="checkbox"/> Driving License <input type="checkbox"/> Latest Electricity Bill# <input type="checkbox"/> Voter Identity Card <input type="checkbox"/> Latest Gas Bill # <input type="checkbox"/> Latest Telephone Bill (only landline) # <input type="checkbox"/> Registered Lease/Sale Agreement of Residence <input type="checkbox"/> UID (Aadhaar) <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> National population register letter <input type="checkbox"/> Proof of Possession of Aadhaar <input type="checkbox"/> EKYC Authentication <input type="checkbox"/> Others _____ # not more than 2 months old	Validity/Expiry date of proof of address submitted							
	D	D	M	M	Y	Y	Y	Y

Contact Details (all communications will be sent on provided Mobile No. / Email ID)

Telephone No. (Off.)	
Telephone No. (Res.)	
Fax	
Email ID	
Mobile Number	




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"/> (>) Above 25 Lac									
(OR) Net worth		As on date	D	D	M	M	Y	Y	Y	Y
Net worth should not be older than 1 year										
Any other Information										
Occupation Type										
<input type="checkbox"/> S – Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector) <input type="checkbox"/> O – Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B – Business <input type="checkbox"/> X – Not Categorised <input type="checkbox"/> Agriculturalist <input type="checkbox"/> Others _____										
Please tick if applicable	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)									
Any other Information										

Details of FATCA-CRS (Please consult your professional tax professional on your tax residency, if required)

Are you a tax resident of any country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please indicate all countries in which you are a resident for tax purposes and the associated Tax purposes and the associated Tax ID Numbers below			
S. No	Country of Tax Residency#	Tax Identification Number (TIN) / Functional Equivalent^	Identification Type [TIN or other; please specify]
1.			
2.			
3.			
# to also include USA, where the individual is a Citizen/Green Card Holder of the USA			
^ In case Tax Identification Number is not available, kindly provide its functional Equivalent			

	Sole / First Holder	Second Holder	Third Holder
Client's signature	✍ (4)	✍ (4)	✍ (4)


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 have understood the information requirements of this form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me on this form is true, correct and complete. I also confirm that I have read and understood FATCA & CRS Terms and Conditions below and hereby accept the same. I hereby consent to receiving information from Central KYC registry through SMS/Email on the above registered number / email address.

	Sole / First Holder	Second Holder	Third Holder
Client's signature	 (5)	 (5)	 (5)

Date: _____

Place: _____

IDENTITY VERIFIED "IN PERSON" – Dhani Stocks Limited (Formerly Indiabulls Securities Ltd.)

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 <input type="checkbox"/> (Self-attested) Self-certified document copies received									SEAL/STAMP of Dhani Stocks Limited
Application Type: <input type="checkbox"/> New <input type="checkbox"/> Update									
KYC Number (Mandatory for KYC Update Request):									
Account Type: <input type="checkbox"/> Normal <input type="checkbox"/> Aadhaar OTP based E-KYC (in non-face to face mode)									
Employee Name									
Designation									
Date	D	D	M	M	Y	Y	Y	Y	
Employee Signature 