

Know Your Client (KYC) Application Form (For Non- Individuals Only) Please fill the form in ENGLISH and in BLOCK letters Fields marked * are mandatory Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also	 CDSL VENTURES LIMITEDExploring New Horizons Intermediary Logo
Application Number: _____	
Application Type*: ☐ New KYC ☐ Modification KYC	
1. Entity Details (please refer guidelines)	
PAN* _____ Please enclose a duly attested copy of your PAN Card Name* (same as ID proof) _____ Date of Incorporation* _____ Place of Incorporation* _____ Date of Commencement* _____ Registration Number* _____ Entity Type* Please Tick (✓) ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Body Corporate ☐ Partnership ☐ Trust/Charity/NGO ☐ HUF ☐ FPI Category I ☐ FPI Category II ☐ AOP ☐ Bank ☐ Government Body ☐ Defence Establishment ☐ Body of Individuals ☐ Society ☐ LLP ☐ Non-Government Organization ☐ Others _____	
2. Proof of Identity ⁺ (please refer the guidelines)	
☐ Officially Valid Document(s) in respect of person authorized to transact ☐ Certificate of Incorporation/Formation _____ ☐ Registration Certificate _____ ☐ Memorandum of Articles and Association ☐ Partnership Deed ☐ Trust Deed ☐ Board Resolution ☐ Power of attorney granted to its manager, office, employees to transact on its behalf ☐ Activity Proof –1⁺ (For Sole Proprietorship Only) ☐ Activity Proof –2⁺ (For Sole Proprietorship Only)	
3. Address Details ⁺ (please refer the guidelines)	
A. Registered Address* Line 1* _____ Line 2 _____ Line3 _____ City/Town/Village* _____ District* _____ Pin Code* _____ State* _____ Country* _____	
B. Correspondence/Local Address in India (if different from above)* Line 1* _____ Line 2 _____ Line3 _____ City/Town/Village* _____ District* _____ Pin Code* _____ State* _____ Country* _____	
	Applicant Digital Signature (DSC)

Proof of Address* (attested copy of any one POA to be submitted—"Not more than 3 months old)

☐ Certificate of Incorporation/Formation	☐ Registration Certificate	☐ Other document _____
☐ Latest Telephone Bill* (Landline only)	☐ Latest Electricity Bill*	☐ Latest Bank Account Statement*
☐ Registered Lease/ Sale Agreement of Office Premises	Validity/Expiry Date of POA (Expiry Date) ____	
☐ Any other proof of address document (as listed overleaf) _____		

4. Contact Details

Email ID _____	Mobile No. _____
Email ID _____	Mobile No. _____
Tel (off) _____	Fax _____

5. Annexures SubmittedNumber of Related Persons - **6. Remarks / Additional Information****7. Applicant Declaration**

I hereby declare that the details furnished above are true and correct to the best of my/our 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/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: ____ (DD-MM-YYYY)

PLACE: _____

Applicant Digital Signature (DSC)

Applicant Wet Signature

8. For Office Use Only

KYC carried out by*	Intermediary Details*
KYC Date _____ Emp. Name _____ Emp. Code _____ Emp. Designation _____	☐ Self certified document copies received (Originals Verified) ☐ True Copies of documents received (Attested) AMC / Intermediary Name OR Code: _____
Employee Signature and Stamp	Employee Signature and Stamp

— This space is intentionally left blank — This space is intentionally left blank — This space is intentionally left blank — This space is intentionally left blank —

Know Your Client (KYC)**Annexure (For Non- Individuals Only)**

Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

Fields marked * are pertaining to CKYC and mandatory only if processing CKYC also

**CDSL VENTURES LIMITED**

....Exploring New Horizons

Intermediary
Logo

Application Number:

Application Type*: ☐ New KYC ☐ Modification KYC**1. Identity Details of Related Person** (please refer guidelines overleaf)

PAN*

Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof)

Maiden Name* (if any)

Fathers/Spouse's Name*

Date of Birth*

Gender*

☐ Male☐ Female☐ Transgender

Nationality*

☐ Indian☐ Other

Related Person Type*

☐ Director☐ Promoter☐ Karta☐ Trustee☐ Partner☐ Court Appointed Official Proprietor☐ Beneficiary☐ Authorized Signatory☐ Beneficial Owner☐ Power of Attorney Holder☐ Others (please specify)

DIN: (mandatory if the related person is Director)

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

☐ A — Aadhaar Card

XXXX XXXX

☐ B — Passport Number

(Expiry Date)

☐ C — Voter ID Card☐ D — Driving License

(Expiry Date)

☐ E — NREGA Job Card☐ F — NPR☐ Z — Others

(any document notified by Central Government)

Identification Number

2. Address Details* (please refer guidelines overleaf)**A. Correspondence/ Local Address***

Line 1*

Line 2

Line 3

City/Town/Village*

District*

Pin Code*

State*

Country*

Address Type*

☐ Residential/Business☐ Residential☐ Business☐ Registered Office☐ Unspecified

Applicant e-SIGN

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1* _____

Line 2 _____

Line3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Proof of Address* (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

☐ A — Aadhaar Card XXXX XXXX ____

☐ B — Passport Number _____ (Expiry Date) ____

☐ C — Voter ID Card _____

☐ D — Driving License _____ (Expiry Date) ____

☐ E — NREGA Job Card _____

☐ F — NPR Letter _____

☐ Z—Others _____ (any document notified by Central Government)

Identification Number _____

3. Contact Details

Email ID _____

Mobile No. _____

Tel (Off) _____ Tel (Res) _____

4. Applicant Declaration

I hereby declare that the details furnished above are true and correct to the best of my/our 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/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: ____ (DD-MM-YYYY)

PLACE: _____

Applicant e-SIGN

Applicant Wet Signature

5. For Office Use Only

KYC carried out by*

Intermediary Details*

KYC Date ____

Emp. Name _____

Emp. Code _____

Emp. Designation _____

☐ Self certified document copies received (OVD)☐ True Copies of documents received (Attested)

Employee Signature and Stamp

Institution Name and Stamp