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

AngelOne® CDSL VENTURES LIMITED ....Exploring New Horizons

Application Number:

For office use only Application Type* ☐ New ☐ Update

(To be filled by financial institution) KYC Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (Mandatory for KYC update request)

1. ENTITY DETAILS (Please refer instructions A at the end)

Name* (Same as ID proof) _____

_____

Entity Constitution Type* _____ (Please refer insturaction B at the end)

Date of Incorporation / Formation* _____ Date of Commencement of Business _____

Place of Incorporation / Formation* _____ Country of Incorporation / Formation* ☐☐ TIN or Equivalent Issuing Country ☐☐

PAN* ☐☐☐☐☐☐☐☐☐☐ ☐ Form 60 furnished

TIN/GST Registration Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

2. PROOF OF IDENTITY AND ADDRESS* (Please refer to the instructions)

☐ PROOF OF IDENTITY (PoI)* (Please refer instruction B at the end)

☐ Officially valid documents(s) in respect of person authorised to transact

☐ Certificate of Incorporation / Formation ☐☐☐☐☐☐☐☐☐☐ ☐ Registration Certificate Regn Certificate No.

☐ Memorandum and Articles of Association ☐ Partnership Deed ☐ Trust Deed

☐ Resolution of Board / Managing Committee ☐ Power of attorney granted to its manager, officers or employees to transact on its behalf

☐ Activity Proof-1 (For Sole Proprietorship Only) ☐ Activity Proof-2 (For Sole Proprietorship Only)

3. ADDRESS* (Please see instruction C at the end)

3.1 Registered Office Address / Place of Business*

Proof of Address* ☐ Certificate of Incorporation / Formation ☐ Registration Certificate ☐ Other Document ☐☐☐☐☐☐☐☐☐☐

Line 1* _____

Line 2 _____

Line 3 _____ City / Town / Village* _____

District* _____ PIN / Post Code* _____ State/UT* _____ ISO 3166 Country Code _____

3.1 Registered Office Address / Place of Business*

Proof of Address* ☐ Certificate of Incorporation / Formation ☐ Registration Certificate ☐ Other Document ☐☐☐☐☐☐☐☐☐☐

Line 1* _____

Line 2 _____

Line 3 _____ City / Town / Village* _____

District* _____ PIN / Post Code* _____ State/UT* _____ ISO 3166 Country Code _____

4. CONTACT DETAILS (All communications will be sent to Mobile number/ Email-ID provided" may be used) (Please refer instruction D at the end)

Tel. (Off) ☐☐☐☐ - ☐☐☐☐☐☐☐☐ FAX ☐☐☐☐ ☐☐☐☐☐☐☐☐

Mobile* ☐☐ - ☐☐☐☐☐☐☐☐☐☐ Email ID* _____

Mobile* ☐☐ - ☐☐☐☐☐☐☐☐☐☐ Email ID* _____

5. NUMBER OF RELATED PERSONS (Please refer instruction E at the end)

6. Remarks (If any)

7. Applicant Declaration (Please refer instruction G at the end)

- 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 amy be held liable for it.
- I/we hereby consent to receiving information from Central KYC Registry through SME/Email on the above registered number/email address.

Signature / Thumb Impression of Applicant

[Signature / Thumb Impression]

Date: D D - M M - Y Y Y Y Place: _____

8. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ Equivalent e-document

KYC VERFICATION CARRIED OUT BY	INSTITUTION DETAILS
Identity Verification ☐ Done Date D D - M M - Y Y Y Y Emp. Name _____ Emp. Code _____ Emp. Designation _____ Emp. Branch _____	Name _____ Code _____ Institution Stamp
Employee Signature and Stamp	

Note: In case of any correction in the form - Sign next to the correction done & Sign has to match the original signature

ANNEXURE

Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

Name of Applicant _____ PAN of the Applicant

Sr. No.	PAN and Aadhaar	Name	DIN (For Directors)/ UID (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed	Photograph
						☐ PEP ☐ RPEP ☐ NO	
						☐ PEP ☐ RPEP ☐ NO	
						☐ PEP ☐ RPEP ☐ NO	

Ver: 4.3

Name & Signature of the Authorised Signatory with company seal

Date d d / m m / y y y y

PEP: Politically Exposed Person

RPEP: Related to Politically Exposed Person

Declaration for Ultimate Beneficial Ownership (UBO)

[Mandatory for all entities except listed company or subsidiary of / controlled by a listed company AND UBO holding is more than 10% (corporate) / 10% (entities other than corporate)]

To,
Angel One

Name of Customer: _____

☐ We hereby declare that besides the persons mentioned in the below table there are no other natural person's who ultimately hold is more than 10% (corporate) / 10% (entities other than corporate)or more of shares directly or indirectly; or exercise control/ influence, whether directly or indirectly through voting rights/agreement/arrangement. (You can take Multiple copies of this page if details of more than 2 persons are to be mentioned)

Name		
Father's Name		
Gender	☐ Male ☐ Female	☐ Male ☐ Female
Address with city, state postal code and country		
Birth Date		
Country of Birth		
Nationality		
US Person (Y/N)		
Country of Tax Residency		
TIN equivalent No.		
Occupation Type	☐ Service ☐ Business ☐ Others	☐ Service ☐ Business ☐ Others
Share Holding (%)*		
PAN		
ID Proof document submitted	☐ PAN ☐ Passport ☐ Aadhaar ☐ Others	☐ PAN ☐ Passport ☐ Aadhaar ☐ Others
Relationship with Entity	☐ Director ☐ Shareholder ☐ Promoter / Trustee / Partner	☐ Director ☐ Shareholder ☐ Promoter / Trustee / Partner
Address Proof document submitted		
UBO Code (Please refer below point no. 3 UBO Code)		

OR

☐ We hereby declare that there are no natural person's who ultimately hold 10% or more of share directly or indirectly; or exercise control/influence, whether directly or indirectly through voting rights/agreement/arrangement. Hence, there are no Controlling Persons including U Foreign Citizens / Residents holding 10% or more shares.

(to be signed by company secretary / partners / trustees / members as applicable)

Notes:

* Nature of Beneficial Owner.

1. a) Shareholding > 10% (In case where juridical person is company) & > 10% (In case Juridical person is Firm / Unincorporated) association / body of individuals / trust)

b) Management Control. If (a) Indicate the extent of shareholding. For (b) mention the capacity in which engaged with the corporate. @ The said natural person may act alone or together, or through one or more juridical person Promoter and controls are terms as defined under Companies' Act and SEBI regulations.

FH _____ (1st Authorized Signatory)

SH _____ (2nd Authorized Signatory)

TH _____ (3rd Authorized Signatory)

Note: In case of any correction in the form - Sign next to the correction done & Sign has to match the original signature

BOARD RESOLUTION (Trading / Demat)

(On the Company letterhead)

CERTIFIED TRUE COPY OF RESOLUTION PASSED AT THE MEETING OF THE BOARD OF DIRECTORS OF

_____HELD AT THE REGISTERED OFFICE OF THE COMPANY AT _____ON_____

"RESOLVED THAT subject to the provisions of memorandum and article of association, the Company do hereby open a demat and trading account for dealing in securities in cash segment and/or derivative Segment of BSE Ltd and / or NSEIL and / or Future & Option segment of MCX and / or NCDEX with ANGEL ONE LIMITED in the name and style of

_____

RESOLVED FURTHER THAT the company do hereby consent to avail margin trading facility on the BSE Ltd and / or NSEIL in accordance with the terms and conditions of Margin Trading Facility prescribed by Angel One Ltd, rights and obligations issued by exchanges, provisions of circular issued by SEBI / exchanges etc and their amendments thereof.

RESOLVED FURTHER THAT the company do hereby agree to receive information relating to confirmation of orders/trades, margin calls, decision to liquidate the position / security etc by email / SMS on their registered email Id and mobile number.

RESOLVED FURTHER THAT Mr._____, Mr._____, Mr._____, Mr._____, Mr._____ _____, Mr._____, Mr._____, Mr._____ are the Directors

and **Mr._____, Mr. _____, Mr._____ Authorized Signatories** of the Company be and is hereby jointly and severally authorized to negotiate and finalize the terms and conditions for opening of account and sign and execute necessary forms as might be required for the purpose of opening the trading and / or Beneficiary account /s as aforesaid and are further authorized to operate the said account for and on behalf of the Company.

RESOLVED FURTHER THAT the company do hereby execute in favour of **Angel One Ltd.**, a Power of Attorney to enable Angel One Ltd. to meet settlement / margin obligation and authorize **Mr.**_____, **Mr.**_____, **Mr.**_____ are Authorized Signatories of the company to execute, notarize and deliver to Angel One Ltd., the said Power of Attorney and to do all other things as may be necessary in this connection.

FURTHER RESOLVED THAT a certified copy of the said resolution be communicated to Angel One LTD. together with the specimen signatures of all the aforesaid official's by the Chairman of the meeting / company".

Place: **CERTIFIED TRUE COPY**

Date:

For_____ Ltd

Signatory

SPECIMEN SIGNATURES

NAME SIGNATURE

1. Mr. _____ _____
2. Mr. _____ _____
3. Mr. _____ _____
4. Mr. _____ _____
5. Mr. _____ _____
6. Mr. _____ _____
7. Mr. _____ _____

(On letter head)

LIST OF DIRECTOR

Sl. No.	Name		Designation
1.	Mr.	-	.....
2.	Mr.	-	.....
3.	Mr.	-	.....
4.	Mr.	-	.....

(On letter head)

LIST OF AUTHORIZED SIGNATORY

Sl. No.	Name	Photo	Signature

1. **Mr.** .....
2. **Mr.** .....
3. **Mr.** .....

LIST OF UNAUTHORIZED SIGNATORY

1. **Mr.** .....
2. **Mr.** .....
3. **Mr.** .....
4. **Mr.** .....
5. **Mr.** .....
6. **Mr.** .....

(On letter head)

LIST OF SHARE HOLDERS

Sl no	Name	Percentage of shares
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
	TOTAL percentage	100%

COMPANY SEAL with

Authorized person signatory.

FATCA / CRS DECLARATION / SELF CERTIFICATION FOR INDIVIDUAL (ONLY FOR HUF KARTA)

		First/Sole Holder	Second Holder (if any)	Third Holder (if any)
Client Code:			NA	NA
Demat Account No.				
1.	Indicate (✓) your Tax Residency / Citizenship / Nationality	☐ India ☐ U.S.A ☐ Others	☐ India ☐ U.S.A ☐ Others	☐ India ☐ U.S.A ☐ Others
If ticked on "Others" and/or "U.S.A", please provide all details under point no. 2,3,4,5 below:				
2.	Specify City and Country of Birth			
3.	Specify Country(ies) of Tax Residency/ Citizenship / Nationality / Green card holder, other than India			
4.	Tax Identification Number (for U.S.A.) or its functional equivalent (other than U.S.A.)			
5.	Source of Wealth	☐ Salary ☐ Business ☐ Gift ☐ Rental Income ☐ Royalty ☐ Ancestral Property ☐ Prize Money ☐ Others	☐ Salary ☐ Business ☐ Gift ☐ Rental Income ☐ Royalty ☐ Ancestral Property ☐ Prize Money ☐ Others	☐ Salary ☐ Business ☐ Gift ☐ Rental Income ☐ Royalty ☐ Ancestral Property ☐ Prize Money ☐ Others

DECLARATION

I / We hereby declare, agree and confirm the following:

a) The details furnished above are true to the best of my knowledge and belief and shall undertake to inform Angel Broking Private Limited within 30 days, in case of any change in the above given status on a future date;

b) If I /we am/are U.S. person or tax resident of a reportable foreign jurisdiction (other than U.S.), my account details, would be reported by Angel Broking Private Limited to the relevant tax authority, or information may be shared with concerned Asset Management Companies (AMCs) or such other product providers, to whom FATCA/ CRS norms are applicable or to any of the Government Agencies / Tax authorities / Regulators / Exchanges / Depositories of India or of any country other than India;

c) If my / our Country of Birth is US, however, I / We declare that I/ We are not US Person, I / We shall provide a certificate of relinquishment of citizenship (Loss of nationality) OR a self certification stating reasons for not having such a certificate despite relinquishing US citizenship OR not obtaining US citizenship at birth.

FH ____ SH ____ TH ____

(First/Sole Holder Signature) (Second Holder Signature) (Third Holder Signature)

What is FATCA / CRS?

The U.S. government introduced the Foreign Account Tax Compliance Act, 2010 (FATCA) for obtaining information on accounts held by U.S. taxpayers in other countries. Further, Organization for Economic Co-operation & Development (OECD) and G20 countries agreed for automatic exchange on information through Common Reporting Standards (CRS). The Government of India has signed an Inter-Government Agreement (IGA) with US and has also joined the Multilateral Competent Authority agreement (MCAA) for automatic sharing of information with member countries of OECD and G20. By virtue of India signing an IGA with US and joining MCAA, Indian financial institutions will have to provide the required financial information to Indian tax authorities which in turn would forward reportable information to US IRS and member countries of OECD and G20 countries.

In order to implement FATCA and CRS norms in India, Angel Broking Private Limited is required to implement procedures to identify U.S. account holders or other jurisdictions reportable accounts, perform due diligence and obtain documentary evidence wherever required and report details of such accounts to relevant tax authority.

US Person means: In case of individuals, U.S. person means a citizen or resident of the United States. Persons who would qualify as U.S. persons could be born in United States, born outside the United States of a US parent, Naturalized citizens, Green Card Holders, tax residents.

Who is Reportable Person (Non US) under Common Reportable Standards (CRS)?

Under Common Reportable Standards (CRS), reportable person means Tax residents of a reportable foreign jurisdiction other than U.S. (Please note the above information is provided only for quick reference to customers. You are requested to consult a legal/ tax advisor if in doubt.)

Documents to be collected if Customer's Country of birth is U.S. but declare that he/ she are not a U.S. person

1. Certificate of relinquishment of citizenship (Loss of nationality certificate); OR
2. Self certification for stating reasons for not having such a certificate despite relinquishment U.S. citizenship; OR
3. Self certification for stating reasons for not obtaining U.S. citizenship at birth.