

**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 LIMITED**

...Exploring New Horizons



Powered By: AIRAN FINSTOCKS PVT LTD

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\*

 Private Ltd. Co. Public Ltd. Co. Body Corporate Partnership

Please Tick (✓)

 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 Submitted**

Number 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 _____	<input type="checkbox"/> Self certified document copies received (Originals Verified) <input type="checkbox"/> 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)**



**CDSL VENTURES LIMITED**  
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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

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)

Applicant Photo

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      _____	<input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested)  <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Employee Signature and Stamp	Institution Name and Stamp

**From:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date:**

To,  
The Manager,  
**Airan Finstocks Pvt Ltd**  
407, The Grand Mall  
Opp, SBI Zonal Office  
Ambawadi, Ahmedabad-380015

Ref. : DP A/c No.: 12062700 000 \_\_\_\_\_

Name: \_\_\_\_\_

**Declaration**

This is reference to aforesaid Demat Account of HUF; I would like to inform I Mr.  
\_\_\_\_\_ Is the karta of the HUF & the following persons are the  
members of said HUF.

(Signature with stamp)

Place:

Sr. No.	Names of Karta & co-parceners members	Date of Birth	Relations with Karta	Male/Female	Signature
1					
2					
3					
4					
5					
6					