

Part - A

EDEL Investments Limited

Application No. _____



INDEX			
Name of the document	Brief Significance of the document	Section	Page No.
MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES			
Account Opening Form	A. KYC form - Document captures the basic information about the constituent and an instruction/checklist.	PART A	4
	B. Document captures the additional information about the constituent relevant to the trading account and an instruction/checklist.	PART A	6
	C. Extended KYC for FATCA/CRS for Entities/Non-Individuals	PART A	13
Rights and Obligations	Document stating the Rights & Obligations of stock broker/trading member, sub-broker, and client for trading on exchanges(including additional rights & obligations in case of internet / wireless technology based trading).	PART B	1
Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the securities market.	PART B	11
Guidance note	Document detailing do's and don'ts for trading on exchange, for the education of the investors.	PART B	16
Policies and Procedures	Document describing significant policies and procedures of the stockbroker	PART B	20
Tariff sheet	Document detailing the rate/amount of brokerage and other charges\levied on the client for trading on the stock exchange(s).	PART B	26
Most Important Terms & Conditions (MITC)	Document describing Most Important Terms & Conditions as prescribed by SEBI and Exchanges	PART B	36
VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCKBROKER			
DDPI	Document required for linkage of Demat account for experience of seamless trading in securities	PART A	9
Client registration form - Mutual Fund	Investment in Mutual Fund through Stock Exchanges	PART A	10
Additional Non-mandatory Rights & Obligations	Confirmation of Additional Rights and Obligations for seamless trading experience	PART C	1
Running Account Authorisation	Authorisation from the client on maintenance of the funds/securities balances on a running basis	PART A	3
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Registered Office Address: Edelweiss House, 5th Floor, Off CST Road, Kalina, Mumbai - 400098, Contact No.: +91 22 40094400. Website: https://eil.edelweissfin.com/			
Corporate Office Address: Edelweiss House, 5th Floor, Off CST Road, Kalina, Mumbai - 400098, Contact No.: +91 22 40094400.			
Compliance Officer Name, Phone No. & Email ID: Mr. Dushyant Patadiya, +91 22 40094400, complianceofficer.eil@edelweissfin.com			
Designated Director Name, Phone No. & Email ID: Mr. Vipin Kumar Gawande, +91 22 40094400, Vipin.Gawande@edelweissfin.com			
CIN	U65923MH2009PLC420691	For any grievance/dispute please contact Edel Investments Limited at the above address or email id of the Compliance Officer and for escalation, you may write to us at Vipin.Gawande@edelweissfin.com . In case not satisfied with the response, please contact the concerned exchanges BSE at is@bseindia.com and Phone no. 022 - 2272 8097, NSE at ignse@nse.co.in and Phone No. 022 - 2659 8190 and MCX at grievance@mcxindia.com and Phone No. 022 - 6731 8888	
SEBI Reg. No.	INZ000173431		
NSE Mem. No.	90168		
BSE Mem. No.	4047		
MCX Reg. No.	57340		
AMFI Reg. No.	247356		

RUNNING ACCOUNT
AUTHORISATION

I confirm that my account may be maintained on a running account basis, whereby instead of paying any amounts or securities (lying in Client Collateral Account / Collateral Account) representing mark to market profits, you shall retain, withhold, set-off and/or appropriate the same for such purposes and in such manner as you deem fit and release the funds and/or securities (lying in Client Collateral Account / Collateral Account) due to me, on my specific request, either written or oral. I am aware that I have the right to amend or revoke this authorisation, at any time, by way of an amendment/revocation letter.

I confirm that you may settle the account once every calendar ☐ Quarterly ☐ Monthly ☐ Bill to Bill

X Authorised Signatory

CONSENT FOR ADDITIONAL RIGHTS & OBLIGATIONS

- I acknowledge and declare that I have received in Physical / Electronic, read and understood, acknowledged, and agreed to the contents of -
 1. the rights and obligations document [PART B],
 2. the risk disclosure document [PART B],
 3. the policies and procedures [PART B],
 4. the additional rights and obligations document [PART C]
 5. Most Important Terms and Conditions. [PART C]
 6. Payment instructions for charges

Name: _____

Date: _____ Place: _____

X Authorised Signatory

STANDING INSTRUCTIONS

Sr.no.	Authorisation	Yes	No
1	Consent to receive standard account opening documents in electronic form		
2	Consent to receive credits automatically into my/our account. (If not ticked, the default option would be "Yes")		
3	Consent to send Electronic Transaction-cum-Holding Statement including CAS at Sole/First Holder's email id stated in the KYC		
4	Consent receiving Annual Reports & Statement of Accounts in Electronic format (If not ticked, the default option would be Electronic)		
5	Consent to avail of the facility of internet trading / wireless technology		

X Authorised Signatory

KNOW YOUR CLIENT (KYC) APPLICATION FORM

We request you to open a trading account in our name as per the following details:

IDENTITY DETAILS		Please fill this form in ENGLISH and in BLOCK LETTERS
NAME OF THE APPLICANT		
DATE OF INCORPORATION		
PLACE OF INCORPORATION		
DATE OF COMMENCEMENT OF BUSINESS		
PAN (PLEASE ATTACH A COPY OF PAN CARD)		
REGISTRATION NO. (e.g., CIN)		
STATUS (PLEASE TICK ANY ONE)	<input type="checkbox"/> PVT. LTD. CO. <input type="checkbox"/> PUBLIC LTD. CO. <input type="checkbox"/> PARTNERSHIP FIRM <input type="checkbox"/> TRUST <input type="checkbox"/> LLP <input type="checkbox"/> HUF <input type="checkbox"/> CHARITIES <input type="checkbox"/> NGO <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> BANK <input type="checkbox"/> AOP <input type="checkbox"/> GOVERNMENT BODY <input type="checkbox"/> NON-GOVERNMENT ORGN. <input type="checkbox"/> BOI <input type="checkbox"/> SOCIETIES <input type="checkbox"/> OTHER _____ (SPECIFY)	
ADDRESS DETAILS		
REGISTERED ADDRESS (INCLUDING CITY, STATE, COUNTRY AND PIN CODE)		
CORRESPONDENCE ADDRESS (INCLUDING CITY, STATE, COUNTRY AND PIN CODE)		
CONTACT DETAILS		
TELEPHONE NO.		
FAX NO.		
MOBILE NO.		
EMAIL ID.		

OTHER DETAILS

Name, PAN, Residential Address, DIN/UID, Photograph of Promoters/Partners/Karta/Trustees/Whole time Directors/Authorised Signatory

1.

NAME		<div style="border: 1px solid black; padding: 5px; text-align: center;"> Signature across photograph </div>
PAN		
DIN		
UID	XXXXXXXX	
ADDRESS		
EMAIL ID		
MOBILE NO.		

2.

NAME		<div style="border: 1px solid black; padding: 5px; text-align: center;"> Signature across photograph </div>
PAN		
DIN		
UID	XXXXXXXX	
ADDRESS		
EMAIL ID		
MOBILE NO.		

3.

NAME		<div style="border: 1px solid black; padding: 5px; text-align: center;"> Signature across photograph </div>
PAN		
DIN		
UID	XXXXXXXX	
ADDRESS		
EMAIL ID		
MOBILE NO.		

4.

NAME		<div style="border: 1px solid black; padding: 5px; text-align: center;"> Signature across photograph </div>
PAN		
DIN		
UID	XXXXXXXX	
ADDRESS		
EMAIL ID		
MOBILE NO.		

Note: If there are more than 4 promoters/directors/partners involved, please attach a separate sheet with all details required.

Note: Please provide the Name, PAN, Residential Address, DIN/UID, Photograph of persons authorized to deal in securities on behalf of the authorized company / Firm / Others separately on the letter head of the Company/Organization

TRADING ACCOUNT RELATED DETAILS

BANK DETAILS		DEPOSITORY DETAILS			
BANK NAME		BENEFICIARY NAME			
BRANCH					
ACCOUNT NO.		DEPOSITORY	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL		
ACCOUNT TYPE		DP NAME			
MICR		DP ID			
IFSC CODE		CLIENT ID			
COMMUNICATION DETAILS	Mode of Receipt of Contract Notes	<input type="checkbox"/> PHYSICAL <input type="checkbox"/> ECN			
	Alerts from Stock Exchange	<input type="checkbox"/> NO ALERTS <input type="checkbox"/> SMS			
INTRODUCER DETAILS	NAME:				
	<input type="checkbox"/> Remisier <input type="checkbox"/> Authorized Person <input type="checkbox"/> Existing Client <input type="checkbox"/> Other				
ONLINE TRADING	Do you wish to avail Internet Trading Facility	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INVESTMENT/TRADING EXPERIENCE	<input type="checkbox"/> No Experience _____ (Yrs) Stocks _____ (Yrs) Derivatives _____(Yrs) Other Inv.				
PEP STATUS	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)				
PAST ACTIONS <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes please specify)	Details of any action/proceedings initiated/pending/ taken by SEBI/ Stock exchange/any other authority against the applicant/constituent or its Partners/promoters/whole time directors/authorized persons in charge of dealing in securities during the last 3 years:				
GROSS ANNUAL INCOME DETAILS (Previous 3 years)	Year 1	<input type="checkbox"/> Below ₹ 1 Lac, <input type="checkbox"/> ₹25Lacs-1 Cr	<input type="checkbox"/> ₹1 - 5 Lac, <input type="checkbox"/> Above ₹ 1 crore		
	Year 2	<input type="checkbox"/> Below ₹ 1 Lac, <input type="checkbox"/> ₹25Lacs-1 Cr	<input type="checkbox"/> ₹1 - 5 Lac, <input type="checkbox"/> Above ₹ 1 crore		
	Year 3	<input type="checkbox"/> Below ₹ 1 Lac, <input type="checkbox"/> ₹25Lacs-1 Cr	<input type="checkbox"/> ₹1 - 5 Lac, <input type="checkbox"/> Above ₹ 1 crore		
NET WORTH DETAILS (Not older than 1 year)			As on Date		
TRADING PREFERENCES					
Exchanges	NSE, BSE and MCX				
All Segments	Cash / Mutual Fund	F&O	Currency	Debt	Commodity
X Sign Here	X Sign Here	X Sign Here	X Sign Here	X Sign Here	X Sign Here

*Please sign in the relevant boxes where you wish to trade. Please strike off the segment not chosen by you.

Please specify the proof submitted to avail the privileges to trade in the derivatives segment:

_____.

INSTRUCTIONS/CHECKLIST FOR FILLING KYC FORM

IMPORTANT POINTS:

1. Self attested copy of PAN card is mandatory for all clients, including Promoters/Partners/Karta/Trustees and whole time directors and persons authorized to deal in securities on behalf of company/firm/others.
2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. For foreign entities, CIN is optional and in the absence of DIN number for the directors, there passport copy should be given.
7. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.
8. Copy of cancelled cheque leaf/ pass book/bank statement specifying name of the constituent, MICR Code or/and IFSC Code of the bank should be submitted
9. Demat master or recent holding statement issued by DP bearing name of the client
10. Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker/sub-broker's office.
11. Form need to be initialized by all the authorized signatories.
12. Copy of Board Resolution or declaration (on the letterhead) naming the persons authorized to deal in securities on behalf of company/firm/others and their specimen signatures

Proof of Identity (POI): - List of documents admissible as Proof of Identity:

1. Unique Identification Number (UID) (Aadhaar)/ Passport/ Voter ID card/ Driving license.
2. PAN card with photograph.
3. Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

Proof of Address (POA): - List of documents admissible as Proof of Address:

(*Documents having an expiry date should be valid on the date of submission.)

1. Passport/ Voters Identity Card/ Ration Card/ Registered Lease or Sale Agreement of Residence/ Driving License/ Flat Maintenance bill/ Insurance Copy.
2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
3. Bank Account Statement/Passbook -- Not more than 3 months old.
4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
6. Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
7. For FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostiled or consularised) that gives the registered address should be taken.
8. The proof of address in the name of the spouse may be accepted.

Exemptions/clarifications to PAN (*Sufficient documentary evidence in support of such claims to be collected.)

1. In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
2. Investors residing in the state of Sikkim.
3. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
4. SIP of Mutual Funds upto Rs 50, 000/- p.a.
5. ` In case of institutional clients, namely, FIIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

List of people authorised to attest the documents:

Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/ Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).

DECLARATION

1. 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 am/we are aware that I/we may be held liable for it.
2. I / We have read and understood the Anti Money laundering provisions and hereby further confirm/undertake that the investments/trading done in the securities market are from my own/borrowed sources of funds and I/we confirm that the funds utilized for trading activity by me/us are in compliance with the rules, regulations, and guidelines stipulated under PMLA.
3. I/we have read and agree to be bound by the Rules, Regulations, bye-laws, circulars, and guidelines issued by SEBI, Exchanges, Stock Broker, AMFI, Mutual Funds, Depository, and Depository Participant pertaining to my trading and demat account, as are in force from time to time.
4. I/We understand that the Stockbroker is relying on this information for the purpose of determining the status of the applicants named above in compliance with CRS/FATCA. The Stock Broker is not able to offer any tax advice on CRS or FATCA or its impact on the applicants and I/We shall seek advice from professional tax advisor for any tax questions. Further, I/We agree to submit a new form within 30 days if any information or certification on this form gets changed. I/We agree, as may be required

First Signatory	Second Signatory	Third Signatory	Fourth Signatory
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Name:</div> <div style="width: 45%;">Date:</div> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Name:</div> <div style="width: 45%;">Date:</div> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Name:</div> <div style="width: 45%;">Date:</div> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Name:</div> <div style="width: 45%;">Date:</div> </div>

FOR OFFICE USE ONLY

(Originals verified) and Self –Attested Document copies received.

UCC Code allotted to the Client: _____

In-Person-Verification (IPV) details:

Name of the Person doing IPV: _____

Signature of the Person doing IPV: _____

Designation & Emp. Code: _____

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

I / We undertake that we have made the client aware of 'Policy and Procedures', tariff sheet and all the non-mandatory documents. I/We have also made the client aware of 'Rights and Obligations' document (s), RDD and Guidance Note. I/We have given/sent him a copy of all the KYC documents. I/We undertake that any change in the 'Policy and Procedures', tariff sheet and all the non- mandatory documents would be duly intimated to the clients. I/We also undertake that any change in the 'Rights and Obligations' and RDD would be made available on my/our website, if any, for the information of the clients.

Name and Signature of Authorised Signatory: _____

(This document is voluntary. This Demat Debit and Pledge Instruction is being issued by the client in furtherance of and pursuant to the Account Opening Form and forms an integral part of and supplements the Power of Attorney (POA). If you do not wish to use the services of Edel Investments Limited, you need not execute such documents.)

“Demat Debit and Pledge Instruction’ (DDPI)”

To
Edel Investments Limited
Edelweiss House, Off CST Road,
Kalina, Mumbai – 400098

ASSOCIATED DEMAT ACCOUNT DETAILS:

DP ID

 DP Account

UCC

 Depository

Name of Client	
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Sr No.	Purpose	Signature of the Client
1	Transfer of securities held in the beneficial owner accounts of the client towards Stock Exchange related deliveries/settlement obligations arising out of trades executed by clients on the Stock Exchange through the same stock broker – Edel Investments Limited.	
2	Pledging / re-pledging of securities in favour of trading member (TM) / clearing member (CM) - Edel Investments Limited for the purpose of meeting margin requirements of the clients in connection with the trades executed by the clients on the Stock Exchange.	
3	Mutual Fund transactions being executed on Stock Exchange order entry platforms	
4	Tendering shares in open offers through Stock Exchange platforms	

Please note, pt. 3 & 4 will be applicable from 18-Nov-2022 as per SEBI circular SEBI/HO/MIRSD/MIRSD-PoD-1/P/CIR/2022/137 dated 06-Oct-2022

I/We _____, have hereby executed this Demat Debit and Pledge Instruction at _____ on the _____ day of 20 _____.

List of Edel Investments Limited Demat Accounts where securities can be moved/pledged w.e.f. November 11, 2022.

Name of the DP	DP ID	Account Type	Account No	CMBP ID
Nuvama Wealth And Investment Ltd	IN303719	NSE Pool Account	11054287	IN520591
	IN303719	BSE Pool Account	11052679	IN666048
	IN303719	Client Unpaid Securities Pledgee Account	11139813	-
	IN303719	Client Securities Margin Pledge	11080139	-
	IN303719	CM Client Securities Margin Pledge	11080122	-
	12032300	NSE Pool Account	03173646	-
	12032300	NSE SLB Pool Account	04234955	-

CLIENT REGISTRATION FORM - MUTUAL FUND

BSE StAR MF Client Registration Form

I/We am/are registered as your client with Client Code No (UCC) _____ for the purpose of trading in the Capital Market segment of National Stock Exchange of India Ltd. (Exchange) / BSE Ltd.

- I/We am/are interested in availing the BSE StAR MF facility of the Exchange for the purpose of dealing in the units of Mutual Funds Schemes permitted to be dealt with on the BSE StAR MF of the Exchange.
- For the purpose of availing the BSE StAR MF facility, I/we state that Know Your Client details as submitted by me/us for the stock broking may be considered for the purpose of BSE StAR MF and I/we further confirm that the details contained in same remain unchanged as on date.
- I/We are willing to abide by the terms and conditions as mentioned in the Circular dated November 24, 2009 (NSE) / December 02, 2009 (BSE) and as may be specified by the Exchange from time to time in this regard.
- I/We shall ensure also compliance with the requirements as may be specified from time to time the by Securities and Exchange Board of India (SEBI) and the Association of Mutual Funds of India (AMFI).
- I/We shall read and understand the contents of the of the Scheme Information Document and Key Information Memorandum, addenda issued regarding each Mutual Fund Schemes with respect to which I/we choose to subscribe/redeem. I/We further agree to abide by the terms and conditions, rules and regulations of the Mutual Fund Schemes.
- I/We, therefore, request you to register me/us as your client for participating in the BSE StAR MF.
- I/We hereby confirm having read and understood the terms & conditions and disclosures provided overleaf.

Thanking you,

Yours faithfully

Authorised Signatory

Details of terms & conditions for the Investor / Client for using the BSE STAR MF platform

1. Pre-requisites for becoming Investor / Client for the BSE STAR MF platform.

- 1.1 The client is desirous of investing in units of mutual fund schemes through the BSE STAR MF.
- 1.2 The Client intends to execute his instruction for the subscription/redemption of units of Mutual Fund Schemes through the Participant/ the broker who is a Mutual fund Intermediary (MFI) of the BSE STAR MF platform.
- 1.3 The client has satisfied itself with the capacity of the Participant/MFI to deal in Mutual Fund units and wishes to execute its instruction through the Participant/MFI and the client shall from time to time continue to satisfy itself of such capability of the Participant/MFI before executing transacting through the Participant/MFI.
- 1.4 The Client has approached to the Participant/MFI with the application for availing the BSE STAR MF platform.
- 1.5 The client has submitted relevant KYC (Know Your Client) details to the Participants/MFIs.

2. Terms & Conditions

- 2.1 The client shall be bound by circulars/notices issued by NSEIL/BSE from time to time including the Circulars issued by NSEIL since 2009 onwards and circulars issued thereafter and circulars issued there under by SEBI and relevant notifications of Government authorities as may be in force from time to time.
- 2.2 The client shall notify the Participant/MFI in writing if there is any change in the information in the client registration form' provided by the client to the Participant/MFI at the time registering as a client for participating in the New MFSS/ STAR MF platform or at any time thereafter.
- 2.3 The client shall submit to the Participant/MFI a completed application form in the manner prescribed format for the purpose of placing a order with the Participant/MFI.
- 2.4 The client has read and understood the risks involved in investing in Mutual Fund Schemes.
- 2.5 The client shall be wholly responsible for all his investment decisions and instruction.
- 2.6 The client shall ensure continuous compliance with the requirements of NSEIL/BSE, SEBI and AMFI.
- 2.7 The Client shall pay to the Participant/MFI fees and statutory levies as are prevailing from time to time and as they apply to the Client's account, transactions and to the services that Participant/MFI renders to the Client.
- 2.8 The client will furnish information to the Participant/MFI in writing, if any winding up petition or insolvency petition has been filed or any winding up or insolvency order or decree or award is passed against him or if any litigation which may have material bearing on his capacity has been filed against him.
- 2.9 In the event of non-performance of the obligation by the Participant/MFI, the client is not entitled to claim any compensation either from the Investor Protection Fund or from any fund of NSEIL/BSE or NSCCL/ Indian Clearing Corporation Ltd. (ICCL).
- 2.10 In case of any dispute between the Participants/MFIs and the investors arising out of the MFSS facility/ BSE STAR MF platform, NSEIL/BSE and / or NSCCL/ICCL agrees to extend the necessary support for the speedy redressal of the disputes.

3. Disclosure

- 3.1 As per SEBI circular: SEBI/IMD/CIR No. 4/168230/09, the following are the details of the comparative commission earned by Edel Investments Limited (AMFI Reg. No. 247356) from various fund-houses, whose products are being distributed.

Fund Schemes	Upfront Brokerage/Upfront Commission	Trail year 1	Trail year 2 onward
Equity and Balanced	0% to 1.25%	0% to 1%	0% to 1%
Index	0% to 1%	0% to 0.75%	0% to 0.75%
ELSS	0% to 2%	0% to 0.75%	0% to 0.75%
Asset Allocation	0% to 1.5%	0% to 1%	0% to 1%
Arbitrage Funds	0% to 1%	0% to 1%	0% to 0.5%
Monthly Income Plans	0% to 1.5%	0% to 1%	0% to 0.5%
Gilt	0% to 1%	0% to 1%	0% to 0.5%
Income	0% to 1.5%	0% to 1%	0% to 1%
Short Term	0% to 0.05%	0% to 0.50%	0% to 0.50%
Liquid & Floating Rate	0% to 0.05%	0% to 0.50%	0% to 0.50%

- 3.2 The above Schedule of Commissions is subject to change, without any prior consent and at the sole discretion and agreement between Edel Investments Limited and the respective Mutual Fund houses.
- 3.3 Edel Investments Limited could also get reimbursements towards promotion and marketing-related activities conducted by Edel Investments Limited on behalf of AMCs. These reimbursements are event based and the same may or may not be received from AMCs in a particular period. Further, since such activities may be carried out at AMC level, reimbursement amount received cannot be attributed to any specific scheme being offered by such AMC.
- 3.4 This is on a best effort basis and rates are updated as and when actual rates are received from AMCs.
- 3.5 The above Schedule of Commissions is as of 1st December 2022. It is subject to change, without any prior consent and at a sole discretion and agreement between Edel Investments Limited and the respective Mutual Fund houses.

Declaration I am fully aware that

- I would need to keep clear balances in my client account/DP accounts for the transaction to be processed.
- I have understood the terms and conditions attached herewith and agreed to the same.
- I have understood Edel Investments Limited will place my order on a best-effort basis.
- Mutual Fund investments are subject to market risk, please read the Statement of Additional Information (SAI)/Offer document (OD)/Scheme Information Document (SID) carefully before investing.

Name : _____ **Signature :** _____

Place : _____ **Date :** _____

Registered office address : Edelweiss House, 5th Floor, Windsor Lane, Kalina, Santacruz (East), Mumbai – 400 098, Maharashtra, INDIA,
Tel : 022 - 4079 5199 | Website: <https://eil.edelweissfin.com/>

Please read all the instructions carefully before filling the form
*Please fill in ENGLISH and in BLOCK LETTERS with black ink
Please consult your professional tax advisor for further guidance on FATCA & CRS classification
Fields marked with (*) are mandatory and if not filled, the form is liable for rejection

[illegible]

7. Type of address given at KRA (please tick (✓) any one) :	Residential or Business	Residential	Business	Registered Office
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(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 Identification Number	Identification Type (TIN or Other, please specify)
1.			
2.			
3.			

% - In case Tax Identification Number is not available, kindly provide its functional equivalent^{\$}

In case 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 U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here	mention here	(refer 3(viii) of Part C)
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Account holder type for US Reportable Person (Refer 3(ix) of Part C)

Account holder type for other Reportable Person	(Refer 3(ix) of Part C)
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Part A: (to be filled by Financial Institutions or Direct Reporting NFEs) ☐ N.A. (Please tick (✓) if not applicable)

<p>We are a,</p> <p><input type="radio"/> Financial Institution (Refer to Part C)</p> <p><input type="checkbox"/> Participating FFI</p> <p><input type="checkbox"/> Reporting Model 1 FFI (IGA 1 environment)</p> <p><input type="checkbox"/> Reporting Model 2 FFI (IGA 2 environment)</p> <p>or</p> <p><input type="radio"/> Direct reporting NFE (Refer to Part C)</p> <p>please tick (✓) as appropriate</p>	<p>GIIN <input type="text"/></p> <p>Note: If you do not have a GIIN but you are sponsored by an other entity, please provide your sponsor's GIIN above and indicate your sponsor's name below:</p> <p>Name of the Sponsoring entity: <input type="text"/></p>
---	---

GIIN not available
please tick (✓) as appropriate

☐ Applied For
 ☐ Non participating FFI
 ☐ Non reporting FFI
☐ Not required to apply for - please specify 2 digits of sub-category (Refer 1A of Part C)

Part B: (Please tick (✓) and fill any one as appropriate, to be filled by NFEs other than Direct Reporting NFEs) ☐ N.A.

○	Is the Entity a publicly traded company ? (that is, a company whose shares are regularly traded on an established securities market) (Refer 2A of Part C)	(Please specify any one stock exchange where it is regularly traded) Name of the Stock Exchange _____
○	Is the Entity a related entity of a publicly traded company? (a company whose shares are regularly traded on an established securities market) (Refer 2B of Part C)	(Please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of the listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the listed company (OR) <input type="checkbox"/> Controlled by a Listed Company Name of the Stock Exchange _____
○	Is the Entity an Active NFE? (Refer 2C of Part C)	Specify the nature of business and provide UBO form Nature of Business: _____ Please specify the sub-category of Active NFE <input type="checkbox"/> (Mention Code - Refer 2C of Part C)
○	Is the Entity a Passive NFE? (Refer 3(ii) of Part C)	Specify the nature of business and provide UBO form Nature of Business: _____

EDEL INVESTMENTS LIMITED

Registered office address : Edelweiss House, 5th Floor, Windsor Lane, Kalina, Santacruz (East), Mumbai – 400 098, Maharashtra, INDIA,

Tel : 022 - 4079 5199 | Website: <https://eil.edelweissfin.com/>

Declaration Form of Ultimate Beneficial Ownership [UBO] / Controlling Persons

(Applicable for all the non-individual entities)

I: Investor details:

Investor Name										
PAN*										

* If PAN is not available, specify Folio No. (s)

II: Category

☐ Our company is a Listed Company on a recognized stock exchange in India / Subsidiary of a or Controlled by a Listed Company
[If this category is selected, no need to provide UBO details].

Name of the Stock Exchange where it is listed#. _____

Security ISIN# _____

Name of the Listed Company (applicable if the investor is subsidiary/associate): _____

#mandatory in case of Listed company or subsidiary of the Listed Company

☐ Unlisted Company ☐ Partnership Firm / LLP ☐ Unincorporated association / body of individuals

☐ Public Charitable Trust ☐ Private Trust ☐ Religious Trust ☐ Trust created by a Will.

☐ Others [please specify] _____

UBO / Controlling Person(s) details.

Does your company/entity have any individual person(s) who holds direct / indirect controlling ownership above the prescribed threshold limit? ☐ Yes ☐ No

If 'YES' - We hereby declare that the following individual person holds directly / indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below.

If 'NO' - declare that no individual person (directly / indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Managing Official (SMO) are provided below.

	UBO-1 / Senior Managing Official (SMO)	UBO-2	UBO-3
Name of the UBO/SMO#.			
UBO / SMO PAN#. For Foreign National, TIN to be provided]			
Residential Status of UBO	<input type="checkbox"/> Res. Ind. <input type="checkbox"/> NRI <input type="checkbox"/> Foreign National <input type="checkbox"/> Others _____	<input type="checkbox"/> Res. Ind. <input type="checkbox"/> NRI <input type="checkbox"/> Foreign National <input type="checkbox"/> Others _____	<input type="checkbox"/> Res. Ind. <input type="checkbox"/> NRI <input type="checkbox"/> Foreign National <input type="checkbox"/> Others _____
UBO Code			
Customer ID			
Citizenship			
Percentage of Holding (%)			
% of beneficial interest#.	>10% controlling interest. <input type="checkbox"/> >15% controlling interest. <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>	>10% controlling interest. <input type="checkbox"/> >15% controlling interest. <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>	>10% controlling interest. <input type="checkbox"/> >15% controlling interest. <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>
Are you a US person ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
UBO / SMO Country of Tax Residency#.			
UBO / SMO Taxpayer Identification Number / Equivalent ID Number#.			
UBO / SMO Identity Type			
UBO / SMO Place & Country of Birth#	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____
UBO / SMO Nationality	_____	_____	_____
UBO / SMO Date of Birth [dd-mmm-yyyy] #	_____	_____	_____
UBO / SMO PEP#	Yes – PEP. <input type="checkbox"/> Yes – Related to PEP. <input type="checkbox"/> N – Not a PEP. <input type="checkbox"/>	Yes – PEP. <input type="checkbox"/> Yes – Related to PEP. <input type="checkbox"/> N – Not a PEP. <input type="checkbox"/>	Yes – PEP. <input type="checkbox"/> Yes – Related to PEP. <input type="checkbox"/> N – Not a PEP. <input type="checkbox"/>

	UBO-1 / Senior Managing Official (SMO)	UBO-2	UBO-3
UBO / SMO Address [include City, Pincode, State, Country]	Address: _____ City: _____ Pincode: _____ State: _____ Country: _____	Address: _____ City: _____ Pincode: _____ State: _____ Country: _____	Address: _____ City: _____ Pincode: _____ State: _____ Country: _____
UBO / SMO Address Type	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office. <input type="checkbox"/>	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office. <input type="checkbox"/>	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office. <input type="checkbox"/>
UBO / SMO Email			
UBO / SMO Mobile			
UBO / SMO Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/> _____	Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/> _____	Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/> _____
UBO / SMO Father's Name			
UBO / SMO Occupation	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/> _____	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/> _____	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/> _____
SMO Designation#			
UBO / SMO KYC Complied?	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.

Mandatory column.

Note: If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.

* Participating Mutual Fund(s) / RTA may call for additional information/documentation wherever required or if the given information is not clear / incomplete / correct and you may provide the same as and when solicited.

Declaration

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false, untrue, misleading, or misrepresenting, I/We am/are aware that I/We may be liable for it including any penalty levied by the statutory/legal/regulatory authority. I/We hereby confirm the above beneficial interest after perusing all applicable shareholding pattern and MF/RTA/other registered intermediaries can make reliance on the same. I/We hereby authorize you [RTA/Fund/AMC/Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries / or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/tax authorities.

Signature with relevant seal:

Authorized Signatory
Name: _____
Designation: _____

Authorized Signatory
Name: _____
Designation: _____

Authorized Signatory
Name: _____
Designation: _____

Place: _____

Date: ____ / ____ / ____

Instructions on Controlling Persons / Ultimate Beneficial Owner

As per PMLA guidelines and relevant SEBI circulars issued from time to time, non-individuals and trusts are required to provide details of controlling persons [CP] / ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such CPs/ UBOs. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own, control or influence a client and/or persons on whose behalf a transaction is being conducted and includes a person who exercises ultimate effective control over a legal person or arrangement.

A. For Investors other than individuals or trusts:

- The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to:
 - more than 10% of shares or capital or profits of the juridical person, where the juridical person is a company.
 - more than 10% of the capital or profits of the juridical person, where the juridical person is a partnership.
 - more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.
- In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.
- Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

B. For Investors which is a trust:

The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 10% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

C. Exemption in case of listed companies / foreign investors

The client or the owner of the controlling interest is a company listed on a stock exchange or is a majority-owned subsidiary of such a company, there is no need for identification and verification of the identity of any shareholder or beneficial owner of such companies and hence exempted from UBO declaration provided other requisite information is provided. Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012 and other circulars issued from time to time, for the purpose of identification of beneficial ownership of the client.

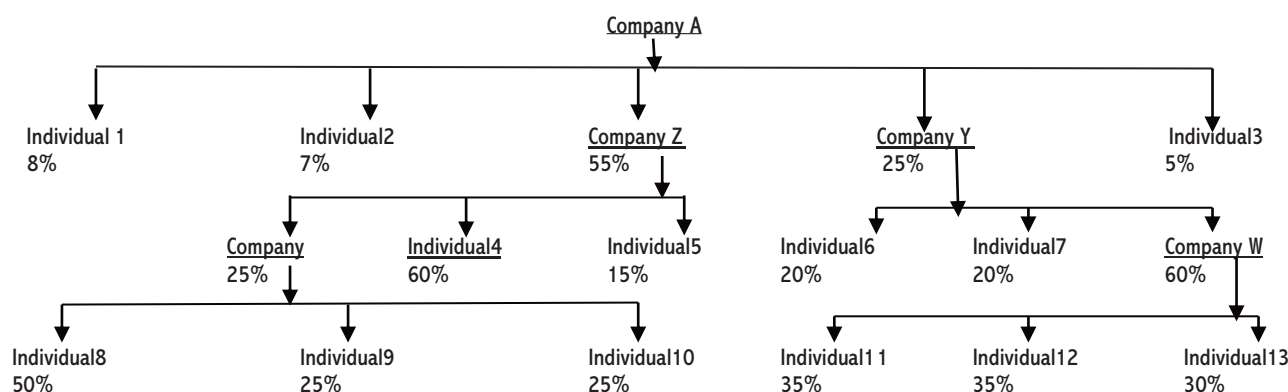
D. KYC requirements

Beneficial Owner(s) / Senior Managing Official (SMO) is/are required to comply with the prescribed KYC process as stipulated by SEBI from time to time with any one of the KRA & submit the same to AMC. KYC acknowledgement proof is to be submitted for all the UBO(s) / SMO(s).

Declaration Form of Ultimate Beneficial Ownership [UBO] / Controlling Persons

Sample Illustrations for ascertaining beneficial ownership:

Illustration No. 1 – Company A



For Applicant A, Individual 4 is considered as UBO as it holds effective ownership of 33% in Company A. Hence details of Individual 4 must be provided with KYC proof, Shareholding pattern of Company A, Z & Y to be provided along with details of persons of Company Y who are senior managing officials and those exercising control.

Illustration No. 2 – Partner ABC

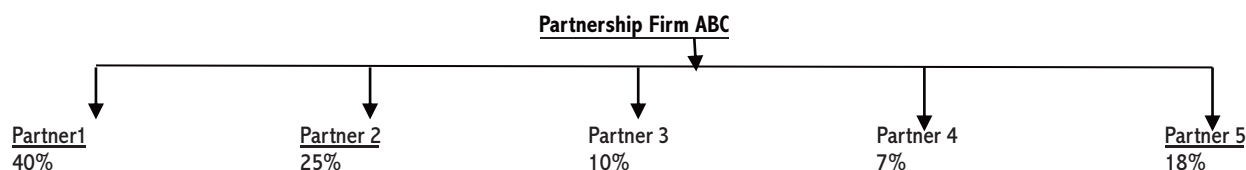
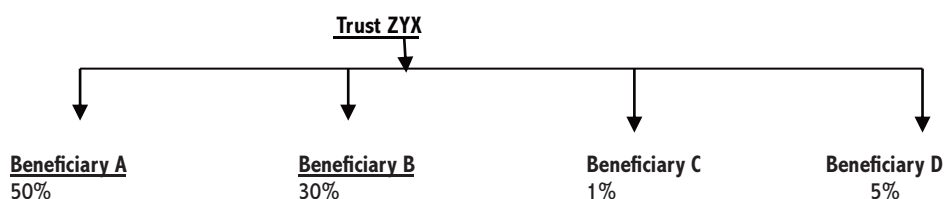


Illustration No. 3 – Trustee ZYX



For Trust ZYX, Beneficiaries A, B and C are considered as UBO as they are entitled to get benefitted for $\geq 10\%$ of funds used. KYC proof for these beneficiaries needs to be submitted. Additionally, if they have nominated any person or group of persons as Settlor of Trust / Protector of Trust, relevant information to be provided along with the proof indicated.

PART C: FATCA Instructions & Definitions

1. Financial Institution

The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance company, as defined.

- Depository institution: is an entity that accepts deposits in the ordinary course of banking or similar business.
- Custodial institution is an entity that holds as a substantial portion of its business, holds financial assets for the account of others and where its income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of-

(i) The three financial years preceding the year in which determination is made; or

(ii) The period during which the entity has been in existence, whichever is less.

- Investment entity is any entity:

- ✓ That primarily conducts a business or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer
 - (i) Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or
 - (ii) Individual and collective portfolio management; or
 - (iii) Investing, administering or managing funds, money or financial asset or money on behalf of other persons;

or

- ✓ The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described above.

An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of :

(i) The three-year period ending on 31 March of the year preceding the year in which the determination is made; or

(ii) The period during which the entity has been in existence.

The term "Investment Entity" does not include an entity that is an active non-financial entity as per codes 03, 04, 05 and 06 (refer point 2C.)

- Specified Insurance Company: Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.

- FI not required to apply for GIIN:

A. Reasons why FI not required to apply for GIIN:

Code	Sub-Category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors, Investment Managers & Executing Brokers
07	Exempt collective investment vehicle
08	Trustee of an Indian Trust
09	FI with a local client base
10	Non-registering local banks
11	FFI with only Low-Value Accounts
12	Sponsored investment entity and controlled foreign corporation
13	Sponsored, Closely Held Investment Vehicle
14	Owner Documented FFI

2. Non-financial entity (NFE) - Foreign entity that is not a financial institution

Types of NFEs that are regarded as excluded NFE are:

A. Publicly traded company (listed company)

A company is publicly traded if its stock are regularly traded on one or more established securities markets

(Established securities market means an exchange that is officially recognized and supervised by a governmental authority in which the securities market is located and that has a meaningful annual value of shares traded on the exchange)

B. Related entity of a publicly traded company

The NFE is a related entity of an entity of which is regularly traded on an established securities market;

C. Active NFE : (is any one of the following):

Code	Sub-Category
01	Less than 50 percent of the NFE's gross income for the preceding financial year is passive income and less than 50 percent of the assets held by the NFE during the preceding financial year are assets that produce or are held for the production of passive income;
02	The NFE is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing;
03	Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for this status if the entity functions as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
04	The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;
05	The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
06	The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;
07	<p>Any NFE that fulfills all of the following requirements:</p> <ul style="list-style-type: none">• It is established and operated in India exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in India and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare;• It is exempt from income tax in India;• It has no shareholders or members who have a proprietary or beneficial interest in its income or assets; <p>The applicable laws of the NFE's country or territory of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and The applicable laws of the NFE's country or territory of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE's country or territory of residence or any political subdivision thereof.</p> <p>Explanation:- For the purpose of this sub-clause, the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely:-</p> <ul style="list-style-type: none">(I) an Investor Protection Fund referred to in clause (23EA);(II) a Credit Guarantee Fund Trust for Small Industries referred to in clause 23EB; and(III) an Investor Protection Fund referred to in clause (23EC), of section 10 of the Act;



Important Instructions:

- A) Fields marked with "*" are mandatory fields.
 B) Tick '✓' wherever applicable.
 C) Please fill the date in DD-MM-YYYY format.
 D) Please fill the form in English and in BLOCK letters.
 E) KYC number of applicant is mandatory for update application.
 F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
 G) List of two character ISO 3166 country codes is available at the end.
 H) Please read section wise detailed guidelines / instructions at the end.
 I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

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 instruction **A** at the end)

☐ Name*

Entity Constitution Type* ☐ Others (Specify) (Please refer instruction **B** at the end)

Date of Incorporation / Formation* DD - MM - YY YY Date of Commencement of Business DD - MM - YY YY

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 (PoI)* (Please refer instruction **B** at the end)

☐ Officially valid document(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 / U.T Code* ISO 3166 Country Code*

3.2 Local Address in India (If different from Above)*

Line 1*

Line 2

Line 3 City / Town / Village*

District* PIN / Post Code* State / U.T Code* 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)

[illegible]

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/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : - -

[illegible]

Signature / Thumb Impression of Authorised Person(s)

Documents Received ☐ Certified Copies ☐ Equivalent e-document

[illegible]

Name

Code

A Clarification / Guidelines for filing Entity Details section

1 Entity Constitution Type

A - Sole Proprietorship
 B - Partnership Firm
 C - HUF
 D - Private Limited Company
 E - Public Limited Company
 F - Society
 G - Association of Persons (AOP) / Body of Individuals (BOI)

H - Trust
 I - Liquidator
 J - Limited Liability Partnership
 K - Artificial Liability Partnership
 L - Public Sector Banks
 M - Central/State Government Department or Agency
 N - Section 8 Companies (Companies Act, 2013)

O - Artificial Jurisdical Person
 P - International Organisation or Agency /Foreign
 Embassy or Consular Office etc.
 Q - Not Categorized
 R - Others
 S - Foreign Portfolio Investors

2 In case of companies and partnerships, PAN of the entity is mandatory. In case of other entities, FORM 60 may be obtained if PAN is not available.

B Clarification / Guidelines for filling 'Proof of Identity[Pol]' section

- 1 Activity Proof - 1 and Activity Proof - 2 are applicable for accounts in case of proprietorship firms. Please refer to relevant instructions issued by the Reserve Bank of India in this regard.
- 2 Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.
- 3 Certified copy of document or equivalent e-document or OVD obtained through Digital KYC process to be submitted.
- 4 'Equivalent e-document' means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
- 5 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
- 6 KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.

C Clarification / Guidelines for filling 'Proof of Address [PoA]' section

- 1 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 2 Certified copy of document or equivalent e-document to be submitted.

D Clarification / Guidelines for filling 'Contact Details' section

- 1 Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

E Clarification / Guidelines for filling 'Related Person Details' section

- 1 Personal Details
 - The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Proof of Address [PoA]
 - PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
 - State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
 - In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR
 - REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository.
- 3 If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related Person' are required.
- 4 Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.

F Provision for capturing signature of multiple authorised persons is to be made by the RE.

List of two digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State/U.T	Code	State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chhattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

List of ISO 3166 two digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GO	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Island	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Island	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Moyotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SI
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NZ	Taiwan province of china	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hongkong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire ICote d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion IReunion	RE	Virgin Island, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao ICuracao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy ISaint BartheJemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kittsand Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French Part)	MF		

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
 B) Tick '✓' wherever applicable.
 C) Please fill the date in DD-MM-YYYY format.
 D) Please fill the form in English and in BLOCK letters.
 E) KYC number of applicant is mandatory for update application.
 F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
 G) List of two character ISO 3166 country codes is available at the end.
 H) Please read section wise detailed guidelines / instructions at the end.
 I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated



For office use only Application Type* ☐ New ☐ Update ☐ Delete
 (To be filled by financial institution) KYC Number (Mandatory for KYC update and delete request)

1. DETAILS OF RELATED PERSON* (Please refer instruction E at the end)

☐ Addition of Related Person ☐ Deletion of Related Person ☐ Update Related Person Details

KYC Number of Related Person (if available*) If KYC number is available, only 'Related Person Type' & 'Name' is mandatory

Related Person Type* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointment Official ☐ Proprietor
☐ Beneficiary ☐ Authorised Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder ☐ Other (Please specify)

DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS (Please refer instruction E at the end)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Nationality*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)		
PAN*	<input type="text"/>		<input type="checkbox"/> Form 60 furnished	

1.2 PROOF OF IDENTITY AND ADDRESS* (Please refer instruction E at the end)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A- Passport Number
☐ B- Voter ID Card
☐ C- Driving Licence
☐ D-NREGA Job Card
☐ E- National Population Register Letter
☐ F - Proof of Possession of Aadhaar
 II ☐ E-KYC Authentication
 III ☐ Offline verification of Aadhaar

☐ PHOTO*



Address

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
Pin / Post Code*	<input type="text"/>
State / U.T Code*	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>

1.3. CURRENT ADDRESS DETAILS (Please refer instruction E and the end)

☐ Same as above mentioned address (In such cases address details as below need not be provided)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A- Passport Number
☐ B- Voter ID Card
☐ C- Driving Licence
☐ D-NREGA Job Card
☐ E- National Population Register Letter
☐ F - Proof of Possession of Aadhaar
 II ☐ E-KYC Authentication
 II ☐ Offline verification of Aadhaar

IV ☐ Deemed PoA

V ☐ Self Declaration

Address

Line 1*																											
Line 2																											
Line 3																											
District*							Pin / Post Code*						State / U.T Code*			City / Town / Village*									ISO 3166 Country Code*		

1. 4 CONTACT DETAILS (All communication will be sent on provided mobile no. / Email-ID) (Please refer instruction **D** at the end)

Tel. (Off)							Tel. (Res)							Mobile													
Email ID																											

2. APPLICANT 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/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : DD - MM - YYYY

Place:

Signature /Thumb Impression of Applicant

3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification
☐ Digital KYC process ☐ Equivalent e-document

KYC VERIFICATION CARRIED OUT BY

Date												
Emp. Name												
Emp. Code												
Emp. Designation												
Emp. Branch												

Employee Signature]

INSTITUTION DETAILS

Name																											
Code																											

[Institution Stamp]