

PART I - KNOW YOUR CLIENT (KYC)
APPLICATION FORM
(FOR INDIVIDUALS ONLY)

PLEASE FILL THIS FORM IN ENGLISH AND IN **BLOCK LETTERS**.

AUM CAPITAL
 YOUR TRUST IS OUR WEALTH

Regd. Office: 226/1, AJC Bose Road, "TRINITY BUILDING"
 3rd Floor, Unit-3G, Kolkata - 700 020

Phone : +91 33 4057 2209 / • 10

E-mail : helpdesk@aumcap.com • Website: www.aumcap.com

A IDENTITY DETAILS

Name of the Applicant				PHOTOGRAPH Please affix your recent passport size photograph and sign across it	
Father's/Spouse's Name					
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married		Date of Birth
					D D M M Y Y Y Y
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Other (Please Specify)	Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National		
PAN		Aadhar Number, If Any			
Specify the Proof of Identity Submitted <input type="checkbox"/> PAN Card <input type="checkbox"/> Any Other (Please Specify)					

B ADDRESS DETAILS

Residence Address			
City/Town/Village		Pin Code	
State		Country	
Specify the Proof of Address Submitted for Resi. Address			
Tel. (Off.)		Mobile No.	
Tel. (Res.)		Fax No.	
Email ID			
Permanent Address (if different from above or overseas address, mandatory for Non-Resident Applicant)			
City/Town/Village		Pin Code	
State		Country	
Specify the Proof of Address Submitted for Permanent Address			

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.	
D D M M Y Y Y Y	
Place :	Signature of Applicant

FOR OFFICE USE ONLY

IPV Details:	(DD/MM/YYYY)	Name of the Auth. Signatory
<input type="checkbox"/> Originals Verified & Self Attested Documents <input type="checkbox"/> Copies Received	Employee Name	✓ Signature of the Auth. Signatory
	✓ Employee Signature	Date
	Employee Designation	Seal / Stamp of the Intermediary

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A IDENTITY DETAILS

Name of the Applicant																						
Date of Incorporation										D	D	M	M	Y	Y	Y	Y	Date of Comm. of Business				
Place of Incorporation										D	D	M	M	Y	Y	Y	Y					
PAN										Regn. No. (Eg. CIN)												
Status (Please Tick any one)	<input type="checkbox"/> Private Ltd Co.					<input type="checkbox"/> Bank					<input type="checkbox"/> Body Corporate					<input type="checkbox"/> Charities						
	<input type="checkbox"/> NGO'S					<input type="checkbox"/> LLP					<input type="checkbox"/> Partnership					<input type="checkbox"/> Defense Estb,						
	<input type="checkbox"/> Society					<input type="checkbox"/> AOP					<input type="checkbox"/> Trust					<input type="checkbox"/> FII						
	<input type="checkbox"/> HUF					<input type="checkbox"/> BOI					<input type="checkbox"/> Non-Govt. Org.					<input type="checkbox"/> FI						
	<input type="checkbox"/> Public Ltd. Co.					<input type="checkbox"/> Govt. Body					<input type="checkbox"/> Others <i>(Please Specify)</i>											

B ADDRESS DETAILS

Correspondence Address														
City/Town/Village										Pin Code				
State										Country				
Specify the Proof of Address Submitted for Corres. Address														
Registered Address (If different from above)														
City/Town/Village										Pin Code				
State										Country				
Specify the Proof of Address Submitted for Registered Address														
Tel. (Off.)										Mobile No.				
Tel. (Res.)										Fax No.				
Email ID														

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.

D D M M Y Y Y Y

Signature with stamp

Place :

Name & Signature of The Authorised Signatory

IPV Details:

(DD/MM/YYYY)

Name of the Auth. Signatory

☐ Originals Verified & Self
 Attested Documents
 Copies Received

Employee Name

✓ Signature of the Auth. Signatory

Date

✓ Employee Signature

Employee Designation

Seal / Stamp of the Intermediar

FOR OFFICE USE ONLY

AUM CAPITAL MARKET PVT. LTD.

C OTHER DETAILS

FOR NON INDIVIDUALS ONLY

Details of Promoters/Partners/Karta/Trustees & Whole Time Directors forming part of KYC application Form

1ST SIGNATORY	1 Name															<p align="center">PHOTOGRAPH</p> <p>Please affix your recent passport size photograph and sign across it</p> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div>
	Relationship with Applicant <small>(i.e. promoters, whole time directors etc.)</small>										Date of Birth					
											D D M M Y Y Y Y					
	Residential/Registered Address															
	City/Town/Village										PIN					
	State					Country										
	Tel. (O)					Mobile No.										
	PAN										Equity % <small>PSR Ownership Stake</small>					
	Aadhar Number, If Any															
	DIN No. <small>i.e. Whole time Directors</small>															
Proof of Identity (POI)																
Proof of Address (POA)																
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Signature</div>																

2ND SIGNATORY	2 Name															<p align="center">PHOTOGRAPH</p> <p>Please affix your recent passport size photograph and sign across it</p> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div>
	Relationship with Applicant <small>(i.e. promoters, whole time directors etc.)</small>										Date of Birth					
											D D M M Y Y Y Y					
	Residential/Registered Address															
	City/Town/Village										PIN					
	State					Country										
	Tel. (O)					Mobile No.										
	PAN										Equity % <small>PSR Ownership Stake</small>					
	Aadhar Number, If Any															
	DIN No. <small>i.e. Whole time Directors</small>															
Proof of Identity (POI)																
Proof of Address (POA)																
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Signature</div>																

3RD SIGNATORY	3 Name															<p align="center">PHOTOGRAPH</p> <p>Please affix your recent passport size photograph and sign across it</p> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div>
	Relationship with Applicant <small>(i.e. promoters, whole time directors etc.)</small>										Date of Birth					
											D D M M Y Y Y Y					
	Residential/Registered Address															
	City/Town/Village										PIN					
	State					Country										
	Tel. (O)					Mobile No.										
	PAN										Equity % <small>PSR Ownership Stake</small>					
	Aadhar Number, If Any															
	DIN No. <small>i.e. Whole time Directors</small>															
Proof of Identity (POI)																
Proof of Address (POA)																
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Signature</div>																

Name of the Auth. Signatory	<input checked="" type="checkbox"/> Signature of the Auth. Signatory	Date
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Note: In case of more than three authorised signatories, please submit all the required details in a separate sheet.

PART II - TRADING & DEMAT ACCOUNT RELATED DETAILS (FOR INDIVIDUALS & NON INDIVIDUALS)

A BANK ACCOUNT DETAILS

	1 st Account/Primary	2 nd Account	3 rd Account
Bank Name			
Branch Name & Address			
Bank Account No.			
Account Type (Saving/Current/Others In case of NRI/NRE/NRO)			
MICR No.			
IFSC Code			

B DEPOSITORY ACCOUNT DETAILS

DP Name			
CDSL/NSDL			
DP ID			
Beneficiary ID (BO ID)			
Beneficiary Name 1			
Beneficiary Name 2			
Beneficiary Name 3			

C TRADING PREFERENCES

*Please sign in the relevant segment boxes where you wish to trade. The Segment not chosen should be struck off by the Client.

	BSE	NSE	MCX
Cash	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NA
F&O	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NA
Currency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NA
SLBM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NA
Commodity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

If, in future, the client wants to trade on any new segment/new exchange, Separate authorisation/letter should be submitted by the Client to ACMP.

PAST ACTIONS

Details of any action/proceeding 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: _____

Are You Member of Any Stock Exchange? Y N Please Specify

DEALINGS THROUGH AUTHORIZED PERSON OF OTHER STOCK BROKERS

If client is dealing through the AP, provide the following details:

AP Name		Exchange Regn. No.	
Registered Office Address			
Phone		Fax	
Website			

WHETHER DEALING WITH ANY OTHER STOCK BROKER

(If case dealing with multiple stock brokers, provide details of all)


Name of Stock Broker		Client Code	
Name of AP, If Any		Exchange	

Details of Disputes/Dues Pending from/to such Stock Broker/AP :

ADDITIONAL DETAILS

GST Registration Details	
Whether You Wish to Receive Physical Contract Note or Electronic Contract Note (ECN) (Please Specify) :	
Specify Your Email ID, If Applicable	
Whether You Wish to Avail of the Facility of Internet Trading/Wireless Technology (Please Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Years of Investment/Trading Experience	
Any Other Information	

INTRODUCER DETAILS (OPTIONAL)

Name of the Introducer	Surname	Name	Middle Name
Status of the Introducer	<input type="checkbox"/> Authorized Person <input type="checkbox"/> Remisier <input type="checkbox"/> Employee <input type="checkbox"/> Existing Client <input type="checkbox"/> Other (Please Specify)		
Address of the Introducer			
Mobile/Phone No. of the Introducer		 Signature of the Introducer	

CDSL DP ID : 12057800

NSDL DP ID : IN304211

UCC

DEMAT ACCOUNT OPENING FORM		Client ID:																		
I/WE REQUEST YOU TO OPEN A DEPOSITORY ACCOUNT IN MY/OUR NAME AS PER THE FOLLOWING DETAILS: (PLEASE FILL ALL THE DETAILS IN CAPITAL LETTERS ONLY)																				
Date:										D	D	M	M	Y	Y	Y	Y			

TYPE OF ACCOUNT	
STATUS	SUB-STATUS
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual Director <input type="checkbox"/> Individual Promoter
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI-Repatriable <input type="checkbox"/> NRI-Non Repatriable <input type="checkbox"/> Other <i>Please Specify</i>
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National <input type="checkbox"/> Qualified Foreign Investor
<input type="checkbox"/> Non-Individual	<input type="checkbox"/> Body Corporate <input type="checkbox"/> Trust <input type="checkbox"/> Bank <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> Mutual Fund <input type="checkbox"/> CM <input type="checkbox"/> Qualified Foreign Investor <input type="checkbox"/> Margin <input type="checkbox"/> HUF <input type="checkbox"/> Other <i>Please Specify</i>

DETAILS OF ACCOUNT HOLDER(S)	
Name of Sole/First Holder	PAN
Name of Second Holder	PAN
Name of Third Holder	PAN

* Please provide a separate KYC Application Form (KRA Form) for all joint Holders

For Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name & PAN of the HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc. should be mentioned below:	
Name	PAN

IN CASE OF NRIs/FOREIGN NATIONALS/FIIs/Others (as may be applicable)	
RBI Approval Ref. No.	RBI Approval Date
SEBI Regn. No. (for FIIs)	

STANDING INSTRUCTIONS	
I/We authorise you to receive credits automatically into my/our account	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account to be operated through DDPI	<input type="checkbox"/> Yes <input type="checkbox"/> No
SMS Alert Facility [Mandatory if you are giving DDPI. Ensure that the mobile number is provided in the KYC Application Form]	Sole/First Holder <input type="checkbox"/> Yes <input type="checkbox"/> No Second Holder <input type="checkbox"/> Yes <input type="checkbox"/> No Third Holder <input type="checkbox"/> Yes <input type="checkbox"/> No
MODE OF RECEIVING STATEMENT OF ACCOUNT (TICK ANY ONE)	
I/We wish to opt for BSDA <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form [Read Note 5 and ensure that email ID is provided in KYC Application Form]	
MODE OF RECEIVING DP CLIENT RIGHTS & OBLIGATION (TICK ANY ONE)	
<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form	
MODE OF RECEIVING RTA DOCUMENTS	
<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form	
Auto Pledge <input type="checkbox"/> Yes <input type="checkbox"/> No	
I will request you to send electronic transaction cum holding statement at the e-mail ID <input type="checkbox"/> Yes <input type="checkbox"/> No	
Saral Account <input type="checkbox"/> Yes <input type="checkbox"/> No	

GUARDIAN DETAILS (Where sole holder is a minor)		Account Statements	
[For account of a minor, two KYC Application Forms must be filled i.e. one for the guardian and another for the minor (to be signed by guardian)]			
Guardian Name		<input type="checkbox"/> As per SEBI Regulation	
PAN No.		<input type="checkbox"/> Daily	
Relationship of Guardian with Minor		<input type="checkbox"/> Weekly	
		<input type="checkbox"/> Fortnightly	
		<input type="checkbox"/> Monthly	

► **MODE OF OPERATION FOR SOLE/FIRST HOLDER [For Non-Individuals]** (In case of Joint holdings, all the holders must sign)

- ☐ Singly ☐ Jointly
☐ As per Resolution ☐ Other (Please Specify)

► **CLEARING MEMBERS DETAILS (to be filled up by Clearing Members only)**

Name of Stock Exchange	
Name of Clearing Corporation/Clearing House	
Clearing Member ID	
SEBI Registration Number	
Trading Member ID	

► **DECLARATION** **FOR DEMAT ACCOUNT**

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. 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. In case of non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations. I/We acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant" *Non-Individuals-Authorised Signatories (Enclose a Board resolution for Authorised Signatories).*

Sole/First Holder/or Guardian (In case of minor) or First Signatory	Name	Signature
Second Holder or Second Signatory	Name	Signature
Third Holder or Third Signatory	Name	Signature

► **NOTES**

- All communication shall be sent at the address of the Sole/First holder only.
- For Non-Individual**-In case of additional signatures, separate annexures should be attached to the application form.
- Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
- Instructions related to nomination, are as below :**
 - The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non-individuals including society, trust, body corporate, partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly all joint holders will sign the nomination form.
 - A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
 - The Nominee shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
 - Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.

V. Transfer of securities in favour of a Nominee shall be valid discharge by the depository and the participant against the legal heir.

VI. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non Individuals including society, trust, body corporate, partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.

VII. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee.

5. For receiving Statement of Account in electronic form:

- Client must ensure the confidentiality of the password of the email account.
- Client must promptly inform the Participant if the email address has changed.
- Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.

6. Strike off whichever is not applicable

AUM CAPITAL MARKET PRIVATE LIMITED


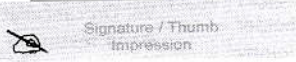

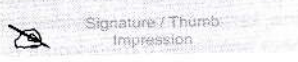

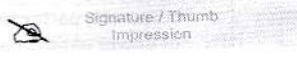
Regd. Office: 226/1, A.J.C Bose Road, "TRINITY BUILDING" 3rd Floor, Unit-3G, Kolkata - 700 020
Phone : +91 33 4057 2209 / • 10 • E-mail : helpdesk@aumcap.com • Website: www.aumcap.com

Date	D	D	M	M	Y	Y	Y	Y	DP ID								Client ID							
									UCC															

I/We wish to make a nomination. [As per details given below]

Nomination Details




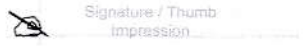
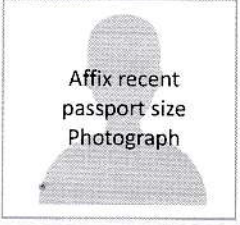

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.

Nomination can be made upto three nominees in the account.			Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
1	Name of the nominee(s) (Mr./Ms.)				
2	Share of each Nominee	Equally [If not equally, please specify percentage]			
			Any odd lot after division shall be transferred to the first nominee mentioned in the form.		
3	Relationship With the Applicant (If Any)				
4	Address of Nominee(s) City / Place: State & Country: PIN Code				
5	Mobile / Telephone No. of nominee(s) #				
6	Email ID of nominee(s) #				
7	Nominee Identification details # [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID <input type="checkbox"/> Aadhaar Saving Bank account no.		 Affix recent passport size Photograph 	 Affix recent passport size Photograph 	 Affix recent passport size Photograph 

Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:

8	Date of Birth {in case of minor nominee(s)}			
9	Name of Guardian (Mr./Ms.) {in case of minor nominee(s)}			
10	Address of Guardian(s)			

NOMINATION Details

	City / Place: State & Country: PIN Code:			
11	Mobile / Telephone no. of Guardian #			
12	Email ID of Guardian #			
13	Relationship of Guardian with nominee			
14	Guardian Identification details # – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no.	 Affix recent passport size Photograph 	 Affix recent passport size Photograph 	 Affix recent passport size Photograph 

	Name(s) of holder(s)	Signature	Witness
Sole / First Holder (Mr./Ms.)			Signature: _____ Name: _____ Address: _____ _____
Second Holder (Mr./Ms.)			
Third Holder (Mr./Ms.)			

* Signature of witness, along with name & address are required, if the account holder affixes thumb impression, instead of signature.
 # Optional fields (Information required at Serial Nos. 5, 6, 7, 11, 12 & 14 is not mandatory)

Note:

This nomination shall supersede any prior nomination made by the account holder(s), if any.
 The Trading Member / Depository Participant shall provide acknowledgment of the nomination form to the account holder(s)



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YOUR TRUST IS OUR WEALTH

Declaration Form for opting out of Nomination

Details of TM / DP :

To

Date

D

D

M

M

Y

Y

Y

Y

AUM CAPITAL MARKET PRIVATE LIMITED

Regd. Office: 226/1, AJC Bose Road, "TRINITY BUILDING" 3rd Floor, Unit-3G, Kolkata - 700 020
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UCC

DP ID

Client ID (only for Demat account)

Sole/First Holder Name

Second Holder Name

Third Holder Name

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.

Name and Signature of Holder(s)*

1. _____ 2. _____ 3. _____

Name:

Witness

Signature: _____

Name: _____

Address: _____

* Signature of witness, along with name & address are required, if the account holder affixes thumb impression, instead of signature.

**OTHER DETAILS****FOR INDIVIDUAL ONLY****Gross Annual Income Details:**

Income Range per Annum (Please Tick Any One)

☐ Below ₹ 1 Lacs ☐ ₹ 1-5 Lacs ☐ ₹ 5-10 Lacs ☐ ₹ 10-25 Lacs ☐ More than ₹ 25 Lacs ☐ Above ₹ 1 Crore

Occupation

(Please tick any one)

☐ Private Sector ☐ Public Sector ☐ Govt. Service ☐ Business ☐ Agriculturist☐ Retired ☐ House wife ☐ Student ☐ Professional ☐ Others *Please Specify*Please Tick,
If Applicable :☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

Any Other Information

OTHER DETAILS**FOR NON INDIVIDUAL ONLY****Income Details Please Specify:**

Income Range Per Annum

☐ Below ₹ 20 Lacs ☐ ₹ 20-50 Lacs ☐ ₹ 50 Lacs - 1 Crore ☐ Above ₹ 1 Crore

Networth Amount (₹) _____ As on date _____ (Networth should not be older than 1 year)

Please Tick, if Applicable, for Any of Your Authorized
Signatories/Promoters/Partners/Karta/
Trustees/Whole Time Directors:☐ Politically Exposed Person (PEP)☐ Related to a Politically Exposed Person (PEP)

Any Other Information

**DECLARATION****FOR TRADING ACCOUNT**

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/we am/are aware that I/we may be held liable for it.
2. I/We confirm having read/been explained and understood the contents of the documents on policy and procedures of the stock broker and the tariff sheet.
3. I/We further confirm having read and understood the contents of the 'Rights and Obligations' documents(s) and 'Risk Disclosure Documents'. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for information on stock broker's designated website, if any.

Place _____

Signature of the Client/(All) Authorized Signatory(ies)

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

Important Instructions:

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



For office use only

(To be filled by financial institution)

Application Type*

☐ New ☐ Update

KYC Number

(Mandatory for KYC update request)

Account Type*

☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

1. Personal Details (Please refer instruction A at the end)

☐ Name* (Same as ID proof) Prefix First Name Middle Name Last Name
 Maiden Name
 Father / Spouse Name*
 Mother Name
 Date of Birth* DD - MM - YY
 Gender* ☐ M- Male ☐ F- Female ☐ T- Transgender
 PAN*
 Marital Status* ☐ Married ☐ Unmarried ☐ Others
 Citizenship* ☐ IN- Indian ☐ Others - Country Country Code
 Residential Status* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin
 Occupation ☐ Private Sector ☐ Public Sector ☐ Govt. Service ☐ Business ☐ Agriculturist
 (Please tick any one) ☐ Retired ☐ House wife ☐ Student ☐ Professional ☐ Others *Please Specify*

2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction B at the end)

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 Passport Expiry Date DD - MM - YY
☐ B-Voter ID Card Aadhar No.
☐ C-Driving Licence Driving Licence Expiry Date DD - MM - YY
☐ D-NREGA Job Card
☐ E-National Population Register Letter
☐ F-Proof of Possession of Aadhaar *No need to attach Aadhaar card. If submitted, Aadhaar Number to be masked by the customer.*
 II ☐ E-KYC Authentication *No need to attach Aadhaar card. If submitted, Aadhaar Number to be masked by the customer.*
 III ☐ Offline verification of Aadhaar *No need to attach Aadhaar card. If submitted, Aadhaar Number to be masked by the customer.*

PHOTO*



Signature/Thumb Impression across photo without covering the face

Address [For other than resident individual, please mention Overseas Address]

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

3. CURRENT ADDRESS DETAILS (Please refer instruction B at 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 *No need to attach Aadhaar card. If submitted, Aadhaar Number to be masked by the customer.*
 II ☐ E-KYC Authentication *No need to attach Aadhaar card. If submitted, Aadhaar Number to be masked by the customer.*
 III ☐ Offline verification of Aadhaar *No need to attach Aadhaar card. If submitted, Aadhaar Number to be masked by the customer.*
 IV ☐ Deemed Proof of Address - Document Type code

Address

Line 1*
 Line 2
 Line 3
 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) (Please refer instruction C at the end)

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

☐ **5. Remarks (If any)**

6. 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 hereby declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature/Thumb Impression]

Date: - -

Place:

Signature/Thumb Impression of Applicant

7. 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 ☐ Video Based KYC ☐ IPV Done

KYC documents verification carried out by

Date: - -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

Institution details

Name

Code

[Institution Stamp]

A Clarification (Guidelines on filling 'Personal Details' section)

- 1 Name: The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 One the following is mandatory: Mother's name, Spouse's name, Father's name.

B Clarification I Guidelines on filling 'Current Address details' section

- 1 In case of deemed PoA such as utility bill, etc. or self declaration. the document need not be uploaded on CKYCR
- 2 PoA to be submitted only if the submitted Pol does not have current address or address as per Pol is invalid or not in force.
- 3 Slate I U. T Code and Pin I Post Code will not be mandatory for Overseas addresses.
- 4 In Section 2, one of I, II, and III is to be selected. In case of online E-KYC authentication, II is to be selected.
- 5 In Section 3, one of I, II, III and IV is to be selected. In case of online E-KYC authentication, II is to be selected.
- 6 List of documents for 'Deemed Proof of Address':

Document Code Description

- 01 Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
- 02 Property or Municipal tax receipt.
- 03 Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
- 04 Letter of allotment of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies and leave and licence agreements with such employers allotting official accommodation.
- 7 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.
- 8 "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.
- 9 'Digital KYC process' has to be carried out as stipulated in the PML Rules. 2005.
- 10 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

C Clarification I Guidelines on 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.

D Clarification I Guidelines on filling 'Related Person details' section

- 1 Provide KYC number of related person, if available.

E Clarification on Minor

- 1 Guardian details are optional for minors above 10 years of age for opening of bank account only
- 2 However, in case guardian details are available for niinor above 10 years of age. the same (or CKYCR number of guardian) is to be uploaded.

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 letter
 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
 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*

Entry Constitution Type*

☐ Others (Specify)

(Please refer instruction B at the end)

Date of Incorporation / Formation*

Date of Commencement of Business

Place of Incorporation / Formation*

Country of Incorporation / Formation*

PAN *

☐ Form 60 furnished

TIN / GST Registration Number

☐ **2. PROOF OF IDENTITY (PoI)***
☐ 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 refer 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*

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*

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)

☐ **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 may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date :

Place :

Signature /Thumb Impression

Signature /Thumb of Authorised Persons(s)

8. ATTESTATION / FOR OFFICE USE ONLY

Documents Received

☐ Certified Copies

☐ Equivalent e-document

☐ Date received from Offline verification

☐ Digital KYC Process

KYC VERIFICATION CARRIED OUT BY

Identity Verification

☐ Done

Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name

Code

[Institution Stamp]

CENTRAL REGISTRY I Instructions / Check list / Guidelines for filling Legal / Other than Individuals KYC Application Form KNOW YOUR CUSTOMER (KYC) Application form

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 (601)

H - Trust

I - Liquidator

J - Limited Liability Partnership

K - Artificial Liability Partnership

L - Public Sector Banks

M - Central/State Government Department or Agency

O - Artificial Jurisdictional Person

P - International Organisation or Agency 'Foreign

Embassy or Consular Office etc.

Q - Not Categorized

R - Others

S - Foreign Portfolio Investors

N - Section 8 Companies (Companies Act, 2013)

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 PMI 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 I 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 (REI) 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.

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)

Name* (Same as ID proof) Prefix First Name Middle Name Last Name
 Maiden Name
 Father / Spouse Name
 Mother Name
 Date of Birth* - -
 Gender* ☐ M-Male ☐ F-Female ☐ T-Transgender
 Nationality* ☐ IN-Indian ☐ Other (ISO 3166 Country Code
 PAN* ☐ 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*
 Line 2
 Line 3
 District* Pin/Post Code* City / Town / Village* State/U.T. Code* ISO 3166 Country Code*

1.3 CURRENT ADDRESS DETAILS (Please refer instruction E at 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
 III ☐ Offline verification of Aadhaar
 IV ☐ Deemed PoA
 V ☐ Self Declaration

Line 2

Line 3

District* Pin/Post Code* City / Town / Village* State/U.T. Code* 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. APPLICATION 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 hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date: ——

Place:

Signature /Thumb of Authorised Persons(s)

3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received

☐ Certified Copies

☐ Digital KYC Process

☐ E-KYC date received from UIDAI

☐ Equivalent e-document

☐ Data received from Offline Verification

KYC VERIFICATION CARRIED OUT BY

Identity Verification ☐ Done Date ——

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name

Code

[Institution Stamp]

FATCA / CRS DECLARATION
FOR INDIVIDUALS

The below information is required for all applicant(s)/ guardian

I) Address Type : ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office (for address mentioned in form)

II) Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? ☐ Yes ☐ No

III) If you ticked "Yes" in point no II above, please provide the following information [mandatory]

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Place/ City of Birth		
Country of Birth		
i)	<input type="checkbox"/> TIN or	
	<input type="checkbox"/> Functional equivalent (please specify name & Number)	
	Country of Issue	
ii)	<input type="checkbox"/> Functional equivalent (please specify name & Number)	
	Country of Issue	
iii)	<input type="checkbox"/> TIN or	
	<input type="checkbox"/> Functional equivalent (please specify name & Number)	
	Country of Issue	

IV) Customer Declaration (Applicable for all customers)

i. Under penalty of perjury, I certify that:


- The applicant is (i) an applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof. (This clause is applicable only if the account holder is identified as a US person) or
- The applicant is taxable as a tax resident under the laws of country outside India. (This clause is applicable only if the account holder is a tax resident outside of India)

ii. I understand that ACMPL is relying on this information for the purpose of determining my status in compliance with FATCA/CRS. ACMPL is not able to offer any tax advice on FATCA/CRS or its impact. I shall seek advice from professional tax advisor for any tax questions.

iii. I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.

iv. I agree that as may be required by domestic regulators/tax authorities ACMPL may also be required to inform reportable details to CDBT or close or suspend my account.

v. I certify that I provide the information on this form and to the best of my knowledge and belief the certification is true, correct, and complete including the taxpayer identification number / functional equivalent number of the applicant.

Name	Signature	Date
		

Notes:

1. The term United States person means:

- An individual, being a citizen or resident of the United States of America;
- Partnership or corporation organized in the United States of America or under the laws of the United States of America or any State thereof;
- A trust if: (i) a court within the United States of America would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust; and (ii) one or more U.S. persons have the authority to control all substantial decisions of the trust;
- An estate of a decedent who was a citizen or resident of the United States of America.

2. Functional Equivalent of TIN includes the following:

A social security/insurance number, citizen/personal identification/services code/national identification number, a resident / population registration number, Alien card number, etc.

3. If you have ticked "Yes" in point no II above but do not have Taxpayer Identification Number/ function equivalent, please fill the detailed FATCA/ CRS Declaration Form specifying the reason for the same and sign the self-certification in this regard.

4. In case of joint holders, please provide separate FATCA/CRS Declaration.

FOR NON-INDIVIDUAL CLIENTS, PLEASE ATTACH FATCA, CRS & ULTIMATE BENEFICIAL OWNERSHIP (UBO), SELF CERTIFICATION FORM SEPARATELY.