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

PLEASE FILL THIS FORM IN ENGLISH AND IN BLOCK LETTERS.



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

Α	IDENTITY DETAILS			
	Name of the Applicant			N.
	Father's/Spouse's Name			PHOTOGRAPH
	☐ Male Gender ☐ Female	Y Please affix your		
	Nationality Indian Other (Ple	Status Resident	Individual dent Foreign Nation	recent passport size photograph al and sign across it
	PAN	Aadhar Number, If Any		
	Specify the Proof of Identit	ty Submitted	ny Other (Please Specify)	
В	ADDRESS DETAILS			
	Residence Address			*
	City/Town/Village		Pin Co	de
	State		Count	
	Specify the Proof of Addres	ss 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	*		and the state of t
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>	DECLARATION	Sabilitied for Permanent Addres	5	
	I hereby declare that the details correct to the best of my knowled inform you of any changes therein above information is found to be misrepresenting, I am aware that I	ge and belief and I undertake to n, immediately. In case any of the false or untrue or misleading or		
	Place:		🖾 Signature	of Applicant
NLY 🔻	IPV Details:	(DD/MM	Name of	the Auth. Signatory
FOR OFFICE USE ONLY	☐ Originals Verified & Self	Employee Name	✓ Signature o	f the Auth. Signatory
OFFICE	Attested Documents Copies Received	✓ Employee Signature		Date
FOR (Employee Designation	Seal / Stam	o of the Intermediary
		^		

AUM CAPITAL MARKET PVT. LTD.

AUM CAPITAL MARKET PVT. LTD.

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



Regd. Office: 226/1, AJC Bose Road, "TRINITY BUILDING" 3rd Floor, Unit-36, Kolkata - 700 020

Phone: +91 33 4057 2209 / • 10

	PLEASE FILL THIS FORM IN ENGLIS	H AND IN BLOCK LETTERS.	E-mail : h	elpdesk@aumcap.com • Website: w	ww.aumcap.com
Α	IDENTITY DETAILS				
	Name of the Applicant				\$
	Date of Incorporation D D	M M Y Y Y Y	Date of Comr	n.of Business	
	Place of Incorporation		D M M	Y Y Y Y	
	PAN	Regn. No. (Eg.CIN)			
	Status (Please Tick any one) Private Ltd Co. Status NGO'S HUF Public Ltd. Co.	LLP Part AOP Trus	y Corporate tnership st n-Govt.Org. ners <u>(Pleas</u>	☐ Charities ☐ Defense Estb ☐ FII ☐ FI E Specify)	,
В	ADDRESS DETAILS				
	Correspondence			*	
	Address				
	City/Town/Village			Pin Code	
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	above) City/Town/Village			Pin Code	
	State	4		Country	
	Specify the Proof of Address Si	ubmitted for Registered Ado	dress	1001	y 80
	Tel. (Off.)	Mobile No.			
	Tel. (Res.)	Fax No.			
	Email ID				
>	DECLARATION				
	I hereby declare that the details fu correct to the best of my knowledge inform you of any changes therein, in above information is found to be fals misrepresenting, I am aware that I ma	nmediately. In case any of the se or untrue or misleading or say he held liable for it.	💪 Signatur	e with stamp	Periods.
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NO 10	Doctor La Variation & Solf	*. Employee Name		✓ Signature of the	Auth. Signator
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A VINC BELLED ACT	5	Employee Designat	ion	Seal / Stamp of t	ne Intermediar
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AUM CAPITAL MARKET PVT. LTD.

C	OTHER DETAILS	FOR	NON INDIVIDUALS ONL
	Details of Promoters/Partners/Karta/Trustees & Whole Time Directors to	forming part	of KYC application Form
1	Name	Birth Y Y Y	PHOTOGRAPH
1" SIGNATORY	Registered Address City/Town/Village PIN State Country		Please affix your recent passport size photograph and sign across it
I SIG	Tel. (O) Mobile No. PAN Equity % PSR Ownership Stake Aadhar Number, If Any		£ 0
	DIN No. i.e. Whole time Directors Proof of Identity (POI) Proof of Address (POA)	Ø n	Signature
2	Name		*
	Relationship with Applicant (i.e. promoters, whole time directors etc.) Date of E	Birth Y Y Y	PHOTOGRAPH
2" SIGNATORY	Residential/ Registered Address City/Town/Village PIN State Country		Please affix you recent passpor size photograph and sign across i
Z_SIGN	Tel. (O) Mobile No. PAN Equity % PSR Ownership Stake Aadhar Number, If Any		£ 1
	DIN No. i.e. Whole time Directors Proof of Identity (POI) Proof of Address (POA)	£ n	Signature
3	Name		
	Relationship with Applicant (i.e. promoters, whole time directors etc.) Residential/	7200 -00	PHOTOGRAPH
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3" SIGNATORY	Country Tel. (O) Mobile No. Equity % PSR Ownership Stake PSR Ownership Stake		L o
	Aadhar Number, If Any DIN No. i.e. Whole time Directors Proof of Identity (POI)	Æ	
	Proof of Address (POA)		Signature

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Branch Name & Address	k		X
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MICR No.			
IFSC Code			
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CDSL/NSDL			
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F&O	L D	Æ	NA
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اد	tatus U	THE III OUGCE		kisting (Client		□ Ot	her <u>(Pleas</u>	e Specify	<u>)</u>	
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SL DP ID : 120578		FORM	1 2	Client ID:			1								
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is found to be false or untrue or misleading or resident account, I/we also declare that I/we the receipt of copy of the document, Non-Individuals-Authorised Signatories (Enclar	e have complied and wi "Rights and Obligati	ll con ons	tinue to comply of the Benefic	with FEMA al Owner	regulations. I/We acknowle
Sole/First Holder/or Guardian (In case of minor) or First Signatory	Na	me	9	L	Signature
Second Holder or Second Signatory	Na	me		L o	Signature
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Third Holder or Third Signatory	Na ;	me		L	Signature
NOTES 1. All communication shall be sent at Sole/First holder only.	the address of the	me		urities in fav	Signature our of a Nominee shall be valid ry and the partipant against
NOTES 1. All communication shall be sent at	the address of the all signatures, separate tion form. In English or Hindi or any the 8th Schedule of the Magistrate or a Notary allow: by individuals holding own behalf singly or society, trust, body Undivided Family, holder the account is held jointly the name and address of all be provided by the	5.	discharge by the legal heir. VI. The cancellate only holding bersingly or jointly nomination. No corporate, partne holder of power the beneficiary of will sign the cancellate stand rescinded obligation to transfer receiving State. I. Client must ensemail account.	urities in fave depositor of nomineficiary ow by the sam now in Individual ership firm, of attorney owner according of the and the disserthe sectement of A sure the correction of the sure that the sur	our of a Nominee shall be valid by and the partipant against mation can be made by individual mer accounts on their own be e persons who made the originals including society, trust, by karta of Hindu Undivided Fary cannot cancel the nomination

upon transfer of the securities.



NOMINATION FORM (FOR INDIVIDUAL APPLYING SINGLY OR JOINTLY)

AUM CAPITAL MARKET PRIVATE LIMITED 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 Client ID DP ID Date 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. **Details of 3rd Nominee** Nomination can be made upto three **Details of 1st Nominee Details of 2nd Nominee** nominees in the account. Name of the nominee(s) (Mr./Ms.) Share of Equally 2 each [If not equally, Nominee please specify Any odd lot after division shall be transferred to the first nominee mentioned in the form. percentage) Relationship With the Applicant (If Any) Address of Nominee(s) 4 City / Place: State & Country: PIN Code Mobile / Telephone No. of 5 nominee(s) # Email ID of nominee(s) # 6 Nominee Identification details # [Please tick any one of following Affix recent Affix recent and provide details of same] Affix recent passport size passport size passport size Photograph & Signature Photograph Photograph Photograph ☐ PAN ☐ Proof of Identity ☐Demat Account ID Aadhaar Saving Bank account no. Signature / Thumb Signature / Thursb. Impression B Sr. Nos. 8-14 should be filled only if nominee(s) is a minor: Date of Birth (in case of minor nominee(s)} Name of Guardian (Mr./Ms.) (in 9 case of minor nominee(s) } Address of Guardian(s) 10

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lease tick any one of follow nd provide details of same Photograph & Signature PAN Proof of Identity	Affix recent passport size	Affix recent passport size Photograph Signature / Thumb Impression	Affix recent passport size Photograph Signature / Thumb Impression
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m e o ulling]]	Photograph & Signature PAN Proof of Identity Demat Account ID As Saving Bank account no.	Inail ID of Guardian # Idationship of Guardian with Imminee Idardian Identification details # - lease tick any one of following diprovide details of same] Photograph & Signature PAN Proof of Identity Demat Account ID Aadhaar Saving Bank account no. Name(s) of holder(s)	Affix recent passport size Photograph Saving Bank account no. Name(s) of holder(s) Signature Name(s) of holder(s) Signature Signature

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)



Declaration Form for opting out of Nomination

Details of TM / DP : To	Date	D	D	M	M	γ	Y	Y	Y
AUM CAPITAL MARKET P Regd. Office: 226/1, AJC Bose Road, "TRINITY BUILDING" Phone: +91 33 4057 2209 / • 10 • E-mail: helpdesk@aumcap.com	" 3rd Floor, Unit-3	3G, Kolkata		20			uniteratal — as	(154)	The state of
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Third Holder Name			1	*					
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OUNT		Public Sector Govt. Service Business Agriculturist wife Student Professional Others Please Specify	
DEMAT ACCOUNT	Please Tick, If Applicable : Politically Exposed	ed Person (PEP) 🔲 Related to a Politically Exposed Person (R	PEP)
	Any Other Information		
8	OTHER DETAILS	FOR NON INDIVIDUA	AL ONLY
TRADING	Income Details Please Specify: Income Range Per Annum	Below ₹ 20 Lacs ₹ 20-50 Lacs ₹ 50 Lacs - 1 Crore Above	₹1 Crore
BOTH FOR	Networth Amount (₹)	As on date (Networth should not be older that	an 1 year)
ВОТ	Please Tick, if Applicable, for Any of You Signatories/Promoters/Partners/Karta Trustees/Whole Time Directors:		n (PEP)
	Any Other Information		
>	DECLARATION	FOR TRADING AC	COUNT
	inform you of any changes therein, immediat misrepresenting, I/we am/are aware that i/we	ed above are true and correct to the best of my/our knowledge and belief and I/we uniately. In case any of the above information is found to be false or untrue or misve may be held liable for it. and understood the contents of the documents on policy and procedures of the st	sleading or
	Documents'. I/We do hereby agree to be boun	derstood the contents of the `Rights and Obligations' documents(s) and `Risk und by such provisions as outlined in these documents. I/We have also been informed for information on stock broker's designated website, if any.	
		Place	
	Signature of the Client/(All) Authorize	rized Signatory(ies)	YY
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Important Instructions: F. Please read section wise detailed guide A. Fields marked with '*' are mandatory fields. G. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end. B. Tick "wherever applicable. H. List of two character ISO 3166 country codes is available at the end. C. Please fill the form in English and BLOCK letters. KYC number of applicant is mandatory for update application. D. Please fill the date in DD-MM-YY format. The 'OTP based E-KYC' check box is to be checked for accounts opened using E. For particular section update, please tick () in the box OTP based E-KYC in non-face to face mode section number and strike off the sections not required to be updated. Update Application Type* New For office use only (Mandatory for KYC update request) **KYC Number** (To be filled by financial institution) Account Type* Aadhaar OTP based E-KYC (in non-face to face mode) Minor Normal 1. Personal Details (Please refer instruction A at the end) Last Name Middle Name Prefix ■ Name* (Same as ID proof) Maiden Name Father / Spouse Name* Mother Name D - M M - Y Y Y Date of Birth* T- Transgender F- Female M- Male Gender* FORM 60 furnished PAN* Others Unmarried Married Marital Status* Country Code Others - Country IN- Indian Citizenship* Person of Indian Origin □ Non Resident Indian □ Foreign National Resident Individual Residential Status* □ Private Sector □ Public Sector □ Govt. Service □ Business □ Agriculturist Occupation ☐ Retired ☐ House wife ☐ Student ☐ Professional ☐ Others Please Specify (Please tick any one) 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) Passport Expiry Date DD - MM - YYYY A-Passport Number PHOTO* Aadhar No. B-Voter ID Card Driving Licence Expiry Date D D - M M - Y Y Y Y C-Driving Licence 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 oustome II E-KYC Authentication No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the ou Signature /Thumb Impression across photo without covering III Offline verification of Aadhaar Address [For other than resident Individual, please mention Overseas Address] Line 1* Line 2 City/Town/Village* Line 3 ISO 3166 Country Code* State/U.T Code* Pin/Post Code* District* 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. Andhaur card, if submitted, Andhau: Number to be masked by the ou II E-KYC Authentication No need to attach. As the ar card. Foul mitted, As the ar Number to be macked by the co III Offline verification of Aadhaar IV Deemed Proof of Address - Document Type code Address Line 1* Line 2 City/Town/Village* Line 3 ISO 3166 Country Code* State/U.T Code* Pin/Post Code* District*

CENTRAL KYC REGISTORY/ KNOW YOUR CUSTOMER (KYC) Application form Individuals

5. Remarks (If any) 5. 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. Incase 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.							, con a series
Supplicant Declaration Supplicant Declaration Rently ecisize that the deals 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, incase any of the above information is found to be faste or untruor or melanging information from the purpose conferention of any Act, Rudes, Regulations or any analysis of the purpose conferention of any Act, Rudes, Regulations or any action of the purpose conferention of any Act, Rudes, Regulations or any action of the purpose conferention of any Act, Rudes, Regulations or any action of the purpose conferention of any Act, Rudes, Regulations or any action of the purpose conference of the purpose conference of any Act, Rudes, Regulations or any action of the purpose conference of the purpose con	1			e number/Email-ID		r instruction C at the end)	
S. Applicant Declaration Thereby 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 charges therein, immediately, incase any of the above information is found to be false or untrue or misleating or misrepresenting. I am aware that I may be teld liable for it of my Ast, Rules, Regulations or I hereby declare that I am not make it as spaticiation for a purpose consequently and Ast, Rules, Regulations or a linearly declared to receiving information from Central KYC Regulary through SMS/Email on the above registered number-lems address. Thereby consent for to receiving information from Central KYC Regulary through SMS/Email on the above registered number-lems address. The property of the second of the sec	el. (Off)		Tel. (Res)		Mobile		
Applicant Declaration Thereby declare that the delais furnished above are rue and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately, Incase any of the above information is found to be false or undertaked to information or any angle of the property of my control of the property of my control of the property of the pro	nail ID						
Thereby declare that the details furnished above are true and correct to the best of my browledge and belief and I undertake to indrony out of any changes therein, minediately incase 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. Thereby 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 although from time to time receive consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. Ide	☐ 5. Remark	s (If any)					
I hereby declare that the details furnished above are thus and correct to the best of my knowledge and belief and I undertake to inform you of any changes bettern, immediately, incase 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. Thereby declare that I am not making this application for the purpose contraversion of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to the process of the purpose contraversion of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to the process of the purpose							
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Attestation / For Office Use only Documents Received Certified Copies E-KYC data received from UIDA Data received from Offline verification Digital KYC Proces Equivalent e-document Video Based KYC IPV Done	undertake to info or untrue or misk I hereby declare any statute of leg time I hereby consen number/email ad	rm you of any changes therein, imreading or misrepresenting. I am aw that I am not making this application gislation or any notifications/direction to receiving information from Cedress.	mediately. Incase any of are that I may be held li- on for the purpose contr ins issued by any gover entral KYC Registry thre	f the above information lable for it. avention of any Act, F rnmental or statutory a	n is found to be false Rules, Regulations or authority from time to the above registered	A DESCRIPTION OF THE PARTY OF T	
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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 | 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.
- "Equivalent e-docurnent" 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 whereAadhaar 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 | 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 91-999999999).
- 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.

CENTRAL KYC REGISTORY/ KNOW YOUR Important Instructions:	CUSTOMER (KYC) Application form / Legal Entity / Other than Individuals.
A) Fields marked with ** are mandatory fields.	F) List of State / U. T. code as per Indian Motor Vechile Act, 1988 is available at the
B) Tick 'V' wherever applicable.	G)List of two character ISO 3166 country codes is available at the end.
C) Please fill the date in DD-MM-YYY format	H) Please read section wise detailed guidelines / instructions at the end.
D) Please fill the form in English and in BLOCK	letter I) For particular section update, please tick () in the box available before the</td
E) KYC number of applicant is mandatory for up	date application. section number and strike off the sections not required to be updated.
For office use only Applica	ttion Type* ☐ New ☐ Update
(To be filled by financial institution) KYC N	umber (Mandatory for KYC update request)
1. ENTITY DETAILS* (Please refer instru	
□ Name*	
Entry Consitiution Type* Others	(Specity) (Please refer instruction B at the end)
Date of Incorporation / Formation*	(rease refer instruction b at the end)
Place of Incorporation / Formation*	Date of Commencement of Business DID — MIM — IY IY IY
PAN * PAN *	Country of Incorporation / Formation* TIN or Equivalent Issuing Country
TIN / GST Registration Number	Form 60 furnished
2. PROOF OF IDENTITY (Pol)*	
Officially valid document(s) in respect of	•
 Certificate of Incorporation / Formation Memorandum and Articles of Association 	Registration Certificate Regn Certificate No.
	Trust Deed
Resolution of Board / Managing Commit	granted to the manager, emecra or employees to transact of its benan
☐ Activity Proof - 1 (For Sole Proprietorship	recently, ear 2 (i or dole i replictorally offiny)
3. ADDRESS* (Please refer instruction	
3.1 Registered Office Address / Place of	
The state of the s	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 fro	m 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 communicat	ions will be sent to Mobile number/Email-ID provided may be used) (Pleaes refer Instruction D at the end)"
Tel. (Off)	The second secon
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	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 r	efer instruction G at the end)
to inform you of any changes therein, immediat	e are true and correct to the best of my knowledge and belief and I undertake ely. Incase 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 t	Central KYC Registry through SMS/Email on the above
registered number/email address.	
ate:	Place: Signature /Thumb of Authorised Persons(s)

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1 Entity Constitution Type A-Sole Proprietorship H-Trust											O - Artificial Jurisdical Person																
		B-Partners	A CONTRACTOR OF THE PROPERTY O	I-Liquidator						P-	- Int	erna	atio	nal	Org	jani	sati	on c	orAg	end	су 'F	ore	ign				
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		F-Society	initiod Company	M - Central/State Govern	nment Department or Agency S - Foreign Portfolio Investors																						
		C	ition of Persons (AOP)/	N - Section 8 Companies (Companies Act,										, 20	13)												
2 In case of companies and partnerships, PAN of the entity is mandatory. In case of other entitites, FORM 60 may be obtained if PAN is												is not															
_	available.																										
B	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 issue												ssuec														
	1	by the Resi	erve Bank of India in this	regard.																							
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	2	Certified c	opy of document or equi	valent e-document to be subn	nittea.																						
D	CI	arification' G	uidelines for filling 'Conf	act Details' section	00/00	forl	ndia	n m	ahil	a nu	ımh	or n	ner	tion	91	_999	999	999	99)								
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	1.	Personal	Details	e as mentioned in the Proof of	Identity	sub	mitte	ed fa	ailin	a w	hich	n the	eap	plic	atio	n is	liat	ole t	o be	reje	ecte	d.					
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	2	Proof of A	ddress [PoA)	bmitted Pol does not have an	address	sora	addre	ess	as p	er F	Poli	s in	vali	id or	no	inf	orce	е.									
	12	• PUATO DE	T Code and Pint Poet C	ode will not be mandatory for (Oversea	is a	ddres	sses	s. '																		
		400000000000000000000000000000000000000	Calandara Da A ayah agu	stility bill the document need r	not be ur	nloa	ded d	on C	KY	CR																	
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		provide	current address differen	nt from the address as per the	Identity	mio	mal	1011	ava	llav	IC II	LUIC		SHILL	ai ic	CIT	itiot	, ,	tu i v	~ ~ ~							
	3	IEI/V/O mu	mbor of Polated Person	is available no other details e	xcept'P	ers	on ly	pe'	and	1 Na	ame	110	ne	Kei	ale	1 PE	SISÓ	II a	E	qui	eu.		1				
	4	Regulate	d Entity (REI shall reda	act (first 8 digits) of the Aad	haar nu	ımb	er fro	om	Aad	thaa	ar r	elat	ed	dat	a a	nd (aoc	ume	ents	suc	un a	18 F	TOOL				
		possessi	on of Aadhaar, while uplo	oading on CKYCR.	. h . m .																						

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

Annexure A2 I Legal Entity / Other than Individua	uls
CENTRAL KYC REGISTORY I KNOW YOUR CUSTO	
Important Instructions: A) Fields marked with ** are mandatory fields. B) Tick 'v' 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 upgapplication.	 F) List of State / U. T. code as per Indian Motor Vechile 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
For office use only Application Tyl (To be filled by financial institution) KYC Number	pe* New Update Delete (Mandatory for KYC update and delete request)
1. DETAILS OF RELATED PERSON* (Please re	efer instruction E at the end)
	☐ Deletion of Related Person ☐ Update Related Person Details
Addition of Related Person KYC Number of Related Person (if available*)	If KYC number is available only `Related Person Type' & `Name' is mandatory
	omoter
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)	
Maiden Name	
Father / Spouse Name	
Mother Name	
Date of Birth*	
Gender* M-Male	F-Female T-Transgender
Nationality*	Other (ISO 3166 Country Code
PAN*	Form 60 furnished
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 E-KYC Authentication Offline verificatin of Aadhaar Address Line 1*	PHOTO*
Line 2	
Line 3	Pin/Post Code* State/U.T. Code* ISO 3166 Country Code*
District*	Fill/Fusi code
☐ 1.3 CURRENT ADDRESS DETAILS (Pleta Same as above mentioned address (in such case). Certified copy of OVD or equivalent e-document	ease refer instruction E at the end) ses address details as below need not be provided) to f 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	
III Offline verification of Aadhar	
IV Deemed PoA	
∨ Self Declaration	

ine 3 District* Pin/Post Code* State/U.T. Code* State/U.T. Code* ISO 3166 Country Code* A CONTACT DETAILS (All communication will be sent on provided mobile no./Email-ID) (Please refer instruction D at the end) Fel. (Off.) Fel. (Res) APPLICATION DECLARATION 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. Incase 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. Thereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. Signature /Thumb of Authorised Person 3. ATTESTATION / FOR OFFICE USE ONLY									_		_						1			Ť	-	1	Т	1	Т			-	Т	_
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iii. iv. v. į	state or poli estate the i applicable of 2. The applical account hol I understand that ACM ACMPL is not able to of tax questions. I agree to submit a new I agree that as may be to CBDT or close or su I certify that I provide	tical subdivision thereof or the ncome of which is subject to only if the account holder is ident is taxable as a tax resident of der is a tax resident outside of MPL is relying on this information of the any tax advice on FATCA/ow form within 30 days if any in required by domestic regulates spend my account. The information on this form a given taxable in the taxpayer identification in the second my account.	under the laws of country outside India. (This clause	states of the U.S., (ii) an thereof. (This clause is is applicable only if the oliance with FATCA/CRS. all tax advisor for any orrect.
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a) b) th c) co th d) 2. Fu	An individual, being a ci Partnership or corporati ereof; A trust if: (i) a court with encerning substantially al e authority to control all An estate of a decedent unctional Equivalent of A social security/insur	tizen or resident of the United States on organized in the United States on the United States of America will issues regarding administration substantial decisions of the trust who was a citizen or resident of f TIN includes the following:	s of America or under the laws of the United States of Am would have authority under applicable law to render orde of the trust; and (ii) one or more U.S. persons have t; the United States of America. Il identification/services code/national identificatio	ers or judgments
3. If	you have ticked "Yes"	in point no II above but do no	ot have Taxpayer Identification Number/ function e	quivalent, 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.