## SHAREKHAN LIMITED

## CENTRAL KYC REGISTRY | KNOW YOUR CUSTOMER (KYC) APPLICATION FORM | LEGAL ENTITY



Registered office address: The Ruby, 18th Floor, 29 Senapati Bapat Marg, Dadar (West), Mumbai — 400 028, Maharashtra, INDIA, Tel: 022 - 6750 2000 | Fax: 022-2432 7343 | Website: www.sharekhan.com

For office use only Application Type\* ☐ New □ Update (To be filled by financial institution) KYC Number (Mandatory for KYC update request) ☐ 1. ENTITY DETAILS\* □ Name\* **Entity Constitution Type\*** ☐ Partnership Firm □ Public Sector Banks ☐ HUF ☐ Central/State Government Department of Agency ☐ Private Limited Company ☐ Section 8 Companies (Companies Act,2013) ☐ Public Limited Company ☐ Artificial Jurisdical Person ☐ International Organisation or Agnecy / Foreign □ Society ☐ Association of Persons (AOP) / Body of Individuals (BOI) Embassy or Consular Office etc. ☐ Trust □ Foreign Portfolio Investors □ Liquidator ☐ Not categorized ☐ Limited Liability Partnership □ Others ☐ Artificial Liability Partnership Date of Incorporation / Formation\* Date of Commencement of Business Place of Incorporation / Formation\* Registration No. (e.g. CIN): Country of Incorporation / Formation\* TIN or Equivalent Issuing Country TIN / GST Registration Number Form 60 furnished PAN\* Applicable only for Commodity Segment: ☐ EFE ☐ FPO ☐ AIF ☐ VCP ☐ OTHERS 2. PROOF OF IDENTITY (POI)\* Officially valid document(s) in respect of person authorised to transact ☐ Registration Certificate ☐ Certificate of Incorporation / Formation ☐ Trust Deed ☐ Partnership Deed ☐ Memorandum and Articles of Association ☐ Resolution of Board / Managing Committee Power of attorney granted to its manager, officers or employees to transact on its behalf ☐ 3. ADDRESS\* 3.1 Registered Office Address / Place of Business\* Proof of Address\* ☐ Other Document Certificate of Incorporation / Formation Registration Certificate Line 1\* Line 2 Line 3 Landmark City / Town / Village\* District\* PIN / Post Code\* State\* Country\* 3.2 Local Address in India (If different from Above)\* Line 1\* Line 2 Line 3 Landmark City / Town / Village\* District\* PIN / Post Code<sup>3</sup> State\* Country\* ☐ 4. CONTACT DETAILS (All communications will be sent to Mobile number/Email-ID provided may be used) Tel. (Off) FAX Mobile Email ID ☐ 5. NUMBER OF RELATED PERSONS

6. REMARKS (If any)				
7. APPLICANT DECLARATION				
<ul> <li>I/We hereby declare that the KYC details furnished by me are true and corr and belief and I/we under-take to inform you of any changes therein, in information is found to be false or untrue or misleading or misrepresenti be held liable for it.</li> </ul>	nmediately. In case any of the above			
<ul> <li>I/We hereby consent to receiving information from Central KYC Registry a above registered number/email address.</li> </ul>	and KRAs through SMS/Email on the  Signature of Authorised Person			
<ul> <li>I am/We are also aware that for Aadhaar OVD based KYC, my KYC reques details. I/We hereby consent to sharing my/our masked Aadhaar card wi XML/Digilocker XML file, along with passcode and as applicable, with KR with whom I have a business relationship for KYC purposes only.</li> </ul>	th readable QR code or my Aadhaar			
Date :	Place :			
8. ATTESTATION / FOR OFFICE USE ONLY				
<b>Documents Received</b> $\square$ Certified Copies $\square$ Equivalent e-document				
This is to certify that I have carried out in-person verification in respect of the client mentioned in the KYC form.				
KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS			
Identity Verification Done Date DD-MM-YYYY	Name : SHAREKHAN LIMITED			
Emp. Name	Code IN0344			
Emp. Code Emp. Designation				
Emp. Branch	Harfit For Claurel			
	[Institution Stamp]			
[Employee Signature]				

## SHAREKHAN LIMITED

## CENTRAL KYC REGISTRY | KNOW YOUR CUSTOMER (KYC) APPLICATION FORM | RELATED PERSONS



For office use only (To be filled by financial in		ype* □ New □ Update		C update and delete request)	
1. DETAILS OF RELATED PERSONS (Please fill the form in English and in BLOCK letters)  Addition of Related Person Details  KYC Number of Related Person (if available*) If KYC number is available, only 'Related Person Type' & 'Name' is mandatory  Person Type * Director Description of Related Person Type' & 'Name' is mandatory  Person Type * Director Description of Related Person Type & 'Name' is mandatory					
Related Person Type* Director Promoter Karta Trustee Partner Court Appointment Official 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	D (°	in English and in BLOCK letters First Name	) (As per OVD document only)  Middle Name	Last Name	
Name* (Same as OVD proc Maiden Name (If any)		First Name	Middle Name	Last Name	
,		First Name	Middle Name	Last Name	
Father / Spouse Name Mother Name		First Name	Middle Name	Last Name	
Date of Birth*			, Country of Bir		
Gender*  Marital Status*	] M - Male	nale 🗌 T-Transgender			
Citizenship	] Married □ Others _ ] IN-Indian □ Others _			Others	
PAN Card*		Form 60 furnished			
☐ A- Passport Numb ☐ B- Voter ID Card ☐ C- Driving Licence ☐ D- NREGA Job Card ☐ E - National Popula  Address Line 1* Line 2 Line 3 District* Country*	ivalent e-document of OVD or over		needs to be submitted (anyone of the following 0)  F - Proof of Possession of Aadhaar  G - E-KYC Authentication  H- Offline verification of Aadhaar  City / Town / Vi		
Certified copy of OVD or e  A- Passport Numb  B- Voter ID Card  C- Driving Licence  D- NREGA Job Card  E - National Popula  Address  Line 1*  Line 2  Line 3  District*	tioned address (in suc quivalent e-document of per                                     d		ligital KYC process needs to be submitte  F - Proof of Possession of Aadhaar  G - E-KYC Authentication  H- Offline verification of Aadhaar  I - Deemed Proof of Address  J - Self Declaration  City / Town / Vi		

1.4 CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID)						
Tel. (Off) Tel. (Res) Mobile ————————————————————————————————————						
1.5 OTHER DETAILS						
A. If the following is additionally applicable to you. Please tick (  One or more as applicable:	(DED)					
☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Persor ☐ Civil Servant ☐ Bureaucrat ☐ Current / Former MP, MLA or MLC	(PEP)					
Politician Not a PEP / Related to PEP Current / Former Head of State						
B. Job Category: Chairman Director CEO CFO COO Others						
C. Whether UBO/ SMO of listed entity (Yes or No) If yes then Name of Listed company						
1.6 APPLICANT DECLARATION						
• I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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.	РНОТО					
• I/We hereby consent to receiving information from Central KYC Registry and KRAs through SMS/Email on the above registered number/email address.						
• I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRAs, CKYCR and other Intermediaries with whom I have a business relationship for KYC purposes only.						
, , , , , , , , , , , , , , , , , , ,	(1) @					
	Signature of Apolicant					
Date : Place :	Signature of Applicant					
Date :         Place :           1.7 ATTESTATION / FOR OFFICE USE ONLY	Signature of Applicant					
1.7 ATTESTATION / FOR OFFICE USE ONLY  Documents Received □ Certified Copies □ E-KYC data received from UIDAI □ Data received from Office of the Copies □ Certified Copies □ E-KYC data received from UIDAI □ Data received from Office of the Copies □ E-KYC data received from UIDAI □ Data received from Office of the Copies □ E-KYC data received from UIDAI □ Data received from Office of the Copies □ E-KYC data received from UIDAI □ Data received from UI	fline verification □ Digital KYC Process					
1.7 ATTESTATION / FOR OFFICE USE ONLY  Documents Received □ Certified Copies □ E-KYC data received from UIDAI □ Data received from Of □ Equivalent e-document □ Video Based KYC  This is to certify that I have carried out in-person verification in respect of the client mentioned in the	fline verification □ Digital KYC Process					
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