

Know Your Client (KYC)
Annexure (For Non- Individuals Only)



CDSL VENTURES LIMITED

.... Exploring New Horizons



Application Number: _____

Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

Fields marked * are pertaining to CKYC and mandatory only if processing CKYC also

Application Type*: ☐ New KYC ☐ Modification KYC

1. Identity Details of Related Person (please refer guidelines overleaf)

PAN* _____ Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof) _____

Maiden Name* (if any) _____

Fathers/Spouse's Name* _____

Date of Birth* _____

Gender* ☐ Male ☐ Female ☐ Transgender

Nationality* ☐ Indian ☐ Other _____

Related Person Type*

☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointed Official Proprietor

☐ Beneficiary ☐ Authorized Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder

☐ Others _____ (please specify) DIN: _____ (mandatory if the related person is Director)

Applicant Photo

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

☐ A — Aadhaar Card XXXX XXXX _____

☐ B — Passport Number _____ (Expiry Date) _____

☐ C — Voter ID Card _____

☐ D — Driving License _____ (Expiry Date) _____

☐ E — NREGA Job Card _____

☐ F — NPR _____

☐ Z — Others _____ (any document notified by Central Government)

Identification Number _____

2. Address Details* (please refer guidelines overleaf)

A. Correspondence/ Local Address*

Line 1* _____

Line 2 _____

Line3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Applicant e-SIGN

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1* _____
Line 2 _____
Line 3 _____
City/Town/Village* _____ District* _____ Pin Code* _____
State* _____ Country* _____
Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Proof of Address* (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

☐ A — Aadhaar Card XXXX XXXX _____
☐ B — Passport Number _____ (Expiry Date) _____
☐ C — Voter ID Card _____
☐ D — Driving License _____ (Expiry Date) _____
☐ E — NREGA Job Card _____
☐ F — NPR Letter _____
☐ Z — Others _____ (any document notified by Central Government)
Identification Number _____

3. Contact Details

Email ID _____
Mobile No. _____
Tel (Off) _____ Tel (Res) _____

4. Applicant Declaration

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: _____ (DD-MM-YYYY)

PLACE: _____

Applicant e-SIGN

Applicant Wet Signature

5. For Office Use Only**KYC carried out by***

KYC Date _____
Emp. Name _____
Emp. Code _____
Emp. Designation _____

Intermediary Details*

☐ Self certified document copies received (OVD)
☐ True Copies of documents received (Attested)

Employee Signature and Stamp

Institution Name and Stamp