

Know Your Client (KYC)**Application Form (For Non- Individuals Only)**

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

**CDSL VENTURES LIMITED**

....Exploring New Horizons



Application Number: _____

Application Type*: New KYC Modification KYC**1. Entity Details (please refer guidelines)**

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

Name* (same as ID proof) _____

Date of Incorporation* _____ Place of Incorporation* _____

Date of Commencement* _____ Registration Number* _____

Entity Type* Private Ltd. Co. Public Ltd. Co. Body Corporate Partnership

Please Tick (✓) Trust/Charity/NGO HUF FPI Category I FPI Category II

AOP Bank Government Body Defence Establishment

Body of Individuals Society LLP

Non-Government Organization

Others _____

2. Proof of Identity+ (please refer the guidelines)

- Officially Valid Document(s) in respect of person authorized to transact
- Certificate of Incorporation/Formation _____ Registration Certificate _____
- Memorandum of Articles and Association Partnership Deed Trust Deed
- Board Resolution Power of attorney granted to its manager, office, employees to transact on its behalf
- Activity Proof -1+ (For Sole Proprietorship Only) Activity Proof -2+ (For Sole Proprietorship Only)

3. Address Details* (please refer the guidelines)**A. Registered Address***

Line 1* _____

Line 2 _____

Line3 _____

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

State* _____ Country* _____

B. Correspondence/Local Address in India (if different from above)*

Line 1* _____

Line 2 _____

Line3 _____

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

State* _____ Country* _____

Applicant Digital Signature (DSC)

Proof of Address* (attested copy of any one POA to be submitted—"Not more than 3 months old)

- Certificate of Incorporation/Formation Registration Certificate Other document _____
- Latest Telephone Bill* (Landline only) Latest Electricity Bill* Latest Bank Account Statement*
- Registered Lease/ Sale Agreement of Office Premises **Validity/Expiry Date of POA** (Expiry Date) _____
- Any other proof of address document (as listed overleaf) _____

4. Contact Details

Email ID _____ Mobile No. _____

Email ID _____ Mobile No. _____

Tel (Off) _____ Fax _____

5. Annexures Submitted

Number of Related Persons -

6. Remarks / Additional Information

7. 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 Digital Signature (DSC)

Applicant Wet Signature

8. For Office Use Only

KYC carried out by*	Intermediary Details*
KYC Date _____ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input type="checkbox"/> Self certified document copies received (Originals Verified) <input type="checkbox"/> True Copies of documents received (Attested) AMC / Intermediary Name OR Code: _____
Employee Signature and Stamp	Employee Signature and Stamp

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