

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



**CDSL VENTURES LIMITED**

....Exploring New Horizons

Intermediary  
Logo

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 Number:

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)

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 \_\_\_\_\_

Line 3 \_\_\_\_\_

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*	Intermediary Details*
KYC Date _____ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested)  <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Employee Signature and Stamp	Institution Name and Stamp