

# Stock Holding Corporation of India Limited



Regd. Office: 301, Centre Point, Dr. Babasaheb Ambedkar Road, Parel, Mumbai - 400 012.  
Phone: 91-22-6177 9400 to 09 Fax: 91-22-6177 9058 Website: www.shcil.com CIN: 67190MH1986GOI040506

## CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity/ Other than Individuals

### Important Instructions:

- A) Fields marked with "\*" are mandatory fields.
- B) Tick '✓' 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 update application.
- F) List of State / U.T code as per Indian Motor Vehicle 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 the section number and strike off the sections not required to be updated.

### For office use only

Application Type\*  New  Update

(To be filled by financial institution) KYC Number

(Mandatory for KYC update request)

### 1. ENTITY DETAILS\* (Please refer instruction A at the end)

Name\* \_\_\_\_\_

Entity Constitution Type\*  Others (Specify) \_\_\_\_\_ (Please refer instruction B at the end)

Date of Incorporation / Formation\*  DD -  MM -  YY  YY Date of Commencement of Business  DD -  MM -  YY  YY

Place of Incorporation / Formation\* \_\_\_\_\_ Country of Incorporation / Formation\* \_\_\_\_\_ TIN or Equivalent Issuing Country \_\_\_\_\_

PAN\* \_\_\_\_\_  Form 60 furnished

TIN / GST Registration Number

### 2. PROOF OF IDENTITY (PoI)\* (Please refer instruction B at the end)

- Officially valid document(s) in respect of person authorised to transact
- Certificate of Incorporation / Formation   Registration Certificate  Regn Certificate No. \_\_\_\_\_
- Memorandum and Articles of Association  Partnership Deed  Trust Deed
- Resolution of Board / Managing Committee  Power of attorney granted to its manager, officers or employees to transact on its behalf
- Activity Proof - 1 (For Sole Proprietorship Only)  Activity Proof - 2 (For Sole Proprietorship Only)

### 3. ADDRESS\* (Please see instruction C at the end)

#### 3.1 Registered Office Address / Place of Business\*

Proof of Address\*  Certificate 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 from 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 communications will be sent to Mobile number/ Email-ID provided" may be used) (Please refer instruction D at the end)

Tel. (Off) \_\_\_\_\_ FAX \_\_\_\_\_

Mobile \_\_\_\_\_ 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 refer Instruction G at the end)**

- "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 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 KRA & CKYCR through SMS / Email on the above registered number / Email address.
- I/We accord my/our voluntary consent for sharing/fetching/verifying my/our records maintained in Central KYC Registry and KYC Registration Agency.

[Signature / Thump Impression]

Signature / Thump Impression of Authorised Person(s)

Date :  -  -

Place:

**8. ATTESTATION / FOR OFFICE USE ONLY**

Documents Received  Certified Copies  Equivalent e-document

**KYC VERIFICATION CARRIED OUT BY**

Identity Verification  Done Date  -  -

Emp. Name \_\_\_\_\_

Emp. Code \_\_\_\_\_

Emp. Designation \_\_\_\_\_

Emp. Branch \_\_\_\_\_

[Employee Signature]

**INSTITUTION DETAILS**

Name \_\_\_\_\_

Code \_\_\_\_\_

[Institution Stamp]

**CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Legal Entity / Other than Individual KYC Application Form**

- A Clarification / Guidelines for filing Entity Details section
- 1 Entity Constitution Type
- |  |   |   |
|--|---|---|
| A - Sole Proprietorship                                    | H - Trust   | O - Artificial Jurisdictional Person  |
| B - Partnership Firm                                       | I - Liquidator                                    | P - International Organisation or Agency /Foreign Embassy or Consular Office etc. |
| C - HUF  | J - Limited Liability Partnership                 | Q - Not Categorized   |
| D - Private Limited Company                                | K - Artificial Liability Partnership              | R - Others  |
| E - Public Limited Company                                 | L - Public Sector Banks                           | S - Foreign Portfolio Investors   |
| F - Society  | M - Central/State Government Department or Agency |   |
| G - Association of Persons (AOP)/Body of Individuals (BOI) | N - Section 8 Companies (Companies Act, 2013)     |   |
- 2 In case of companies and partnerships, PAN of the entity is mandatory. In case of other entities, FORM 60 may be obtained if PAN is not available.
- B Clarification / Guidelines for filling 'Proof of Identity [PoI] section
- 1 Activity Proof - 1 and Activity Proof - 2 are applicable for accounts in case of proprietorship forms. Please refer to relevant instructions issued by the Reserve Bank of India in this regard.
- 2 Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.
- 3 Certified copy of document of equivalent e-document or OVD obtained through Digital KYC process to be submitted.
- 4 'Equivalent e-document' 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.
- 5 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
- 6 KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.
- C Clarification / Guidelines for filling 'Proof of Address (PoA) section
- 1 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 2 Certified copy of document or equivalent e-document to be submitted.
- D Clarification / Guidelines for filling 'Contact Details' section
- 1 Please mention two - digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.
- E Clarification / Guidelines for filling 'Related Person Details' section
- 1 Personal Details
- The name should match the name as mentioned in the Proof of Identity submitted failing which the application
- 2 Proof of Address [PoA]
- PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
  - State / U.T code and Pin / Post Code will not be mandatory for Overseas addresses.
  - In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR
  - Res may use the Self Declaration check box where Aadhaar 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.
- 3 If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related Person' are required.
- 4 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.
- F Provision for capturing signature of multiple authorised persons is to be made by the RE.

## List of two – digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code	State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

## List of ISO 3166 two- digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SJ
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroun	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion	RE	Virgin Islands, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French part)	MF		

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## Annexure A2 | Legal Entity / Other than Individuals

### CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person

#### Important Instructions:

- A) Fields marked with '\*' are mandatory fields.
- B) Tick '✓' 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 update application.
- F) List of State / U.T code as per Indian Motor Vehicle 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 the section number and strike off the sections not required to be updated.

#### For office use only

Application Type\*  New  Update

(To be filled by financial institution) KYC Number

(Mandatory for KYC update request)

#### 1. DETAILS OF RELATED PERSON\* (Please refer instruction E at the end)

- Addition of Related Person  Deletion of Related Person  Update Related Person Details

KYC Number of Related Person (if available\*) \_\_\_\_\_ If KYC number is available, only 'Related Person Type' & 'Name' is mandatory

**Related Person Type\***  Director  Promoter  Karta  Trustee  Partner  Court Appointment Official  Proprietor  
 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 (Please refer instruction E at the end)

	Prefix	First Name	Middle Name	Last Name
Name* (Sane as ID proof)	_____	_____	_____	_____
Maiden Name	_____	_____	_____	_____
Father / Spouse Name	_____	_____	_____	_____
Mother Name	_____	_____	_____	_____
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Nationality*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> <input type="text"/> )		
PAN*	_____		<input type="checkbox"/> Form 60 furnished	

#### 1.2 PROOF OF IDENTITY AND ADDRESS\* (Please refer instruction E at the end)

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
- II  E- KYC Authentication
- III  Offline verification of Aadhaar

PHOTO\*



#### Address

Line 1\* \_\_\_\_\_  
Line 2 \_\_\_\_\_  
Line 3 \_\_\_\_\_ City / Town / Village\* \_\_\_\_\_  
District\* \_\_\_\_\_ Pin/Post Code\* \_\_\_\_\_ State/U.T Code\* \_\_\_\_\_ ISO 3166 Country Code\* \_\_\_\_\_

#### 1.3. CURRENT ADDRESS DETAILS (Please refer instruction E and 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
- II  E- KYC Authentication
- III  Offline verification of Aadhaar

IV  Deemed PoA

III  Self Declaration

**Address**

Line 1\* \_\_\_\_\_  
 Line 2 \_\_\_\_\_  
 Line 3 \_\_\_\_\_ City / Town / Village\* \_\_\_\_\_  
 District\* \_\_\_\_\_ Pin/Post Code\* \_\_\_\_\_ State/U.T Code\* \_\_\_\_\_ ISO 3166 Country Code\* \_\_\_\_\_

**1. 4 CONTACT DETAILS** (All communication will be sent on provided mobile no. / Email-ID) (Please refer instruction **D** at the end)

Tel. (Off) \_\_\_\_\_ Tel. (Res) \_\_\_\_\_ Mobile \_\_\_\_\_  
 Email ID \_\_\_\_\_

**2. 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 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 KRA & CKYCR 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 Aadhar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.
- I/We accord my/our voluntary consent for sharing/fetching/verifying my/our records maintained in Central KYC Registry and KYC Registration Agency.

(Signature / Thumb Impression)

Date :   -   -    Place:          

Signature / Thumb Impression of Applicant

**3. ATTESTATION / FOR OFFICE USE ONLY**

Documents Received  Certified Copies  E-KYC data received from UIDAI  Data received from Offline verification  
 Digital KYC Process  Equivalent e-document

**IPV DONE / KYC VERIFICATION CARRIED OUT BY**

Date   -   -      
 Emp. Name \_\_\_\_\_  
 Emp. Code \_\_\_\_\_  
 Emp. Designation \_\_\_\_\_  
 Emp. Branch \_\_\_\_\_

(Employee Signature)

**INSTITUTION DETAILS**

Name \_\_\_\_\_  
 Code \_\_\_\_\_

(Institution Stamp)

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DP ID No  Scheme Code  AWT  CKYC No

## Additional KYC Form for Opening a Demat Account (For Non - Individual)

### CENTRAL DEPOSITORY SERVICES (INDIA) LIMITED

(To be filled by the Depository Participant)

Application No.											Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.																			
DP ID											Client ID								

(To be filled by the applicant in BLOCK LETTERS in English)

I/We request you to open a Demat Account in my/our name as per the following details:

#### Holders Details

Sole / First Holder's Name											Search Name									
											PAN									
											UID									
											UCC									
Second Holder's Name											Exchange Name & ID									
											PAN									
Third Holder's Name											UID									
											PAN									

Name	_____																	
------	-------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

\* In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust etc., should be mentioned above.

#### Principal Place of Business

The Registered Office and the principal place of its business is same  YES  NO

#### Type of Account (Please tick whichever is applicable)

Status										Sub - Status									
<input type="checkbox"/> Body Corporate <input type="checkbox"/> Bank <input type="checkbox"/> Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> OCB <input type="checkbox"/> FII <input type="checkbox"/> CM <input type="checkbox"/> FI <input type="checkbox"/> Clearing House <input type="checkbox"/> Others (specify)										To be filled by the DP									
SEBI Registration No. (If Applicable)																			
RBI Registration No. (If Applicable)										RBI Approval Date									
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (specify)																		
I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes')										[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No									
Account Statement Required	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly																		
NACH facility	<input type="checkbox"/> Yes <input type="checkbox"/> No (If marked YES, kindly submit NACH mandate)																		
<b>PMS Registration No.</b> PMS Flag Y/N (If yes then PMS Registration Number) <input type="checkbox"/> YES <input type="checkbox"/> NO										PMS Registration No. _____									

I/We request you to send Electronic Transaction-Cum-Holding Statement and the Right & Obligation at the email ID	<input type="checkbox"/> Yes <input type="checkbox"/> No
I/We would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No
I/We would like to receive the Annual Report <input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in Physical)	
I/We would like to instruct the DP to accept all the pledge instructions in my/our account without any other further instruction from my / our end. (If not marked, the default option would be 'No')	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery Instruction Book Required	<input type="checkbox"/> Yes <input type="checkbox"/> No I do not wish to receive the DIS Booklet on account opening & if required shall request Stockholding Branch for the same

**Clearing Member details** (to be filled by CMS only)

Name of Stock Exchange	
Name of CC / CH	
Clearing Member ID	
Trading Member ID	
I/We wish to receive dividend / interest directly in to my bank account as given below through ECS. (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Bank Details (Dividend Bank Details)**

Bank Code (11digit IFSC Code)											
Bank Code (9digit MICR Code)											
Account Number											
Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify) _____										
Bank Name											
Branch Name											
Bank Branch Address											
City		State		Country		PIN					

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)  
(ii) Photocopy of the Bank Statement having name and address of the BO  
(iii) Photocopy of the passbook having name and address of the BO, (or)  
(iv) Letter from the Bank.  
In case of options (i), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document

<b>Other Details</b>	
<b>Gross Annual Income Details</b>	<b>income Range per annum:</b> <input type="checkbox"/> Up to Rs. 1,00,000 <input type="checkbox"/> Rs. 1,00,000 to 5,00,000 <input type="checkbox"/> Rs. 5,00,000 to Rs. 10,00,000 <input type="checkbox"/> Rs. 10,00,000 to Rs. 25,00,000 <input type="checkbox"/> Rs. 25,00,000 to Rs. 1 Crore <input type="checkbox"/> More than Rs. 1 Crore Net Worth as on (Date) _____ Rs. <i>[Net worth should not be older than 1 year]</i>
<b>Nature / Sector of Business</b>	
<b>Please tick</b> Please tick If any of the authorized signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors is either <input type="checkbox"/> Politically Exposed Person (PEP) or <input type="checkbox"/> Close Relative to Politically Exposed Person (RPEP) or <input type="checkbox"/> Family Member of Politically Exposed Person(FPEP) or <input type="checkbox"/> Close Associate to Politically Exposed Person (CAPEP) . Please provide details as per Annexure 2.2 A.	
<b>GST No.</b>	
<b>SMS Alert Facility</b> Terms & Conditions as per <b>Annexure 2.4 of DP</b> operating instruction is verified on <a href="http://www.stockholding.com">www.stockholding.com</a>	Mobile No. +91 _____ (Mandatory, if you are giving Power of Attorney (POA) (if POA is not granted & you do not wish to avail of this facility, cancel this option.)



<p>Transaction Using Secured Texting Facility (<b>TRUST</b>). Refer to Terms and Conditions <b>Annexure - 2.6</b></p>	<p>I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for the same</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>I / We wish to register the following clearing member Ids under my / our below mentioned BO ID registered for TRUST</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Stock Exchange Name / ID</th> <th style="width: 33%;">Clearing Member Name</th> <th style="width: 33%;">Clearing Member ID (Optional)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Stock Exchange Name / ID	Clearing Member Name	Clearing Member ID (Optional)						
Stock Exchange Name / ID	Clearing Member Name	Clearing Member ID (Optional)								
<i>Easi</i>	<p>To register for Easi, please visit our website <a href="http://www.cdslindia.com">www.cdslindia.com</a>  <i>Easi</i> allows a BO to view his ISIN balances, transactions and value of the portfolio online.</p>									

We have received and read the Right and Obligations documents and terms and conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time / We understand that a copy of the "Rights and Obligations of the Beneficial Owner and Depository Participant" will be received by email since opted for the same and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. We declare that the particulars given by me/us above are true and to the best of our knowledge as on the date of making this application. We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action. In case of Foreign account / FCB/ OCB, we also declare that we have complied and will continue to comply with FEMA regulations.

	First/Sole Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Designation			
Signature			

(Signatures should be preferably in black ink)

(In case of more authorised signatories, please add annexure)

(To be filled in by SHCIL)

I Verify that the Account Opening Form is in order

Name:

Employee Code:

Signature:

<b>Checked by</b>
<b>Entered in ISA</b>
<b>Authenticated in ISA</b>
<b>Released in DPM</b>

**Acknowledgement**



**Stock Holding Corporation of India Ltd.<sup>®</sup>**

Regd. Office : 301, Centre Point, Dr. Babasaheb Ambedkar Road, Parel, Mumbai - 400 012.

Phone : 91-22-6177 9400 to 09 Fax: 91-22-6177 9058 Website : [www.shcil.com](http://www.shcil.com) CIN : U67190MH1986GOI040506

Application No.:

Date:

We hereby acknowledge the receipt of the Account Opening Application Form:

Name of Sole / First Holder	
Name of Second Holder	
Name of Third Holder	

Depository Participant Seal and Signature

\* A system generated receipt provided to the client as acknowledgement.



Details of Politically Exposed Persons (PEP) / Related to Politically Exposed Persons (RPEP). [For Non-Individual]

Name of Holder \_\_\_\_\_ PAN of the holder \_\_\_\_\_

Sr. No.	Name of the Authorised Signatories / Promoters / Partners / Karta / Trustees / Whole Time Member	Relation with the holder i.e. Promoters, whole time directors etc.	Please tick the relevant option
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> FPEP <input type="checkbox"/> CAPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> FPEP <input type="checkbox"/> CAPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> FPEP <input type="checkbox"/> CAPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> FPEP <input type="checkbox"/> CAPEP
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> FPEP <input type="checkbox"/> CAPEP

Name & Signature of the Authorised Signatories Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PEP: Politically Exposed Person RPEP: Related to politically Exposed Person

**Rights and obligations of Beneficial Owner and Depository Participant as prescribed  
by SEBI and Depositories**

**GENERAL CLAUSE**

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Rules and Regulations of Securities and Exchange Board of India (SEBI), Circulations / Notifications/Guidelines issued there under, Bye Laws and Business Rules/Operating instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.
2. The DP shall open/active demat account of a beneficial owner in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time.

**BENEFICIAL OWNER INFORMATION**

3. The DP shall maintain all the details of the beneficial owner(s) as mentioned in the account opening form, supporting documents submitted by them and/or any other information pertaining to the beneficial owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.
4. The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of opening the demat account or furnished to the DP from time to time.

**FEES/CHARGES/TARIFF**

5. The Beneficial Owner shall pay such charges to the DP for the purpose of holding and transfer of securities in dematerialized form and for availing depository services as may be agreed to from time to time between the DP and the Beneficial Owner as set out in the Tariff Sheet provided by the DP. It may be informed to the Beneficial Owner that "no charges are payable for opening of demat accounts"
6. In case of Basic Services Demat Accounts, the DP shall adhere to the charge structure as laid down under the relevant SEBI and / or Depository circulars / directions / notifications issued from time to time.
7. The DP shall not increase any charges/tariff agreed upon unless it has given a notice in writing of not less than thirty days to the Beneficial Owner regarding the same.

**DEMATERIALIZATION**

8. The Beneficial Owner shall have the right to get the securities, which have been admitted on the Depositories, dematerialized in the form and manner laid down under the Bye Laws, Business Rules and Operating Instructions of the depositories.

**SEPARATE ACCOUNTS**

9. The DP shall open separate accounts in the name of each of the beneficial owners and securities of each beneficial owner shall be segregated and shall not be mixed up with the securities of other beneficial owners and/or Dp's own securities held in dematerialized form.
10. The DP shall not facilitate the Beneficial Owner to create or permit any pledge and / or hypothecation or any other interest or encumbrance over all or any of such securities submitted for dematerialization and/or held in demat account except in the form and manner prescribed in the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996 and Bye Laws/Operating Instructions / Business Rules of the Depositories.

**TRANSFER OF SECURITIES**

11. The DP shall effect transfer to and from the demat accounts of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the Beneficial Owner and the DP shall maintain the original documents and the audit trail of such authorizations.
12. The Beneficial Owner reserves the right to give standing instructions with regard to the crediting of securities in his demat account and the DP shall act according to such instructions.

**STATEMENT OF ACCOUNT**

13. The DP shall provide statements of accounts to the Beneficial Owner in such form and manner and at such time as agreed with the Beneficial Owner and as specified by SEBI / depository in this regards.
14. However, if there is no transaction in the demat account, or if the balance has become Nil during the year, the DP shall send one physical statement of holding annually to such BOs and shall resume sending the transaction statement as and when there is a transaction in the account.
15. The DP may provide the services of issuing the statement of demat accounts in an electronic mode if the Beneficial Owner so desires. The DP will furnish to the Beneficial Owner the statement of demat accounts under its digital signature as governed under the information Technology Act, 2000. However, if the DP does not have the facility of providing the statement of demat account in the electronic mode, then the Participant shall be obliged to forward the statement of demat account in physical form.
16. In case of Basic Services Demat Accounts, the DP shall send the transaction statements as mandated by SEBI and /or Depository from time to time.

**MANNER OF CLOSURE OF DEMAT ACCOUNT**

17. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided no charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their demat account should be transferred to another demat account of the Beneficial Owner held with another DP or to rematerialize the security balances held.
18. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of thirty days as per procedure specified from time to time by the depository. Provided further, closure of demat account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

## **DEFAULT IN PAYMENT OF CHARGES**

19. In event of Beneficial Owner committing a default in the payment of any amount provided in Clause 5 & 6 within a period of thirty days from the date of demand, without prejudice to the right of the DP to close the demat account of the Beneficial Owner, the DP may charge interest at a rate as specified by the Depository from time to time for the period of such default.
20. In case the Beneficial Owner has failed to make the payment of any of the amounts as provided in Clause 5 & 6 specie above, the DP after giving two days' notice to the Beneficial Owner shall have the right to stop processing of instructions of the Beneficial Owner till such time he makes the Payment along with interest, if any.

## **LIABILITY OF THE DEPOSITORY**

21. As per Section 16 of Depositories Act, 1996,
  1. Without prejudice to the provisions of any other law for the time being in force, any loss caused to the beneficial owner due to the negligence of the depository or the participant, the depository shall indemnify such beneficial owner.
  2. Where the loss due to the negligence of the participant under Clause (1) above, is indemnified by the depository, the Depository shall have the right to recover the same from such participant.

## **FREEZING / DEFREEZING OF ACCOUNT**

22. The Beneficial Owner may exercise the right to freeze/defreeze his/her demat account maintained with the DP in accordance with procedure and subject to the restrictions laid down under the Bye Laws and Business Rules/Operating instructions.
23. The DP or the Depository shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any realtor or court or any statutory authority.

## **REDRESSAL OF INVESTOR GRIEVANCE**

24. The DP shall redress all grievances of the Beneficial Owner against the DP within a period of thirty days from the date of receipt of the complaint.

## **AUTHORIZED REPRESENTATIVE**

25. If the Beneficial Owner is a body corporate or a legal entity, it shall, along with the account opening form, furnish to the DP, a list of official authorized by it, who shall represent and interact on its behalf with the Participant. Any change in such list including additions, deletions or alterations thereto shall be forthwith communicated to the Participant.

## **ADDITIONAL RIGHTS AND OBLIGATIONS**

26. The stock broker / stock broker and depository participant shall not directly / indirectly compel the clients to execute Power of Attorney (PoA) or Demat Debit and Pledge Instruction (DDPI) or deny services to the client if the client refuses to execute PoA or DDPI

## **LAW AND JURISDICTION**

27. In addition to specific rights set out in this document, the DP and the Beneficial owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Rules, Bye Laws and Regulations of the respective Depository in which the demat account is opened and circulars / notices issued there under or Rules and Regulations of SEBI.
28. The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars / notices issued by SEBI and Rules, Regulations and Bye-Laws of the relevant Depository, where the Beneficial Owner maintains his / her account, that may be in force from time to time.
29. The Beneficial Owner and the DP shall abide by the arbitration and conciliation procedure prescribed under the Bye Laws of the depository and that such procedure shall be applicable to any disputes between the DP and the Beneficial Owner.
30. Words and expressions which are used in this document but which are not defined herein shall unless the context otherwise requires, have the same meanings as assigned thereto in the Rules, Bye-Laws and Regulations and circulars / notices issued there under by the depository and / or SEBI.
31. Any changes in the rights and obligations which are specified by SEBI / Depositories shall also be brought to the notice of the clients at once.
32. If the rights and obligations or the parties hereto are altered by virtue of change in Rules and regulations of SEBI or Bye-Laws, Rules and Regulations of the relevant Depository, where the Beneficial Owner maintains his / her account, such changes shall be deemed to have been incorporated herein in modification of the rights and obligations of the parties mentioned in this document.

## Stock Holding Corporation of India Ltd.<sup>®</sup>

Regd. Office : 301, Centre Point, Dr. Babasaheb Ambedkar Road, Parel, Mumbai - 400 012.  
 Phone : 91-22-6177 9400 to 09 Fax: 91-22-6177 9058 Website : www.shcil.com CIN : U67190MH1986GOI040506

Format of Request (Declaration for same email & mobile number) / updation request  
 [Please tick (v) wherever applicable]

DP ID: \_\_\_\_\_ Client ID: \_\_\_\_\_

I/we the undersigned hereby request StockHolding to update following details in my/our aforesaid demat account:

	1st Holder	2nd Holder	3rd Holder
<b>PAN</b>			
<b>Is your PAN Aadhar Seeded</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>MOBILE NO</b>	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> SMS Flag <input type="checkbox"/> Yes <input type="checkbox"/> No The mobile belongs to <input type="checkbox"/> me or <input type="checkbox"/> my family*	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> SMS Flag <input type="checkbox"/> Yes <input type="checkbox"/> No The mobile belongs to <input type="checkbox"/> me or <input type="checkbox"/> my family*	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> SMS Flag <input type="checkbox"/> Yes <input type="checkbox"/> No The mobile belongs to <input type="checkbox"/> me or <input type="checkbox"/> my family*
<b>EMAIL ID</b>	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> The email belongs to <input type="checkbox"/> me or <input type="checkbox"/> my family*	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> The email belongs to <input type="checkbox"/> me or <input type="checkbox"/> my family*	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> The email belongs to <input type="checkbox"/> me or <input type="checkbox"/> my family*

\*Family means spouse, dependent children and dependent parents.

**Signature of Holders:** \_\_\_\_\_  

First Holder
Second Holder
Third Holder

# FATCA / CRS FORM FOR LEGAL ENTITIES

## Entity Self-Certification

### Instructions for completion

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our unit holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Please note that you may receive more than one request for information if you have multiple relationships with us or our group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about how to complete this form, please contact your tax advisor.

### Section I:

**Entity Name:** \_\_\_\_\_

**Date of Incorporation** \_\_\_\_\_

**Country of Incorporation:** \_\_\_\_\_

### Permanent Address:

Number & Street		City/Town
State/Province/County	Post Code	Country

### Mailing Address (If Different from above) :

Number & Street		City/Town
State/Province/County	Post Code	Country

### Section II: U.S. or Non - U.S. persons

Please tick and complete as appropriate.

- (a) The entity is a Specified U.S. Person and the entity's U.S. federal taxpayer identifying number (U.S. TIN) is as follows: \_\_\_\_\_
- (b) The entity is a Specified non-US Person and the entity's foreign identifying tax Number is as follows: \_\_\_\_\_
- (c) The entity is a Government body/International Organization/listed company on recognized stock exchange
- (d) The Substantial owners or controlling persons in the entity or chain of ownership are resident for tax purpose in any country outside India or not an Indian citizen.

### Section III: FATCA & CRS Declaration of Tax Residency

1. Is the "Entity" a Tax resident of any country other than India

- Yes. If Yes, please fill the details in below mentioned table,  
 No. If No, please skip the below mentioned table and go to Section IV,

Country/Countries of Residence	Tax Reference Number Type	Tax Reference Number

\* In case Tax Identification/reference Number is not available, kindly provide its functional equivalent.

\*\* In case Tax Identification/reference Number or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

**Complete Section 4 and proceed to Section 5: Declaration and Undertakings.**

### Section IV: Entity FATCA & CRS Classification

- If you are a Registered Financial Institution, please tick one of the below categories, and provide your FATCA GIIN a below:

(a) \_\_\_\_\_ Registered Deemed Compliant Foreign Financial Institution

(b) \_\_\_\_\_ Participating Foreign Financial Institution

Please provide your Global Intermediary Identification number (GIIN): \_\_\_\_\_

- If you are a **Financial Institution but unable to provide a GIIN**, please tick one of the below reasons:

(a) \_\_\_\_\_ The Entity is a Financial Institution and has not yet obtained a GIIN but intends to do so, if required.

(b) \_\_\_\_\_ The Entity is a Sponsored Financial Institution and has not yet obtained a GIIN but is sponsored by another entity that has registered as a Sponsoring Entity. Please provide the Sponsoring Entity's name and GIIN.

Sponsoring Entity's Name: \_\_\_\_\_

Sponsoring Entity's GIIN: \_\_\_\_\_

(c) \_\_\_\_\_ The Entity is a Trustee Documented Trust. Please provide your Trustee's name and GIIN.

Trustee's Name: \_\_\_\_\_

Trustee's GIIN: \_\_\_\_\_

d) \_\_\_\_\_ The Entity is a Certified Deemed Compliant, or otherwise Non-Reporting, Foreign Financial Institution (including a Foreign Financial Institution deemed compliant under Annex II of an IGA, except for a Trustee Documented Trust or Sponsored Financial Institution). Indicate exemption:

(e) \_\_\_\_\_ The Entity is an Excepted Foreign Financial Institution. Indicate exemption: \_\_\_\_\_

(f) \_\_\_\_\_ The Entity is a Non-Participating Foreign Financial Institution

(g) \_\_\_\_\_ The Entity is a US Financial Institution

(h) \_\_\_\_\_ The Entity is an Owner-Documented FI with specified US owners

- If you are not a Foreign Financial Institution, please confirm the Entity's FATCA & CRS status below:
  - (a) \_\_\_\_ The Entity is an **Exempt Beneficial Owner** Indicate status:
  - (b) \_\_\_\_ The Entity is an **Active Non-Financial Foreign Entity** (including an Excepted NFFE)
  - (c) \_\_\_\_ **Direct Reporting Non-Financial Foreign Entity** (Choose this if any entity has registered itself for direct reporting for FATCA)
  - (d) \_\_\_\_ The Entity is a **Passive Non-Financial Foreign Entity \* Controlling Person Mandatory**

**Controlling person detail's**

Please complete table below providing details of **Controlling Persons** if any) Mandatory for PNFEE\*

Full Name	DOB	Occupation And Occupation Type	Full Residence Address	Details of controlling person's beneficial interest*	Country(ies)of tax residence	Tax Reference Type and Number

*\*Natural persons that are Controlling Persons should also complete the Individual Self-Certification*

**Section V: Declaration**

- (i) Under penalty of perjury, I/we certify that:
  - 1. The number shown on this form is the correct taxpayer identification number of the applicant, and
  - 2. The applicant is (i) an applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof, or
  - 3. The applicant is an applicant taxable as a tax resident under the laws of country outside India.
- (ii) I/We understand that the Bank is relying on this information for the purpose of determining the status of the applicant named above in compliance with CRS/FATCA. The Bank is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.
- (iii) I/We agree to submit a new form within 30 days if any information or certification on this form gets changed.
- (iv) I/ We agree as may be required by /Regulatory authorities, bank shall be required to comply to report, reportable details to CDBT or close or suspend my account.
- (v) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct and complete including the tax payer identification number of the applicant.

I agree to notify [insert name of financial institution] immediately in the event the information in the self certification changes.

Signed by (please print name): \_\_\_\_\_

On behalf of (organization name): \_\_\_\_\_

Position (in organization): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



The term "Tax Regulations" refers to regulations created to enable automatic exchange of information and include FATCA, various Agreements to Improve International Tax Compliance entered into between India and OECD Common Reporting Standard for Automatic Exchange of Financial Account Information. (Section 285BA of the Indian Income Tax Act, 1961 and Rules 114F, 114G & 114 H of the Income Tax (11th Amendment) Rules, 2015.

<sup>1</sup> A Passive Non-Financial Entity will be required to submit individual tax residence self-certifications for each of its Controlling Persons

<sup>2</sup> Means the natural persons who exercise control over an Entity. For companies and similar legal persons, it depends on the ownership structure of the company and will include any person owning 25% or more of the company (or legal person). For trusts and other similar legal arrangements, it will include the settlor, the trustee(s), the protector (if any), the beneficiaries, and any other natural person exercising ultimate effective control over the trust.

## Form Definitions

<p><b>Active Non-Financial Entity</b></p>	<p>Means any Non-Financial Foreign Entity that meets any of the criteria indicated below: (i) less than fifty per cent of the entity's gross income for the preceding financial year is passive income and less than fifty per cent of the assets held by the entity during the preceding financial year are assets that produce or are held for the production of passive income; or (ii) the stock of the entity is regularly traded on an established securities market or the non-financial entity is a related entity of an entity, the stock of which is regularly traded on an established securities market. Explanation.- For the purpose of this sub-clause, an established securities market means an exchange that is recognised and supervised by a Governmental authority in which the securities market is located and that has a meaningful annual value of shares traded on the exchange; (iii) the entity is a Governmental entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of these entities; or iv) substantially all of the activities of the entity consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a financial institution: Provided that an entity shall not qualify for this status if it functions as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes; or (v) the entity is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a financial institution, provided that the entity shall not qualify for this exception after the date that is twenty four months after the date of the initial organisation of the entity; or (vi) the entity was not a financial institution in the past five years, and is in the process of liquidating its assets or is reorganising with intent to continue or recommence operations in a business other than that of a financial institution; or (vii) the entity primarily engages in financing and hedging transactions with, or for, related entities which are not financial institutions, and does not provide financing or hedging services to any entity which is not a related entity, provided that the group of any such related entities is primarily engaged in a business other than that of a financial institution; or (viii) the entity fulfils all of the following requirements, namely:- (a) it is established and operated in India exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in India and it is a professional organisation, business league, chamber of commerce, labour organisation, agricultural or horticultural organisation, civic league or an organisation operated exclusively for the promotion of social welfare; (b) it is exempt from income-tax in India; (c) it has no shareholders or members who have a proprietary or beneficial interest in its income or assets; (d) the applicable laws of the entity's country or territory of residence or the entity's formation documents do not permit any income or assets of the entity to be distributed to, or applied for the benefit of, a private person or non-charitable entity other than pursuant to the conduct of the entity's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the entity has purchased; and (e) the applicable laws of the entity's country or territory of residence or the entity's formation documents require that, upon the entity's liquidation or dissolution, all of its assets must be distributed to a Governmental entity or other nonprofit organization, or escheat to the Government of the entity's country or territory of residence or any political sub-division thereof. Explanation.- For the purpose of this sub-clause, the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely:- (I) an Investor Protection Fund referred to in clause (23EA); (II) a Credit Guarantee Fund Trust for Small Industries referred to in clause 23EB; and (III) an Investor Protection Fund referred to in clause (23EC), of section 10 of the Act;</p>
<p><b>Controlling Person</b></p>	<p>means the natural person who exercises control over an entity and includes a beneficial owner as determined under sub-rule (3) of rule 9 of the Prevention of Money-laundering (Maintenance of Records) Rules, 2005. In the case of a trust, the controlling person means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, the said expression means the person in equivalent or similar position;</p>

<b>Deemed Compliant Financial Institution</b>	<p>A Financial Institution that is one of the following: (A) Financial Institution with a Local Client Base, (B) Local Bank, (C) Financial Institution with Only Low-Value Accounts, (D) Sponsored Investment Entity and Controlled Foreign Corporation, (E) Sponsored, Closely Held Investment Vehicle, (F) Restricted Fund, (G) Non Profit Organisations, (H) Limited Life Debt Investment Entities, (I) Non-reporting members of a group of related participating financial institutions, (J) Qualified credit card issuers, (K) An Investment Entity established in India that is regulated as a collective investment vehicle, provided that all of the interests in the collective investment vehicle are held by or through one or more exempt beneficial owners, or (L) Special Rules Applying to Investment Entities.</p> <p>Please refer to Annex II of the Intergovernmental Agreement between the United states of American and India for more details.</p>
<b>Exempt Beneficial Owner</b>	<p>An Entity that is one of the following: (A) Central Bank, (B) International Organisation, (C) Retirement, (D) Investment Entity Wholly Owned by Exempt Beneficial Owners, (E) Government Entity. Please find a full definition of Exempt Beneficial Owners in paragraph II of Annex II of the Intergovernmental Agreement between the United States of American and India.</p>
<b>Financial Institution</b>	<p>A Custodial Institution, a Depository Institution, an Investment Entity, or a Specified Insurance Company as defined u/114F(3) of Income-tax (11th Amendment) Rules, 2015.</p>
<b>Global Intermediary Identification Number</b>	<p>GIIN means the Global Intermediary Identification Number which is a 19-character identification number in the format XXXXXX.XXXXX.XX.XXX assigned to the reporting entity by USA</p>
<b>Intergovernmental Agreement</b>	<p>The Intergovernmental Agreement between the United States of America and India and information about it can be found by searching "FATCA" on the income tax website:</p>
<b>Non-Participating Financial Institution</b>	<p>means a financial institution defined in clause (r) of Article 1 of the agreement between the Government of the Republic of India and the Government of the United States of America to improve international tax compliance and to implement Foreign Account Tax Compliance Act of the United States of America (herein after referred to as the FATCA agreement), but does not include,- (a) an Indian financial institution; or (b) other jurisdiction, being a jurisdiction that has in effect an agreement with the United States of America to facilitate the implementation of Foreign Account Tax Compliance Act (herein after referred to as other partner jurisdiction), financial institution, other than a financial institution treated as a non-participating financial institution pursuant to sub-paragraph (b) of paragraph 2 of Article 5 of the FATCA agreement or the corresponding provision in an agreement between the United States of America and other partner jurisdiction;</p>
<b>Passive Non-Financial Entity</b>	<p>means,-  (i) any non-financial entity which is not an active non-financial entity; or  (ii) an investment entity described in sub-clause (B) of clause (c) of the Explanation to clause (3); or  (iii) a withholding foreign partnership or withholding foreign trust.</p>
<b>Non-Reporting Financial Institution</b>	<p>means any financial institution that is,-  (a) a Governmental entity, International Organisation or Central Bank, other than with respect to a payment that is derived from an obligation held in connection with a commercial financial activity of a type engaged in by a specified insurance company, custodial institution, or depository institution;  (b) a Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental entity, International Organization or Central Bank;  (c) a non-public fund of the armed forces, Employees' State Insurance Fund, a gratuity fund or a provident fund;  (d) an entity that is an Indian financial institution only because it is an investment entity, provided that each direct holder of an equity interest in the entity is a financial institution referred to in sub-clauses (a) to (c), and each direct holder of a debt interest in such entity is either a depository institution (with respect to a loan made to such entity) or a financial institution referred to in sub-clauses (a) to (c);  (e) a qualified credit card issuer;  (f) an investment entity established in India that is a financial institution only because it,-  (I) renders investment advice to, and acts on behalf of; or  (II) manages portfolios for, and acts on behalf of; or  (III) executes trades on behalf of, a customer for the purposes of investing, managing, or administering funds or securities deposited in the name of the customer with a financial institution other than a non-participating financial institution;  (g) an exempt collective investment vehicle;  (h) a trust established under any law for the time being in force to the extent that the trustee of the trust is a reporting financial institution and reports all information required to be reported under rule 114G with respect to all reportable accounts of the trust;</p>

	<p>(i) a financial institution with a local client base;</p> <p>(j) a local bank;</p> <p>(k) a financial institution with only low-value accounts;</p> <p>(l) sponsored investment entity and controlled foreign corporation, in case of any U.S. reportable account; or</p> <p>(m) sponsored closely held investment vehicle, in case of any U.S. reportable account.</p> <p>Explanation.- For the purpose of this clause,-</p> <p>(A) "Governmental entity" means the Government of a country or territory, any political subdivision of a country or territory (including a state, province, county, or municipality), or any wholly owned agency or instrumentality or controlled entity of a country or territory or of any one or more of the foregoing (where each is also a "Governmental entity") and includes the integral parts, controlled entities, and political subdivisions of such country or territory.</p> <p>Explanation.- For the purpose of clause (A),-</p> <p>(i) an "integral part" of a country or territory means any person, organisation, agency, bureau, fund, instrumentality, or other body, by whatever name called, that constitutes a governing authority of a country or territory and the net earnings of the governing authority must be credited to its own account or to other accounts of the country or territory, with no portion inuring to the benefit of any private person: Provided that an integral part does not include any individual who is a sovereign, official, or administrator acting in a private or personal capacity: Provided further that the income does not inure to the benefit of private persons if such persons are the intended beneficiaries of a Governmental programme, and the programme activities are performed for the general public with respect to the common welfare or relate to the administration of a Department of Government: Provided also that income is considered to inure to the benefit of private persons if the income is derived from the Governmental entity engaged in a commercial business, such as a commercial banking business, which provides financial services to private persons;</p> <p>(ii) a controlled entity means an entity that is separate in form from the country or territory or that otherwise constitutes a separate juridical entity: Provided that-</p> <p>a) the entity is wholly owned and controlled by one or more Governmental entities directly or through one or more controlled entities;</p> <p>(b) the entity's net earnings are credited to its own account or to the accounts of one or more Governmental entities, with no portion of its income inuring to the benefit of any private person; and</p> <p>(c) the entity's assets vest in one or more Governmental entities upon dissolution: Provided further that the income does not inure to the benefit of private persons if such persons are the intended beneficiaries of a Governmental programme, and the programme activities are performed for the general public with respect to the common welfare or relate to the administration of a Department of Government: Provided also that income is considered to inure to the benefit of private persons if the income is derived from Governmental entity engaged in a commercial business, such as a commercial banking business, which provides financial services to private persons;</p>
<b>Specified U.S. Person</b>	means a U.S. Person, other than the persons referred to in sub-clauses (i) to (xiii) of clause (ff) of Article 1 of the FATCA agreement
<b>U.S. Person</b>	<p>Means:</p> <p>(a) an individual, being a citizen or resident of the United States of America ;</p> <p>(b) a partnership or corporation organized in the United States of America or under the laws of the United States of America or any State thereof;</p> <p>© a trust if,-</p> <p>i) a court within the United States of America would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust; and</p> <p>(ii) one or more U.S. persons have the authority to control all substantial decisions of the trust; or</p> <p>(d) an estate of a decedent who was a citizen or resident of the United States of America;</p>
<b>Owner Documented FFI</b>	<p>An Owner-Documented FFI</p> <p>Does not act as an intermediary;</p> <p>Does not accept deposits in the ordinary course of a banking or similar business;</p> <p>Does not hold, as a substantial portion of its business, financial assets for the account of others; Is not an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account; Is not owned by or in an expanded affiliated group with an entity that accepts deposits in the ordinary course of a banking or similar business, holds, as a substantial portion of its business, financial assets for the account of others, or is an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account; and</p>

	<p>Does not maintain a financial account for any nonparticipating FFI. Has provided, or will provide, an FFI owner reporting statement that contains: The name, address, TIN (if any), chapter 4 status, and type of documentation provided (if required) of every individual and specified U.S. person that owns a direct or indirect equity interest in the owner-documented FFI (looking through all entities other than specified U.S. persons); The name, address, TIN (if any), chapter 4 status, and type of documentation provided (if required) of every individual and specified U.S. person that owns a debt interest in the owner documented FFI (including any indirect debt interest, which includes debt interests in any entity that directly or indirectly owns the payee or any direct or indirect equity interest in a debt holder of the payee) that constitutes a financial account in excess of \$50,000 (disregarding all such debt interests owned by participating FFIs, registered deemed-compliant FFIs, certified deemed compliant FFIs, excepted NFFE, exempt beneficial owners, or U.S. persons other than specified U.S. persons); and Any additional information the withholding agent requests in order to fulfill its obligations with respect to the entity.</p> <p>OR the OD-FFI has provided, or will provide, an auditor's letter, signed within four years of the date of payment, from an independent accounting firm or legal representative with a location in the United States stating that the firm or representative has reviewed the FFI's documentation with respect to all of its owners and debt holders identified in §1.1471-3(d)(6)(iv)(A)(2), and that the FFI meets all the requirements to be an owner documented FFI. The FFI identified in Part I has also provided, or will provide, an FFI owner reporting statement of its owners that are specified U.S. persons and Form(s) W9, with applicable waivers.</p> <p>OR there is a trust that does not have any contingent beneficiaries or designated classes with unidentified beneficiaries.</p>
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# SAMPLE NACH FORM

**NACH/ECS/AUTO DEBIT MANDATE INSTRUCTION FORM**

UMRN  Date

Tick  **CREATE** Sponsor Bank Code  Utility Code

**MODIFY** I/We hereby authorize Bank  to debit (tick )  SB  CA  CC  SB-NRE  SB-NRO  Other

**CANCEL** a/c number

with Bank  IFSC  or MICR

an amount of Rupees  Rs.

FREQUENCY  Mthly  Qtly  H-Yrly  Yrly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

Reference 1 (Mandate Reference No.)  Phone No.

Reference 2 (Unique Client Code-UCC)  Email ID

- I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.  
 - This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/ Corporate to debit my account, based on the instructions as agreed and signed by me.  
 - I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

**PERIOD**

From

To

Signature of primary account Holder \_\_\_\_\_ Signature of account Holder \_\_\_\_\_ Signature of account Holder \_\_\_\_\_

**Maximum period of validity of this mandate is 40 years only**

Name As per Bank Records 2,2, Name As per Bank Records 3, Name As per Bank Records

Please use editable NACH form & enclose the typed & filled NACH form alongwith the Account Opening Form.

**Instructions to fill NACH Form and Terms and Conditions :**

Following fields need to be filled mandatorily:-

1. Date of mandate (right side of mandate corner)
2. Signature on mandate needs to be as per bank Records
3. Signatures on mandate needs to be as per Mode of operation in Bank records. In case of Joint account, all a/c holders have to sign the form as per BR/partnership Deed.
4. Bank A/C Type: Tick is mandatory on the relevant box (Saving, current, CC ...)
5. Biller name on mandate should match with data send by sponsor bank. In case of mismatch reject the mandate.
6. Bank A/C Number & name mentioned on mandate needs to match with Bank records.
7. **Mandate should not be older than 120 days i.e. 4 months**
8. Destination Bank & IFSC/MICR code
9. Amount mentioned on mandate in word and figure should match.
10. Company Stamp required in case mandate is signed by authorized signatories of Company, Partnership firm, sole proprietorship.
11. Frequency of mandate - Relevant box needs to be Ticked.
12. From date & To date are mentioned on mandate

The following applications will be considered as incomplete and are liable to be rejected:

1. In case multiple frequencies are selected or not Tick.
2. Signature mismatch
3. In case Account holder name is not matching with Banks record
4. Stale mandate (older than 4 Months)
5. In case multiple Debit types are selected or not Tick.
6. In case both From and to period has been opted or not mention.
7. In case Account Holder Name does not mention on mandate.
8. In case details not filled in proper place.
9. In case there is cutting / overwriting on form.