

# 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

## 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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## FATCA/CRS Declaration for Individual

(Each account holder has to submit separate FATCA/CRS Declaration)

### Section I

DP ID		Client ID(s)	
Name of the Client			
Father Name / Spouse Name			
Occupation Type	Service <input type="checkbox"/>	Business	<input type="checkbox"/>
Occupation details (Short Description)			
PAN			

Are you a Tax Resident (i.e. your Citizen/ Resident/ Green Cardholder /Tax Resident in a country and accessed for Tax) in any country other than India?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
Are you US Person (Yes means FATCA applicable. No means CRS applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Section II

(Only applicable when Client select "Yes" \* for Tax Residence details other than India)

Correspondence Address		Permanent address	
City/Town		City/Town	
State code		State code	
Postal Code		Postal Code	
Country Code		Country code	
Citizenship/Nationality		Date of Birth	
Country for Tax Resident		Country for Tax Resident	
Country of Birth		Place of Birth	
TAX Identification Number (TIN) or Equivalent			
TIN is not available	(A) <input type="checkbox"/>	The Country where the account holder is liable to pay tax does not issue TIN to its residents.	
	(B) <input type="checkbox"/>	No TIN required (Select the reason only if the authorities of the respective country of tax residence does not require TIN to be collected)	
	(C) <input type="checkbox"/>	Encircle relevant option - 1 Student / 2 Home-maker/ 3 House-Wife/ 4 Retired / 5 Diplomat/ 6 Other reason (Please Specify) _____	

### Section III

#### (Undertaking & consent)

I understand that SHCIL is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. SHCIL 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. I also undertake to keep SHCIL informed in writing about any changes / modification to the above information in future within 30 days and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I agree that as may be required by domestic regulators/tax authorities the SHCIL may also be required to report, reportable details to CBDT or close or suspend my account. I certify that I/we provide the information on this form and to the best of my knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same.

I hereby agree to share / update my FATCA/CRS self-declaration with other products of StockHolding linked with my aforesaid PAN. (Please strike off, if not required)

\_\_\_\_\_  
Client Signature

Notes:

A. Following supporting documents required alongwith aforesaid declaration:

1. Self attested PAN (Mandatory) documents required alongwith self-certification
2. Self attested copy of TIN Card or Equivalent only if Client is US person or Tax Resident in any country other than India
3. Self attested copy of Passport / Driving License / Election Card / UIDAI / NEREGA Card / Govt. Issued ID Card only when Client is not US person or Tax Resident in India
4. Self attested copy of document related to Relinquishment of Citizen only in case Client is US Person but not Citizen of US
5. Any other relevant documents in support of details mentioned in FATCA/CRS self-certification

#### FATCA & CRS Terms & Conditions

Details under FATCA & CRS: 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 such as the Banks/other financial entities to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account 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.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

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

#### FATCA & CRS Instructions

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or green-card holder, please include United States in the foreign country information field along with your US Tax Identification Number.

\$It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA & CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS indicia
U.S. place of birth	<ol style="list-style-type: none"> <li>1. Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes;</li> <li>2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND</li> <li>3. Any one of the following documents:  <ul style="list-style-type: none"> <li>Certified Copy of "Certificate of Loss of Nationality <i>or</i></li> <li>Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; <i>or</i></li> <li>Reason the customer did not obtain U.S. citizenship at birth</li> </ul> </li> </ol>
Residence/ mailing address in a country other than India	<ol style="list-style-type: none"> <li>1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and</li> <li>2. Documentary evidence (refer list below)</li> </ol>
Telephone number in a country other than India	<p><i>If no Indian telephone number is provided</i></p> <ol style="list-style-type: none"> <li>1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and</li> <li>2. Documentary evidence (refer list below)</li> </ol> <p><i>If Indian telephone number is provided along with a foreign country telephone number</i></p> <ol style="list-style-type: none"> <li>1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India;</li> </ol>