

FORM 11
DEMAT ACCOUNT OPENING FORM
(FOR NON-INDIVIDUALS)

IDFC FIRST Bank Limited, Naman Chambers, C-32, G Block, Bandra-Kurla Complex, Bandra East, Mumbai 400 051.



Participant DP ID

I	N	3	0	4	2	0	3
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Client ID

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Parent UCIC

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(To be filled by Participant)

Date

D	D	M	M	Y	Y	Y	Y
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I/We request you to open a depository account in my/our name as per the following details: (Please fill all the details in CAPITAL LETTERS only)

A Details of Account holder(s):																																	
Account holder(s)	Sole/First Holder	Second Holder	Third Holder																														
UCIC details:																																	
Name																																	
PAN	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
GST Identification Number																																	
B Type of account (please tick any one and give brief details)																																	
<input type="checkbox"/> Body Corporate <input type="checkbox"/> Qualified Foreign Investor <input type="checkbox"/> Bank <input type="checkbox"/> FI <input type="checkbox"/> Mutual Fund <input type="checkbox"/> CM <input type="checkbox"/> FII <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> Other (Please specify) _____																																	
C For Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., although the account is opened in the name of the partner(s), trustee(es) etc., the name & PAN of the Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., should be mentioned below:																																	
a) Name		b) PAN	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																														
D Income Details (please specify)																																	
Income Range per annum (please tick any one)																																	
<input type="checkbox"/> Below ₹ 20 Lac <input type="checkbox"/> ₹ 20 – 50 Lac <input type="checkbox"/> ₹ 50 Lac – 1 crore <input type="checkbox"/> Above ₹ 1 crore	and	Networth Amount (₹) _____ As on (date) <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> (Networth should not be older than 1 year)		D	D	M	M	Y	Y	Y	Y																						
D		D	M	M	Y	Y	Y	Y																									
E In case of FIIs/Others (as may be applicable)																																	
RBI Approval Reference Number																																	
RBI Approval date		<table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y																							
D	D	M	M	Y	Y	Y	Y																										
SEBI Registration Number (for FIIs)																																	
F Bank details																																	
1	Bank account type	<input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify) _____																															
2	Bank Account No.																																
3	Bank Name																																
4	Branch Address	<table border="1" style="width: 100%;"> <tr><td colspan="2">City/Town/Village</td><td colspan="2">PIN Code</td></tr> <tr><td colspan="2"></td><td colspan="2"></td></tr> <tr><td colspan="2">State</td><td colspan="2">Country</td></tr> <tr><td colspan="2"></td><td colspan="2"></td></tr> </table>		City/Town/Village		PIN Code						State		Country																			
City/Town/Village		PIN Code																															
State		Country																															
5	MICR Code	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																															
6	IFSC	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																															
G Please tick, if applicable, for any of your authorized signatories/ Promoters/Partners/Karta/Trustees/whole time directors:		<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)																															

H	Clearing Member Details (to be filled up by Clearing Members only)					
Name of Stock Exchange						
Name of Clearing Corporation/ Clearing House						
Clearing Member ID						
SEBI Registration Number						
Trade Name						
CM-BP-ID (to be filled up by Participant)						

I	Standing Instructions					
1		I/We authorise you to receive credits automatically into my/our account.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
2		Account to be operated through Power of Attorney (PoA)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3		SMS Alert facility: [Mandatory if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form]				
		Sr. No.	Holder	Yes	No	
		1	Sole/First Holder	<input type="checkbox"/>	<input type="checkbox"/>	
		2	Second Holder	<input type="checkbox"/>	<input type="checkbox"/>	
		3	Third Holder	<input type="checkbox"/>	<input type="checkbox"/>	
4		Mode of receiving Statement of Account [Tick any one]				
		<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form [Read Note 3 and ensure that email ID is provided in KYC Application Form].				
5		Email Statement: I/We agree to discontinue the Physical Statements if electronic mode is opted. I/We understand that the email statements are for my/our convenience. IDFC FIRST Bank Limited shall not be liable or responsible for any breach of secrecy because the statements are being sent to the email ID. I/We shall verify the authenticity of the emails I/We receive. I/We shall not hold the IDFC FIRST Bank Limited responsible for any statement received from frauds/imposters. I/We shall not hold the IDFC FIRST Bank Limited liable if any problem arises with my/our computer network because of me/us receiving statements from the IDFC FIRST Bank Limited. I/We are authorised by the other holders to receive the Statements to the email address. I/We shall inform the IDFC FIRST Bank Limited in writing if there is any change in the email address. IDFC FIRST Bank Limited shall not be responsible if I/we do not receive statement due to incorrect email address and technical reasons. I/We confirm to have read and understood the Terms & Conditions (a copy of which I am in possession of) pertaining to my account. I/We understand and agree that the email statements will only be sent to the First holder in the account. I/we am/are aware that I/we will not receive the transaction statements in paper form. I/we will take all the necessary steps to ensure confidentiality and secrecy of the login name and password of the internet/email account. I/we am/are aware that the transaction statement may be accessed by other entities in case the confidentiality/secrecy of the login name and password is compromised.				

J	Auto Pledge Confirmation	<input type="checkbox"/> Yes <input type="checkbox"/> No
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K	Mode of Annual Reports, AGM notice and other communication from issuer	<input type="checkbox"/> Physical <input type="checkbox"/> Electronic
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L	HUF Declaration format for HUF only (If applicable)					
Name of HUF (A)		<p>As our HUF wishes to open a depository account with IDFC First Bank Limited in the name as mentioned in (A). We wish to inform that the first signatory as mentioned in (B) is the KARTA of the Joint Family and other signatories are the adult/minor Co-parceners (C) of the said family. We further confirm that the business of the said joint family is carried on mainly by the said KARTA as also by the other signatories hereto in the interest and for the benefit of the entire body of Co-parceners of the joint family. We all undertake that claims due to the Bank from the said family shall be recoverable personally from all or any of us and shall also for the entire family properties of which the first signatory is the KARTA, including the share of the minor Co-parceners.</p> <p>In view of the fact that ours is not a firm governed by the Indian Partnership Act of 1952, we have not got our said firm registered under the said act. We hereby undertake to inform IDFC First Bank Limited of the death or birth of a Co-Parceners of any change occurring at any time in the membership of our joint family during the continuity of the account.</p>				
Name of KARTA (B)						
PAN of KARTA						
Contact No. of KARTA						
Email ID of KARTA						

M	List of family members (Separate Annexure maybe used in case number of members is higher)					
Sr No.	Name of Coparcener/Member	Gender	Date of Birth	Relation with Karta	Whether Coparcener/ Member (please specify)	

Declaration

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by us and we have understood the same and we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and 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, we are aware that we may be held liable for it. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

"I/We acknowledge and declare that I/We have received, read, understood, and agree to the contents of: Rights and Obligations of the Beneficial Owner and Depository Participant, Schedule of Charges applicable for Demat Account, FATCA Declaration, Aadhaar."

Debit Authorisation:

Authorised for Debiting the Current Account & Undertaking for the Payment of Interest In case of occurrence of Debit Balances (Corporate /CM)
We, _____ a company incorporated and registered under the laws of, its Registered Office at _____, having _____

_____ (hereinafter referred to as the "Company" which expression shall, unless it be repugnant to the Context or meaning thereof, mean and including its successors in title) maintain a Current Account (the Current Account) with IDFC FIRST Bank Limited., a Banking company incorporated and registered under the Companies Act, 1956 and having its Corporate Office at Naman Chambers, C-32, G-Block, Bandra-Kurla Complex, Bandra East, Mumbai - 400051 hereinafter called "the Bank" (which expression shall unless it be repugnant to the context or meaning thereof mean and include its successors in title) at its _____ (Name and Address of the Branch) and the Current Account Number _____

The Company hereby authorise the Bank to debit all types of Bank charges / commission / fees ("Service Charges") payable by me / us to the Current Account. The Company hereby undertake that sufficient balances shall be maintained in the Current Account to facilitate the debiting of Service Charges. The failure on part of the Company to maintain sufficient balance in the Current Account shall not in any way impair the right of the Bank to debit the Service Charges. The Company hereby further authorise the bank to charge any interest on debit balance in the Current Account due to the debiting of Service Charges. The Bank shall not be obliged to provide overdraft facility on the Current Account but for towards the debiting of Service Charges payable by the company. The Company specifically agrees and confirm that any matter or issue arising hereunder shall be governed by and construed exclusively in accordance with the Indian laws and shall be subject to the jurisdiction of the courts of Mumbai in India.

I / We hereby confirm the bank shall have a lien and right of set off on all monies belonging to me / us standing to my / our credit in any account whatsoever with the bank and authorize the bank without reference to me / us to appropriate the same towards satisfaction of the service charges or any other charges due and payable by me / us.

Authorised Signatories (Enclose a Board Resolution for Authorised Signatories. In case of HUF details of Karta to be given)

Sole/First Holder	Name	Signature(s)
First Signatory/Karta of HUF		X
Second Signatory		X
Third Signatory		X
Other Holders		
Second Holder		X
Third Holder		X

IDFC FIRST Bank Limited

Naman Chambers, C-32, G Block, Bandra-Kurla Complex, Bandra East, Mumbai 400051.

ACKNOWLEDGEMENT

DP ID

I	N	3	0	4	2	0	3
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Received the application from M/s _____
as the sole/first holder alongwith _____ and
_____ as the second and third holders respectively for opening of a
depository account. Please quote the DP ID & Client ID allotted to you (CM-BP-ID in case of Clearing
Members) in all your future correspondence.

Date

D	D
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M	M
---	---

Y	Y	Y	Y
---	---	---	---

Participant Stamp & Signature

Mode of Operation for Sole/First Holder (In case of joint holdings, all the holders must sign. In case of HUF this is not applicable)	
<input type="checkbox"/> Any one singly	
<input type="checkbox"/> Jointly by	
<input type="checkbox"/> As per resolution	
<input type="checkbox"/> Others (please specify)	

Notes:

1. In case of additional signatures, separate annexures should be attached to the application form.
2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
3. For receiving Statement of Account in electronic form:
 - I. Client must ensure the confidentiality of the password of the email account.
 - II. Client must promptly inform the Participant if the email address has changed.
 - III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
4. Strike off whichever is not applicable.

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*

Date of Commencement of Business

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 fill Annexure A-2 for each related persons & also refer instruction E at the end)

Signature/Thumb Impression of Authorised Person(s)

KYC documents verification carried out by

Institution details

[Institution Stamp]

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-YY 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 (To be filled by financial institution)	Application Type* KYC Number	<input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Delete	(Mandatory for KYC update and delete request)
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1. Details of Related Person* (Please refer instruction E at the end)

<input type="checkbox"/> Addition of Related Person	<input type="checkbox"/> Deletion of Related Person	<input type="checkbox"/> Update Related Person Details
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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)

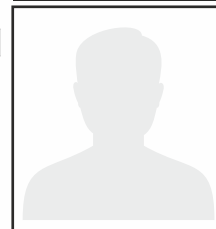
Name* (Same as ID proof)	Prefix	First Name	Middle Name	Last Name
Maiden Name				
Father / Spouse Name*				
Mother Name				
Date of Birth*	DD - MM - YYYY			
Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T- Transgender			
Nationality*	<input type="checkbox"/> IN- Indian <input type="checkbox"/> Others (ISO 3166 Country Code)			
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)

<input type="checkbox"/> A-Passport Number	
<input type="checkbox"/> B-Voter ID Card	
<input type="checkbox"/> C-Driving Licence	Driving Licence Expiry Date DD - MM - YYYY
<input type="checkbox"/> D-NREGA Job Card	
<input type="checkbox"/> E-National Population Register Letter	
<input type="checkbox"/> F-Proof of Possession of Aadhaar	
II <input type="checkbox"/> E-KYC Authentication	
III <input type="checkbox"/> 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 at the end)

<input type="checkbox"/> Same as above mentioned address (In such cases address details as below need not be provided)
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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)

<input type="checkbox"/> A-Passport Number	
<input type="checkbox"/> B-Voter ID Card	
<input type="checkbox"/> C-Driving Licence	
<input type="checkbox"/> D-NREGA Job Card	
<input type="checkbox"/> E-National Population Register Letter	
<input type="checkbox"/> F-Proof of Possession of Aadhaar	
II <input type="checkbox"/> E-KYC Authentication	
III <input type="checkbox"/> Offline verification of Aadhaar	
IV <input type="checkbox"/> Deemed PoA	
V <input type="checkbox"/> Self-Declaration	

Address

Line 1*																														
Line 2																														
Line 3																														
District*											Pin/Post Code*						City/Town/Village*											ISO 3166 Country Code*		

1.4 Contact Details (All communications will be sent on provided Mobile no. / Email-ID provided) (Please refer instruction D at the end)

Tel. (Off)					-					Tel. (Res)					-					Mobile			-				
Email ID																											

2. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my 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 aware that I may be held liable for it.
- I hereby declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I also providing consent to MF/AMC/KRA to share this KYC data with CKYCR, download the information from CKYCR, and other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines

[Signature/Thumb Impression]

Date: DD - MM - YYYY

Place:

Signature/Thumb Impression of Applicant

6. 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

KYC documents verification carried out by

Date: DD - MM - YYYY

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 Individuals KYC Application Form

A. Clarification / Guidelines on filling 'Entity Details' section

1. Entity Constitution Type

A – Sole Partnership	H – Trust	O – Artificial Juridical Person
B – Partnership Firm	I – Liquidator	P – International Organisation or
C – HUF	J – Limited Liability Partnership	Agency/Foreign Embassy or Consular Office, etc.
D – Private Limited Company	K – Artificial Liability Partnership	Q – Not Categorized
E – Public Limited Company	L – Public Sector Banks	R – Others
F – Society	M – Central/State Government Department or Agency	S – Foreign Portfolio Investors
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.

3. One of the following is mandatory: Mother's name, Spouse's name, Father's name.

B. Clarification / Guidelines on filling 'Proof of Identity [POI]' section

A. Activity Proof – 1 and Activity Proof – 2 are applicable for accounts in case of proprietorship firms. Please refer to relevant instructions issued by the Reserve Bank of India in this regard.

B. Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.

C. Certified copy of document or equivalent e-document or OVD obtained through Digital KYC process to be submitted.

D. '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.

E. 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.

F. 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

A. State/U.T Code and Pin/Post Code will not be mandatory for overseas addresses.

B. Certified copy of document or equivalent e-document to be submitted.

D. Clarification/Guidelines for filling 'Related Person Details' section

A. Please mention two-digit 'country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).

B. 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 is liable to be rejected.

2. Proof of Address [PoA]

- PoA to be submitted only if the submitted Pol does not have an address or address as per Pol 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.

C. If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related' are required.

D. 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.

G. List of people authorized to attest the documents after verification with the originals:

1. Authorised officials of Asset Management Companies (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
5. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.
6. Government authorised officials who are empowered to issue Apostille Certificates.

General instructions:

1. Self-Certification of documents is mandatory.
2. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the list mentioned under [F].
3. If any proof of identity or address is in a foreign language, then translation into English is required duly attested by the official as indicated above
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If current & permanent addresses are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport / PIO Card /OCI and overseas address proof is mandatory.
8. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
9. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board / Passport of Minor / Birth Certificate must be provided.

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
Chhattisgarh	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
Cameroon	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 !Côte d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion !Réunion	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 !Curaçao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy !Saint Barthélemy	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		

KNOW YOUR CLIENT (KYC) Application Form - For Non Individuals

☐ NEW ☐ CHANGE REQUEST (Please tick ✓ the appropriate)

Acknowledgement No. _____

Please fill this form in **ENGLISH** and in **BLOCK LETTERS**

(Please tick ✓ the box on left margin of appropriate row where **CHANGE/CORRECTION** is required and provide the details in the corresponding row)



NSDL

Technology, Trust & Reach

A

IDENTITY DETAILS

1. Name of the Applicant

2a. Date of incorporation DD / MM / YYYY 2b. Place of incorporation

3. Date of commencement of business DD / MM / YYYY

4a. PAN

4b. Registration No. (e.g. CIN)

5. Status (Please tick ✓ the appropriate)

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> Private Limited Co. | <input type="checkbox"/> Public Ltd. Co. | <input type="checkbox"/> Body Corporate | <input type="checkbox"/> Partnership | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Charities | <input type="checkbox"/> NGO's | <input type="checkbox"/> FI | <input type="checkbox"/> FII | <input type="checkbox"/> HUF |
| <input type="checkbox"/> AOP | <input type="checkbox"/> Bank | <input type="checkbox"/> Government Body | <input type="checkbox"/> Non-Government Organization | <input type="checkbox"/> Defense Establishment |
| <input type="checkbox"/> BOI | <input type="checkbox"/> Society | <input type="checkbox"/> LLP | <input type="checkbox"/> FPI - Category I | <input type="checkbox"/> FPI - Category II |
| <input type="checkbox"/> FPI - Category III | <input type="checkbox"/> Others (Please specify) _____ | | | |

B

ADDRESS DETAILS

1. Address for Correspondence

City / Town / Village

State

Country

Pin Code

2. Specify the Proof of Address submitted for Correspondence Address: _____

3. Contact Details

Tel. (Off.)

Tel. (Res.)

E-Mail Id.

Fax

Mobile No

4. Registered Address (If different from above)

City / Town / Village

State

Country

Pin Code

C

OTHER DETAILS (If space is insufficient, enclose these details separately [Illustrative format enclosed])

1. Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:

2a. DIN of whole time directors :

2b. Aadhar number of Promoters/Partners/Karta :

D

DECLARATION

I/We hereby declare that the details furnished above 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.

Date: DD / MM / YYYY



Name & Signature of the Authorised Signatory

FOR OFFICE USE ONLY

In Person Verification (IPV) Details:

Name of the person who has done the IPV: _____

Designation: _____ Employee ID: _____

Name of the Organization: _____

Date of IPV: DD / MM / YYYY

Signature of the person who has done the IPV

Seal/Stamp of the Intermediary

☐ Originals Verified and Self Attested Document copies received

Date

Signature of the Authorised Signatory

1. Name																													
2. Relationship with Applicant (i.e. promoters, whole time directors etc.)																													
3a. PAN						3b. DIN																							
3c. Aadhar (UID) Number																													
4. Residential/ Registered Address																													
City / Town / Village										Country										Pin Code									
State																													

PHOTOGRAPH

Please affix
your recent passport
size photograph and
sign across it

1. Name																													
2. Relationship with Applicant (i.e. promoters, whole time directors etc.)																													
3a. PAN						3b. DIN																							
3c. Aadhar (UID) Number																													
4. Residential/ Registered Address																													
City / Town / Village										Country										Pin Code									
State																													

PHOTOGRAPH

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4. Residential/ Registered Address																													
City / Town / Village										Country										Pin Code									
State																													

PHOTOGRAPH

Please affix
your recent passport
size photograph and
sign across it

INSTRUCTIONS/CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

- Self attested copy of PAN card is mandatory for all clients, including Promoters/Partners/Karta/Trustees and whole time directors and persons authorised to deal in securities on behalf of company/firm/others.
- Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorised for attesting the documents, as per the below mentioned list.
- If any proof of identity or address is in a foreign language, then translation into English is required.
- Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- If correspondence & permanent address are different, then proofs for both have to be submitted.
- Sole proprietor must make the application in his individual name & capacity.
- For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIO Card/OCI Card and overseas address proof is mandatory.
- For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
- In case of Merchant Navy NRIs, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
- Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

B. Proof of Identity (POI): - List of documents admissible as Proof of Identity:

- Unique Identification Number (UID) (Aadhaar)/ Passport/ Voter ID card/ Driving license.
- PAN card with photograph.
- Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

C. Proof of Address (POA): - List of documents admissible as Proof of Address:

(*Documents having an expiry date should be valid on the date of submission.)

- Passport/Voters Identity Card/Ration Card/Unique Identification Number (UID)/ Aadhar Letter/Registered lease or Sale Agreement of Residence/Driving License/ Flat Maintenance bill/Insurance Copy.

F. In case of Non-Individuals, additional documents to be obtained from non-individuals, over & above the POI & POA, as mentioned below:

Types of entity	Documentary requirements
Corporate	<input type="checkbox"/> Copy of the balance sheets for the last 2 financial years (to be submitted every year). <input type="checkbox"/> Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year). <input type="checkbox"/> Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations. <input type="checkbox"/> Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly. <input type="checkbox"/> Copies of the Memorandum and Articles of Association and certificate of incorporation. <input type="checkbox"/> Copy of the Board Resolution for investment in securities market. <input type="checkbox"/> Authorised signatories list with specimen signatures.
Partnership firm	<input type="checkbox"/> Copy of the balance sheets for the last 2 financial years (to be submitted every year). <input type="checkbox"/> Certificate of registration (for registered partnership firms only). <input type="checkbox"/> Copy of partnership deed. <input type="checkbox"/> Authorised signatories list with specimen signatures. <input type="checkbox"/> Photograph, POI, POA, PAN of Partners.
Trust	<input type="checkbox"/> Copy of the balance sheets for the last 2 financial years (to be submitted every year). <input type="checkbox"/> Certificate of registration (for registered trust only). <input type="checkbox"/> Copy of Trust deed. <input type="checkbox"/> List of trustees certified by managing trustees/CA. <input type="checkbox"/> Photograph, POI, POA, PAN of Trustees.
HUF	<input type="checkbox"/> PAN of HUF. <input type="checkbox"/> Deed of declaration of HUF/ List of coparceners. <input type="checkbox"/> Bank pass-book/bank statement in the name of HUF. <input type="checkbox"/> Photograph, POI, POA, PAN of Karta.
Unincorporated association or a body of individuals	<input type="checkbox"/> Proof of Existence/Constitution document. <input type="checkbox"/> Resolution of the managing body & Power of Attorney granted to transact business on its behalf. <input type="checkbox"/> Authorised signatories list with specimen signatures.
Banks/ Institutional Investors	<input type="checkbox"/> Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years. <input type="checkbox"/> Authorised signatories list with specimen signatures.
Foreign Institutional Investors (FII)	<input type="checkbox"/> Copy of SEBI registration certificate. <input type="checkbox"/> Authorised signatories list with specimen signatures.
Army/ Government Bodies	<input type="checkbox"/> Self-certification on letterhead. <input type="checkbox"/> Authorised signatories list with specimen signatures.
Registered Society	<input type="checkbox"/> Copy of Registration Certificate under Societies Registration Act. <input type="checkbox"/> List of Managing Committee members. <input type="checkbox"/> Committee resolution for persons authorised to act as authorised signatories with specimen signatures. <input type="checkbox"/> True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.

- Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
- Bank Account Statement/Passbook -- Not more than 3 months old.
- Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
- Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
- Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
- For FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostilled or consularised) that gives the registered address should be taken.
- The proof of address in the name of the spouse may be accepted.

D. Exemptions/clarifications to PAN

(*Sufficient documentary evidence in support of such claims to be collected,)

- In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
- Investors residing in the state of Sikkim.
- UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
- SIP of Mutual Funds upto Rs 50, 000/- p.a.
- In case of institutional clients, namely, FIIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

E. List of people authorised to attest the documents:

- Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/ Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
- In case of NRIs, authorised officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy /Consulate General in the country where the client resides are permitted to attest the documents.

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FATCA FOR NON FINANCIAL ENTITIES

A		Incorporation Information	Details
		Place of Incorporation	
		Country of Incorporation	
		Company Identification Number	
B		Declaration of Tax Residency	
	Sr. No.	Country(ies) of Tax Residency	Tax Identification Number
C		Exclusion Category, if applicable, for tax residents outside India (Refer Glossary)	Details
1	US Persons		
2	Other than US Persons		

Note: Please attach a copy of the Tax Residency Certificate/Copy of Incorporation or Equivalent Document for each of the countries mentioned above.

FATCA FOR NON FINANCIAL ENTITIES

A. Listed entity/its related entity	Yes	No
a) Whether the entity is a listed entity? If yes, Listed in <input type="checkbox"/> NSE, <input type="checkbox"/> BSE <input type="checkbox"/> Others _____ (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>
b) Whether the entity is a related entity^ of a listed entity? Specify the name of the listed company _____ Listed in <input type="checkbox"/> NSE, <input type="checkbox"/> BSE <input type="checkbox"/> Others _____ (Please specify) <small>^An entity is a related entity of another entity if either entity controls the other entity, or the two entities are under common control (i.e., Ownership of more than 50% of the votes/value in an entity)</small>	<input type="checkbox"/>	<input type="checkbox"/>
B. Non – Individuals other than Listed entity/its related entity (Tick applicable category)		
a) Government Entity	<input type="checkbox"/>	<input type="checkbox"/>
b) International Organization	<input type="checkbox"/>	<input type="checkbox"/>
c) Central Bank	<input type="checkbox"/>	<input type="checkbox"/>
d) Entity wholly owned by a, b or c above	<input type="checkbox"/>	<input type="checkbox"/>
e) Tax-exempt Entity engaged in a Charitable Purpose	<input type="checkbox"/>	<input type="checkbox"/>
C. Business		
a) Holding Company (with subsidiaries engaged in non-financial trade or business)	<input type="checkbox"/>	<input type="checkbox"/>
b) Company providing, financing and hedging services to related entities	<input type="checkbox"/>	<input type="checkbox"/>
D. Income/Assets Criteria		
a) 50% or more of the income in preceding financial year is from trading/business activities AND b) 50% or more of the assets in preceding financial year are held for trading/business purposes	<input type="checkbox"/>	<input type="checkbox"/>

1. Signature and Stamp of Authorised Signatories:

Name _____
Designation _____

Date

2. Signature and Stamp of Authorised Signatories:

Name _____
Designation _____

Date

3. Signature and Stamp of Authorised Signatories:

Name _____
Designation _____

Date

FATCA FOR FINANCIAL ENTITIES

A	Incorporation Information	Details	
1	Place of Incorporation		
2	Country of Incorporation		
3	Company Identification Number		
B	Identification Information	Details	
1	Identification Type: <input type="checkbox"/> TIN ¹ <input type="checkbox"/> GIIN ² <input type="checkbox"/> EIN ³ <input type="checkbox"/> Other		
2	Identification Number		
3	Identification issuing country		
C	Declaration of Tax Residency		
	Sr. No.	Country(ies) of Tax Residency	Tax Identification Number
D	Exclusion Category, if applicable, for tax residents outside India (Refer Glossary)	Details	
1	US Persons		
2	Other than US Persons		
E	A. Listed entity/its related entity	Yes	No
	a) Whether the entity is a listed entity? If yes, Listed in <input type="checkbox"/> NSE, <input type="checkbox"/> BSE <input type="checkbox"/> Others _____ (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>
	b) Whether the entity is a related entity [^] of a listed entity? Specify the name of the listed company _____ Listed in <input type="checkbox"/> NSE, <input type="checkbox"/> BSE <input type="checkbox"/> Others _____ (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>
	[^] An entity is a related entity of another entity if either entity controls the other entity, or the two entities are under common control (i.e., Ownership of more than 50% of the votes/value in an entity)		
F	Additional Details for Domestic Financial Institutions (Tick whichever is applicable)	Details	
1	We are a Reporting Financial Institution (Specify whichever is applicable – (a) Depository Institution (b) Custodial Institution (c) Investment Entity (d) Specified Insurance Company)		
	GIIN (if not available, please mention “applied for”)		
2	We are a Non-Reporting Financial Institution (please specify the relevant exemption type, refer Glossary for details)		
3	We are a Sponsored Financial Institution with following details and have not yet obtained GIIN		
	Name of Sponsoring Entity		
	GIIN of Sponsoring Entity		
	Address of Sponsoring Entity		
4	We are a Trustee Documented Trust with following details and have not yet obtained GIIN		
	Name of the Trustee		
	GIIN of the Trustee		
	Address of the Trustee		
5	Non Participating Financial Institution		

¹ Tax Identification Number. ² Global Intermediary Identification Number. ³ Global Entity Identification Number

Note: Please attach a copy of the Tax Residency Certificate/Copy of Incorporation or Equivalent Document for each of the countries mentioned above.

1. Signature and Stamp of Authorised Signatories:

Name _____

Designation _____

Date DD MM YYYY

2. Signature and Stamp of Authorised Signatories:

Name _____

Designation _____

Date DD MM YYYY

3. Signature and Stamp of Authorised Signatories:

Name _____

Designation _____

Date DD MM YYYY

GLOSSARY OF TERMS

U.S. Persons

- a) A tax resident of US
- b) A U S entity or organization incorporated in US
- c) A partnership or a corporation organized in the US or under the law of the US or any states thereof
- d) A trust- (i) where a court within the United States would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust, and (ii) one or more U.S. persons have the authority to control all substantial decisions of the trust,
- e) An estate of a decedent that is a citizen or resident of the United States

Exclusion Categories for US Persons

- a) A corporation the stock of which is regularly traded on one or more established securities markets
- b) Any corporation that is a member of the same expanded affiliated group as defined in section 1471(e)(2) of the U.S. Internal Revenue Code, as a corporation described in clause (i)
- c) The United States or any wholly owned agency or instrumentality thereof
- d) Any State of the United States, any U.S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing
- e) Any organization exempt from taxation under section 501(a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code
- f) Any bank as defined in section 581 of the U.S. Internal Revenue Code
- g) Any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code
- h) Any regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or any entity registered with the U.S. Securities and Exchange Commission under the Investment Company Act of 1940 (15 U.S.C. 80a-64); (ix) any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code
- i) Any trust that is exempt from tax under section 664(c) of the U.S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code
- j) A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any State
- k) A broker as defined in section 6045(c) of the U.S. Internal Revenue Code
- l) Any tax-exempt trust under a plan that is described in section 403(b) or section 457(g) of the U.S. Internal Revenue Code

Exclusion category – For other than US Persons

- a) A corporation, the stock of which is regularly traded on one or more established securities markets
- b) Any corporation that is a related entity of a corporation mentioned above
- c) A Governmental entity
- d) An International organisation
- e) A Central bank
- f) A financial institution

Types of Non-Reporting Financial Institution

- a) Governmental entity
- b) International Organisation
- c) Central Bank
- d) Treaty Qualified Retirement Fund
- e) Broad Participation Retirement Fund
- f) Narrow Participation Retirement Fund
- g) Pension Fund of a Governmental entity, International Organization or Central Bank
- h) Non-public fund of the armed forces
- i) Employees' State Insurance Fund
- j) Gratuity fund
- k) Provident fund
- l) Qualified credit card issuer
- m) Exempt collective investment vehicle
- n) 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
- o) Financial institution with a local client base
- p) Local bank
- q) Financial Institution with only low-value accounts
- r) Sponsored investment entity and controlled foreign corporation, in case of any U.S. reportable account
- s) Sponsored closely held investment vehicle, in case of any U.S. reportable account
- t) Investment Entity in certain specific cases (Please refer Note 1)

Note 1:

- a) An entity that is an Indian financial institution only because it is an investment entity, provided that each direct equity interest in the entity is a financial institution referred to in sub-clauses (a) to (k), and each direct holder of a such entity is either a depository institution (with respect to a lone made to such entity) or a financial institution sub-clauses (a) to (k)
- b) An investment entity established in India that is a financial institution only because it
 - renders investment advice to, and acts on behalf of; or
 - manages portfolios for, and acts on behalf of; or
 - 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;

BENEFICIAL OWNERSHIP DECLARATION

Note: Beneficial Owners are not required to be identified in the case of Listed Company listed on a stock exchange in India, or it is an entity resident in * jurisdictions notified by the Central Government and listed on stock exchanges in such jurisdictions notified by the Central Government. In cases of trust/nominee or fiduciary accounts determine whether the customer is acting on behalf of another person as trustee/nominee or any other intermediary and obtain satisfactory evidence of the identity of the intermediaries and of the persons on whose behalf they are acting as well as details of the nature of the trust or other arrangements in place.

* Jurisdictions Name:- (i) United States of America (ii) Japan (iii) South Korea (iv) United Kingdom excluding British Overseas Territories (v) France (vi) Germany (vii) Canada (viii) International Financial Services Centre in India.

Please tick the relevant option below:

- ☐ The following natural person(s) ultimately have a controlling ownership interest of shares/capital/profit/property more than 10% for a company and more than 15% for a partnership/LLP/unincorporated association/body of individuals (Association/Society/etc.) or exercise control through other means such as management rights, voting/shareholders agreement, etc.
- ☐ There are no natural person(s) who exercise control or ultimately have a controlling ownership interest as stated above; therefore, details of partner(s) (for partnership firms)/ or senior managing official of a company/unincorporated association/body of individuals (Association/Society/etc.) have been provided in the table below.
- ☐ Where the customer is a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with 10% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

Sr. No	Name	Current Address	Does the OVD address match the current address (If "No" provide a deemed OVD)	Mobile number	Date of Birth (DOB)	Gender	Control Details Type	Controlling Ownership %
1.								

Nationality	Resident of India	Pan#	OVD & Deemed OVD	Father's Name	Occupation	Country of Birth	Country of Tax Residence	Tax Identification Number (TIN)
	<input type="checkbox"/> Resident <input type="checkbox"/> Non Resident							

#Please quote PAN/form 60 in the PAN field.

- Recent colour photograph of BO is mandatory
- Either Mother, Father name or Spouse's name is mandatory. In case PAN is not available Father's name is mandatory.
- Senior Managing Official would include key managers, and c-suite individuals (like CEO, CFO, COO etc)
- In case Original Seen & Verified (OSV) certification is not possible for BOs who are Foreign Nationals/NRIs/PIOs, the document needs to be certified by any one of the following authorities:
 - Authorized officials of overseas branches of Scheduled Commercial Banks registered in India
 - Branches of overseas banks with whom Indian banks have relationships • Notary Public abroad • Court Magistrate • Judge
 - Indian Embassy/Consulate General in the country where the non-resident customer resides
- Types of control: ☐ Ownership ☐ Other means ☐ Senior managing official ☐ Trustee ☐ Settlor ☐ Protector ☐ Beneficiary
Others (please specify) _____

Are you a PEP* or related to one? ☐ Yes ☐ No

*Definition: Politically Exposed Persons (PEPs): Politically exposed persons are individuals who are or have been entrusted with prominent public functions in a country. Examples of PEPs include, but not limited to: (i) Heads of States or of Governments (ii) Senior politicians (iii) Senior government / judicial / military officers (iv) Senior executives of state-owned corporations (v) Important political party officials (vi) Senior Indian Diplomatic personnel posted outside the country. The term PEP also includes the families and close associates of the PEPs mentioned above.

I/We agree that I/We will notify IDFC FIRST Bank without delay of any changes to the Beneficial Owner/Controlling natural person, as declared in the table above.

1. Signature and Stamp of Authorised Signatories: 2. Signature and Stamp of Authorised Signatories: 3. Signature and Stamp of Authorised Signatories:

Name _____
Designation _____

Date DD MM YYYY

Name _____
Designation _____

Date DD MM YYYY

Name _____
Designation _____

Date DD MM YYYY

Beneficiary Owners (BO) Name and Photo

1. Beneficiary Owner 1

Title ☐ Mr. ☐ Ms. ☐ Mrs.

First Name

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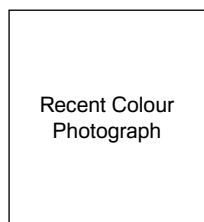
Middle Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name

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Photo:



2. Beneficiary Owner 2

Title ☐ Mr. ☐ Ms. ☐ Mrs.

First Name

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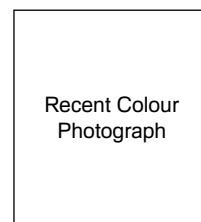
Middle Name

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Last Name

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Photo:



3. Beneficiary Owner 3

Title ☐ Mr. ☐ Ms. ☐ Mrs.

First Name

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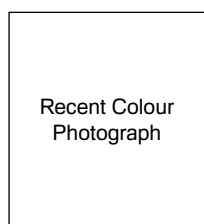
Middle Name

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Last Name

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Photo:



4. Beneficiary Owner 4

Title ☐ Mr. ☐ Ms. ☐ Mrs.

First Name

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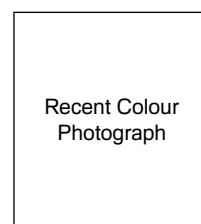
Middle Name

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Last Name

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Photo:



5. Beneficiary Owner 5

Title ☐ Mr. ☐ Ms. ☐ Mrs.

First Name

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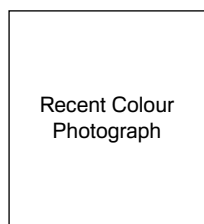
Middle Name

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Last Name

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Photo:



6. Beneficiary Owner 6

Title ☐ Mr. ☐ Ms. ☐ Mrs.

First Name

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Middle Name

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Last Name

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Photo:

