

Account detail's Addition / Modification /Re-Activation/ Deletion Request Form

(Please fill all the details in **BLOCK LETTERS** in English)

Date: / /

| | | | | | | | | | | | |
|-----------------------------|--|----------|----------|-----------|------|--|--|---------|--|--------------|--|
| App. No. | | DEMAT ID | 12081000 | CLIENT ID | 0000 | | | | | TRADING CODE | |
| 1 st HOLDER NAME | | | | | | | | PAN NO. | | | |
| 2 nd HOLDER NAME | | | | | | | | PAN NO. | | | |
| 3 rd HOLDER NAME | | | | | | | | PAN NO. | | | |

I/We request you to make the following **Additions / Modifications /Re-activation / Deletion** to my/our above mentioned account.

In case of **re-activation**, Change in existing details with Khandwala Securities Limited () **YES** () **NO**

(If YES, then kindly submit the latest relevant documents to update the same in our records)

| | | | | | | | |
|---|---|----------------------------|--|-----------------------------|--------------------|------------------------|-----------------|
| Please select (✓) the fields for which you want addition / modification / re-activation / deletion in your above account(s) | | | | | | | |
| () ADDITION | | () MODIFICATION | | () RE-ACTIVATION | | () DELETION | |
| () Bank | () Address () Correspondence () Permanent | | | () Demat | () Contact No. | () Signature | () Email id |
| | () Income Details | | | | | | |




I/We request to carry out the change of address / signature in the () Demat Account () Trading account () CKYC

| Sr. No. | Mention details as Bank, Address, Demat A/c, Contact No., Email Id, Signature, Income details | Existing Detail's | New/Modified Detail's |
|---------|---|-------------------|-----------------------|
| | | | |

(Reason for change in Signature : Due to change in Authorized signatories)

ECN activation and other electronic communication for Trading and Demat Account: () **Yes** () **No**

I/We hereby give our consent and authorized you to send digital contract notes, bill, ledgers, statement of funds and securities, transaction statements, Monthly/Quarterly Demat statements of accounts/holding statement(s)/bills or other reports, statement(s), related notices circulars. Amendments and such other correspondence, documents, records by whatever name called (hereafter referred to as "statement(s) issued from time to time, at the above mentioned new email id _____

| | First / Sole Holder | Second Holder | Third Holder |
|-----------|---|---|---|
| Signature |  |  |  |

Declaration: I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief. In case any of the above mentioned 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.

| IPV DETAIL'S | SIGNATURE | In-Person Verification Done by | Designation | Date Of IPV |
|-----------------|-----------|--------------------------------|-------------|-------------|
| | | | | |

Acknowledge Receipt Date: / /20

| | | | | | | | | | | | |
|--|--|----------|----------|-----------|--|--|--|--|--|--------------|--|
| App. No. | | DEMAT ID | 12081000 | CLIENT ID | | | | | | TRADING CODE | |
| First Holder Name | | | | | | | | | | | |
| Second Holder Name | | | | | | | | | | | |
| Third Holder Name | | | | | | | | | | | |
| Modification Request for: (Specify reason) | | | | | | | | | | | |

For Khandwala Securities Limited

CKYC & KYC KRA FORM

Know Your Client Application Form (For Individuals only)

(Please fill the form in English and in BLOCK Letters)
Fields marked with "*" are mandatory fields

Application Type* ☐ New ☐ Update KYC Number*
KYC Type* ☐ Normal (PAN is mandatory) ☐ PAN Exempt Investors (Refer instruction K)

1. Identity Details (Please refer instruction A at the end)

PAN Please enclose a duly attested copy of your PAN Card

Prefix First Name Middle Name Last Name

Name* (same as ID proof)

Maiden Name (if any*)

Father / Spouse Name*

Mother Name*

Date of Birth*


Gender* ☐ M- Male ☐ F- Female ☐ T-Trans gender

Marital Status* ☐ Married ☐ Unmarried ☐ Others


Citizenship* ☐ IN- Indian ☐ Others – Country Country Code

Residential Status* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

Occupation Type* ☐ S-Service ☐ Private Sector ☐ Public Sector ☐ Government Sector ☐ O-Others ☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student ☐ B-Business ☐ X-Not Categorised

(1) 

Photo



Signature/Thumb Impression

2. Proof of Identity (PoI)* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

☐ A- Passport Number Passport Expiry Date

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence Driving Licence Expiry Date

☐ E- Aadhaar Card / Virtual ID * * * * * * * * * * * Please note for Aadhar number only last 4 digit are to be written

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government) Identification Number

☐ S- Simplified Measures Account - Document Type Code Identification Number

3. Proof of Address (PoA)*

3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address*

☐ Passport Number Passport Expiry Date

☐ Voter ID Card

☐ Driving Licence Driving Licence Expiry Date

☐ Aadhaar Card / Virtual ID * * * * * * * * * * * Please note for Aadhar number only last 4 digit are to be written

☐ NREGA Job Card

☐ Others (any document notified by the central government) Identification Number

3.2 Correspondence / Local Address Details* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)

Line 1*

Line 2

Line 3 City / Town / Village*

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|--|-----|--|--|--|-----|----------------------------|--|--|-----|---------------------------------------|-------------------------|--|--|--|--|----------|--|--|--|--|-------------------|--|--|--|--|
| PAN* | | | | | | | | | | Name | | | | | | | | | | | | | | | | | | | |
| Type of address given at KYC KRA | | | | | | | | | | Residential | | | | | Residential or Business | | | | | Business | | | | | Registered Office | | | | |
| City of incorporation | | | | | | | | | | Country of incorporation | | | | | | | | | | | | | | | | | | | |
| Is the entity involved in / providing any of these services: | | Foreign Exchange / Money Changer Services | | | YES | Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates] | | | YES | Money Laundering / Pawning | | | YES | Any other information [if applicable] | | | | | | | | | | | | | | | |
| | | | | | NO | | | | NO | | | | NO | | | | | | | | | | | | | | | | |
| Entity Constitution Type <i>Please tick as appropriate</i> | | <input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Trust <input type="checkbox"/> Liquidator <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> Others specify _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please tick the applicable tax resident declaration -

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

| | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
|-----|--------------------------|

| | |
|----|--------------------------|
| No | <input type="checkbox"/> |
|----|--------------------------|

 (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

| Country | Tax Identification Number | Identification Type (TIN or Other, please specify) |
|---------|---------------------------|--|
| | | |
| | | |

*In case Tax Identification Number is not available, kindly provide its functional equivalent or Company Identification Number or Global Entity Identification Number

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

[illegible]

FATCA Declaration

PART A *(to be filled by Financial Institutions or Direct Reporting NFFEs)*

| | | |
|----|--|---|
| 1. | We are a, <div style="display: flex; justify-content: space-between;"> Financial institution <input type="checkbox"/> </div> <div style="text-align: center;">or</div> <div style="display: flex; justify-content: space-between;"> Direct reporting NFFE <input type="checkbox"/> </div> <p>(please tick as appropriate)</p> | GIIN <div style="border: 1px solid black; width: 180px; height: 25px;"></div> <p>Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below</p> <p>Name of sponsoring entity</p> <div style="border: 1px solid black; width: 90px; height: 25px;"></div> <div style="border: 1px solid black; width: 260px; height: 25px;"></div> |
| | GIIN not available (please tick as applicable) <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category | <input type="checkbox"/> Not obtained – Non-participating FI |

PART B (please fill any one as appropriate to be filled by NFEs other than Direct Reporting NFEs)

| | | | | |
|----|--|---|--|--|
| 1. | Is the Entity a <i>publicly traded company</i> (that is, a company whose shares are regularly traded on an established securities market) | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) | | |
| | | Name of stock exchange _____ | | |
| 2. | Is the Entity a <i>related entity</i> of a publicly traded company (a company whose shares are regularly traded on an established securities market) | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) | | |
| | | Name of listed company _____ | | |
| | | Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company | | |
| | | Name of stock exchange _____ | | |
| 3. | Is the Entity an <i>active</i> NFE | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Nature of Business _____ | | |
| | | Please specify the sub-category of Active NFE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> | | |
| | | | | |
| 4. | Is the Entity a <i>passive</i> NFE | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Nature of Business _____ | | |

FATCA Terms and Conditions

Towards compliance with tax information sharing laws, such as FATCA, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Towards compliance with such laws, 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. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010. Please note that you may receive more than one request for information if you have multiple relationships. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

Certification:

I have understood the information requirements of this Form (read along with the Instructions & Definitions) and hereby confirm that the information provided by us on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA Terms and Conditions above and hereby accept the same.

| | |
|-------------|--|
| Name | |
| Designation | |
| Signature | <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 40%; height: 100px; border: 1px solid black; position: relative;"> (3) </div> <div style="width: 55%;"> <p>Place: </p> <p>Date: </p> </div> </div> |