

Stock Holding Corporation of India LimitedRegd. Office: 301, Centre Point, Dr. Babasaheb Ambedkar Road, Parel, Mumbai - 400 012.

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

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Important Instructions:							
A) Fields marked with '<' are mandatory fields.		F) Please read section v	vise detailed guidelines / instructions at the er	nd.			
B) Tick '✓'wherever applicable		G) List of State / U.T coo	G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.				
C) Please fill the form in English a		*	SO 3166 country codes is available at the en	d.			
D) Please fill the date in DD-MM-\			cant is mandatory for update application.				
E) For particular section update, p section number and strike off the be updated.			'C' check box is to be checked for accounts o non-face to face mode.	pened using			
For office use only	Application Type*	☐ New ☐ Update	9				
(To be filled by financial institution	n) KYC Number		(Mandatory fo	r KYC update request)			
	Account Type*	Normal Minor	Aadhaar OTP based E-KYC (in non-face	e to face mode)			
KYC Mode* : Please Tick (✓)							
Normal EKYC OTP	EKYC Biometric C	Online KYC Offline KYC	Digilocker				
		_					
1. PERSONAL DETAILS* (Please refer instruction A	at the end)					
PAN*	Form 6	0 furnished					
	Prefix	First Name	Middle Name	Last Name			
☐ Name* (Same as ID proof)				_			
Maiden Name				_			
Father / Spouse Name*				_			
Mother Name							
Date of Birth*							
Gender*	M- Male	F- Female	☐ T-Transgender				
Nationality*	Indian	Others (Please specify)	-				
Residential Status*	Resident Individual	Non Resident Indian	Foreign National Person of Indian	Origin			
residential Glatas		NRIs, PIOs and Foreign Nationals)					
Marital Status*	Married	Unmarried	Others (Please specify)				
Differently Abled status Flag Y	∕/□ N	Type of impairment		(to be checked from page 3 of KYC form)			
	7 🗔 IV	• • • • • • • • • • • • • • • • • • • •		,			
Percentage of impairment	_	UDID number	Alpha ı	numberic (2 character and 16 digit)			
2. PROOF OF IDENTITY AN	ID PERMANENT ADDRE	SS* (Please refer instruction B a	at the end)				
	lent e-document of OVD c	or OVD obtained through digital I	KYC process needs to be submitted (anyone	of the following OVDs)			
☐ A- Passport Number				□ РНОТО*			
☐ B- Voter ID Card							
C- Driving Licence							
D- NREGA Job Card				Affix recent			
E- National Population R	egister Letter			passport size photograph &			
F- Proof of Possession of	f Aadhaar			sign across			
II E- KYC Authentication							
	U						
III Offline verification of Aad	naar						
Address							
Line 1*							
Line 2							
Line 3			City / Town				
District*		Pin/Post Code*	State/U.T Code*	ISO 3166 Country Code*			
Address Type* Residential /	Business Resider	ntial Business Reg	istered Office Unspecified				

3. CURRENT / C	CORRESPONDENCE ADD	RESS DETAILS (Please refe	er instruction B at the end)	
☐ Same as above me	ntioned address (In such cases	address details as below need r	not be provided)	
I. Certified copy of OVD	or equivalent e-document of O\	/D or OVD obtained through digit	tal KYC process needs to be submitted	d (anyone of the following OVDs)
A- Passport Nu	mber			
☐ B- Voter ID Care	d		_	
☐ C- Driving Licer	nce			
☐ D- NREGA Job	Card		-	
☐ F- National Pop	oulation Register Letter			_
_	session of Aadhaar			
II E-KYC Authent			<u> </u>	
III Offline verification			<u></u>	
	of Address - Document Type co	de	<u></u>	
V ☐ Self Declaration				
Address	'			
Line 1*				
Line 2				
Line 3			(City / Town / Village*
District*		Pin/Post Code*	State/U.T Cod	,
Address Type* Re	esidential / Business Re	sidential Business	Registered Office Unspecified	
4. CONTACT DETA	AILS (All communications will be	sent to Mobile number/ Email-II	O provided) (Please refer instruction C	at the end)
Tel. (Off)		Tel. (Res)		Mobile
Email ID				
5. REMARKS (if a	nv)			
(
6. APPLICANT DI	ECLARATION			
undertake to inform y	ou of any changes therein, immed	liately. In case any of the above info	of my/our knowledge and belief and I/We ormation is found to be false or untrue or	
	resenting, I am/We are aware that I/	•		
 I/We hereby consent address. 	to receiving information from KR/	A & CKYCR through SMS / Email o	on the above registered number / Email	
I am/We are also awa	re that for Aadhaar OVD based KY	'C, my KYC request shall be validate	ed against Aadhaar details. I/We hereby	
		h whom I have a business relationsh	Digilocker XML file, along with passcode ip for KYC purposes only.	
 I/We accord my/our v Registration Agency. 	oluntary consent for sharing/fetch	ing/verifying my/our records mainta	ained in Central KYC Registry and KYC	
rtegistration Agency.				
D (DD)		D		
Date: [D]D]-[VI IVI — T T T T	Place:		Signature / Thumb Impression of Applicant
7. ATTESTATION /	FOR OFFICE USE ONLY			
Documents Received	☐ Certified Copies	☐ E-KYC data received	from UIDAI Data received from 0	Offline verification Digital KYC Process
	Equivalent e-docum	ent		
IPV DO	ONE / KYC VERIFICATION CA	RRIED OUT BY		INSTITUTION DETAILS
Data		YY	Nama	
Date	D D — M M — Y Y	YY	Name	
Emp. Name Emp. Code			Code	
Emp. Designation				
Emp. Branch			-	
Emp. Dianon			-	

CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Individual KYC Application Form

A Clarification / Guidelines on filling 'Personal Details' section

- 1 Name: The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 One the following is mandatory: Mother's name, Spouse's name, Father's name.

B Clarification / Guidelines on filling 'Current Address details' section

- 1 In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR
- 2 PoA to be submitted only if the submitted PoI does not have current address or address as per PoI is invalid or not in force.
- 3 State / U.T. Code and Pin / Post Code will not be mandatory for Overseas addresses
- 4 In Section 2, one of I, II and III is to be selected. In case of online E-KYC authentication, II is to be selected.
- 5 In Section 3, on of I, II, III and IV is to be selected. In case of online E-KYC authentication, II isto be selected.
- 6 List of documents for 'Deemed Proof of Address':

Document Code Description

- 01 Utility bill which is not more than two months old of any service provider 9electricity, telephone, post-paid mobile phone, pipe gas, water bill)
- 02 Property or Municipal tax receipt.
- Pension or family pension payment orders (PPOs) issued or retired employees by Government Department or Public Sector Undertakings, it they contain the address.
- Letter of allotment of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, public sector Undertakings, scheduled commercial banks, financial institutions and listed companies and leave and licence agreements with such employers allotting official accommodation.
- 7 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.
- 8 "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 Provide Digital Locker Facilities) Rules, 2016.
- 9 "Digital KYC process" has to be carried out as stipulated in the PML Rules, 2005.
- C Clarification / Guidelines on filling 'Contract details' section
 - 1 Please mention two-digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-999999999).
 - 2 Do not add '0' in the beginning of Mobile number.
- D Clarification / Guidelines on filling 'Related Person details' section
 - 1 Provide KYC number of related person, if available.
- E Clarification on Minor
 - 1 Guardian details are optional for minors above 10 years of age for opening of Bank account only.
 - 2 However, in case guardian details are available for minor above 10 years of age, the same (or CKYCR number of guardian) is to be uploaded.

F Type of Impairment

Code	Type of Impairment
1	Blindness
2	Low Vision
3	Hearing Impairment
4	Locomotor Disability
5	Leprosy Cured
6	Cerebral Palsy
7	Intellectual Disability
8	Mental Illness
9	Muscular Dystrophy
10	Parkinson's Disease
11	Acid Attack Victim
12	Sickle Cell Disease
13	Hemophilia
14	Thalassemia
15	Speech and Language Disability
16	Multiple Sclerosis
17	Specific Learning Disabilities
18	Chronic Neurological Conditions
19	Autism Spectrum Disorder
20	Dwarfism

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

State / U.T	Code
Andaman & Nicobar	AN
Andhra Pradesh	AP
Arunachal Pradesh	AR
Assam	AS
Bihar	BR
Chandigarh	CH
Chattisgarh	CG
Dadra and Nagar Haveli	DN
Daman & Diu	DD
Delhi	DL
Goa	GA
Gujarat	GJ
Haryana	HR

State / U.T	Code
Himachal Pradesh	HP
Jammu & Kashmir	JK
Jharkhand	JH
Karnataka	KA
Kerala	KL
Lakshadweep	LD
Madhya Pradesh	MP
Maharashtra	MH
Manipur	MN
Meghalaya	ML
Mizoram	MZ
Nagaland	NL
Orissa	OR

State / U.T	Code
Pondicherry	PY
Punjab	PB
Rajasthan	RJ
Sikkim	SK
Tamil Nadu	TN
Telangana	TS
Tripura	TR
Uttar Pradesh	UP
Uttarakhand	UA
West Bengal	WB
Other	XX

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	МО	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	Al	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 Aruba	AM AW	Finland France	FI FR	Malta Marshall Islands	MT MH	Sint Maarten (Dutch part) Slovakia	SX SK
Australia	AV	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	GS
						Islands	
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 Belize	BE BZ	Gibraltar Greece	GI GR	Mongolia	MN ME	Sudan Suriname	SD SR
Benin	BJ	Greenland	GL	Montenegro 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	ВО	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	10	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	НМ	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 China	CL CN	Isle of Man Israel	IM IL	Panama Papua New Guinea	PA PG	United Arab Emirates United Kingdom	AE GB
Christmas Island	CN	Italy	IT	Paraguay Paraguay	PY	United Kingdom United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States United States Minor Outlying Islands	UM
Colombia	co	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	км	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO JE	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
the Cook lake and	CV	V	WF.	Duranta Dian	DD	VC -4 No.	1/01
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica Cote d'Ivoire !Côte d'Ivoire	CR CI	Kiribati Korea, Democratic People's Republic	KI KP	Qatar Reunion !Réunion	QA RE	Virgin Islands, British Virgin Islands, U.S.	VG VI
Croatia	HR	of Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curação !Curação	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		
Diibouti	DJ	Lesotho	LS	Saint Ritts and Nevis Saint Lucia	LC KN		
Dominica	DM	Liberia	LR	Saint Lucia Saint Martin (French part)	MF		
Dominica	DIVI	LIDETIA	LIN	Jame Martin (French part)	IVIT		



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FATCA/CRS Declaration for Individual

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

Section I

			()		
DP ID		C	lient ID(s)		
Name of the Client					
Father Name / Spouse N	ame				
Occupation Type	Serv	vice	Business		
Occupation details					
(Short Description)					
PAN					
A	G.1.	/D :1 //	O O 11 11 /m		
Are you a Tax Resident (i. Resident in a country and a				Yes* No No	
Are you US Person (Yes means FATCA applicable. N		No means CRS applicable)		Yes No	
		Section	TT	l	
(Only applicable when	n Client se		r Tax Residence detail	s other than India)	
Correspondence Address		Permanent			
			address		
			CU. ITT		
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 Reside	ent	
Country of Birth			Place of Birth		
TAX Identification Number (TIN) or Equivalent					
TIN is not available	(A) (B) (C)	The Country where the account holder is liable to pay tax does not issue TIN to its residents. No TIN required (Select the reason only if the authorities of the respective country of tax residence does not require TIN to be collected) 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*)

- A. Following supporting documents required alongwith aforesaid declaration:
 - 1. Self attested PAN (Mandatory) documents requited 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	1. Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes;
	2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND
	3. Any one of the following documents: Certified Copy of "Certificate of Loss of Nationality or Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
Residence/mailing address in a country	1. Self-certification that the account holder is neither a citizen of
other than India	United States of America nor a tax resident of any country other
	than India; and 2. Documentary evidence (refer list below)
Telephone number in a country other than	If no Indian telephone number is provided
India	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
	2. Documentary evidence (refer list below)
	If Indian telephone number is provided along with a foreign country
	telephone number
	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;