# Stock Holding Corporation of India Limited

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## 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* D D – M M – Y Y Y Y  Date of Commencement of Business D D – M M – Y Y Y Y

Place of Incorporation / Formation* _____ Country of Incorporation / Formation* _____ TIN or Equivalent Issuing Country _____

PAN* _____ ☐ Form 60 furnished

TIN / GST Registration Number _____

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

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

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

3.1 Registered Office Address / Place of Business*

Proof of Address* ☐ Certificate of Incorporation / Formation ☐ Registration Certificate ☐ Other Document _____
Line 1* _____
Line 2 _____
Line 3 _____ City / Town / Village* _____
District* _____ PIN / Post Code* _____ State / U.T Code* _____ ISO 3166 Country Code* _____

3.2 Local Address in India (If different from Above)*

Line 1* _____
Line 2 _____
Line 3 _____ City / Town / Village* _____
District* _____ PIN / Post Code* _____ State / U.T Code* _____ ISO 3166 Country Code* _____

### ☐ 4. CONTACT DETAILS (All communications will be sent to Mobile number/ Email-ID provided" may be used) (Please refer instruction **D** at the end)

Tel. (Off) _____ – _____ FAX _____ – _____
Mobile _____ – _____ Email ID _____
Mobile _____ – _____ Email ID _____

### ☐ 5. NUMBER OF RELATED PERSONS ☐☐ (Please refer instruction **E** at the end)

## 6. REMARKS (If any)

## 7. APPLICANT DECLARATION (Please refer Instruction **G** at the end)

- "I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.
- I/We hereby consent to receiving information from KRA & CKYCR through SMS / Email on the above registered number / Email address.
- I/We accord my/our voluntary consent for sharing/fetching/verifying my/our records maintained in Central KYC Registry and KYC Registration Agency.

[Signature / Thump Impression]

Signature / Thump Impression of Authorised Person(s)

Date : D D – M M – Y Y Y Y  Place:

## 8. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ Equivalent e-document

| KYC VERIFICATION CARRIED OUT BY | | INSTITUTION DETAILS | |
|---|---|---|---|
| Identity Verification | ☐ Done Date D D – M M – Y Y Y Y | Name | |
| Emp. Name | | Code | |
| Emp. Code | | | |
| Emp. Designation | | | |
| Emp. Branch | | | |

[Employee Signature]

[Institution Stamp]

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

A Clarification / Guidelines for filing Entity Details section

1 Entity Constitution Type

A - Sole Proprietorship
B - Partnership Firm
C - HUF
D - Private Limited Company
E - Public Limited Company
F - Society
G - Association of Persons (AOP)/Body of Individuals (BOI)
H - Trust
I - Liquidator
J - Limited Liability Partnership
K - Artificial Liability Partnership
L - Public Sector Banks
M - Central/State Government Department or Agency
N - Section 8 Companies (Companies Act, 2013)
O - Artificial Juridical Person
P - International Organisation or Agency /Foreign Embassy or Counselor Office etc.
Q - Not Categorized
R - Others
S - Foreign Portfolio Investors

2 In case of companies and partnerships, PAN of the entity is mandatory. In case of other entitites, FORM 60 may be obtained if PAN is not available.

B Clarification / Guidelines for filling 'Proof of Identity [PoI] section

1 Activity Proof - 1 and Activity Proof - 2 are applicable for accounts in case of proprietorship forms. Please refer to relevant instructions issued by the Reserve Bank of India in this regard.
2 Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.
3 Certified copy of document of equivalent e-document or OVD obtained through Digital KYC process to be submitted.
4 'Equivalent e-document' means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
5. 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
6. KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.

C Clarification / Guidelines for filling 'Proof of Address (PoA] section

1 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
2 Certified copy of document or equivalent e-document to be submitted.

D Clarification / Guidelines for filling 'Contact Details' section

1 Please mention two - digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
2 Do not add'0' in the beginning of Mobile number.

E Clarification / Guidelines for filling 'Related Person Details' section

1 Personal Details
- The name should match the name as mentioned in the Proof of Identity submitted, failing which the application is liable to be rejected.

2 Proof of Address [PoA]
- PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
- State / U.T code and Pin / Post Code will not be mandatory for Overseas addresses.
- In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR
- REs may use the Self Declaration check box where Aadhaar Authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository.

3 If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related Person' are required.
4 Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.

F Provision for capturing signature of multiple authorised persons is to be made by the RE.

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

| State / U.T | Code |
|---|---|
| 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 | 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 | | |

# FATCA / CRS FORM FOR LEGAL ENTITIES

## Entity Self-Certification

**Instructions for completion**

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

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

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

**Section I:**

**Entity Name:** _____

**Date of Incorporation** _____

**Country of Incorporation:** _____

**Permanent Address:**

_____

Number & Street City/Town

_____

State/Province/County Post Code Country

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

_____

Number & Street City / Town

_____

State/Province/County Post Code Country

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

Please tick and complete as appropriate.

☐ (a) The entity is a Specified U.S. Person and the entity's U.S. federal taxpayer identifying number (U.S. TIN) is as follows: _____

☐ (b) The entity is a Specified non-US Person and the entity's foreign identifying tax Number is as follows:

☐ (c) The entity is a Government body/International Organization/listed company on recognized stock exchange

☐ (d) The Substantial owners or controlling persons in the entity or chain of ownership are resident for tax purpose in any country outside India or not an Indian citizen.

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

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

☐ Yes. If Yes, please fill the details in below mentioned table,

☐ No. If No, please skip the below mentioned table and go to Section IV,

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

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

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

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

**Section IV: Entity FATCA & CRS Classification**

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

  (a) _____ Registered Deemed Compliant Foreign Financial Institution

  (b) _____Participating Foreign Financial Institution

  Please provide your Global Intermediary Identification number (GIIN): _____

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

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

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

  Sponsoring Entity's Name: _____

  Sponsoring Entity's GIIN: _____

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

  Trustee's Name: _____

  Trustee's GIIN: _____

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

  _____

  (e) _____The Entity is an Excepted Foreign Financial Institution. Indicate exemption:_____

  (f) _____The Entity is a Non-Participating Foreign Financial Institution

  (g) _____ The Entity is a US Financial Institution

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

- If you are not a Foreign Financial Institution, please confirm the Entity's FATCA & CRS status below:

  (a) ____ The Entity is an **Exempt Beneficial Owner** Indicate status:

  (b) ____ The Entity is an **Active Non-Financial Foreign Entity** (including an Excepted NFFE)

  (c) ____ **Direct Reporting Non-Financial Foreign Entity** (Choose this if any entity has registered itself for direct reporting for FATCA)

  (d) ____ The Entity is a **Passive Non-Financial Foreign Entity * Controlling Person Madatory**

**Controlling person details**

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

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

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

**Section V: Declaration**

(i) Under penalty of perjury, I/we certify that:

1. The number shown on this form is the correct taxpayer identification number of the applicant, and
2. The applicant is (i) an applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof, or
3. The applicant is an applicant taxable as a tax resident under the laws of country outside India.

(ii) I/We understand that the Bank is relying on this information for the purpose of determining the status of theapplicant named above in compliance with CRS/FATCA. The Bank is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.

(iii) I/We agree to submit a new form within 30 days if any information or certification on this form gets changed.

(iv) I/ We agree as may be required by /Regulatory authorities, bank shall be required to comply to report, reportable details to CBDT or close or suspend my account.

(v) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct and complete including the tax payer identification number of the applicant.

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

Signed by (please print name): _____

On behalf of (organization name): _____

Position (in organization): _____

Signature: _____

Date: _____

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

[1] A Passive Non-Financial Entity will be required to submit individual tax residence self-certifications for each of its Controlling Persons

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

## Form Definitions

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

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

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

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

# Stock Holding Corporation of India Limited

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

**Annexure A2 | Legal Entity / Other than Individuals**

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

**Important Instructions:**

A) Fields marked with '*' are mandatory fields.
B) Tick '✓' wherever applicable.
C) Please fill the date in DD-MM-YYYY format.
D) Please fill the form in English and in BLOCK letters.
E) KYC number of applicant is mandatory for update application.
F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
G) List of two character ISO 3166 country codes is available at the end.
H) Please read section wise detailed guidelines / instructions at the end.
I) For Particular section update, please tick ( ) in the box available before the section number and strike off the sections not required to be updated.

**For office use only** Application Type* ☐ New ☐ Update
*(To be filled by financial institution)* KYC Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ *(Mandatory for KYC update request)*

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

☐ Addition of Related Person ☐ Deletion of Related Person ☐ Update Related Person Details

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

**Related Person Type*** ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointment Official ☐ Proprietor
☐ Beneficiary ☐ Authorised Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder ☐ Other (Please specify)

DIN (Director Identification Number) ☐☐☐☐☐☐☐☐ *(Mandatory if Related Person Type is Director)*

### ☐ 1.1 PERSONAL DETAILS (Please refer instruction **E** at the end)

| | Prefix | First Name | Middle Name | Last Name |
|---|---|---|---|---|
| Name* (Sane as ID proof) | | | | |
| Maiden Name | | | | |
| Father / Spouse Name* | | | | |
| Mother Name | | | | |

Date of Birth* ☐☐ ☐☐ ☐☐☐☐
Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender
Nationality* ☐ IN- Indian ☐ Others (ISO 3166 Country Code ☐☐ )
PAN* _____ ☐ Form 60 furnished

Differently Abled status Flag ☐ Y / ☐ N Type of impairment _____ (to be checked from page 3 of KYC form)
Percentage of impairment _____ UDID number _____ Alpha numberic (2 character and 16 digit)

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

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A- Passport Number _____
- ☐ B- Voter ID Card _____
- ☐ C- Driving Licence _____
- ☐ D- NREGA Job Card _____
- ☐ E- National Population Register Letter _____
- ☐ F- Proof of Possession of Aadhaar ☒☒☒☒☒☒☒☒☐☐☐☐
- II ☐ E- KYC Authentication ☒☒☒☒☒☒☒☒☐☐☐☐
- III ☐ Offline verification of Aadhaar ☒☒☒☒☒☒☒☒☐☐☐☐

☐ **PHOTO***
Affix recent passport size photograph & sign across

**Address**

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

### ☐ 1.3. CURRENT ADDRESS DETAILS (Please refer instruction **E** and the end)

Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A- Passport Number _____
- ☐ B- Voter ID Card _____
- ☐ C- Driving Licence _____
- ☐ D- NREGA Job Card _____
- ☐ E- National Population Register Letter _____
- ☐ F- Proof of Possession of Aadhaar ☒☒☒☒☒☒☒☒☐☐☐☐
- II ☐ E- KYC Authentication ☒☒☒☒☒☒☒☒☐☐☐☐
- III ☐ Offline verification of Aadhaar ☒☒☒☒☒☒☒☒☐☐☐☐
- IV ☐ Deemed PoA
- III ☐ Self Declaration

**Address**

Line 1* _____

Line 2 _____

Line 3 _____ City / Town / Village* _____

District* _____ Pin/Post Code* _____ State/U.T Code* _____ ISO 3166 Country Code* _____

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

Tel. (Off) _____ – _____ Tel. (Res) _____ – _____ Mobile _____ – _____

Email ID _____

## 2. APPLICANT DECLARATION

- "I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.
- I/We hereby consent to receiving information from KRA & CKYCR through SMS / Email on the above registered number / Email address.
- I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.
- I/We accord my/our voluntary consent for sharing/fetching/verifying my/our records maintained in Central KYC Registry and KYC Registration Agency.

(Signature / Thumb Impression)

Signature / Thumb Impression of Applicant

Date : D D – M M – Y Y Y Y Place: _____

## 3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification

☐ Digital KYC Process ☐ Equivalent e-document

### IPV DONE / KYC VERIFICATION CARRIED OUT BY

Date D D – M M – Y Y Y Y

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 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. |
| 03 | Pension or family pension payment orders (PPOs) issued or retired employees by Government Department or Public Sector Undertakings, it they contain the address. |
| 04 | 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 91-9999999999).
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 |

StockHolding®

**Stock Holding Corporation of India Ltd.®**

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# FATCA/CRS Declaration for Individual

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

## Section I

| | | | |
|---|---|---|---|
| DP ID | | Client ID(s) | |
| Name of the Client | | | |
| Father Name / Spouse Name | | | |
| Occupation Type | Service ☐ Business ☐ | | |
| Occupation details (*Short Description*) | | | |
| PAN | | | |

| | |
|---|---|
| Are you a Tax Resident (i.e. your Citizen/ Resident/ Green Cardholder /Tax Resident in a country and accessed for Tax) in any country other than India? | Yes* ☐ No ☐ |
| Are you US Person (Yes means FATCA applicable. No means CRS applicable) | Yes ☐ No ☐ |

## Section II

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

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

## Section III

(Undertaking & consent)

I understand that SHCIL is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. SHCIL is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions. I also undertake to keep SHCIL informed in writing about any changes / modification to the above information in future within 30 days and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I agree that as may be required by domestic regulators/tax authorities the SHCIL may also be required to report, reportable details to CBDT or close or suspend my account. I certify that I/we provide the information on this form and to the best of my knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same.

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

_____

Client Signature

Notes:

A. Following supporting documents required alongwith aforesaid declaration:

1. Self attested PAN (Mandatory) documents 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;<br>2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND<br>3. Any one of the following documents:<br>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*<br>Reason the customer did not obtain U.S. citizenship at birth |
| Residence/mailing address in a country other than India | 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and<br>2. Documentary evidence (refer list below) |
| Telephone number in a country other than India | *If no Indian telephone number is provided*<br>1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and<br>2. Documentary evidence (refer list below)<br>*If Indian telephone number is provided along with a foreign country telephone number*<br>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; |

Form 11

# Stock Holding Corporation of India Limited

Regd. Office: 301, Centre Point, Dr. Babasaheb Ambedkar Road, Parel, Mumbai - 400 012.
Phone: 91-22-6177 9400 to 99 Fax: 91-22-6177 9058 Website; www.shcil.com CIN : U67190MH1986GOI040506

PART II ACCOUNT OPENING FORM (FOR NON-INDIVIDUALS)

## NATIONAL SECURITIES DEPOSITORY LTD.

**Please fill in ENGLISH and in BLOCK LETTERS with black ink** **Client ID:** | | | | | | | | |

We request you to open a depository account in our name as per the following details **Date** D D M M Y Y Y Y

**A) Details of Account Holder (s):**

| | Name | PAN |
|---|---|---|
| Sole / First Holder | | |
| Second Holder | | |
| Third Holder | | |

**B) Type of account**

- ☐ Body Corporate
- ☐ FI
- ☐ FII
- ☐ Qualified Foreign Investor
- ☐ Mutual Fund
- ☐ Trust
- ☐ Bank
- ☐ CM
- ☐ Other (please specify)_____
- ☐ HUF
- ☐ AoP for holding the permitted Securities

**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 |
|---|---|
| The Registered office and the principal place of its business is same | ☐ Yes ☐ No |

**D)** Income Details (please specify)

| Income Range per annum | | |
|---|---|---|
| ☐ Below Rs. 1 Lac | and | Networth Amount (Rs) _____ |
| ☐ Rs. 1 - 5 Lac | | As on (date) D D M M Y Y Y Y |
| ☐ Rs. 5 Lac - 10 Lacs | | (Networth should not be older than 1 year) |
| ☐ Rs. 10 Lacs - 25 Lacs | | |
| ☐ Rs. 25 Lacs - 1 Crore | | |
| ☐ More than 1 Crore | | |

**E) Nature / Sector of Business**

**F) In case of FIIs/Others (as may be applicable)**

| | |
|---|---|
| RBI Approval Reference Number | |
| RBI Approval date | D D M M Y Y Y Y |
| SEBI Registration Number (for FIIs) | |

**G) Bank details**

| | | | | |
|---|---|---|---|---|
| 1 | Bank account type | Saving Account | Current Account | Others (Please specify)_____ |
| 2 | Bank Account Number | | | |
| 3 | Bank Name | | | |
| 4 | Branch Address | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | City/town/Village | | PIN Code | |
| | | | State | | Country | |
| | 5 | MICR Code | | | | |
| | 6 | IFSC | | | | |

| | | |
|---|---|---|
| H) | Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors: | ☐ Politically Exposed Person (PEP)<br>☐ Close Relative of Politically Exposed Person(RPEP)<br>☐ Family Member of Politically Exposed Person(FPEP)<br>☐ Close Associate of Politically Exposed Person( CAPEP) |
| I) | GST No. | TAN No. |

| | | | |
|---|---|---|---|
| J) | **Clearing Member Details** (to be filled up by Clearing Members only) | | |
| | 1 | Name of Stock Exchange | |
| | 2 | Name of Clearing Corporation / Clearing House | |
| | 3 | Clearing Member ID | |
| | 4 | SEBI Registration Number | |
| | 5 | Trade Name | |
| | 6 | CM-BP-ID **(to be filled up by Participant)** | |

| | | | | | |
|---|---|---|---|---|---|
| K) | **Standing Instructions** | | | | |
| | 1 | We authorise you to receive credits automatically into our account | ☐ Yes ☐ No | | |
| | 2 | Account to be operated through Power of Attorney (PoA) | ☐ Yes ☐ No | | |
| | 3 | Receive Annual Report, AGM Notices and other Communications from Issuers & RTAs in physical form | ☐ 1st Holder ☐ 2nd Holder ☐ 3rd Holder | | |
| | 4 | Account to be operated through Demat Debit and Pledge Instruction (DDPI) | ☐ Yes ☐ No | | |
| | 5 | Auto Pledge Confirmation Flag | ☐ Yes ☐ No | | |
| | 6 | SMS Alert facility | | | |
| | | **Sr No.** | **Holder** | **Yes** | **No** |
| | | 1 | Sole / First Holder | ☐ | ☐ |
| | | 2 | Second Holder | ☐ | ☐ |
| | | 3 | Third Holder | ☐ | ☐ |
| | 7 | Mode of receiving Statement of Account and Rights & Obligations (Tick any one) | ☐ Physical Form ☐ Electronic Form | | |
| | 8 | NACH facility | ☐ Yes ☐ No (If marked Yes, kindly submit NACH mandate) | | |
| | 9 | PMS Registration<br>PMS Flag Y/N (If yes then PMS Registration No.) | ☐ Yes ☐ No<br>PMS Registration Number_____ | | |

L) List of Family members (Separate Annexure maybe used in case numbers are 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. In case of Foreign account / FCB / OCB, we also declare that we have complied and will continue to comply with FEMA regulations. I/We acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant". I/We understand that a copy of the "Rights and Obligations of the Beneficial Owner and Depository Participant" will be received by email since opted for the same.

(Additional declaration applicable only for AoPs for opening of demat accounts in the name of Association of Persons (AoP) itself for holding the permitted Securities)

1. I/we confirm that the AoP holds only such securities in dematerialized form as permitted by the statutes governing its constitution.
2. I/we confirm that the demat account is not be used for subscribing / holding other than the permitted securities.

**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 |

**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)

| | |
|---|---|
| ☐ Any one singly<br>☐ Jointly | |
| ☐ As per resolution<br>☐ Others (please specify) | |

**Notes:**

1. All communication shall be sent to the address of the Sole/First holder only.
2. Thumb impressions must be attested by witness or a Magistrate or a Notary Public or a Special Executive Magistrate.
3. 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.
4. The nomination and Declaration form may be signed using e-Sign facility or wet signature and in these cases, witness will not be required.
5. 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.

6. In case of joint account, on death of any of the joint account holders, the surviving account holder(s) has to inform Participant about the death of account holder(s) with required documents within one year of the date of demise.
7. In case if 'first holder' is selected, the communication will be sent as per the preference mentioned at Sr. No. 4. In case 'All joint account holders' is opted, communication to first holder will be sent as per the preference mentioned at Sr. No. 4 and communication to other holders will be in electronic mode. The default option will be communication to 'first holder', if no option selected.
8. Strike off whichever is not applicable.

---

(To be filled in by SHCIL)

I Verify that the Account Opening Form is in order

Name :

Employee Code :

Signature :

Date :

| |
|---|
| **Checked by** |
| **Entered in ISA** |
| **Authenticated in ISA** |
| **Released in DPM** |

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**Acknowledgment***

## Stock Holding Corporation of India Limited

Regd. Office: 301, Centre Point, Dr. Babasaheb Ambedkar Road, Parel, Mumbai - 400 012.
Phone: 91-22-6177 9400 to 99 Fax: 91-22-6177 9058 Website; www.shcil.com CIN : U67190MH1986GOI040506

Received the application from Mr./Ms. _____ 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

Participant Stamp & Signature

* A System generated receipt provided to the client as acknowledgment.

# Declaration Form of Ultimate Beneficial Ownership [UBO] / Controlling Persons

I: Investor details:

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Investor Name | | | | | | | | | | |
| PAN (Mandatory) | | | | | | | | | | |

**II: Category**

☐ Our company is a Listed Company on a recognized stock exchange in India / Subsidiary of a or Controlled by a Listed Company *[If this category is selected, no need to provide UBO details].*

Name of the Stock Exchange where it is listed. _____

Security ISIN _____

Name of the Listed Company (applicable if the investor is subsidiary/associate): _____

☐ Unlisted Company ☐ Partnership Firm / LLP ☐ Unincorporated association / body of individuals

☐ Public Charitable Trust ☐ Private Trust ☐ Religious Trust ☐ Trust created by a Will.

☐ Others *[please specify]* _____

**Ultimate Beneficiary Owner (UBO) / Controlling Person(s) / Senior Managing Official details.**

**Does your company/entity have any individual person(s) who holds direct / indirect controlling ownership above the prescribed threshold limit? # ☐ Yes ☐ No**

If 'YES' - We hereby declare that the following individual person holds directly / indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below.

If 'NO' - declare that no individual person (directly / indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Managing Official (SMO) are provided below.

| | UBO-1 / Senior Managing Official (SMO) | UBO-2 | UBO-3 |
|---|---|---|---|
| Name of the UBO / SMO#. | | | |
| UBO / SMO PAN#. For Foreign National, TIN to be provided] | | | |
| UBO / SMO Country of Tax | | | |

| | | | |
|---|---|---|---|
| Residency#. | | | |
| UBO / SMO Taxpayer Identification Number / Equivalent ID Number#. | | | |
| UBO / SMO Identity Type | | | |
| UBO / SMO Place & Country of Birth# | Place of Birth _____<br>Country of Birth _____ | Place of Birth _____<br>Country of Birth _____ | Place of Birth _____<br>Country of Birth _____ |
| UBO / SMO Nationality | | | |
| UBO / SMO Date of Birth *[dd-mmm-yyyy]* # | | | |
| UBO / SMO PEP# | PEP. ☐<br>Related to PEP. ☐<br>Not a PEP. ☐ | PEP. ☐<br>Related to PEP. ☐<br>Not a PEP. ☐ | PEP. ☐<br>Related to PEP. ☐<br>Not a PEP. ☐ |
| UBO / SMO Address Type | Residence ☐<br>Business ☐<br>Registered Office. ☐ | Residence ☐<br>Business ☐<br>Registered Office. ☐ | Residence ☐<br>Business ☐<br>Registered Office. ☐ |
| UBO / SMO Occupation | Public Service ☐<br>Private Service ☐<br>Business ☐<br>Others ☐ | Public Service ☐<br>Private Service ☐<br>Business ☐<br>Others ☐ | Public Service ☐<br>Private Service ☐<br>Business ☐<br>Others ☐ |
| SMO Designation# | | | |
| UBO / SMO KYC Complied**.<br>If not complied, please complete KYC process independently and then submit the proof. | Please attach the KYC acknowledgement. | Please attach the KYC acknowledgement. | Please attach the KYC acknowledgement. |

*# Mandatory column.*
*** In case of Foreign Nationals, who are not KYC complied, they need to attach the ID proof in English along with the Nationality proof, Address proof again in English. If the documentary proof is in Foreign Language, it should be translated in English and should be attested by Indian Embassy of that country.*

*Note: If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.*
*Participating Mutual Fund(s) / RTA may call for additional information/documentation wherever required or if the given information is not clear / incomplete / correct and valid declaration should be submitted again with all the require information.*

**Declaration**

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false, untrue, misleading, or misrepresenting, I/We am/are aware that I/We may be liable for it including any penalty levied by the statutory/legal/regulatory authority. I/ We hereby confirm the above beneficial interest after perusing all applicable shareholding pattern and MF/RTA/other registered intermediaries can make reliance on the same. I/We hereby authorize you [RTA/Fund/AMC/Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities.

Signature with relevant seal:

| | | |
|---|---|---|
| Authorized Signatory<br>Name:<br>Designation: | Authorized Signatory<br>Name:<br>Designation: | Authorized Signatory<br>Name:<br>Designation: |

Place: _____

Date: __/ ___/ ____

## Instructions on Controlling Persons / Ultimate Beneficial Owner

As per PMLA guidelines and relevant SEBI circulars issued from time to time, non-individuals and trusts are required to provide details of controlling persons [CP] / ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such CPs/ UBOs. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own, control or influence a client and/or persons on whose behalf a transaction is being conducted and includes a person who exercises ultimate effective control over a legal person or arrangement.

**A. For Investors other than individuals or trusts:**

(i) The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to:
- more than 10% of shares or capital or profits of the juridical person, where the juridical person is a company.
- more than 10% of the capital or profits of the juridical person, where the juridical person is a partnership or or who exercises control through other means."

For the purpose of this clause, "Control" shall include the right to control the management or policy decision.
- more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

(ii) In cases where there exists doubt under clause (I) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over thejuridical person through other me ans like through voting rights, agreement, arrangements or in any other manner.

(iii) Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

**B. For Investors which is a trust:**

The identity of the settler of the trust, the trustee, the protector, 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.

Provided that in case of a trust, the reporting entity shall ensure that trustees disclose their status at the time of commencement of an account-based relationship or when carrying out transactions as specified in clause (b) of sub-rule (1) rule 9.

**C. Exemption in case of listed companies / foreign investors**

The client or the owner of the controlling interest is a company listed on a stock exchange or is a majority-owned subsidiary of such a company, there is no need for identification and verification of the identity of any shareholder or beneficial owner of such companies and hence exempted from UBO declaration provided other requisite information is provided. Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012 and other circulars issued from time to time, for the purposen of identification of beneficial ownership of the client.

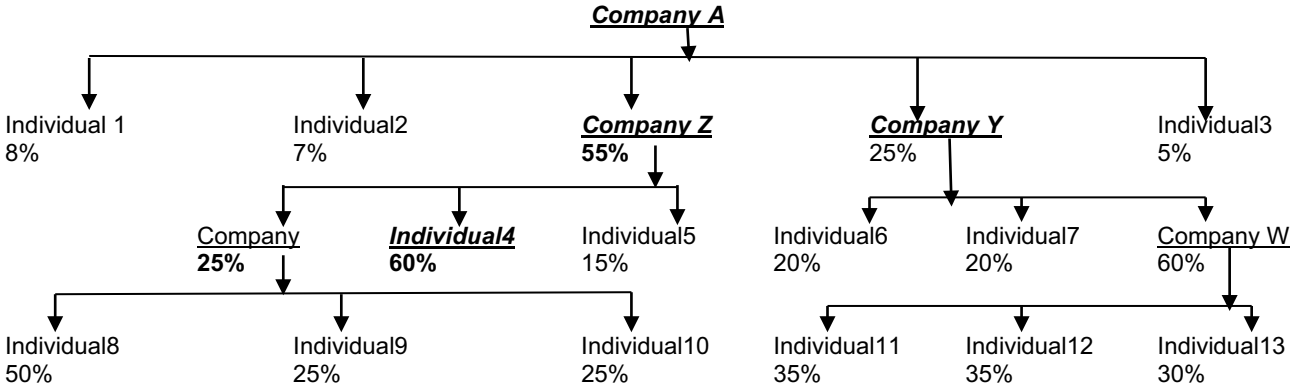
**D. KYC requirements**

Beneficial Owner(s) / Senior Managing Official (SMO) is/are required to co mply with the prescribed KYC process as stipulated by SEBI from time to time with any one of the KRA & submit the same to AMC. KYC acknowledgement proof is to be submitted for all the UBO(s) / SMO(s).

In case of Foreign Nationals, who are not KYC complied, they need to attach the ID proof in English along with the Nationality proof, Address proof again in English. If the documentary proof is in Foreign Language, it should be translated in English and should be attested by Indian Embassy of that country.

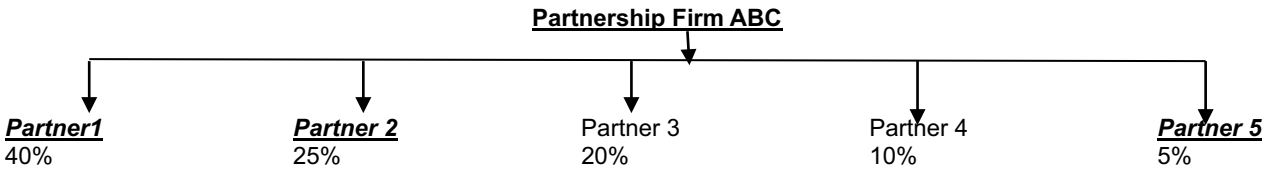
**Sample Illustrations for ascertaining beneficial ownership:**

**Illustration No. 1 – Company A**



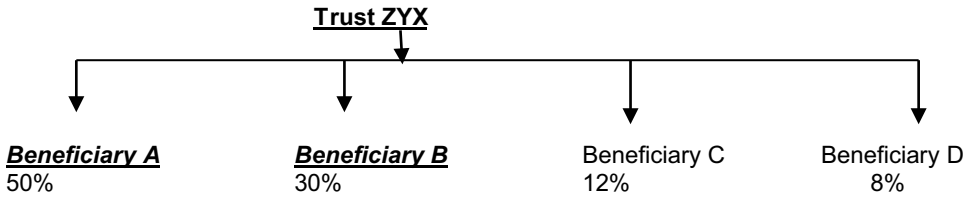

For Applicant A, Individual 4 is considered as UBO as it holds effective ownership of 33% in Company A. Hence details of Individual 4 must be provided with KYC proof, Shareholding pattern of Company A, Z & Y to be provided along with details of persons of Company Y who are senior managing officials and those exercising control.

**Illustration No. 2 – Partner ABC**




For Partnership Firm ABC, Partners 1, 2, 3 and 4 are considered as UBO as each of them holds >=10% of capital. KYC proof of these partners needs to be submitted including shareholding.

**Illustration No. 3 – Trustee ZYX**




For Trust ZYX, Beneficiaries A, B and C are considered as UBO asthey are entitled to get benefitted for >=10% of funds used. KYC proof for these beneficiaries needs to be submitted. Additionally, if they have nominated any person or group of persons as Settlor of Trust / Protector of Trust, relevant information to be provided along with the proof indicated.

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

**GENERAL CLAUSE**

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 2018, Rules and Regulations of Securities and Exchange Board of India (SEBI), Circulations / Notifications/Guidelines issued there under, Bye Laws and Business Rules/Operating instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.
2. The DP shall open/active demat account of a beneficial owner in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time.

**BENEFICIAL OWNER INFORMATION**

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

**FEES/CHARGES/TARIFF**

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

**DEMATERIALIZATION**

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

**SEPARATE ACCOUNTS**

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

**TRANSFER OF SECURITIES**

11. The DP shall effect transfer to and from the demat accounts of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the Beneficial Owner and the DP shall maintain the original documents and the audit trial of such authorizations.
12. The Beneficial Owner reserves the right to give standing instructions with regard to the crediting of securities in his demat account and the DP shall act according to such instructions.
13. The DP shall execute ‘non-pay in’ related instructions not later than next working day from the date of submission of instruction by the Beneficial Owner. Further, if the date of submission and the execution date of instruction are same, DP may execute such instructions on the same day at Beneficial owner’s risk on a "best effort basis".

**STATEMENT OF ACCOUNT**

14. A Participant shall provide statements of account to a Client in such form and manner and at such time as agreed with the Client and as may be specified by SEBI/depository.
15. If the balance in the account has become Nil during the year, Participant shall send one holding statement annually to such Client through email and shall resume sending the transaction statement as and when there is a transaction in the account. In case of account which has a credit balance but no transaction during the year, an half yearly statement of holdings shall be sent to the Client through email.
16. A Participant shall provide statement of account in an electronic mode, to the Client under its digital signature, as governed under the Information Technology Act, 2000. If the Participant does not have the facility of providing the statement of account in the electronic mode, the Participant shall forward the statement of account in physical form.
17. In case of Basic Services Demat Accounts, the DP shall send the transaction statements as mandated by SEBI and /or Depository from time to time.

**MANNER OF CLOSURE OF DEMAT ACCOUNT**

18. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided no charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their demat account should be transferred to another demat account of the Beneficial Owner held with another DP or to rematerialize the security balances held.
19. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances within a period of two working days or rematerialize such security balances as per procedure specified from time to time by the depository. If the Beneficial Owner has outstanding dues at the time of submitting the request, the Participant shall give a maximum of 30 calendar days to clear the outstanding dues. Participant shall process request within two working days from the date of clearance of its outstanding dues from the Beneficial Owner. If the Beneficial Owner fails to clear the dues within the prescribed timeline, the Participant shall reject the request within two working days.

**DEFAULT IN PAYMENT OF CHARGES**

20. In event of Beneficial Owner committing a default in the payment of any amount provided in Clause 5 & 6 within a period of thirty days from the date of demand, without prejudice to the right of the DP to close the demat account of the Beneficial Owner, the DP may charge interest at a rate as specified by the Depository from time to time for the period of such default.

21. In case the Beneficial Owner has failed to make the payment of any of the amounts as provided in Clause 5 & 6 specified above, the DP after giving two day's notice to the Beneficial Owner shall have the right to stop processing of instructions of the Beneficial Owner till such time he makes the Payment along with interest, if any.

**LIABILITY OF THE DEPOSITORY**

22. As per Section 16 of Depositories Act, 1996,

    1. Without prejudice to the provisions of any other law for the time being in force, any loss caused to the beneficial owner due to the negligence of the depository or the participant, the depository shall indemnify such beneficial owner.

    2. Where the loss due to the negligence of the participant under Clause (1) above, is indemnified by the depository, the Depository shall have the right to recover the same from such participant.

**FREEZING / DEFREEZING OF ACCOUNT**

23. The Beneficial Owner may exercise the right to freeze/defreeze his/her demat account maintained with the DP in accordance with procedure and subject to the restrictions laid down under the Bye Laws and Business Rules/Operating instructions.

24. The DP or the Depository shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any realtor or court or any statutory authority.

25. In case of any statutory order for freezing of demat account of any one joint holder, the demat account will be frozen and the other joint holder(s) will have to obtain specific order from the relevant order issuing authority for unfreezing the holdings in respect of their percentage of joint ownership.

**REDRESSAL OF INVESTOR GRIEVANCE**

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

**AUT140HORIZED REPRESENTATIVE**

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

**ADDITIONAL RIGHTS AND OBLIGATIONS**

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

**LAW AND JURISDICTION**

29. In addition to specific rights set out in this document, the DP and the Beneficial owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Rules, Bye Laws and Regulations of the respective Depository in which the demat account is opened and circulars / notices issued there under or Rules and Regulations of SEBI.

30. The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars / notices issued by SEBI and Rules, Regulations and Bye-Laws of the relevant Depository, where the Beneficial Owner maintains his / her account, that may be in force from time to time.

31. The Beneficial Owner and the DP shall abide by the arbitration and conciliation procedure prescribed under the Bye Laws of the depository and that such procedure shall be applicable to any disputes between the DP and the Beneficial Owner.

32. Words and expressions which are used in this document but which are not defined herein shall unless the context otherwise requires, have the same meanings as assigned thereto in the Rules, Bye-Laws and Regulations and circulars / notices issued there under by the depository and / or SEBI.

33. Any changes in the rights and obligations which are specified by SEBI / Depositories shall also be brought to the notice of the clients at once.

34. If the rights and obligations or the parties hereto are altered by virtue of change in Rules and regulations of SEBI or Bye-Laws, Rules and Regulations of the relevant Depository, where the Beneficial Owner maintains his / her account, such changes shall be deemed to have been incorporated herein in modification of the rights and obligations of the parties mentioned in this document.

---

**Acknowledgement Receipt**

**Stock Holding Corporation of India Ltd.®**

StockHolding®

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

**Application No.:** **Date:**

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

| | |
|---|---|
| Name of the Sole / First Holder | |
| Name of Second Holder | |
| Name of Third Holder | |

**Depository Participant Seal and Signature**

StockHolding®

**Stock Holding Corporation of India Ltd.®**

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

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

DP ID:_____Client ID: _____

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

| | 1st Holder | 2nd Holder | 3rd Holder |
|---|---|---|---|
| **MOBILE NO** | ☐☐ – ☐☐☐☐☐☐☐☐<br>The above Mobile No belongs to<br>1. Name of the Person<br>_____<br>2. Relations with the entity<br>☐ Authorized Signatory<br>☐ Director/Partner<br>☐ Employee<br>3. In case this mobile number is captured in multiple demat accounts, please specify the reason for the same_____<br>_____ | ☐☐ – ☐☐☐☐☐☐☐☐<br>The above Mobile No belongs to<br>1. Name of the Person<br>_____<br>2. Relations with the entity<br>☐ Authorized Signatory<br>☐ Director/Partner<br>☐ Employee<br>3. In case this mobile number is captured in multiple demat accounts, please specify the reason for the same_____<br>_____ | ☐☐ – ☐☐☐☐☐☐☐☐<br>The above Mobile No belongs to<br>1. Name of the Person<br>_____<br>2. Relations with the entity<br>☐ Authorized Signatory<br>☐ Director/Partner<br>☐ Employee<br>3. In case this mobile number is captured in multiple demat accounts, please specify the reason for the same_____<br>_____ |
| **EMAIL ID** | _____<br>The above Email ID belongs to<br>1. Name of the Person<br>_____<br>2. Relations with the entity<br>☐ Authorized Signatory<br>☐ Director/Partner<br>☐ Employee<br>3. In case this Email ID is captured in multiple demat accounts, please specify the reason for the same_____<br>_____ | _____<br>The above Email ID belongs to<br>1. Name of the Person<br>_____<br>2. Relations with the entity<br>☐ Authorized Signatory<br>☐ Director/Partner<br>☐ Employee<br>3. In case this Email ID is captured in multiple demat accounts, please specify the reason for the same_____<br>_____ | _____<br>The above Email ID belongs to<br>1. Name of the Person<br>_____<br>2. Relations with the entity<br>☐ Authorized Signatory<br>☐ Director/Partner<br>☐ Employee<br>3. In case this Email ID is captured in multiple demat accounts, please specify the reason for the same_____<br>_____ |

**Signature of Holders:** _____ _____ _____

**First Holder** **Second Holder** **Third Holder**

# SAMPLE NACH FORM

NACH/ECS/AUTO DEBIT MANDATE INSTRUCTION FORM

UMRN

Date 0 9 0 3 2 0 2 4

Tick (✓)

CREATE
MODIFY
CANCEL

Sponsor Bank Code: UTIB0000248

Utility Code: NACH00000000000469

I/We hereby authorize Bank _____ to debit (tick ✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

a/c number

with Bank: ABC

IFSC 1 1 1 1 1 1 1 1 1 1 1 or MICR

an amount of Rupees: Only

Rs.

FREQUENCY ☐ Mthly ☐ Qtly ☐ H-Yrly ☐ Yrly ☐ As & when presented

DEBIT TYPE ☐ Fixed Amount ☐ Maximum Amount

Reference 1 (Mandate Reference No.): Client ID

Phone No.: 1234567891

Reference 2 (Unique Client Code-UCC): DP ID

Email ID: abc@

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

- PERIOD

From D D M M Y Y Y Y

To D D M M Y Y Y Y

Maximim period of validity of this mandate is 40 years only

Signature of primary account Holder

Signature of account Holder

Signature of account Holder

1. _____ Name As per Bank Records

2. _____ Name As per Bank Records

3. _____ Name As per Bank Records

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

Instructions to fill NACH Form and Terms and Conditions :

Following fields need to be filled mandatorily:-

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

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

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

NOT TO BE USED