



**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\*  DD -  MM -  YY  YY Date of Commencement of Business  DD -  MM -  YY  YY

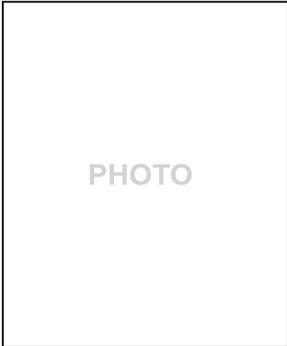
Place of Incorporation / Formation\* \_\_\_\_\_ Country of Incorporation / Formation\* \_\_\_\_\_ TIN or Equivalent Issuing Country \_\_\_\_\_

PAN\* \_\_\_\_\_  Form 60 furnished

TIN/GST Registration Number \_\_\_\_\_

**Status** (Please tick ✓ the appropriate)

- Private Limited Co.  Public Ltd. Co.  Body Corporate  Partnership  Trust
- Charities  NGO's  FI  FII  HUF
- AOP  Bank  Government Body  Non-Government Organization  Defense Establishment
- BOI  Society  LLP  FPI - Category I  FPI - Category II
- FPI - Category III  Others (Please specify)



**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 \_\_\_\_\_
- 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)  Bank Statement
- PAN Card

**3. ADDRESS\*** (Please refer instruction C at the end)

**3.1 Registered Office Address / Place of Business\***

Proof of Address\*  Certificate of Incorporation / Formation  Registration Certificate  Bank Statement  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 \_\_\_\_\_

**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 and/we are aware that I /we may be held liable for it. I/we hereby consent to receiving information from CVL KRA 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 Aadhaar 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 hereby consent to receiving information from Central KYC Registry & KRA through SMS / Email on the above registered number / email address.



[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Date :   -    Place : \_\_\_\_\_

**8. ATTESTATION / FOR OFFICE USE ONLY**

Documents Received  Certified Copies  Equivalent e-document  IPV Done

**KYC VERIFICATION CARRIED OUT BY**

**INSTITUTION DETAILS**

Date   -

Name : \_\_\_\_\_

Emp. Name : \_\_\_\_\_

Code : \_\_\_\_\_

Emp. Code : \_\_\_\_\_

Emp. Designation : \_\_\_\_\_

Emp. Branch : \_\_\_\_\_

[Employee Signature]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Correspondence / Local Address Detail** (Please refer instruction E at the end)

**Same as current / Permanent / Overseas address details**

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 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 \_\_\_\_\_

**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 and/we are aware that I/we may be held liable for it. I/we hereby consent to receiving information from CVL KRA 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 Aadhaar 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 hereby consent to receiving information from Central KYC Registry & KRA through SMS / Email on the above registered number / email address.



Date :

Place: \_\_\_\_\_

Signature / Thumb Impression of Applicant

**3. ATTESTATION / FOR OFFICE USE ONLY**

- Documents Received  Certified Copies  E-KYC data received from UIDAI  Data received from offline verification
- Digital KYC process  Equivalent e-document  IPV Done

**KYC VERIFICATION CARRIED OUT BY**

Date

Emp. Name : \_\_\_\_\_

Emp. Code : \_\_\_\_\_

Emp. Designation : \_\_\_\_\_

Emp. Branch : \_\_\_\_\_

[Employee Signature]

**INSTITUTION DETAILS**

Name : \_\_\_\_\_

Code : \_\_\_\_\_

(Institution Stamp)

# HUF DECLARATION

Date : \_\_\_ / \_\_\_ / \_\_\_\_\_

From :

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To

RATNAKAR SECURITIES PRIVATE LIMITED.

Registered Office : 304, Sankalp Square II, Nr. Jalaram Mandir Crossing, Paldi, Ahmedabad - 380 006.

Email :- [info@ratnakarsecurities.com](mailto:info@ratnakarsecurities.com)

## Declaration of Details of members of HUF for opening Demat & Trading Account

Kindly take the following declaration on your record

Name of the HUF				
PAN Number of the HUF				
Name of the Karta				
PAN number of Karta				
<b>Details of members of the HUF</b>				
Sr. No	Name of the Member	Date of Birth	Relationship with KARTA	Signature (not required in case of minor)
1				
2				
3				
4				
5				


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**Signature of KARTA with Stamp**



**Ratnakar Securities Pvt Ltd**  
TRADING/DEMAT ACCOUNT OPENING KIT

SELF-CERTIFICATION/ DECLARATION FOR FATCA/ CRS – Non individual

To,  
Ratnakar Securities Pvt Ltd  
304, Sankalp Square II, Near Jalaram Mandir Crossing,  
Paldi, Ellisbridge, Ahmedabad 380 006.

As per the definitions of Rules 114F – 114FH of the Income Tax Rules, 1962 as amended, I/we answer as under:

A. Is the account holder a government body/International Organization/listed company on recognized stock exchange If listed, please specify name of stock exchange, if you are listed company and proceed to sign the declaration _____	Yes/ No
B. Is the account holder a (Entity/Financial Institution) tax resident of any country other than India (this question to be answered only if answer to A above is No)	Yes/ No
C. Is the account holder an Indian Financial Institution  Kindly mention you GIIN if any _____ (this question to be answered only if answer to B above is No)	Yes/ No
D. Are the Substantial owners or controlling persons in the entity or chain of ownership resident for tax purpose in any country outside India or not an Indian citizen (this question to be answered only if answer to C above is No)	Yes/ No
E. The applicant is: (k) 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.,	Yes/ No
F. An estate the income of which is subject to U.S. federal income tax regardless of the source thereof. (This clause is applicable only if the account holder is identified as a US person)	Yes/ No

Under penalty of perjury, I/we hereby declare/ certify that that:

- I/We understand that the Ratnakar Securities Pvt Ltd is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. Ratnakar Securities Pvt Ltd is not able to offer any tax advice on FATCA/CRS or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.
- I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- I/We agree that as may be required by domestic regulators/tax authorities, Ratnakar Securities Pvt Ltd may also be required to report, reportable details to CBDT or close or suspend my account.
- 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 taxpayer identification number of the applicant, if any.

Signature	
Names and designation of Signatories	
Date	

**Declaration Form of Ultimate Beneficial Ownership [UBO] / Controlling Persons**  
*(Mandatory for Non-Individual Investors)*

I: Investor details:

Name of the Investor:														
PAN*														

\* If PAN is not available, specify Folio No. (s)

II: Category

Our company is a Listed Company listed / Subsidiary or Controlled by a Listed Company [If this category is selected, no need to provide UBO details]  
 Unlisted Company     Partnership Firm / LLP     Unincorporated association / body of individuals     Public Charitable Trust     Private Trust  
 Religious Trust     Trust created by a Will     Other [please specify]

**UBO / Controlling Person(s) details**

S No.	Name of UBO	Country of Tax Residency	Taxpayer Identification Number / PAN / Equivalent ID Number	Identification Type	% of beneficial interest	CP/UBO Code# (Refer Instructions E)	Place & Country of Birth	Date of Birth [dd-mm-yyyy]§	Address, Address Type* & Contact details [include city, Pin Code, State, Country]	Gender \$ [Male, Female, others]	Father's Name\$	Nationality\$	Occupation on [Service, Business, others]

# Mandatory fields

\* Address Type should either Residence or Business or Registered Office

§ Mandatory if PAN of UBO/Controlling persons is not provided

Note: If the given rows are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory

\*Note that some of the Mutual Funds may call for additional information/documentation wherever required or if the given information is not clear / incomplete / incorrect and you may have provide the same as and when solicited

**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 or untrue or misleading or misrepresenting, I/We am/are aware that I/We may liable for it. I/We hereby authorize KRA 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 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.

Signature with relevant seal:

  
Authorized Signatory

  
Authorized Signatory

  
Authorized Signatory