



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 hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

• I/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date :    -    -

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



Signature / Thumb Impression of Applicant

8. ATTESTATION / FOR OFFICE USE ONLY

Documents Received  Certified Copies  Equivalent e-document

**KYC VERIFICATION CARRIED OUT BY**

Date    -    -

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

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

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

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

[Employee Signature]

**INSTITUTION DETAILS**

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

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



# 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	

### Details of members of the HUF

Sr. No	Name of the Member	Date of Birth	Relationship with KARTA	Signature (not required in case of minor)
1				
2				
3				
4				
5				

 2/30
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**Signature of KARTA with Stamp**



**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 section number and strike off the sections not required to be updated.



<b>For office use only</b> (To be filled by financial institution)	Application Type* KYC Number	<input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Delete <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(Mandatory for KYC update request)
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**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
<input type="checkbox"/> Name* (Same as ID proof)	_____	_____	_____	_____
Maiden Name	_____	_____	_____	_____
Father / Spouse Name	_____	_____	_____	_____
Mother Name	_____	_____	_____	_____
Date of Birth*	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender			
Nationality*	<input type="checkbox"/> IN - Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> <input type="text"/> )			
PAN*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Form 60 furnished			
Occupation Type*	<input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector) <input type="checkbox"/> O-Others ( <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B-Business <input type="checkbox"/> X- Not Categorised			

**1.2 PROOF OF IDENTITY AND ADDRESS\* (Please refer instruction b at the end)**

I. Certified copy of OVD or equivalent e-document of OVD or DVD 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\*

**Address**

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_ City / Town / Village\* \_\_\_\_\_

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

**1.3. CURRENT ADDRESS DETAILS (Please refer instruction E at the end)**

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 DVD 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 Proof of Address - Document Type code

V  Self Declaration

**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 hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

  
3/30

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

**KYC VERIFICATION CARRIED OUT BY**

Date

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

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

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

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

[Employee Signature]

**INSTITUTION DETAILS**

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

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

(Institution Stamp)



**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**

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Date :

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**KYC VERIFICATION CARRIED OUT BY**

Date

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

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

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

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

[Employee Signature]

**INSTITUTION DETAILS**

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

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

(Institution Stamp)