dhanistocks KNOW YOUR CLIENT (KYC) UPDATION FORM (For Individuals)

Dhani Stocks Limited (Formerly Indiabulls Securities Ltd.)

Registered Office Address: M-62 & 63, First Floor, Connaught Place, New Delhi – 110001.

Phone: 011-43532950; Fax: 011-43532947 Correspondence Office Address: Plot No. 422 B, 5th Floor,

Udyog Vihar, Phase IV, Gurgaon - 122016, Haryana. Website: www.dhanistocks.com Corporate Identity Number (CIN): U74999DL2003PLC122874; Email: helpdesk@dhani.com;

grievances dsl@dhani.com; Phone: 022-61446300 Fax: 0124 6681111

Please affix your recent passport size photograph and sign across it

Trading Code								
Demat ID (1)								
Demat ID (2)								
Demat ID (3)								

Please fill the form in English and 'BLOCK LETTERS' only

PART- (A) IDENTITY DETAILS Prefix First Name Middle Name Last Name																										
								Fi	irst	Nar	ne				M	idd	lle N	am	е			L	ast l	Na	me	
Name of the App																										
(as per PAN Wel																										
Name of the app																										
(same as ID Prod	of)																									
Maiden Name * (if any)																										
Father's/Spouse	Name *																									
(if any)																										
Mother's Name	*																									
Date of Birth *		D	D	М	М	Υ	Υ	Υ	Υ	Ge	ende	r: 🗆	M -	Mal	e [□ F -	- Fe	mal	e	1	Tr -	ans	gei	nde	r	
(DD/MM/YYYY)	T		ᆜ			_				<u> </u>																
Marital Status:	Citizens	-	*				den						_					_								
☐ Unmarried	□ IN-In							sident Individual □ Non Resi latory for NRIs and Foreign N											_				-	•	ort c	юру
☐ Married	ers (p	ılea	ise	1	man	idato	ory f	or N	IRIs	and	For	eign	Natio	onal	s)		Pei	son	of	Ind	ian (Orig	in			
☐ Others	specify	<u> </u>																	_							
PAN													Ple car	ase e	nclo	se a	a du	ly a	ttes	ted	cop	by of	you	ur I	PAN	
# Proof of Identi	ty submi	itted	for	· PA	N e	xen	npte	d ca	ses.	Ple	ease	tick			ase r	efe	er ins	stru	ctio	n B						
(Certified copy o	-						•									•										
☐ Passport Num	ber									Р	assp	ort	Expii	y Da	te	D)	M	V	/1	Υ	Υ		Υ	Υ
□ Voter ID Card																										
☐ PAN Card																										
☐ Driving Licence								D	rivi	ng L	icen	ce E	kpiry	Date	ίυ	D	D	l	VI	M	Υ	1	Y	Υ	Υ	
□ UID (Aadhaar) ^ X)	(X		Χ		Х		Χ		Χ										
☐ National popu	tter								_																	
☐ Proof of Posse	Aadh	aar	^)	<	Х		Х	X	7	Χ	Х		Х		Χ								
☐ EKYC Authenti)	<	Х		Х	Х	7	Х	Х		Х		Х								
☐ Offline verifica	Nadha	lhaar ^					<	X		Χ	Х	7	Χ	Х		Х		Χ								

^ Please enter only the last 4 digits of your UID / Aadhaar															
□ NREGA Job Card															
# Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be															
submitted.				.,		161 .1									
Others (Any docume	Others (Any document notified by Central Government) Identification number:														
PART (B). ADDRESS DETAILS															
Address Type *	☐ Resid	lential / Busir	ness 🗆 I	Residential \square	l Busii	ness	☐ Regi:	stered	l Offi	ce [J U	nspe	cifie	d	
Address for															
Correspondence															
City/Town/Village	State														
Country				PIN/ Post Co	de										
State / U.T. Code*				ISO 3166 Co	untry	Code*									
Proof of Address to	be provid	ed by the Apı	plicant. P	lease submit A	ANY O	NE of	the foll	owing	doc	ume	nts.				
Please tick (√) again	st the do	cument attac	hed.												
☐ Passport ☐ Rat	Passport Ration Card Driving License Latest Electricity Bill# Validity/Expiry date of proof of the control of the cont														of of
☐ Voter Identity Car	ty Card Latest Gas Bill # Latest Bank a/c statement/passbook# address submitted														
☐ Latest Telephone	elephone Bill (only landline) # Registered Lease/Sale Agreement of D D M M Y Y Y Y													Υ	
Residence □ UID (Aa	esidence UID (Aadhaar) NREGA Job Card National population register letter														
☐ Proof of Possession	□ Proof of Possession of Aadhaar □ EKYC Authentication														
□ Others				# not more t	han 3	month	old								
□ Diago tials (s) nor					_						•		•		
	☐ Please tick (√) permanent address is the same as above address. Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified														
Permanent Address	- The state of the	ui / Busiliess		<u> </u>		3111033		regist	CICU	Oili		011	эрсс	,,,,,,	
Permanent Address															
City/Town/Village				State											
Country				PIN/Post Cod	le										
State / U.T. Code*				ISO 3166 Cou	ıntry (Code*				I					
Proof of Address to	be provid	ed by the Apı	plicant. P	lease submit A	ANY O	NE of	the follo	owing	docı	ımer	nts.				
Proof of Address to be provided by the Applicant. Please submit ANY ONE of the following documents. Please tick (V) against the document attached.															
□ Passport □ Ration Card □ Driving License □ Latest Electricity Bill# Validity/Expiry date of proof of															f of
□ Voter Identity Card									6	addr	ess s	ubm	itte	d	
□ Latest Telephone I		· ·	-		_										
Residence UID (Aa	-				ation r	registe	r letter	D	D	M	M	Υ	Υ	Υ	Υ
☐ Proof of Possessio					2	م ما د م	اما ما								
Others # not more than 3 months old															
•	Contact Details (all communications will be sent on provided Mobile No. / Email ID)														
Telephone No. (Off.))														
Telephone No. (Res.)														
Fax															
Email ID															
Mobile Number															
Gross annual income	e details			- 1	40:		40.5			. \ ^	1.				
(income range per a			□ 1-5	5 Lac	10 Lac		10 - 25	5 Lac	⊔ (>) A	bove	25	Lac		
(OR) Net worth	•			As on date	D	D		l N	/	Υ	Υ		Υ	γ	/
Net worth should no	at ha alda	er than 1 year	<u> </u>												

Occupatio	n Type												
□ S – Service (□ Private Sector □ Public Sector □ Government Sector)													
□ O – Others (□ Professional □ Self Employed □ Retired □ Housewife □ Student)													
□ B – Business □ X – Not Categorised □ Agriculturalist □ Others													
Please tick if applicable													
Any other Information													
								tax pı	ofess	ional on	your tax	residency, if required)	
Are you a										□ Yes	□ No		
If yes, plead associated					which y	ou a	re a res	ident	for ta	x purpos	es and t	he associated Tax purposes and the	
S. No					ncv#	-	Tax Ide	ntifica	tion N	Number (TIN) /	Identification Type	
01110		untry of Tax Residency# Tax Identification Functional										[TIN or other; please specify]	
1.													
2.													
3.													
# to also in												To all	
^ Incase Ta												alent ect 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 have understood the													
information requirements of this form (read along with the FATCA & CRS Instructions) and hereby confirm that the													
	-	-									lso conf	irm that I have read and understood	
FATCA & C	.RS Terms	ana	Lonait	ions be	eiow an	a ner	еру асс	cept tn	e sam	ie.			
Client's signature: (2) Date: Place:													
IDENTITY	/FRIEIFN	"IN D	FRS∪I	N" – DI	aani Sto	cks Li	imited ((Eorm	orly In	ndiahulle	Securiti	ias Itd)	
IPV Done o		D	D	M	M	Y	Υ	Υ	Υ		Securit	ics conj	
Place				_1		l .		I					
Employee	Name										- A L /CTA		
Designatio	n										-	AMP of Dhani Stocks Limited ly Indiabulls Securities Ltd.)	
Date		D	D	M	M	Υ	Υ	Υ	Υ				
Employee						I		- I	I				
Signature													
						F	OR OF	FICE	JSE C	NLY			
Intermedia	ary Name	- Dha	ani Sto	ocks Li	mited (I	Forme	erly Ind	iabull	s Secu	rities Ltd	d.)		
□ (Original		-	•										
☐ (Self-atto	•				ent copi	es rec	ceivea						
KYC Numb				•	ate Req	uest)	:						
Account Ty	•			10 00							6=:::	CTAND (DL. 10)	
Employee	Name										_	STAMP of Dhani Stocks Limited nerly Indiabulls Securities Ltd.)	
Designatio	n											,	
Date			D	D	M	M	Υ	Υ	Υ	Υ			
Employee	Signature	:			1			•		1			
P													