

## Dhani Stocks Limited

(Formerly Indiabulls Securities Ltd.)

**Registered Office Address:** M-62 & 63, First Floor, Connaught Place, New Delhi – 110001. Tel.: 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](http://www.dhanistocks.com) Corporate Identity Number (CIN): U74999DL2003PLC122874; Email: [helpdesk@dhani.com](mailto:helpdesk@dhani.com) ;

[Grievances\\_dsl@dhani.com](mailto:Grievances_dsl@dhani.com); Phone: 022-61446300 Fax: 0124 6681111

### KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Non-Individuals)

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

Trading Code														
Demat ID (1)	1	2	0	2	9	9	0	0						
Demat ID (2)	1	2	0	2	9	9	0	0						
Demat ID (3)	1	2	0	2	9	9	0	0						

#### PART- (A) IDENTITY DETAILS

Name of the Applicant														
Date of Incorporation		D	D	M	M	Y	Y	Y	Y	Place of Incorporation				
Date of commencement of business		D	D	M	M	Y	Y	Y	Y	PAN				
Registration Number (e.g. CIN)														
Status	<input type="checkbox"/> Public Ltd. Co <input type="checkbox"/> Private Ltd. Co <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Charities <input type="checkbox"/> NGO's <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> Bank <input type="checkbox"/> Govt. Body <input type="checkbox"/> Non-Government Organisation <input type="checkbox"/> BOI <input type="checkbox"/> Society <input type="checkbox"/> LLP <input type="checkbox"/> FPI – category I <input type="checkbox"/> FPI – category II <input type="checkbox"/> FPI – category III <input type="checkbox"/> Defence Establishment <input type="checkbox"/> Others (Please Specify) _____													

#### PART (B) ADDRESS DETAILS

Address for Correspondence													
City/Town/Village							State						
Country							PIN						
Specify the Proof of Address submitted for correspondence address													
<b>Contact Details</b>													
Telephone (Off.)							Fax						
Telephone (Res.)							Mobile						
Email ID													
<b>Registered Address (if different from above)</b>													
Registered Address													
City/Town/Village							State						
Country							PIN						
Specify the Proof of Address submitted for Registered address													

Signature of authorised signatory: (1) \_\_\_\_\_

**C. Other Details**

Name, UID/DIN, residential address and photographs of Promoters/Partners/Karta/Trustees/Whole Time Directors

<b>Name (1)</b>											Please affix your recent passport size photograph and sign half way across the photograph and the form
PAN											
DIN of whole time directors											
Relationship With Applicant (i.e. promoters, whole time directors etc.)											
Whether Politically Exposed	<input type="checkbox"/> PEP			<input type="checkbox"/> RPEP			<input type="checkbox"/> No				
Residential Address											
City/Town/Village						State					
Country						PIN					

<b>Name (2)</b>											Please affix your recent passport size photograph and sign half way across the photograph and the form
PAN											
DIN of whole time directors											
Relationship With Applicant (i.e. promoters, whole time directors etc.)											
Whether Politically Exposed	<input type="checkbox"/> PEP			<input type="checkbox"/> RPEP			<input type="checkbox"/> No				
Residential Address											
City/Town/Village						State					
Country						PIN					

<b>Name (3)</b>											Please affix your recent passport size photograph and sign half way across the photograph and the form
PAN											
DIN of whole time directors											
Relationship With Applicant (i.e. promoters, whole time directors etc.)											
Whether Politically Exposed	<input type="checkbox"/> PEP			<input type="checkbox"/> RPEP			<input type="checkbox"/> No				
Residential Address											
City/Town/Village						State					
Country						PIN					
Any other information											

Signature of authorised signatory:  (2) \_\_\_\_\_

**DECLARATION:** I/We hereby declare that the details furnished above 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/we am/are aware that I/we may be held liable for it

DETAILS OF AUTHORISED SIGNATORIES											
	First Authorised Signatory				Second Authorised Signatory				Third Authorised Signatory		
<b>Name</b>											
<b>Signature</b>	☞ (3)				☞ (3)				☞ (3)		
<b>Photograph</b>	<div style="border: 1px solid black; padding: 10px; text-align: center;">           Please affix your recent passport size photograph and sign across it         </div>				<div style="border: 1px solid black; padding: 10px; text-align: center;">           Please affix your recent passport size photograph and sign across it         </div>				<div style="border: 1px solid black; padding: 10px; text-align: center;">           Please affix your recent passport size photograph and sign across it         </div>		
<b>Date</b>	D	D	M	M	Y	Y	Y	Y	<b>Place</b>		

**IDENTITY VERIFIED "IN PERSON" - Dhani Stocks Limited (Formerly Indiabulls Securities Ltd.)**

IPV Done on	D	D	M	M	Y	Y	Y	Y	SEAL/STAMP of Dhani Stocks Limited (Formerly Indiabulls Securities Ltd.)
Place									
Employee Name									
Designation									
Date	D	D	M	M	Y	Y	Y	Y	
Employee Signature ☞									

**FOR OFFICE USE ONLY**

**Intermediary Name - Dhani Stocks Limited (Formerly Indiabulls Securities Ltd.)**

<input type="checkbox"/> (Originals Verified) True copies of documents received	SEAL/STAMP of Dhani Stocks Limited (Formerly Indiabulls Securities Ltd.)								
<input type="checkbox"/> (Self-attested) Self-certified document copies received									
Employee Name									
Designation									
Date		D	D	M	M	Y	Y	Y	Y
Employee Signature ☞									

## DETAILS OF ULTIMATE BENEFICIAL OWNER INCLUDING FATCA & CRS INFORMATION

<b>Name of the entity</b>									
<b>Type of address given at KYC</b>		<input type="checkbox"/> Residential <input type="checkbox"/> Residential / Business <input type="checkbox"/> Business <input type="checkbox"/> Registered Office							
		<i>Address of tax residence would be taken as available in KRA database. Incase of any change, please approach KRA &amp; notify any changes.</i>							
<b>PAN</b>									
<b>City of incorporation</b>						<b>Country of Incorporation</b>			
<b>Date of Incorporation (DD/MM/YYYY)</b>		D	D	M	M	Y	Y	Y	Y
<b>Entity constitution type (please tick as appropriate)</b>		<input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Trust <input type="checkbox"/> Liquidator <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Artificial Judicial Person <input type="checkbox"/> Others (Please Specify) _____							
Please tick (√) the applicable tax resident declaration									
Is the "entity" a tax resident of any country other than India - <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please provide country(ies) in which the entity is a resident for tax purposes and the associated Tax ID number below)									
S. No	Country of tax residency	Tax Payer Identification Number (TIN) / Functional Equivalent				Identification Type (TIN / other, please specify)*			
1.									
2.									
3.									
*incase of TIN or its functional equivalent is not available, please provide Company Identification Number or Global Entity Identification Number or GIIN, etc.									

In case the Entity's Country of Incorporation / Tax Residence is US but Entity is not a Specified US person, mention Entity's exemption code here \_\_\_\_\_ (Refer Instructions o)

### FATCA & CRS DECLARATION

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

<b>Part A (to be filled by Financial Institutions or Direct Reporting NFFEs)</b>	
We are a -  <input type="radio"/> Financial Institution / FFI <sup>6</sup>  <input type="radio"/> Direct Reporting NFFEs <sup>7</sup>  (Please √ as appropriate)	<b>GIIN</b> (Global Intermediary Identification Number)
	<i>Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below</i>
	<b>Name of the sponsoring entity</b>
	<b>GIIN not available</b> [tick any one]: <input type="checkbox"/> Applied For  <b>If entity is a financial institution:</b> <input type="checkbox"/> Not required to apply for – please specify 2 digit sub-category <sup>10</sup> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not obtained - Non-participating FFI

Signature of authorised signatory: (4) \_\_\_\_\_



Name:	Tax ID Type:	Address:
Country:	Type Code:	Zip: State:
Tax ID No %:	Address type: <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	Country:

# Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

\* To include US, where controlling person is a US Citizen or green card holder.

% In case Tax Identification Number is not available, kindly provide functional equivalent

# If passive NFE, please provide below additional details (please attach additional sheets if necessary)

PAN / Any other identification number (PAN, Aadhaar, Passport, Election ID, Govt. ID, Driving License, NREGA Job Card, Others) City of birth – Country of birth	Occupation type – Service, Business, Others Nationality Father's Name – Mandatory, if PAN is not available.	DOB – Date of Birth Gender – Male, Female, Others
PAN: City of Birth: Country of Birth:	Occupation Type: Nationality: Father's Name:	DOB: (DD/MM/YYYY) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
PAN: City of Birth: Country of Birth:	Occupation Type: Nationality: Father's Name:	DOB: (DD/MM/YYYY) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
PAN: City of Birth: Country of Birth:	Occupation Type: Nationality: Father's Name:	DOB: (DD/MM/YYYY) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others




# Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

\* To include US, where controlling person is a US Citizen or green card holder.

% In case Tax Identification Number is not available, kindly provide functional equivalent

Gross annual income details (income range per annum)	<input type="checkbox"/> < 1 Lac <input type="checkbox"/> 1 - 5 Lac <input type="checkbox"/> 5 - 10 Lac <input type="checkbox"/> 10 - 25 Lac <input type="checkbox"/> 25 Lac – 1 Crore <input type="checkbox"/> (>) Above 1 Crore										
(AND) Net worth	As on date			D	D	M	M	Y	Y	Y	Y
<b>Net worth should not be older than 1 year</b>											

**Declaration:** I/We have understood the information requirements of this form (read along with FATCA and CRS instructions) and hereby confirm that the information provided by me/us on this form is true, correct and complete. I/We also confirm that I/we have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Signature of Authorised Signatory	First Authorised Signatory			Second Authorised Signatory			Third Authorised Signatory		
	 (6)			 (6)			 (6)		
Date	D	D	M	M	Y	Y	Y	Y	Place