

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Important Instructions:

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



For office use only

Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update
(To be filled by financial institution)	KYC Number	(Mandatory for KYC update request)
Account Type*	<input type="checkbox"/> Normal	<input type="checkbox"/> Minor <input type="checkbox"/> Aadhaar OTP based E-KYC (in non-face to face mode)

☐ 1. PERSONAL DETAILS* (Please refer instruction A 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*	DD - MM - YYYY			
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
PAN*			<input type="checkbox"/> Form 60 furnished	

☐ 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 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*

Address

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

☐ 3. CURRENT ADDRESS DETAILS (Please refer instruction B 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 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 Proof of Address - Document Type codeV ☐ Self Declaration

Address

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

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

[illegible]

☐ 5. REMARKS (If any)

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

Date :

D	D
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 -

M	M
---	---

 -

Y	Y	Y	Y
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[illegible]

Signature / Thumb Impression of Applicant

7. 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 ☐ Video Based KYC

KYC VERIFICATION CARRIED OUT BY

[illegible]

INSTITUTION DETAILS

Name

Code

Declaration for same Mobile Number or Email Address

ANNEXURE A

Format of Request

[Please tick (✓) wherever applicable]

DP ID		Client ID		Date	
Name of account holder					
<input type="checkbox"/> Mobile Number					
<input type="checkbox"/> Email ID					
I hereby declare that the aforesaid mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family (<i>spouse, dependent children and dependent parents</i>).					
Signature of account holder					

VARDHAMAN CAPITAL PRIVATE LIMITED

ACCOUNT DETAILS CHANGE

DP ID IN303212

To

DP INCHARGE

Vardhaman Capital Pvt. Ltd.

25, Swallow Lane, 2nd Floor, Kolkata-700001

DATE:

CLIENT ID.....

CLIENT NAME.....

I /We request you to make the following Addition/Deletion/Modification in my/our demat account:

1. NEW ADDRESS _____

CITY _____ STATE _____ PIN _____
2. LATEST PHONE NO. _____ LATEST MOBILE NO. _____ AND SMS ACTIVATION
3. LATEST E-MAIL ID _____
4. UID/AADHAR _____
5. GROSS ANNUAL INCOME
Range 1:
☐ Below 20 Lacs ☐ 20-50 Lacs ☐ 50-100 Lacs ☐ More than 1 core
Range 2:
☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ 25 Lacs-1 Crore
☐ More than 1 core
6. Net Worth (Rs.) _____ As On Date _____
7. PAN seeded with AADHAAR Yes ☐ No ☐ Not Applicable ☐
8. Occupation : _____ 9. Marital Status ☐ Married ☐ Unmarried
10. Mode of Operations for Joint Accounts: ☐ Jointly ☐ Anyone of the holder or survivor(s)
11. For Joint accounts:
(Communication to be sent to) ☐ first holder ☐ All joint account holders

SIGNATURE OF ACCOUNT HOLDER(S)

1ST HOLDER

2ND HOLDER

3RD HOLDER

Note: I/We are enclosing self-attested copies of necessary proof(s) along with this FORM.

Participant Stamp

AUTHORISATION FOR PROVIDING DP TRANSACTION STATEMENT BY EMAIL OR ON WEBSITE

To,
Vardhaman Capital Private Limited
"Wardley House" 25, Swallow Lane ,
2nd Floor, Kolkata - 700001

Dear Sir,

As per Clause 13 and 15 of "Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories", you are required to provide me/us transaction statement including statement of account.

1. I/We understand that, I/We have the option to receive transaction statement by email or on website, in pursuance of the same, I/We hereby opt for receipt of transaction statement (including but not limited to statement of account holding statement or any other communication) through emailor on website.
2. I/We is/are aware that I/We will not receive the transaction statement in paper form.
3. I/We will take all the necessary means to ensure confidentiality and secrecy of the login name and password of the internet/email account.
4. I/We is/are aware that the transaction statement may be accessed by other entities in case the confidentiality/secrecy of the login name and password is compromised. In which case, I/We shall not hold you responsible in any manner.
5. I/We shall immediately inform the DP about change in email address if any, in case transaction statements are send by email.
6. I/We/you shall have the right to terminate this service by giving a 10 days written notice in advance.

Thanking you,

Yours faithfully

.....
Sole/First Holder Signature

.....
Second Holder Signature

.....
Third Holder Signature

Place.....

Date:/...../.....

VARDHAMAN CAPITAL PRIVATE LIMITED

DATA UPDATION FORM

From,

To,

Vardhaman Capital Pvt. Ltd.
25, Swallow Lane, 2nd Floor,
Kolkata-700001

Dear Sir,

Reg: **Change /Addition of detail in KYC.**

With reference to my/our UCC Code no. _____ With you. I/We would like to update you about changes in my Bank A/C / DP A/C /Address / Email ID's/Contact No. /Financial details/Other's _____ as detail below. In my present database recorded with you.

Name of Bank.	A/c No.
Add: -	MICR No.

Name of DP.	Add:
Client ID.	DP ID.

New Address.

New Email ID.

Latest Income Details: <input type="checkbox"/> 0-1 lakh <input type="checkbox"/> 1-5 lakhs <input type="checkbox"/> 5-10 lakhs <input type="checkbox"/> 10-25 lakhs <input type="checkbox"/> above 25 lakhs

Any Other Change: (MOBILE NO) -
--

Kindly make necessary changes in your record.

I/ We are enclosing Photocopy of proof with the letter.

Thanking you,

Yours truly,

Signature of the Client:

Date:

Place:

VARDHAMAN CAPITAL PRIVATE LIMITED

25, SWALLOW LANE, WARDLEY HOUSE, 2ND FLOOR, KOLKATA 700001

Phone: +91-33-3022 7701 - 06, 2213-5097, 98364 11113. Fax: +91-33-2231-1801.

e-mail : info@vardhamancapital.net ; Website : www.vardhamancapital.co.in

FATCA/CRS DECLARATION FORM**FOR INDIVIDUALS**

To: Vardhaman Capital Private Limited (VCPL)

Date : _____

Client ID/UCC:	BO ID:	Residential	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident
Client Name :			

Part I- Please fill in the country for each of the following (Applicable for all customers):

1	Country of:	
a)	Birth:	
b)	Citizenship:	
c)	Residence for Tax Purposes	
d)	Current Residence (Overseas Country for NRI)	
2	US Person (Yes / No) Refer definition on page 2	

Part II- Please note:

a. If in all fields above, the country mentioned by you is India (except in case of seafarers) and if you do not have US person status, please proceed to **Part III** for signature.

b. If for any of the above field, the country mentioned by you is not India and/or if your US person status is Yes, please provide the Tax Payer Identification Number (TIN) or Functional equivalent as issued in the specific country in the table below:

i)	<input type="checkbox"/> TIN or	
	<input type="checkbox"/> Functional equivalent (please specify name & Number)	
	Country of Issue	
ii)	<input type="checkbox"/> TIN or	
	<input type="checkbox"/> Functional equivalent (please specify name & Number)	
	Country of Issue	
iii)	<input type="checkbox"/> TIN or	
	<input type="checkbox"/> Functional equivalent (please specify name & Number)	
	Country of Issue	

c. If you satisfy the criteria mentioned in II (b) above but do not have Taxpayer Identification Number/functional equivalent, please tick the reason for the same as given below:

☐ **I am a person resident out of India with (choose only if applicable):**

- ☐ Country not issuing TIN/Functional equivalent _____
(mention ☐ VISA / ☐ Residence / ☐ Work permit number)
- ☐ Dependent visa _____ (mention dependent visa number)
- ☐ Student visa _____ (mention student visa number)
- ☐ Seafarer status _____ (mention CDC/visa number)
- ☐ Going to the country of residence for first time _____ (mention visa number. TIN/functional equivalent to be communicated to VCPL within 90 days, else account will get closed).

OR

☐ **I am a person resident in India as well as resident for tax purposes in India (Please also fill Part IV self-certification)**

d. In case you are declaring US person status as 'No' but your Country of Birth is US, please provide document evidencing Relinquishment of Citizenship. If not available provide reason/s for not having relinquishment certificate _____. Please also fill **Part IV** Self-Certification.

VARDHAMAN CAPITAL PRIVATE LIMITED

25, SWALLOW LANE, WARDLEY HOUSE, 2ND FLOOR, KOLKATA 700001

Phone: +91-33-3022 7701 - 06, 2213-5097, 98364 11113. Fax: +91-33-2231-1801.

e-mail : info@vardhamancapital.net ; Website : www.vardhamancapital.co.in

FATCA/CRS DECLARATION FORM**FOR INDIVIDUALS****Part III- Customer Declaration (Applicable for all customers)**

i. Under penalty of perjury, I certify that:

1. 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. **(This clause is applicable only if the account holder is identified as a US person)** or
2. The applicant is taxable as a tax resident under the laws of country outside India. **(This clause is applicable only if the account holder is a tax resident outside of India)**

- ii. I understand that VCPL is relying on this information for the purpose of determining my status in compliance with FATCA/CRS. VCPL is not able to offer any tax advice on FATCA/CRS or its impact. I shall seek advice from professional tax advisor for any tax questions.
- iii. I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- iv. I agree that as may be required by domestic regulators/tax authorities VCPL may also be required to inform reportable details to **CBDT** or close or suspend my account.
- v. I certify that I 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 / functional equivalent number of the applicant.

Name:**Signature:****Date:**

dd/MM/yyyy

Part IV- Self-Certification (Not Applicable for NRI customers except for point (b) below):

To be filled only if-

- (a) Any of the indicia parameters is outside India and TIN or functional equivalent is not available since not a resident for tax purpose outside India, or
- (b) Country of Birth is US and US person is mentioned as "No" in Part I

I confirm that I am not a US person or a resident for Tax purpose in any country other than India, though one or more parameters suggest my relation with the country outside India. Therefore, I am providing the following document as proof of my citizenship and / or residency.

Signature**Document Proof submitted (Please tick document being submitted)**
☐ Passport ☐ Election Id Card ☐ PAN Card ☐ Driving License ☐ UIDAI Letter ☐ NREGA Job Card ☐ Govt. Issued ID Card
Note:-**The term United States person means:**

- a) An individual, being a citizen or resident of the United States of America;
- b) Partnership or corporation organized in the United States of America or under the laws of the United States of America or any State thereof;
- c) A trust if: (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 (ii) one or more U.S. persons have the authority to control all substantial decisions of the trust;
- d) An estate of a decedent who was a citizen or resident of the United States of America.

Functional Equivalent of TIN includes the following:

A social security/insurance number, citizen/personal identification/services code/national identification number, a resident / population registration number, Alien card number, etc.