Vardhaman Capital Private Limited
Member: NSE, BSE & NSDL (DP)
SEBI Regd. No.: INZ000204533
CIN: U67120WB1995PTC068108

Account Details Change

DP ID: IN303212

To,
DP INCHARGE
Vardhaman Capital Pvt. Ltd.
25, Swallow Lane, Wardley House, 2nd Floor, Kolkata - 700001

Date
DD / MM / YYYY

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 / Aadhaar**			
5.	**Gross Annual Income** Range 1	☐ Below 20 Lacs ☐ 20-50 Lacs ☐ 50-100 Lacs ☐ More than 1 Crore		
	Range 2	☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ 25 Lacs-1 Crore ☐ More than 1 Crore		
6.	**Net Worth (Rs.)**		**As On Date**	DD / MM / YYYY
7.	**PAN seeded with Aadhaar**	☐ Yes ☐ No ☐ Not Applicable		
8.	**Occupation**			

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

Vardhaman Capital Private Limited
Member: NSE, BSE & NSDL (DP)
SEBI Regd. No.: INZ000204533
CIN: U67120WB1995PTC068108

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

Date
DD / MM / YYYY

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 email _____ or on website.
2. I/We am/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 am/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 sent 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:** DD / MM / YYYY

Vardhaman Capital Private Limited
Member: NSE, BSE & NSDL (DP)
SEBI Regd. No.: INZ000204533
CIN: U67120WB1995PTC068108

DECLARATION FOR SAME MOBILE NUMBER OR EMAIL ADDRESS

ANNEXURE A

Format of Request [Please tick (☒) wherever applicable]

DP ID	IN303212	**Client ID**		**Date**	DD / MM / YYYY
Name of account holder					
☐ **Mobile Number**					
☐ **Email ID**					
I hereby declare that the aforesaid mobile number or E-mail ID belongs to ☐ Me or ☐ My family (spouse, dependent children and dependent parents).					
Signature of account holder					

033-6820 2020
info@vardhamancapital.net
vardhamancapital.co.in

Registered Office: Wardley House,
25 Swallow Lane, 2nd Floor, Kolkata – 700 001

Vardhaman Capital Private Limited
Member: NSE, BSE & NSDL (DP)
SEBI Regd. No.: INZ000204533
CIN: U67120WB1995PTC068108

DATA UPDATION FORM

From,

_____

_____

_____

Date
DD / MM / YYYY

To,
Vardhaman Capital Pvt. Ltd.
25, Swallow Lane, Wardley House, 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.**	
Address		**MICR No.**	
Name of DP		**Address**	
Client ID		**DP ID**	
New Address			
New Email ID			
Latest Income Details	☐ 0-1 lakh ☐ 1-5 lakhs ☐ 5-10 lakhs ☐ 10-25 lakhs ☐ 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,

Date
DD / MM / YYYY

Place

Signature of the Client

CKYC & KRA KYC Form

Know Your Client Application Form (For Individuals only)

(Please fill the form in English and in BLOCK Letters) Fields marked with '*' are mandatory fields

Application Type* ☐ New ☐ Update
KYC Number* _____
KYC Type* ☐ Normal (PAN is mandatory)
☐ PAN Exempt Investors (Refer Instruction K)

1. IDENTITY DETAILS (Please refer instruction A at the end)

PAN				Please enclose a duly attested copy of your PAN Card
	Prefix	First Name	Middle Name	Last Name
Name* (same as ID proof)				
Maiden Name (If any*)				
Father / Spouse Name*				
Mother Name*				
Date of Birth*	DD / MM / YYYY			**PHOTO** Affix recent passport size photograph and sign across it Signature / Thumb Impression
Gender*	☐ M- Male ☐ F- Female ☐ T-Transgender			
Marital Status*	☐ Married ☐ Unmarried ☐ Others			
Citizenship*	☐ IN- Indian ☐ Others – Country _____ Country Code ___			
Residential Status*	☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin			
Occupation Type*	☐ S-Service (☐ Private Sector ☐ Public Sector ☐ Government Sector) ☐ O-Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student) ☐ B-Business ☐ X-Not Categorised			

2. PROOF OF IDENTITY (PoI)* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

☐ A- Passport Number		**Passport Expiry Date**	DD / MM / YYYY
☐ B- Voter ID Card			
☐ D- Driving Licence		**Driving Licence Expiry Date**	DD / MM / YYYY
☐ E- Aadhaar Card			
☐ F- NREGA Job Card			
☐ Z- Others (any document notified by the central government)		**Identification Number**	

3. PROOF OF ADDRESS (PoA)*

☐ **3.1 Current / Permanent / Overseas Address Details** (Please see instruction D at the end)

Address Line 1*					
Line 2					
Line 3				**City / Town / Village***	
District*		**Zip / Post Code***		**State/UT Code** as per Indian Motor Vehicle Act, 1988	
State/UT*		**Country***		**Country Code** as per ISO 3166	
Address Type*	☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified				

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted) **Proof of Address***

☐ Passport Number		**Passport Expiry Date**	DD / MM / YYYY
☐ Voter ID Card			
☐ Driving Licence		**Driving Licence Expiry Date**	DD / MM / YYYY
☐ Aadhaar Card			
☐ NREGA Job Card			
☐ Others (any document notified by the central government)		**Identification Number**	

☐ **3.2 Correspondence / Local Address Details*** (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)

Address Line 1*					
Line 2					
Line 3				**City / Town / Village***	
District*		**Zip / Post Code***		**State/UT Code** as per Indian Motor Vehicle Act, 1988	
State/UT*		**Country***		**Country Code** as per ISO 3166	

4. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Email ID					
Mobile		**Tel. (Off)**		**Tel. (Res)**	

5. FATCA/CRS INFORMATION (Tick if Applicable)

☐ **Residence for Tax Purposes in Jurisdiction(s) Outside India** (Please refer instruction B at the end) Additional Details Required* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence*		**Country Code of Jurisdiction of Residence** as per ISO 3166	
Tax Identification Number or equivalent* (If issued by jurisdiction)			
Place / City of Birth*			
Country of Birth*		**Country Code** as per ISO 3166	
Address Line 1*			
Line 2			
Line 3		**City / Town / Village***	
District*	**Zip / Post Code***	**State/UT Code** as per Indian Motor Vehicle Act, 1988	
State/UT*	**Country***	**Country Code** as per ISO 3166	

6. DETAILS OF RELATED PERSON (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

☐ Related Person ☐ Deletion of Related Person		**KYC Number of Related Person** (if available*)		
Related Person Type*	☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative			
	Prefix	First Name	Middle Name	Last Name
Name*				

(If KYC number and name are provided, below details of section 6 are optional)

☐ **Proof of Identity [PoI] of Related Person*** (Please see instruction (H) at the end) (Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

☐ A- Passport Number		**Passport Expiry Date**	DD / MM / YYYY
☐ B- Voter ID Card		☐ C- PAN Card	
☐ D- Driving Licence		**Driving Licence Expiry Date**	DD / MM / YYYY
☐ E- Aadhaar Card		☐ F- NREGA Job Card	
☐ Z- Others (any document notified by the central government)		**Identification Number**	

7. REMARKS (If any)

8. 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 declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date DD / MM / YYYY **Place** _____

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies

	KYC Verification Carried Out by (Refer Instruction I)	In-Person Verification (IPV) Carried Out by (Refer Instruction J)
Date	DD / MM / YYYY	DD / MM / YYYY
Emp. Name		
Emp. Code		
Emp. Designation		
Employee Signature		
Institution Details		
Name		
Code		
Emp. Branch		
Institution Stamp		