

Office Address

Name of office		
Flat/Room/ Door / Block No.		
Name of Premises/ Building/ Village		
Road/Street/ Lane/Post Office		
Area / Locality / Taluka/ Sub- Division		
Town / City / District		
State / Union Territory	Pincode / Zip code	Country Name

8 Address for Communication **Residence** **Office** *(Please tick as applicable)*

9 Telephone Number & Email ID details

Country code	Area / STD Code	Telephone / Mobile number
Email ID		

10 Status of applicant

Please select status, **as applicable**

<input type="checkbox"/> Individual	<input type="checkbox"/> Hindu undivided family	<input type="checkbox"/> Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Government
<input type="checkbox"/> Trusts	<input type="checkbox"/> Body of Individuals	<input type="checkbox"/> Local Authority	<input type="checkbox"/> Artificial Juridical Persons	<input type="checkbox"/> Association of Persons
				<input type="checkbox"/> Limited Liability Partnership

11 Registration Number (for company, firms, etc.)

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12 Country of citizenship **ISD code of country of citizenship**

13 Source of Income **Please select status,** **as applicable**

<input type="checkbox"/> Salary	<input type="checkbox"/> Capital Gains
<input type="checkbox"/> Income from Business / Profession Business/Profession code <input type="text"/> <input type="text"/> [For Code: Refer instructions]	<input type="checkbox"/> Income from Other sources
<input type="checkbox"/> Income from House property	<input type="checkbox"/> No income

14 Representative or Agent of the Applicant in India

Full name, address of the Representative or Agent

Full Name (Full expanded name: initials are not permitted)

Please select title, **as applicable** Shri/Mr Smt/Mrs Kumari/Ms M/s

Last Name / Surname	
First Name	
Middle Name	

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15 Documents submitted as Proof of Identity(POI) and Proof of Address (POA)

I/We have enclosed as proof of identity, as proof of address, and as mandatory certified documents

[Please refer to the instructions (as specified in Rule 114 of I.T. Rules, 1962) for list of mandatory certified documents to be submitted as applicable]

16 KYC details* [To be filled in by Foreign Institutional Investor or a Qualified Foreign Investor, as prescribed under the regulations issued by the Securities and Exchange Board of India (SEBI)]

["Control" as defined under SEBI (Substantial Acquisition of Shares and Takeovers) Regulations, 1997

"Beneficial owner" as defined in the para 5.1 of SEBI circular dated December 31, 2010 on Anti Money Laundering.]

(a) In case of Individuals

Please select as applicable

Marital Status Single Married Divorced Widow/Widower

Citizenship Status Foreigner Person of Indian origin Overseas citizen of India

In case of foreigner, country of citizenship

Occupation details Private sector service Public sector/Govt. service Business Professional
 Agriculturist Retired Housewife Student Others

(b) In case of non individuals

Please select as applicable

Private Company Public Company Body Corporate

Financial Institution Non Government Organization Charitable Organization

(c) Gross Annual Income - INR

Networth (Assets less liabilities) in INR

(d) In case of a Public Company, whether listed on a stock exchange Yes No *Please select as applicable*

If yes, then indicate name of the stock exchange

(e) In case of Non-individuals

Does it have few persons or persons of the same family holding beneficial ownership and control.

Yes No *Please select as applicable*

["Control" :Control shall include the right to appoint majority of the directors or to control the management or policy decisions exercisable by a person or persons acting individually or in concert, directly or indirectly, including by virtue of their shareholding or management rights or shareholders agreements or voting agreements or in any other manner "Beneficial owner" means the natural person who ultimately owns or controls the applicant and/or the person on whose behalf a transaction is being conducted, and includes a person who exercises ultimate effective control over a juridical person]

(f) Is the entity involved / providing any of the following services

Please select as applicable

Foreign exchange, Money Changer Services Yes No

Gaming/Gambling/Lottery services (Casinos and Betting Syndicates) Yes No

Money Lending, Pawning Yes No

(g) Whether the applicant or the applicant's authorised signatories/trustees/office bearers is

(i) a politically exposed person Yes No

(ii) related to a politically exposed person Yes No

[For definition of politically exposed person refer to guidelines issued under the Prevention of Money Laundering Act (PMLA)]

(h) Taxpayer identification Number in the country of residence

17 I/We , **the applicant, in the capacity of**

do hereby declare that what is stated above is true to the best of my/our information and belief.

Place

Date D D M M Y Y Y Y

Signature / Left Thumb Impression of Applicant
(inside the box)