

KNOW YOUR CLIENT (KYC) FOR NON - INDIVIDUALS ONLY



SHRI PARASRAM HOLDINGS PRIVATE LIMITED Application No. _____
 Regd. & Corp. Office : Gupta Chambers B- 7, Nimri Shopping Centre, Bharat Nagar, Delhi-110052
 Phone: +91-11-47000000 • Fax : +91-11-27305336 • Website: www.parasramindia.com | CIN : U67120DL1994PTC060726
 SEBI Regn. No. NSE, BSE, MCX & MSEI - INZ000220838, NSDL & CDSL : IN-DP-47-2015

PHOTOGRAPH

Please affix the recent passport size photograph and sign across it

New Changed Request (Please tick ✓ the appropriate) Please fill in ENGLISH and in BLOCK LETTERS with black ink

A. Identity Details (please see guidelines overleaf)

- Name of Applicant** (Please write complete name as per Certificate of Incorporation/Registration; Please do not abbreviate the Name) _____
- Date of Incorporation** DD / MM / YYYY _____ Place of Incorporation _____
- Registration No. (e.g. CIN)** _____ Date of commencement of business DD / MM / YYYY _____
- Status** (Please tick (✓) Private Ltd. Co. Public Ltd. Co. Body Corporate Partnership Trust/Charities/NGOs FI FII HUF AOP Bank Government Body Non-Government Organisation Defence Establishment Body of Individuals Society LLP Others (Please Specify) _____
- Permanent Account Number (PAN) (MANDATORY)** _____ Copy of PAN Card attached

B. Address Details (please see guidelines overleaf)

- Address for Correspondence** _____
 City/Town/Village _____ State _____ Country _____ Pin Code _____
- Contact Details**
 Tel. (Off.) (ISD) (STD) _____ Tel. (Res.) (ISD) (STD) _____ Fax (ISD) (STD) _____
 Mobile (ISD) (STD) _____ E-mail Id : (in BLOCK LETTER) _____
- Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.**
 * Latest Telephone Bill (only Land Line) * Latest Electricity Bill * Latest Bank A/c Statement/Passbook
 Registered Lease/Sale Agreement of Residence Any other proof of address document (as listed overleaf) _____
 * Not more than 3 Months old. Validity/Expiry date of proof of address submitted DD / MM / YYYY _____
- Permanent Address of Resident Applicant if different from above B-1 OR Overseas Address (Mandatory) for NRI**
 City/Town/Village _____ State _____ Country _____ Pin Code _____
- Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (3) against the document attached.**
 * Latest Telephone Bill (only Land Line) * Latest Electricity Bill * Latest Bank Account Statement Registered Lease / Sale Agreement of Office Premises Any other proof of address document (as listed overleaf) (Please Specify) _____
 * Not more than 3 Months old. Validity/Expiry date of proof of address submitted DD / MM / YYYY _____
- Gross Annual Income Details** (Please Tick (✓) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs to 1 Crore Above 1 Crore
- Net-worth in _____ as on (date) ___/___/___ (*Net worth should not be older than 1 year)**

C. Other Details (please see guidelines overleaf)

- Name, PAN, DIN/UID, residential address and photograph of Promoters/Partners/Karta/Trustees/whole time directors**

- A) DIN of whole time directors :** _____
b) Aadhar number of promoters / partners / karta : _____
 (Please fill enclosed Annexure)

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.

NAME & SIGNATURE(S) OF AUTHORISED PERSON(S)

(03)

Place: _____ Date: DD / MM / YYYY _____

IN-PERSON VERIFICATION (FOR OFFICE USE ONLY)

- Name : _____ Auth. Person/ Reg.Sub Broker/ Employee sign : _____
 AP no/Reg.Sub Broker No./Emp. code : _____ Date : DD / MM / YYYY _____
- (Original Verified) True Copies of documents received.
 (Self Attested) Copies received.

*Please note that the KYC Application Form and overleaf instructions should be printed on the same page (back to back). If printed separately then both the pages should be attached and signed by the applicant.

Details of Promoters/Partners/Karta/Trustees and whole time directors forming a part of Know Your Client (KYC) Applications Form For Non-Individual

Name of Applicant _____ PAN of the Applicant _____

1. Name _____
 PAN _____ DIN (For Directors)/UID (for Others) _____
 Residential/Registered Address _____

 City/Town/Village _____ Pin Code _____
 City _____ Country _____
 Relationship with Applicant (i.e. promoters, whole time directors etc.) _____
 Wether Politically Exposed PEP (Politically Exposed Person) RPEP (Related to Politically Exposed Person) No.

PHOTOGRAPH

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2. Name _____
 PAN _____ DIN (For Directors)/UID (for Others) _____
 Residential/Registered Address _____

 City/Town/Village _____ Pin Code _____
 City _____ Country _____
 Relationship with Applicant (i.e. promoters, whole time directors etc.) _____
 Wether Politically Exposed PEP (Politically Exposed Person) RPEP (Related to Politically Exposed Person) No.

PHOTOGRAPH

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3. Name _____
 PAN _____ DIN (For Directors)/UID (for Others) _____
 Residential/Registered Address _____

 City/Town/Village _____ Pin Code _____
 City _____ Country _____
 Relationship with Applicant (i.e. promoters, whole time directors etc.) _____
 Wether Politically Exposed PEP (Politically Exposed Person) RPEP (Related to Politically Exposed Person) No.

PHOTOGRAPH

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4. Name _____
 PAN _____ DIN (For Directors)/UID (for Others) _____
 Residential/Registered Address _____

 City/Town/Village _____ Pin Code _____
 City _____ Country _____
 Relationship with Applicant (i.e. promoters, whole time directors etc.) _____
 Wether Politically Exposed PEP (Politically Exposed Person) RPEP (Related to Politically Exposed Person) No.

PHOTOGRAPH

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Name & Signature of Authosied Signatory(ies) _____

Date dd / mm / yyyy

PEP : Politically Exposed Person

RPEP : Related to Politically Exposed Person

FATCA & CRS DECLARATION (FOR NON-INDIVIDUAL)

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India Yes No

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Sr. No.	Country	Tax Identification Number*	Identification Type (TIN or Other ; please specify)
1.			
2.			
3.			

* In case Tax Identification Number is not available, kindly provide its functional equivalent.

In case 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 U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1.	We are a, Financial institution <input type="checkbox"/> (Refer 1 of Part C) or Direct reporting NFE <input type="checkbox"/> (Refer 3(vii) of Part C) (please tick as appropriate)	GIIN <input style="width: 100%;" type="text"/> 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 Name of sponsoring entity _____ _____
	GIIN not available (please tick as applicable)	<input type="checkbox"/> Applied for <input type="checkbox"/> Not obtained – Non-participating FI <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <input style="width: 40px;" type="text"/> (Refer 1 A of Part C)

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1.	Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2.	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3.	Is the Entity an active NFE (Refer 2c of Part C)	Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <input style="width: 40px;" type="text"/> (Mention code – refer 2c of Part C)
4.	Is the Entity a passive NFE (Refer 3(ii) of Part C)	Yes <input type="checkbox"/> Nature of Business _____

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category):

<input type="checkbox"/> Unincorporated association / body of individuals	<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Limited Liability Partnership Company
<input type="checkbox"/> Others (please specify _____)	<input type="checkbox"/> Public Charitable Trust	<input type="checkbox"/> Religious Trust	<input type="checkbox"/> Private Trust

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
PAN #			
Address	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____

Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Tax ID %			
Tax ID Type			
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Holding (%) ⁵			

* To include US, where controlling person is a US citizen or green card holder

If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.

⁶ In case Tax Identification Number is not available, kindly provide functional equivalent

⁵ Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

DECLARATION

I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Shri Parasram Holdings Pvt. Ltd. for any modification to this information promptly.

I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

Name	
Designation	

Signatures (16)  _____ (08)  _____ (08)  _____
 Sole/First Holder Signature Second Holder Signature Third Holder Signature

Place _____ Date ____/____/____

*For detail terms & conditions please see Client Copy