

Indiabulls Securities Limited (Formerly Dhani Stocks Limited)

Corporate Identity Number (CIN): U74999DL2003PLC122874;

Correspondence Address Plot no. 108, 5th Floor, IT Park, Udyog Vihar, Phase - I, Gurugram - 122016, Haryana.

Email: helpdesk@indiabulls.com; grievances_isl@indiabulls.com;

Website: <https://www.ibullssecurities.com/>; Phone: 022-61446300 Fax: 0124 6681111

Registered Office Address: A-2, First Floor, Kirti Nagar, New Delhi – 110015; CIN: U74999DL2003PLC122874

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

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

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

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															
Contact Details															
Telephone (Off.)								Fax							
Telephone (Res.)								Mobile							
Email ID															
Registered Address (if different from above)															
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

Name (1)											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					

Name (2)											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					

Name (3)											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	
Name										
Signature	✍️ (3)				✍️ (3)				✍️ (3)	
Photograph	<div style="border: 1px solid black; padding: 10px; width: 100%;"> Please affix your recent passport size photograph and sign across it </div>				<div style="border: 1px solid black; padding: 10px; width: 100%;"> Please affix your recent passport size photograph and sign across it </div>				<div style="border: 1px solid black; padding: 10px; width: 100%;"> Please affix your recent passport size photograph and sign across it </div>	
Date	D	D	M	M	Y	Y	Y	Y	Place	

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

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

FOR OFFICE USE ONLY

Intermediary Name - Indiabulls Securities Limited (Formerly Dhani Stocks Limited)

<input type="checkbox"/> (Originals Verified) True copies of documents received										SEAL/STAMP of Indiabulls Securities Limited (Formerly Dhani Stocks Limited)
<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

Name of the entity									
Type of address given at KYC		<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. In case of any change, please approach KRA & notify any changes.</i>							
PAN									
City of incorporation						Country of Incorporation			
Date of Incorporation (DD/MM/YYYY)		D	D	M	M	Y	Y	Y	Y
Entity constitution type (please tick as appropriate)		<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)

Part A (to be filled by Financial Institutions or Direct Reporting NFFEs)	
We are a - <input type="radio"/> Financial Institution / FFI ⁶ <input type="radio"/> Direct Reporting NFFEs ⁷ (Please √ as appropriate)	GIIN (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>
	Name of the sponsoring entity
	GIIN not available [tick any one]: <input type="checkbox"/> Applied For If entity is a financial institution: <input type="checkbox"/> Not required to apply for – please specify 2 digit sub-category ¹⁰ <input type="checkbox"/> <input type="checkbox"/> Not obtained - Non-participating FFI

Signature of authorised signatory:  (4) _____

Part B [Fill any one as applicable - to be filled by NFEs other than Direct Reporting NFEs]

1	Is the entity a publicly traded company ¹ [that is, a company whose shares are regularly traded on an established securities market]	Yes <input type="checkbox"/> (Please specify any one Stock Exchange(s) on which the stock is regularly traded) Name of the Stock Exchange: _____
2	Is the entity a Related Entity ² of a publicly traded company [a company whose shares are regularly traded on an established securities market]	Yes <input type="checkbox"/> (Please specify the name of the listed company, name of the Stock Exchange(s) where it is traded regularly) Name of the listed company: _____ Name of the Stock Exchange: _____ Nature of relation: <input type="checkbox"/> Subsidiary of listed company (or) <input type="checkbox"/> Controlled by listed company
3	Is the entity an Active ³ NFE?	Yes <input type="checkbox"/> (if yes, please fill UBO declaration in the next section) Nature of business _____ Please specify sub-category of Active NFE _____ [mention code]
4	If the entity a Passive ⁴ NFE: [Refer instructions h.]	Yes <input type="checkbox"/> (if yes, please fill UBO declaration in the next section) Nature of business _____

¹ Refer 2a of Part C; ² Refer 2b of Part C; ³ Refer 2c of Part C; ⁴ Refer 3(ii) of Part C; ⁶ Refer 1 of Part C; ⁷ Refer 3 (vii) of Part C; ¹⁰ Refer 1A of Part C;

UBO Declaration

Category (please applicable category):
 Unlisted company Partnership Firm Limited Liability Partnership Company Public charitable trust
 Religious trust Unincorporated association / body of individuals Private trust Others (please specify) _____

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.

Owner documented FFI's⁵ should provide FFI Owner Reporting Statement and Auditor's letter with required details as mentioned in Form W8 BEN E

<ul style="list-style-type: none"> Name – Beneficial Owner / Controlling Person Country – Tax Residency* Tax ID No. – or functional equivalent for each country % 	<ul style="list-style-type: none"> Tax ID Type – TIN or Other, please specify Beneficial interest – in % Type Code¹¹ – of controlling person 	<ul style="list-style-type: none"> Address – Include State, Country, PIN/ZIP code and contact details
Name: Country: Tax ID No %:	Tax ID Type: Type Code: Address type: <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	Address: Zip: State: Country:
Name: Country: Tax ID No %:	Tax ID Type: Type Code: Address type: <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	Address: Zip: State: Country:

Signature of authorised signatory:  (5) _____

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
Net worth should not be older than 1 year											

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			