

REACTIVATION REQUEST FORM

Date:

Elite Wealth Limited

S-8, DDA Shopping Complex,

Mayur Vihar Phase-1, New Delhi-110091



Sub: Application for reactivation of trading account

I / We _____ registered with you as a client having trading account with unique client code: _____ since _____ (account opening date).

I have not traded in my trading account for the last **24** months and now I wish to restart trading in my trading account. So you are requested to reactivate my trading account and me to trade in my trading account with immediate effect.

I hereby undertake that:

- I have completed all the KYC formalities and submitted all the required documents at the time of account opening.
- There is no change* in my KYC details (address, Mobile, email ID, bank account, Annual Income etc).

I/we declare that the information given above is true and correct to the best of my knowledge and belief.

Thanking you

Yours Sincerely,

()

Client Signature

Client Name:

In person carried out by:

Employee Name		Employee Code:-	
Employee Designation		Employee Signature	
Date		Place	

- In case there is any change in the KYC details then the client is need to submit the modification form along with the required documents duly self-attested.
- In case of corporate account Latest year Balance sheet is required for Reactivations.

KNOW YOUR CLIENT (KYC) Application Form - For Non-Individual
☐ **NEW** ☐ **CHANGE REQUEST** (Please tick ✓ the appropriate)

Please fill this form in ENGLISH and in BLOCK LETTERS

(Please tick ✓ the box on left margin of appropriate row where CHANGE/CORRECTION is required and provide the details in the corresponding row)

Acknowledgement No.
A IDENTITY DETAILS

Name of the Applicant

Date of Incorporation

Date of commencement of business

Permanent Account Number (PAN)

Registration No. (e.g. CIN)

Status (Please tick any one)

- | | | | | | |
|--|--|--|--|--------------------------------|------------------------------------|
| <input type="checkbox"/> Private Limited Co. | <input type="checkbox"/> Public 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"/> HUF | <input type="checkbox"/> Defence Establishment | <input type="checkbox"/> AOP | <input type="checkbox"/> Bank |
| <input type="checkbox"/> Government Body | <input type="checkbox"/> Non-Government Organization | <input type="checkbox"/> FPI-Category I | <input type="checkbox"/> FPI-Category II | <input type="checkbox"/> BOI | <input type="checkbox"/> Society |
| <input type="checkbox"/> LLP | <input type="checkbox"/> FPI-Category III | <input type="checkbox"/> Others (Please specify) | | | |

B ADDRESS DETAILS

Correspondence Address

City / Town / Village

State

Specify the Proof of Address submitted for Correspondence Address:

Contact Details

Tel. (Off.)

Fax

Tel. (Res.)

Mobile No

E-Mail Id.

Registered Address (If different from above)

City / Town / Village

State

C OTHER DETAILS

Name, PAN, Residential Address and photographs of Promoters/Partners/Karta/Trustees and whole time directors :

If space is insufficient, enclosed these details separately (illustrative format enclosed)

DIN OF Whole time directors :

If space is insufficient, enclosed these details separately (illustrative format enclosed)

AADHAR No. OF Promoters/Partners/Karta :

If space is insufficient, enclosed these details separately (illustrative format enclosed)

D 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 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/We are aware that I/we may be held liable for it.

Date



Name & Signature of the Director/Authorised Signatory(ies)

FOR OFFICE USE ONLY
In Person Verification (IPV) Details:

Name of the person who has done the IPV:

Designation:

Name of the Organization: **ELITE WEALTH LIMITED**

Date of IPV:

Signature of the person who has done the IPV

Seal/Stamp of the Intermediary

☐ Originals Verified & Self Attested Document copies received

Date

Place :

Name & Signature of the Authorised Signatory

1. Name _____ 2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____ 3a. PAN _____ 3b. DIN/Aadhaar No. _____ 4. Residential/ Registered Address _____ _____ City / Town / Village _____ Pin Code _____ State _____ Country _____ 5. Please tick, if applicable : <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (PEP)	PHOTOGRAPH Please affix your recent passport size photograph and sign across it
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1. Name _____ 2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____ 3a. PAN _____ 3b. DIN/Aadhaar No. _____ 4. Residential/ Registered Address _____ _____ City / Town / Village _____ Pin Code _____ State _____ Country _____ 5. Please tick, if applicable : <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (PEP)	PHOTOGRAPH Please affix your recent passport size photograph and sign across it
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--	--



 Name & Signature of the Authorised Signatory (ies)

Date :

D	D
---	---

M	M
---	---

Y	Y	Y	Y
---	---	---	---

[illegible]

7. APPLICANT DECLARATION (Please refer Instruction **G** at the end)

- Signature / Thumb Impression of Authorised Person(s)

Place:

8. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ Equivalent e-document ☐

KYC VERIFICATION CARRIED OUT BY

Identity Verification ☐ Done Date --

[illegible][illegible][illegible]

Emp. Branch

(Employee Signature)

INSTITUTION DETAILS

[illegible]

Code

[Institution Stamp]

To,

Elite Wealth Limited

DP-ID : NSDL : IN301670, CDSL : 12066800

S-8, DDA Shopping Complex, Mayur Vihar Phase-1, New Delhi-110091

Dear Sir /Madam,

Kindly make a note of changes in my demat & trading account, as given below, in your records.



www.elitewealth.in

Trading Code :

Demat Client ID :

FOR TRADING A/C

☐ Addition of New Bank Account

☐ Change my Bank Account

FOR DEMAT A/C

☐ Change my Bank Account

Note: Kindly submit supporting documents along with your modification requested.

Bank Proof: Copy of cancelled cheque leaf/ pass book/bank statement specifying name of the constituent, MICR Code or/and IFSC Code of the bank should be submitted.

BANK ACCOUNT DETAILS (FOR DP & TRADING)

(Through which transactions will generally be routed)

Existing Bank Details	New Bank Details
Bank Name : _____	Bank Name : _____
Account No. : _____	Account No. : _____
Branch : _____	Branch : _____
Address : _____	Address : _____
MICR Code of Branch : _____	MICR Code of Branch : _____
Pin Code : _____	Pin Code : _____
IFS Code : _____	IFS Code : _____
Account Type : <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE/NRO	Account Type : <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE/NRO
<input type="checkbox"/> OTHERS : _____ (Please Specify)	<input type="checkbox"/> OTHERS : _____ (Please Specify)

DECLARATION

1. 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 am/we are aware that I/We may be held liable for it.
2. I/We confirm having read/been explained and understood the contents of the document on policy and procedures of the stock broker and the tariff sheet.
3. I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and 'Risk Disclosure Document'. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on stock broker's designated website, if any.

Name of Applicant : _____

Place : _____

Date : _____

Signature of 1st Holder

Signature of 2nd Holder

Signature of 3rd Holder



FATCA & CRS Declaration - Non Individual

[illegible]

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 (Refer 1 of Part C) or Direct reporting NFE (Refer 3(vii) of Part C) (please tick as appropriate)
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GIIN not available (please tick as applicable)

GIIN

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

☐ Applied for☐ Not obtained – Non-participating FI☐ Not required to apply for - please specify 2 digits sub-category

(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 ☐ (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 ☐ (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: ☐ Subsidiary of the Listed Company or ☐ Controlled by a Listed Company

Name of stock exchange

3.	Is the Entity an active NFE (Refer 2c of Part C)
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Yes ☐ Nature of Business

Please specify the sub-category of Active NFE

(Mention code – refer 2c of Part C)

4. Is the Entity a passive NFE (Refer 3(ii) of Part C)

Yes ☐ 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): ☐ Unlisted Company ☐ Partnership Firm ☐ Limited Liability Partnership Company

☐ Unincorporated association / body of individuals ☐ Public Charitable Trust ☐ Religious Trust ☐ 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(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: <input type="text"/> Country: <input type="text"/>	Zip <input type="text"/> State: <input type="text"/> Country: <input type="text"/>	Zip <input type="text"/> State: <input type="text"/> Country: <input type="text"/>
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="text"/>	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="text"/>	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="text"/>
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 (%) †			
* 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. * In case Tax Identification Number is not available, kindly provide functional equivalent † 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 Elite Wealth Limited 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			
Client Signature 	Date : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	Place : <input type="text"/>		
For Investor convenience, Elite Wealth Limited collecting this mandatory information for updating across all Group Companies of Elite Wealth Limited whether you are already an investor or would become an investor in future. Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest Elite Wealth Limited branch or you can dispatch the hard copy to- Elite Wealth Limited S-8, DDAShopping Complex, Mayur Vihar Phase-1, Delhi-110091			
• For Detail Terms & Conditions please visit www.elitewealth.in			