

KNOW YOUR CLIENT (KYC) Application Form - For Non-Individual

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 _____ Place 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"/> AOP	<input type="checkbox"/> Bank	<input type="checkbox"/> Government Body
<input type="checkbox"/> Defense Establishment	<input type="checkbox"/> BOI	<input type="checkbox"/> Society	<input type="checkbox"/> LLP
			<input type="checkbox"/> Non-Government Organization
			<input type="checkbox"/> Others (Please specify)

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

B ADDRESS DETAILS

Correspondence Address _____

City / Town / Village _____ Pin Code _____

State _____ Country _____

Contact Details

Tel. (Off.) _____ Fax _____

Tel. (Res.) _____ Mobile No _____

E-Mail Id. _____

Specify the Proof of Address submitted for Correspondence Address: _____

Registered Address (If different from above) _____

City / Town / Village _____ Pin Code _____

State _____ Country _____

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

Originals Verified & Self Attested Document copies received

Name & Signature of the Authorised Signatory

Date _____ Place : _____

Seal/Stamp of the Intermediary

**Details of Promoters / Partners / Karta / Trustees and Whole Time Directors
forming a part of Know Your Client (KYC) Application Form for Non-Individuals**

Sr. No.	Name	Relationship with Applicant (i.e. promoters, whole time directors etc.)	PAN	Residential / Registered Address	DIN of whole time directors / Aadhaar number of Promoters / Partners / Karta	Photograph
1.					DIN : UID :	
2.					DIN : UID :	
3.					DIN : UID :	
4.					DIN : UID :	
5.					DIN : UID :	

Name & Signature of the Authorised Signatory(ies)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FATCA & CRS Declaration - Non Individual

PAN Trading Code DP Code

Name

Please tick the applicable tax resident declaration -

I. 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 ² , please specify)
1.			
2.			

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 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 <input type="text"/> <input type="checkbox"/> 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 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 <input type="text"/>
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 <input type="text"/> Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange <input type="text"/>
3. Is the Entity an active NFE (Refer 2c of Part C)	Yes <input type="checkbox"/> Nature of Business <input type="text"/> Please specify the sub-category of Active NFE <input 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 <input type="text"/>

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

Category (Please tick applicable category):

Unincorporated association / body of individuals
 Unlisted Company
 Partnership Firm
 Limited Liability Partnership Company
 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: _____ 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 ⁶			
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

⁶ 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.

⁸ 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 Elite Wealth Advisors 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 : |||||||

Place :

For Investor convenience, Elite Wealth Advisors Limited collecting this mandatory information for updating across all Group Companies of Elite Wealth Advisors 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 Advisors Limited branch or you can dispatch the hard copy to-

Elite Wealth Advisors Limited
S-8, DDA Shopping Complex,
Mayur Vihar Phase-I, Delhi-I 10091

• For Detail Terms & Conditions please visit www.elitewealth.in