Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

Name of Applicant _____ **PAN of the Applicant**

Sr. No.	PAN	Name	DIN (For Directors) / UID (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed	Photograph
						☐ PEP ☐ RPEP ☐ NO	
						☐ PEP ☐ RPEP ☐ NO	
						☐ PEP ☐ RPEP ☐ NO	
						☐ PEP ☐ RPEP ☐ NO	
						☐ PEP ☐ RPEP ☐ NO	

Name & Signature of the Authorised Signatory(ies) Date d d / m m / y y y y

PEP: Politically Exposed Person **RPEP:** Related to Politically Exposed Person

* FATCA declaration and details for entities

(Mandatory for Non-Individual Applicants/Investors)
Please refer annexure for definitions
(Please seek advice from a tax professional on any FATCA aspects)

Part A: Applicant Details:-

PAN		**CRF No.**	please specify
Applicant Name			

Part B:

Incorporation / Formation in India	☐ Yes ☐ No	
If No, please specify the countries of Incorporation / Formation / Tax Residency	Country of Incorporation / Formation	Country of Tax Residency
Tax Payer Identification Number (If the country of Incorporation / Formation / Tax Residency is other than India		

Part C:

Are you a financial institution (including an FFI) (Refer instructions) If yes, please provide the following information:

☐ an Indian Financial Institution ☐ a financial institution in another country that has intergovernmental agreement (IGA) with the US on FATCA ☐ an FFI in a country without an IGA that has registered to obtain a GIIN ☐ others _____ (please specify)	GIIN: _____ (Global Intermediary Identification Number)	If GIIN not available (tick any one) ☐ Applied for _____ (please specify the date) ☐ Not required to apply/not obtained for the following reasons: ☐ We are non participating FFI ☐ We are a certified deemed compliant FFI under US Treasury Regulation ☐ We are an exempt beneficial owner under US Treasury Regulations ☐ Any other reason _____(please specify)

Part D:

1	Are you a listed company (that is, a company whose shares are regularly traded on a recognized stock exchange)	☐ YES ☐ No If yes, specify the name of the stock exchange(s) where it is regularly traded 1. _____ 2. _____
2	Are you a "Related Entity" of a listed company (Refer instruction b)	☐ YES ☐ No If yes, specify the name of the listed company 1. _____ 2. _____ Specify the name of the stock exchange(s) where it is regularly traded 1. _____ 2. _____
3	Are you an active NFFE (Refer instructions c & d) Details of controlling persons will not be considered for FATCA purpose	☐ YES ☐ No If yes, specify the nature of business _____
4	Are you a passive NFFE (Refer instructions e & g)	☐ YES ☐ No If yes, specify the nature of business _____ For all Controlling Persons who are citizens / tax residents / green card holders other than India, provide their Name, Address, Taxpayer Identification Number and Percentage of Holding by filling UBO Form & enclose additionally

Declaration:

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after consulting necessary tax professionals. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may liable for it. I/We hereby authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / associated parties / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India and other investigation agencies without any obligation of advising me/us of the same. Further, I/We, authorize to share the given information to other SEBI Registered Intermediaries to facilitate single submission / updation & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information / documentary proof as may be required at your end

Date : | D | D | / | M | M | M | / | Y | Y | Y | Y |

Place : _____

Sign Here

Names and Signature(s) of Authorized Signatory(ies) with Official Stamp

(Applicable only in HUF case)

To,

Suresh Rathi Securities Pvt.Ltd.
11/12 Mithila "A"CHS Ltd. ,J.B.Nagar (E)
Tel : 022-283 54000 . Fax : 2820 5533 .
E - mail : mumbai@srspl.com
MUMBAI - 400059

DECLARATION

To whomsover it mav concern

I _____ is the karta of _____ HUF.

The beneficiaries of the HUF are as follows

SNo.	Name	Relationship	Sex	Dath of Birth	Age

For_____ HUF

_____Karta

(Please affix the seal of HUF)

To whomsoever it may concern

I/We hold a Beneficiary account no.1201210100_____with Central Depository Services (India) Ltd.,through 'Suresh Rathi Securities Pvt.Ltd.'bearing DP Id_12012101.

(Unique Client Code :_____)

I/We hereby appoint 'Suresh Rathi Securities Pvt.Ltd.'as my/our true and lawful attorney for pay-in obligations arising out of the transaction of sale effected by me through 'Suresh Rathi Securities Pvt.Ltd.'

And we,undersigned do not have any objection for POA executed by_____Karta of HUF,

Sr.No.	Name	Relationship	Signature
1.			
2.			
3.			
4.			
5.			

For_____HUF

_____Karta

(STAMP & SIGN)

Know Your Client (KYC) Application Form (For Non-Individuals Only)

CVL

Place for Intermediary Logo

Application No. :

Please fill in ENGLISH and in BLOCK LETTERS

A. Identity Details (please see guidelines overleaf)

1. Name of Applicant (Please write complete name as per Certificate of Incorporation / Registration; leaving one box blank between 2 words. Please do not abbreviate the Name).

2. Date of Incorporation d d / m m / y y y y **Place of Incorporation**

3. Registration No. (e.g. CIN) **Date of commencement of business** d d / m m / y y y y

4. 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)

5. Permanent Account Number (PAN) (MANDATORY) Please enclose a duly attested copy of your PAN Card

B. Address Details (please see guidelines overleaf)

1. Address for Correspondence

City / Town / Village Postal Code
State Country

2. Contact Details

Tel. (Off.) (ISD) (STD) Tel. (Res.) (ISD) (STD)
Mobile (ISD) (STD) Fax (ISD) (STD)
E-Mail Id.

3. 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 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** d d / m m / y y y y

4. Registered Address (If different from above)

City / Town / Village Postal Code
State Country

5. 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 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** d d / m m / y y y y

C. Other Details (please see guidelines overleaf)

1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors (Please use the Annexure to fill in the details)

2. Any other information:

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

Place:

Date:

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

FOR OFFICE USE ONLY

AMC/Intermediary name **OR** code

☐ (Originals Verified) Self Certified Document copies received

☐ (Attested) True copies of documents received

Seal/Stamp of the intermediary should contain
Staff Name
Designation
Name of the Organization
Signature
Date

From:-

_____

_____

_____

_____

To,

M/S Suresh Rathi Securities Pvt.Ltd.
CDSL, Jodhpur branch, Mahesh Hostel Complex,
Chopasani Road, Jodhpur - 342003

Sub : Change of signature

Bo id: 12012101_____

Reason: 1- In Capable To Sign Due To Old Age
2 -For Same Signature in all account
3 -Sign too old incapable to sign
4 -Other specify_____

Dear Sir,

I/We request you to please record my/our new signature's which are as under:

Old signature of New signature of

Thanking you

Yours faithfully,

To,

Suresh Rathi Sec. P.Ltd.
Mahesh Hostel Complex, 1st Floor,
Chopasani Road,
Jodhpur – 342 003

NO OBJECTION CERTIFICATE

We the remaining members of HUF authorizes Mr._____

to act as Karta of _____HUF. We have no objection if

Mr _____act as Karta of HUF. We want DP to update the name

of _____in the account maintained with DP

Sr. No.	Name	Relationship	Sex	Age	Signature
1.					
2.					
3.					
4.					
5.					

For _____ HUF

_____Karta

(Please affix the seal of HUF)

Suresh Rathi
Since 1981 | Wealth Creator thru Systematic Investment

CENTRAL KYC REGISTRY

Know Your Customer (KYC) Application Form | For Individuals

Important Instructions:

A) Fields marked with '*' are mandatory fields.
B) Please fill the form in English and in BLOCK letters.
C) Please fill the date in DD-MM-YYYY format.
D) Please read section wise detailed guidelines / instructions at the end.
E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
F) List of two character ISO 3166 country codes is available at the end.
G) KYC number of applicant is mandatory for update application.
H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only
(To be filled by financial institution)

Application Type* ☐ New ☐ Update
KYC Number _____ *(Mandatory for KYC update request)*
Account Type* ☐ Normal ☐ Simplified (for low risk customers) ☐ Small

☐ 1. PERSONAL DETAILS (Please refer instruction **A** at the end)

	Prefix	First Name	Middle Name	Last Name
☐ Name* (Same as ID proof)				
Maiden Name (If any*)				
Father Name*				
Mother Name*				

Date of Birth* D D – M M – Y Y Y Y

PHOTO

Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender
Marital Status* ☐ Married ☐ Unmarried ☐ Others
Citizenship* ☐ IN- Indian ☐ Others (ISO 3166 Country Code ☐☐)
Residential Status* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin
Occupation Type* ☐ S-Service (☐ Private Sector ☐ Public Sector ☐ Government Sector) ☐ O-Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student) ☐ B-Business ☐ X- Not Categorised

Applicant Signature / Thumb Impression

Gross Annual Income (Range) ☐ Below Rs 1 LAC ☐ Rs 1-5 LAC ☐ Rs 5-10 LAC ☐ Rs 10-25 LAC ☐ Above Rs 25 LAC ☐

☐ 2. TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction **B** at the end)

ADDITIONAL DETAILS REQUIRED * (Mandatory only if section 2 is ticked)
ISO 3166 Country Code of Jurisdiction of Residence* ☐☐
Tax Identification Number or equivalent (If issued by jurisdiction)* _____
Place / City of Birth* _____ ISO 3166 Country Code of Birth* ☐☐

☐ 3. PROOF OF IDENTITY (PoI)* (Please refer instruction **C** at the end) *(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)*

☐ A- Passport Number _____ Passport Expiry Date D D – M M – Y Y Y Y
☐ B- Voter ID Card _____
☐ C- PAN Card _____
☐ D- Driving Licence _____ Driving Licence Expiry Date D D – M M – Y Y Y Y
☐ E- UID (Aadhaar) _____
☐ F- NREGA Job Card _____
☐ Z- Others (any document notified by the central government) _____ Identification Number _____
☐ S- Simplified Measures Account - Document Type code ☐☐ Identification Number _____

4. PROOF OF ADDRESS (PoA)*

☐ 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction **D** at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified
Proof of Address* ☐ Passport ☐ Driving Licence ☐ UID (Aadhaar) ☐ Voter Identity Card ☐ NREGA Job Card ☐ Others _____ please specify ☐ Simplified Measures Account - Document Type code ☐☐

Address

Line 1* _____
Line 2 _____
Line 3 _____ City / Town / Village* _____
District* _____ Pin / Post Code* _____ State / U.T Code* ☐☐ ISO 3166 Country Code* ☐☐

☐ 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction **E** at the end)

☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill '**Annexure A1** ')

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

☐ 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

☐ Same as Current / Permanent / Overseas Address details ☐ Same as Correspondence / Local Address details

Line 1*

Line 2

Line 3 City / Town / Village*

State* ZIP / Post Code* ISO 3166 Country Code*

☐ **5. CONTACT DETAILS** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Tel. (Off) – Tel. (Res) – Mobile –

FAX – Email ID

☐ **6. DETAILS OF RELATED PERSON** (In case of additional related persons, please fill 'Annexure B1') (please refer instruction **G** at the end)

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

Name* Prefix First Name Middle Name Last Name

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (**H**) at the end)

☐ A- Passport Number Passport Expiry Date D D – M M – Y Y Y Y

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence Driving Licence Expiry Date D D – M M – Y Y Y Y

☐ E- UID (Aadhaar)

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government) Identification Number

☐ S- Simplified Measures Account - Document Type code Identification Number

☐ **7. REMARKS (If any)**

8. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my 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 aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : D D – M M – Y Y Y Y Place :

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY **Documents Received** ☐ Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date D D – M M – Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name **SURESH RATHI SECURITIES PVT. LTD.**

Code

[Institution Stamp]

Execution of 'Demat Debit and Pledge Instruction' (DDPI) for transfer of securities towards deliveries / settlement obligations and pledging / re-pledging of securities.

PLEASE FILL ALL THE DETAILS IN BLOCK LETTERS IN ENGLISH & FILL SEPARATE REQUEST FOR NSDL & CDSL (Please mark (✓) on the appropriate box).

Date :

Client Name. _____

☐ CDSL DP ID - 1 2 0 1 2 1 0 . BO ID: | | | | | | | | | Client Code: | | | | | | | | |

Dear Sir/Madam,

I/We executing the Demat Debit and Pledge instruction in favor of Suresh Rathi Securities Pvt Ltd., authorizing them to operate aforesaid beneficiary account for the below mentioned purpose.

Demat Debit and Pledge Instruction

Annexure-A

Purpose	Signature	Signature of HUF Coparcner / Any other Auth.Sign.		
Transfer of securities held in the benefcial owner accounts of the client towards Stock Exchange related deliveries / settlement obligations arising out of trades executed by clients on the Stock Exchange through the same stock broker	1st Holder 2nd Holder 3rd Holder	Sno.	Name	Signature
		1.		
		2.		
		3.		
		4.		
Pledging / re-pledging of securities in favor of trading member (TM) / clearing member (CM) for the purpose of meeting margin requirements of the clients in connection with the trades executed by the clients on the Stock Exchange	1st Holder 2nd Holder 3rd Holder	Sno.	Name	Signature
		1.		
		2.		
		3.		
		4.		
Mutual Fund transactions being executed on Stock Exchange order entry platforms.	1st Holder 2nd Holder 3rd Holder	Sno.	Name	Signature
		1.		
		2.		
		3.		
		4.		
Tendering shares in open offers through Stock Exchange platforms.	1st Holder 2nd Holder 3rd Holder	Sno.	Name	Signature
		1.		
		2.		
		3.		
		4.		

Note : This authorization will continue to remain valid until revoked in writing by you (persuant to SEBI Circular no. **SEBI/HO/MIRSD/DoP/P/CIR/2022/44 dated April 04,2022**) and **SEBI/HO/MIRSD/MIRSD-PoD-1/P/CIR/2022/137 dt 6th October,2022**

I/We accept (For Suresh Rathi Securities Pvt Ltd.).

Authorized Signatory:

Note: Demat Debit and Pledge Instruction Document shall be effective from 19th November 2022 or from the date as prescribed in the circular.

Annexure A - List of Demat Account

S.NO	DPID	CLIENT ID	DP NAME	ACCOUNT TYPE
TRANSFER/PLEDGE THE SECURITIES TO SURESH RATHI SECURITIES PVT LTD				
1	12012101	00071081	SURESH RATHI SECURITIES PVT LTD	BSE POOL ACCOUNT (CDSL)
2	12012101	00071100	SURESH RATHI SECURITIES PVT LTD	NSE POOL ACCOUNT (CDSL)
3	IN301803 (IN653382-CMBP ID)	10012647	ANAND RATHI SHARES & STOCK BROKERS LTD	BSE POOL ACCOUNT (NSDL)
4	IN301803 (IN561348 – CMBP ID)	10012639	ANAND RATHI SHARES & STOCK BROKERS LTD	NSE POOL ACCOUNT (NSDL)
5	12012101	00904694	SURESH RATHI SECURITIES PVT LTD	NSE SLBS POOL ACCOUNT (CDSL)
6	11000010	00012769	INDIAN CLEARING CORPORATION LTD	BSE EARLY PAYIN ACCOUNT (CDSL)
7	11000010	00015105	NATIONAL SECURITIES CLEARING CORPORATION LTD	NSE EARLY PAYIN ACCOUNT (CDSL)
8	11000023	00000864	NATIONAL SECURITIES CLEARING CORPORATION LTD	NSE SLBM EARLY PAYIN ACCOUNT (CDSL)
9	12012101	00892464	SURESH RATHI SECURITIES PVT LTD	CLIENT SECURITIES MARGIN PLEDGE ACCOUNT (CDSL)
10	IN301803	10035882	ANAND RATHI SHARES & STOCK BROKERS LTD	CLIENT SECURITIES MARGIN PLEDGE ACCOUNT (NSDL)
11	12012101	00893400	SURESH RATHI SECURITIES PVT LTD	CLIENT SECURITIES MARGIN PLEDGE ACCOUNT (COLLATERAL) (CDSL)

MODE OF OPERATION FOR EXECUTION OF TRANSACTIONS
(Transfer, Pledge & Freeze)

❑ Jointly ❑ Anyone of the Holder

Consent for Communication to be received by first account holder/ all Account holder: (Tick the applicable box.)
If not marked the default option would be **first holder**.

❑ First Holder	❑ All Holder ❑ Second Holder ❑ Third Holder	E-mail id

Sole / First Holder's Signature	Second Holder's Signature	Thire Holder's Signature

Suresh Rathi
Wealth Creator thru Systematic Investment
Since 1981

info@sureshrathi.in • www.sureshrathi.com

Registered Office:
11 & 12 "A", Wing, Mithila Apartment,
J. B. Nagar, Andheri (E),
Mumbai – 400059.
Tel.: 022-28354000, **Fax:**022-28205533

Corporate Office:
Mahesh Hostel Complex,
Opp. Bombay Motors, Chopasni Road,
Jodhpur - 342003.
Tel. : 0291-27 97000, **Fax:** 0291-24 30913

Account Details Addition / Modification / Deletion Request Form

BOID	1	2	0	1	2	1	0									Date			
Trading Code										PAN									

Account Holder's Details

Name of the Sole / First Holder	
Name of Second Joint Holder	
Name of Third Joint Holder	

Dear Sir / Madam,

I / We request you to make the following additions / modifications / deletions to my / our Trading and Demat account in your records

☐ I/We request to carry out the change of address / signature in the demat account

☐ I/We request to carry out the change of address / signature in the KRA and demat account

Bank Details	Existing Details	New Details
	Bank Name:	
	A/c No.:	
Addition ☐	A/c Type: ☐ Saving Account ☐ Current Account	A/c Type: ☐ Saving Account ☐ Current Account
Deletion ☐	MICR (Mandatory for DP)	MICR (Mandatory for DP)
Modification ☐	IFS CODE	IFS CODE

Address Details	Existing Details		New Details	
Addition ☐				
Deletion ☐				
Modification ☐	City:	State:	City:	State:
Correspondence ☐	Pin Code:	Country:	Pin Code:	Country:
Permanent ☐	Tel No.:		Tel No.:	
E-mail ID				
Mobile Number				

Annual Income (Please tick ✓):

☐ Below 1 Lac ☐ 1-5 Lac ☐ 5-10 lac ☐ 10-25 lac ☐ More than 25 Lacs

Other Details (Please Specify)	Existing Details	New Details

Declaration of email id/Mobile Number

I/We, hereby declare that the **Mobile Number** belongs to Self ☐ OR to Mr./Mrs._____
& I am Spouse ☐ Dependent child ☐ Dependent Parent ☐ A/P ☐ of Person holding the Mobile Number

I/We, hereby declare that the **E mail ID** belongs to Self ☐ OR to Mr./Mrs._____
& I am Spouse ☐ Dependent child ☐ Dependent Parent ☐ A/P ☐ of Person holding the Email Account

I/We request you to update the same in my trading and Demat account and send all the Confirmations and other communication through SMS and EMAIL ID.

Further I/We hereby agree & undertake to indemnify and keep indemnified and save harmless you from against all claims/ demands/ penalties/suits/action or any loss or damaged suffered or uncured by you as a Consequence of such instruction

Sign of Mobile Holder_____ **Sign of Email Account Holder**_____

The DP can provide the services of issuing the statement of demat accounts in an electronic mode to me/us. The statement of demat accounts should be digitally signed

	First / Sole Holder	Second Holder	Third Holder
Signature * (As per DP)			