CENTRAL KYC REGISTRY / Know Your Customer (KYC) Application Form / Legal Entity/ Other then Individuals

IN-DP-20-2015 NSDL IN301485, SEBI Regn. No.; INZ000004234 NSE and BSE

Important Instructions:

A) Fields marked with '*' are mandatory fields.
B) Tick ' ' wherever applicable.
C) Please fill the date in DD-MM-YYYY format.
D) Please fill the form in English and in BLOCK Letters.
E) KYC number of applicant is mandatory for update application
F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
G) List of two character ISO 3166 country codes is available at the end.
H) Please read section wise detailed guideline / instructions at the end.
I) 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 and delete request)

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

☐ Name*

Entity Constitution Type* Other (Specify) (Please refer instruction **B** at the end)

Date of Incorporation / Formation* D D – M M – Y Y Y Y Date of Commencement of Business D D – M M – Y Y Y Y

Place of Incorporation / Formation* Country of Incorporation / Formation TIN or Equivalent Issuing Country

PAN* ☐ Form 60 furnished

TIN / GST Registration Number CIN

☐ 2. PROOF OF IDENTITY (POI)* (Please refer instruction **B** at the end)

☐ Officially valid document(s) in respect of person authorised to transact
☐ Certificate of Incorporation / Formation ☐ Registration Certificate Regn. Certificate No
☐ Memorandum and Articles of Association ☐ Partnership Deed ☐ Trust Deed
☐ Resolution of Board / Managing Committee ☐ Power of attorney granted to its manager, officers or employees to transact on its behalf
☐ Activity Proof - 1 (for Sole Proprietorship Only) ☐ Activity Proof - 2 (for Sole Proprietorship Only)

☐ 3. ADDRESS* (Please refer instruction **C** at the end)

3.1 Registered Office Address / Place of Business*

Proof of Address* ☐ Certificate of Incorporation / Formation ☐ Registration Certificate ☐ Other Document
Line 1*
Line 2
Line 3 City / Town / Village*
District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

3.2 Local Address in India (If different from Above)*

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

☐ 4. CONTACT DETAILS (All Communications will be sent to Mobile /Email-ID provided may be used) (Please refer instruction **D** at the end)

Tel. (Off) – FAX –
Mobile – Email ID
Mobile – Email ID

☐ 5. NUMBER OF RELATED PERSONS (Please refer instruction **E** at the end)

☐ 6. REMARKS (If any)

☐ 7. INCOME DETAILS

Range-1 ☐ Below Rs.20 Lac ☐ Rs.20-50 Lac ☐ Rs.50-100 Lacs ☐ More then 1 Crore

Range-2 ☐ Below Rs.1 Lac ☐ Rs.1-5 Lac ☐ Rs.5-10 Lacs ☐ Rs.10-25 Lacs ☐ Rs.25-50 Lacs ☐ Rs.50 Lacs-1 Crore

☐ 8. APPLICANT DECLARATION (Please refer instruction **G** at the end)

- 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.
- I/We 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
3/22
Signature / Thumb Impression of Authorised Person(s)

9. ATTESTATION AND / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ Equivalent e-document

KYC VERIFICATION CARRIED OUT BY

Date D D – M M – Y Y Y Y
Emp. Name
Emp. Code
Emp. Designation
Emp. Branch

(Employee Signature)
Signature of the person who has done the IPV / Attestation

INSTITUTION DETAILS

Name **KIFS TRADE CAPITAL PRIVATE LIMITED**
Code **I N 0 1 4 4 / NDML MIID - P1192**

KIFS TRADE CAPITAL PRIVATE LIMITED

KIFS CIN NO : U65923GJ2012PTC115683
KIFS TRADE CAPITAL PRIVATE LIMITED
Regd. Offi.: Office Nos. PO6-01A, 01B & 01C, 6th Floor, WTC Tower-A, Block No.51, Road 5 E, Zone 5, Gift City, Gandhinagar-382355, Gujarat, India.
H.Offi.:KIFS Corporate House, 4th Floor, Iskon - Ambli Road, Beside Hotel Planet Landmark, Nr. Ashok Vatika BRTS, Ambli, Ahmedabad-380054.
Phone : 079 - 69240000 to 09.

List of Directors / Promoters / Partners / Trustee / Members / Coparcener / Family Members

1. Name
2. Father's Name
3. Relationship with Applicant (I.e. promoters, whole time directors/Karta etc.)
4a. Gender ☐ Male ☐ Female 4b. Date of Birth D D / M M / Y Y Y Y ☐ Karta
5a. PAN 5b. DIN/UID
6. Residential/ Registered Address

City / Town / Village Pin Code
State Country

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

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Separate Annexure maybe used in case number of members is higher

4/22 ______________________________
Name & Signature of the Authorised Signatory with stamp (ies)

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