## Annexure A2 / Legal Entity / Other then Individuals CENTRAL KYC REGISTRY | know Your Customer (KYC) Application Form | Individual IN-DP-20-2015 NSDL IN301485, SEBI Regn. No.; INZ000004234 NSE & BSE Important Instructions: A) Fields marked with '\*' are mandatory fields. F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end. B) Tick 'V' wherever applicable. G) List of two character ISO 3166 country codes is available at the end. C) Please fill the date in DD-MM-YYYY format. H) Please read section wise detailed guideline / instructions at the end. D) Please fill the form in English and in BLOCK Letters. I) For particular section update, please tick (<) in the box available before the E) KYC number of applicant is mandatory for update application section number and strike off the sections not required to be updated. □ New ☐ Update ☐ Delete Application Type\* For office use only (To be filled by financial institution) **KYC Number** (Mandatory for KYC update and delete request) 1. DETAILS OF RELATED PERSONAL\* (Please refer instruction E at the end) ☐ Deletion of Related Person ☐ Addition of Related Person ☐ Update Related Person Details ☐ KYC Number of Related Person (if available\*) if KYC number is available only Related Person Type & Name is mandatory Related Person Type\* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointment Official ☐ Proprietor ☐ Beneficiary ☐ Authorised Signatory ☐ Beneficial Owner ☐ Power of attorney Holder ☐ Other (Please specify) DIN (Director Identification Number) (Mandatory if Related Person Type is Director) 1.1 PERSONAL DETAILS(Please refer instruction E at the end) Middle Name Prefix First Name **Last Name** Name\* (Same as ID proof) Maiden Name Father / Spouse Name Mother Name\* Date of Birth\* DDD-MMGender\* ☐ M- Male ☐ F- Female ☐ T-Transgender Nationality\* ☐ IN-Indian ☐ Others (ISO 3166 Country Code ☐ ) ☐ Form 60 furnished PAN\* 1.2 PROOF OF IDENTITY AND ADDRESS\* (Please refer instruction E at the end) Certified copy of OVD equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs) A- Passport Number PHOTO\* ☐ B- Voter ID Card ☐ C- Driving Licence D- NREGA Job Card П ☐ E- National Population Register Letter ☐ F- Proof of Possession of Aadhaar E-KYC Authentification П ☐ Offline verification of Aadhaar Address Line 1\* Line 2 Line 3 City / Town / Village\* District\* Pin / Post Code\* State / U.T Code\* ISO 3166 Country Code\* ■ 1.3 CURRENT ADDRESS DETAILS (Please refer instruction E at the end) Same as above mentioned address (In such cases address details as below need not be provided) Certified copy of OVD equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs) ☐ A- Passport Number □ B- Voter ID Card □ C- Driving Licence □ D- NREGA Job Card ☐ E- National Population Register Letter F- Proof of Possession of Aadhaar □ E-KYC Authentification Offline verification of Aadhaar Deemed POA ∨ ☐ Self Declaration

Address	
Line 1*	
Line 2	
Line 3	City / Town / Village*
District*	Pin / Post Code* State / U.T Code* ISO 3166 Country Code*
1.4. CONTACT D	ETAIL \$All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction <b>D</b> at the end)
Tel. (Off)	Tel. (Res)
FAX	Email ID Email of the second o
2. APPLICANT DE	CLARATION
therein, immediately. In cas	letails furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes se 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
I / We hereby consent to re  Date: DD — M	poeiving information from Central KYC Registry through SMS/Email on the above registered number/email address.    M
3. ATTESTATION	AND / FOR OFFICE USE ONLY
Documents Receive	Certified Copies (Self Attested)
KYC VERIFIC	ATION CARRIED OUT BY INSTITUTION DETAILS
Date	DD-MM-YYYY  Name KIFS TRADE CAPITAL PRIVATE LIMITED
Emp. Name	Code
Emp. Code	
Emp. Designation	CAPITAL PRILE
Emp. Branch	KIFS TRADE CAPITAL PRIVATE LIMITED B-81/82, Pariseema Complex, C. G. Road, Ellisbridge, Ahmedabad-380 006. Ph : +91 79 66661602 03 04 05 06
	B-81/82, Pariseema Complex, C. G. Road, Ellisbridge, Ahmedabad-380 006.
	(Employee Signature)
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