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. F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end. B) Tick ' '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 section number and strike off the sections not required to be updated. E) KYC number of applicant is mandatory for update application Application Type* ☐ New □ Update For office use only (To be filled by financial institution) KYC Number (Mandatory for KYC update and delete request) 1. ENTITY DETAILS* (Please refer instruction A at the end) ☐ Name* (Please refer instruction B at the end) Entity Constitution Type* Date of Incorporation / Formation* **Date of Commencement of Business** Place of Incorporation / Formation* Country of Incorporation / Formation TIN or Equivalent Issuing Country 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 ☐ 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* ☐ Certificate of Incorporation / Formation ☐ Registration Certificate ☐ Other Document I ine 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* (All Communications will be sent to Mobile /Email-ID provided may be used) (Please refer instruction **D** at the end) 4. CONTACT DETAILS FAX Tel. (Off) Mobile Email ID Fmail ID Mobile ☐ 5. NUMBER OF RELATED PERSONS (Please refer instruction E at the end) ☐ 6. REMARKS (If any) 7. 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: DD -MM Signature / Thumb Impression of Authorised Person(s) Place : 9. ATTESTATION AND / FOR OFFICE USE ONLY Documents Received Certified Copies ☐ Equivalent e-document KYC VERIFICATION CARRIED OUT BY **INSTITUTION DETAILS** Date KIFS TRADE CAPITAL PRIVATE LIMITED Name / NDML MIID - P1192 Emp. Name I N 0 1 4 4 Code Emp. Code Emp. Designation CIN:U65923GJ2012PTC115683 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

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