

Annexure - K

Part - I

Know Your Client (KYC) Application Form (for Non Individual)

JK Securities Private Limited DP ID - IN 300636 Opp. People's Bank Park, Sardargunj Road, Anand 388 001 T : +91 2692 258056/57 F : +91 2692 240383	Client ID (to be filled by Participant)							

Please fill this form in ENGLISH and in BLOCK LETTERS

A. Identity Details

01. Name of the Applicant										Please affix your Passport Size Photograph (Signature across photograph)																				
02. Date of incorporation				D	D	M	M	Y	Y		Y	Y																		
Place of incorporation																														
03. Date of commencement of business				D	D	M	M	Y	Y		Y	Y																		
04. PAN																														
Registration No. (e.g. CIN)																														
05. Status (please tick any one)																														
<table border="0"> <tr> <td><input type="checkbox"/> Private Ltd Co.</td> <td><input type="checkbox"/> NGOs</td> <td><input type="checkbox"/> Society</td> <td><input type="checkbox"/> HUF</td> </tr> <tr> <td><input type="checkbox"/> Public Ltd Co.</td> <td><input type="checkbox"/> Bank</td> <td><input type="checkbox"/> LLP</td> <td><input type="checkbox"/> AOP</td> </tr> <tr> <td><input type="checkbox"/> Body Corporate</td> <td><input type="checkbox"/> Government Body</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> BOI</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Non Government Organization</td> <td><input type="checkbox"/> FI</td> <td><input type="checkbox"/> Other (please specify)</td> </tr> <tr> <td><input type="checkbox"/> Charities</td> <td><input type="checkbox"/> Defence Establishment</td> <td><input type="checkbox"/> FII</td> <td></td> </tr> </table>											<input type="checkbox"/> Private Ltd Co.	<input type="checkbox"/> NGOs	<input type="checkbox"/> Society	<input type="checkbox"/> HUF	<input type="checkbox"/> Public Ltd Co.	<input type="checkbox"/> Bank	<input type="checkbox"/> LLP	<input type="checkbox"/> AOP	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Government Body	<input type="checkbox"/> Partnership	<input type="checkbox"/> BOI	<input type="checkbox"/> Trust	<input type="checkbox"/> Non Government Organization	<input type="checkbox"/> FI	<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Charities	<input type="checkbox"/> Defence Establishment	<input type="checkbox"/> FII	
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B. Address Details

01. Correspondence Address											
		City/Town/Village				PIN Code					
		State				Country					
02. Specify the proof of address submitted for Correspondence Address											
03. Contact Details		Tel. (Off.)				Tel. (Res.)					
		Fax				Mobile					
		eMail									
04. Registered Address (if different from above)											
		City/Town/Village				PIN Code					
		State				Country					

C. Other Details

01. Name, PAN, Residential Address and Photographs of Promoters/ Partners/ Karta/ Trustees and whole time Directors

02. DIN of whole time Directors

03. AADHAR number of Promoters/ Partners/ Karta

If space here is insufficient,
enclose 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/ we undertake to inform you of any changes therein, immediately. In case any of the 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.

Name & Signature of
Authorised Signatory(ies)

Date

D	D	M	M	Y	Y	Y	Y
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For Office Use Only☐ Originals verified and Self-Attested Document copies receivedName & Signature of the
Authorized Signatory

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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 Individual)**

Sr. No	Name	Relationship with applicant (i.e. promoters, whole time Directors etc.)	PAN	Residential/ Registered Address	DIN of whole time Directors/ AADHAR Number of Promoters/ Partners/ Karta	Photograph
01						
02						
03						
04						
05						

Name & Signature of Authorised Signatory(ies)

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Know Your Client (KYC) Application Form (for Non Individual)

JK Securities Private Limited DP ID - IN 300636 Opp. People's Bank Park, Sardargunj Road, Anand 388 001 T : +91 2692 258056/57 F : +91 2692 240383						Cilent ID (to be filled by Participant)																	
We request you to open a depository account in our name as per the following details. (Please fill all the details in BLOCK LETTERS only)												Date <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>				D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																

A. Details of Account Holder(s)															
	Name	PAN													
Sole/First Holder															
Second Holder															
Third Holder															

B. Type of Account															
<input type="checkbox"/> Body Corporate				<input type="checkbox"/> FI				<input type="checkbox"/> FII							
<input type="checkbox"/> Qualified Foreign Investor				<input type="checkbox"/> Mutual Fund				<input type="checkbox"/> Trust							
<input type="checkbox"/> Bank				<input type="checkbox"/> CM				<input type="checkbox"/> Other (please specify) _____							

C. For HUF, Partnership Firm, Unregistered Trust, Association of Persons (AOP), etc., although the account is opened in the name of the Karta, Partner(s), Trustee(es) etc., the name & PAN of the HUF, Partnership Firm, Unregistered Trust, Association of Persons (AOP), etc., should be mentioned below																			
Name											PAN								

D. Gross Annual Income Income Range per annum (please tick any one)																									
<input type="checkbox"/> Below ₹ 20 lac				<input type="checkbox"/> ₹ 20 - 50 lac				<input type="checkbox"/> ₹ 50 lac - 1 cr				<input type="checkbox"/> More than ₹ 1 cr													
Networth Amt ₹ (should not be older than 1 year)												As on Date		<table border="1" style="display: inline-table; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>				D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																		

E. In case of FIIs/ Others (as may be applicable)																							
RBI Approval Reference Number																							
RBI Approval Date								<table border="1" style="display: inline-table; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>								D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																
SEBI Registration Number (for FIIs)																							

F. Bank Details																															
1. Bank Account Type		<input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Other (please specify) _____																													
2. Bank Account Number																															
3. Bank Name																															
4. Bank Address																															
		City/ Town/ Village										PIN Code																			
		State										Country																			
5. MICR Code		<table border="1" style="display: inline-table; text-align: center;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																													
6. IFSC Code		<table border="1" style="display: inline-table; text-align: center;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																													

G. Please tick, if applicable for any of your authorised Signatories/ Promoters/ Partners/ Karta/ Trustee/ Whole Time Directors															
<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)															

H. Clearing Member Details (to be filled up by Clearing Member only)															
1. Name of Stock Exchange															
2. Name of Clearing Corporation/ Clearing House															
3. Clearing Member ID															
4. SEBI Registration Number															
5. Trade Name															
6. CM-BP-ID (to be filled up by Participant)															

I. Standing Instructions

1. We authorise you to receive credits automatically in to our account		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Account to be operated through Power of Attorney (PoA)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. SMS Alert facility			
Sr. No	Holder	Yes	No
01	Sole/ First Holder	<input type="checkbox"/>	<input type="checkbox"/>
02	Second Holder	<input type="checkbox"/>	<input type="checkbox"/>
03	Third Holder	<input type="checkbox"/>	<input type="checkbox"/>
04. Mode of receiving Statement of Account <input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form (Read Note 4 and ensure that eMail ID is provided in KYC Application Form)			

DECLARATION

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by us and we have understood the same and we agree to abide by and to be bound by the rules as are imposed from time to time for such accounts. We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and 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, We are aware that we may be held liable for it. We acknowledge the receipt of copy of the documents, "Rights and Obligations of the Beneficial Owner and Depository Participant".

Authorised Signatories (Enclosed Board Resolution for Authorised Signatories)

Sole/ First Holder	Name	Signature(s)
First Signatory	Mr./Ms.	
Second Signatory	Mr./Ms.	
Third Signatory	Mr./Ms.	
Other Holders		
Second Holder	Mr./Ms.	
Third Holder	Mr./Ms.	

Mode of Operation for Sole/ First Holder (In case of joint Holdings, all the holders must sign)	
<input type="checkbox"/> Any one singly	
<input type="checkbox"/> Jointly by	
<input type="checkbox"/> As per resolution	
<input type="checkbox"/> Others (please specify)	

Notes

- In case of additional signatures, separate annexures should be attached to the application form.
- Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by Magistrate or a Notary Public or Special Executive Magistrate.
- For receiving Statement of Account in electronic form :
 - Client must ensure the confidentiality of the password of the email account.
 - Client must promptly inform the Participant in the email address has changed.
 - Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participany may also terminate this facility by giving 10 days prior notice.
- Strike off whichever is not applicable.

Acknowledgement**JK Securities Private Limited****DP ID : IN300636**

Opp. People's Bank Park, Sardargunj Road, Anand 388 001

Received the application from Mr/ Ms _____ as the Sole/ First holder alongwith _____ and _____ as the Second and Third Holders respectively for opening a Depository Account. Your Client ID will be intimated to you shortly. Please quote the DP ID & Client ID allotted to you in all your future correspondence.

Date

D	D	M	M	Y	Y	Y	Y
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Participant Stamp & Signature
For JK Securities Private Limited