



**K R I I S**

The Portfolio Management Company

*Your Legacy Creators*

## KYC FORM – INDIVIDUALS (FIRST HOLDER)



IDENTITY DETAILS						PHOTOGRAPH of Applicant  Please affix the recent passport size photographs and sign across it
Name of the Applicant	Prefix	First Name	Middle Name	Last Name		
Maiden Name (if any)	Prefix	First Name	Middle Name	Last Name		
Father / Spouse's Name	Prefix	First Name	Middle Name	Last Name		
Mother's Name	Prefix	First Name	Middle Name	Last Name		
Aadhaar/ UID			PAN			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender					
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others					
Citizenship	<input type="checkbox"/> IN-Indian <input type="checkbox"/> Others (ISO 3166 Country Code _____)			Date of Birth	(DD / MM / YYYY)	
Residential Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin					
City of Birth			Country of Birth (including ISO 3166 Country Code)			CODE
Identification Type (Name of Document(s) submitted as proof of identity)					Identification number	Expiry Date
					DD/MM/YYYY	
ADDRESS DETAILS						
Permanent Address (including city, state, country and pin code)						
Address Type			<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered <input type="checkbox"/> Unspecified			
Correspondence Address (if any) (In case of multiple addresses, please fill 'Annexure A1')						
Document submitted as proof of address						
Address type to be used for communication			<input type="checkbox"/> Permanent <input type="checkbox"/> Correspondence			
CONTACT DETAILS (to be used for all necessary reporting / communication purposes)						
Residence Phone			Office Phone			Mobile
Fax Details			Email ID			
DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1')						
<input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> KYC Number (if available)						
Related Person Type			<input type="checkbox"/> Authorized Representative <input type="checkbox"/> Guardian of Minor <input type="checkbox"/> Assignee			
Name of Related Person						
Identification Type (Name of Document(s) submitted as proof of identity)					Identification number	Expiry Date
					DD / MM / YYYY	
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 receive information from Central KYC registry through SMS/Email on above registered number/email address						
Date			<b>FOR OFFICE USE ONLY</b> <input type="checkbox"/> Originals verified <input type="checkbox"/> Self-Attested copies received			
Place						
Signature / Thumb Impression of the Applicant			Employee Signature with Date, Name, Code, Dsg & Brch Details			



**Additional KYC Form for Opening a Demat Account OPENING NSDL and CDSL (Individual)**
**EDELWEISS BROKING LIMITED**

Edelweiss House, Off CST Road, Kalina, Mumbai - 400 098.

DP ID – IN303719

*Please select any one of the below options*
☐ Demat account to be opened with NSDL

☐ Demat account to be opened with CDSL

**To be filled by the Depository participant in BLOCK LETTERS in English**

<b>Application No.</b>		<b>Client ID</b>	<b>DP Internal Ref No.</b>	
<b>Date</b>	DD MM YY			

I/We request you to open a Depository account in My/Our name as per the below Details On

**Details of Account Holders**

Account Holders	Sole / First Holder	Second Holder	Third Holder
<b>Name</b>			
<b>PEP/RPEP</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PAN NUMBER</b>			
<b>Aadhaar</b>			
<b>Occupation</b>	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify)
<b>SMS Alert facility</b> Mobile number mandatory if POA selected Annexure A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number on which messages are to be sent			
<b>Brief details</b>			

**INCOME PER ANNUM**

Year 1	<input type="checkbox"/> Upto INR 1 Lac <input type="checkbox"/> INR 10-25 Lac	<input type="checkbox"/> INR 1 - 5 Lac <input type="checkbox"/> INR 25 Lacs-1 crore	<input type="checkbox"/> INR 5 - 10 Lac <input type="checkbox"/> More than INR 1 crore
Year 2	<input type="checkbox"/> Upto INR 1 Lac <input type="checkbox"/> INR 10-25 Lac	<input type="checkbox"/> INR 1 - 5 Lac <input type="checkbox"/> INR 25 Lacs-1 crore	<input type="checkbox"/> INR 5 - 10 Lac <input type="checkbox"/> More than INR 1 crore
Year 3	<input type="checkbox"/> Upto INR 1 Lac <input type="checkbox"/> INR 10-25 Lac	<input type="checkbox"/> INR 1 - 5 Lac <input type="checkbox"/> INR 25 Lacs-1 crore	<input type="checkbox"/> INR 5 - 10 Lac <input type="checkbox"/> More than INR 1 crore





PMLA DETAILS (Please tick any one as applicable)				
<input type="checkbox"/> Non resident client <input type="checkbox"/> Politician or their family member or close relative <input type="checkbox"/> Civil Servant or family member or close relative of civil servant <input type="checkbox"/> Bureaucrat or family member or close relative of bureaucrat <input type="checkbox"/> Current or Former MP or MLA or MLC or their family member or close relative <input type="checkbox"/> None of the above		<input type="checkbox"/> High net-worth client (having annual income + net worth of more than INR 1 crore) <input type="checkbox"/> Current/ Former Head of State/ Governments/ their family member or close relative <input type="checkbox"/> Senior government/judicial/ military officers or their family member or close relative <input type="checkbox"/> Senior executives of state-owned corporations or their family member or close relative		
<b>Net Worth Details</b> <b>(not older than 1 year)</b>		<b>As on Date</b>		<b>DD / MM / YYYY</b>
*In case of Firms, HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below				
Type Of Account (Please tick whichever is applicable)				
<b>Name</b>		<b>PAN No.</b>		
<b>Status</b>		<b>Sub Status</b>		
<b>Individual</b>		<input type="checkbox"/> Individual/Ordinary Resident <input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Individual-Director <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Minor <input type="checkbox"/> Individual Margin Trading A/C (MANTRA) <input type="checkbox"/> Others _____ (please specify)		
<b>NRI</b>		<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI <input type="checkbox"/> Non-Repatriable <input type="checkbox"/> NRI Repatriable Promoter <input type="checkbox"/> NRI – Depository <input type="checkbox"/> Others _____ (please specify)		
<b>Foreign National</b>		<input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National Depository Receipts <input type="checkbox"/> Qualified Foreign Investor <input type="checkbox"/> Others _____		
<b>Foreign National / NRI</b>		<b>RBI Approval Ref No.</b>	<b>RBI Approval Date</b>	<b>DD / MM / YYYY</b>
Bank Details (Dividend Bank Details)				
<b>BANK NAME</b>				
<b>Branch Name</b>				
<b>Address</b>				
<b>City</b>		<b>State</b>	<b>Country and Pin</b>	
<b>Account type</b>		<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others		<b>Account No.</b>
<b>IFSC Code</b>		<b>MIRC Code</b>		
Standing Instructions if account to be opened in NSDL/ CDSL				<b>Please tick Yes/No</b>
I / We instruct the DP to receive each and every credit in my/our account (Automatic Credit)				<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID mentioned in KYC application Form				<input type="checkbox"/> Yes <input type="checkbox"/> No
Account to be operated through Power of Attorney (POA)				<input type="checkbox"/> Yes <input type="checkbox"/> No
I/ We wish to receive dividend / interest directly in to my bank account as given above through ECS (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]				<input type="checkbox"/> Yes <input type="checkbox"/> No
Option for issue of DIS Booklet				
Kindly confirm the manner of receiving DIS booklet (To be filled by person(s) seeking to open a Depository account where Power of Attorney has been granted to operate the Depository account)		<input type="checkbox"/> I/We wish to receive the Delivery Instruction Slip (DIS) booklet with account opening. <input type="checkbox"/> I/We do not wish to receive the Delivery Instruction Slip (DIS) booklet with account opening. However, the DIS booklet should be issued to me/us immediately on my/our request at a later date.		



Standing Instructions if account to be opened in CDSL						Please tick Yes/No	
I / We would like to instruct the DP to accept all the pledge instructions in my/our account without any other further instruction from my/our end. [If not marked, the default option would be 'No (to be selected if account opened in CDSL)]						<input type="checkbox"/> Yes <input type="checkbox"/> No	
I / We would like to share the email ID with the RTA (to be selected if account opened in CDSL)						<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Account Statement Requirement</b>				<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly			
<b>Annual Report Requirement</b> (If not marked the default option would be in Physical)				<input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical and Electronic			
TRUST FACILITY							
<input type="checkbox"/> I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility I have read and understood the Terms and Conditions prescribed by CDSL for the same <input type="checkbox"/> I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST <b>Annexure B</b>						<input type="checkbox"/> Yes <input type="checkbox"/> No  (If selected Yes please clearing member details)	
Stock Exchange Name/ID		Clearing Member Name			Clearing Member ID (Optional)		
<b>Easi</b>	To register for easi, please visit our website <a href="http://www.cdslindia.com">www.cdslindia.com</a> . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.						
Details of Guardian (In Case first holder is Minor)							
<b>Name of Guardian</b>					<b>PAN</b>		
<b>Relationship with Applicant</b>							
<b>Address of Guardian</b>							
<b>Pin</b>		<b>State</b>		<b>City</b>		<b>Country</b>	
<b>Tel No</b>		<b>Tel Off</b>		<b>Email ID</b>			
<b>Fax</b>			<b>Mobile No.</b>				

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### Nomination Details

I /We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:

☐ I/We do not wish to nominate any one for this Demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the demat account.

☐ I/We nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death. (As per Nominee details given below)

Nomination Details	Nominee 1	Nominee 2	Nominee 3
<b>Nominee Identification Details:</b> [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhar <input type="checkbox"/> Saving Bank Account No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			
*First Name Middle Name *Last Name			
*Address			
*City			
*State			
*Pin			
*Country			
Telephone No.			
FAX No.			
Email ID			
*Relationship with BO or Applicant			
Date of birth (mandatory if Nominee is a minor) dd-mm-yyyy			



Guardian Details in case Nominee is minor			
*First Name Middle Name *Last Name			
*Address of the guardian of the nominee			
*City			
*State			
*Pin			
*Country			
*Age			
Telephone No.			
Fax			
<b>Guardian Identification Details:</b> [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhar <input type="checkbox"/> Saving Bank Account No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			
Email ID			
*Relationship of the Guardian with the Nominee			
*Percentage of allocation of securities/funds			
*Residual Securities (please tick any one nominee. If tick not marked default will be first nominee)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Note: Residual securities: in case of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be marked as nominee entitled for residual shares, if any. <b>* Marked is Mandatory field</b>			





### Details of the Witness

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us. Note: Signature of witness, along with name and address are required if the account holder affixes thumb impression, instead of signature.

	Name	Address	Signature
First			
Second			

### DECLARATION

- I/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.
- I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action. I/We are aware that we may be held liable for it.
- I / We acknowledge that I /we have received and read "Rights and Obligations of the Beneficial Owner and Depository Participant" as per Annexure C of the attached booklet. I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts.
- The same has been called upon by me in ☐ Physical Copy ☐ Soft Copy
- I/we also declare that I/We will continue to comply with FEMA regulations. (In case non resident account)

Name of Holders	Signatures
Sole/Holder/Guardian	
Second Holder	
Third Holder	

### FOR OFFICE USE ONLY

	Documents verified with Originals	Client Interviewed by	In person Verification done by
Name of the Employee			
Employee Code			
Designation of the employee			
Date			
Signature			



<b>FATCA &amp; CRS Declaration (First Holder)</b> <b>(Please consult your professional tax advisor for further guidance on FATCA &amp; CRS classification)</b>				
<b>TAX RESIDENCE DECLARATION</b> <i>(tick any one, as applicable)</i>				
<input type="checkbox"/> I am a tax resident of India and not resident of any other country <b>OR</b>				
<input type="checkbox"/> I am a tax resident of the country/ies mentioned in the table below				
Country	Tax Identification Number	Identification Type (TIN or Other)	ISO 3166 Country Code (of Jurisdiction of Residence)	Address (including city, state, country and pin code)
<b>CERTIFICATION</b>				
<p>Under penalty of perjury, I certify that:</p> <ul style="list-style-type: none"> <li>I understand that the Edelweiss Group is relying on this information for the purpose of determining the status of the account holder named above in compliance with FATCA/CRS. The Edelweiss Group is not able to offer any tax advice on FATCA or CRS or its impact on the account holder. I/we shall seek advice from professional tax advisor for any tax questions.</li> <li>I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.</li> <li>I agree that as may be required by domestic regulators/tax authorities, the Edelweiss Group may also be required to report, reportable details to CBDT or other authorities/agencies or close or suspend my account, as appropriate.</li> </ul> <p>I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by me/us on this Form including the taxpayer identification number is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA Terms and Conditions below and hereby accept the same.</p>				
Name:		Date :		
Signature:		Place :		

Please Tear Here

<b>Acknowledgement Receipt</b>			
<b>Application No</b>		<b>Date</b>	DD / MM / YYYY
<b>We Hereby acknowledge the receipt of the Account Opening Form</b>			
<b>Name of the Sole / Holder</b>			
<b>Second Holder</b>			
<b>Third Holder</b>			
<b>Depository Participant Sign</b>		<b>Date</b>	DD / MM / YYYY



## KYC FORM – INDIVIDUALS (SECOND HOLDER)



IDENTITY DETAILS						PHOTOGRAPH of Applicant  Please affix the recent passport size photographs and sign across it			
Name of the Applicant	Prefix	First Name	Middle Name	Last Name					
Maiden Name (if any)	Prefix	First Name	Middle Name	Last Name					
Father / Spouse's Name	Prefix	First Name	Middle Name	Last Name					
Mother's Name	Prefix	First Name	Middle Name	Last Name					
Aadhaar/ UID			PAN						
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender								
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others								
Citizenship	<input type="checkbox"/> IN-Indian <input type="checkbox"/> Others (ISO 3166 Country Code _____)					Date of Birth	(DD / MM / YYYY)		
Residential Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin								
City of Birth			Country of Birth (including ISO 3166 Country Code)			CODE			
Identification Type (Name of Document(s) submitted as proof of identity)					Identification number	Expiry Date			
						DD/MM/YYYY			
ADDRESS DETAILS									
Permanent Address (including city, state, country and pin code)									
Address Type			<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered <input type="checkbox"/> Unspecified						
Correspondence Address (if any) (In case of multiple addresses, please fill 'Annexure A1')									
Document submitted as proof of address									
Address type to be used for communication			<input type="checkbox"/> Permanent <input type="checkbox"/> Correspondence						
CONTACT DETAILS (to be used for all necessary reporting / communication purposes)									
Residence Phone			Office Phone			Mobile			
Fax Details			Email ID						
DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1')									
<input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> KYC Number (if available)									
Related Person Type			<input type="checkbox"/> Authorized Representative <input type="checkbox"/> Guardian of Minor <input type="checkbox"/> Assignee						
Name of Related Person									
Identification Type (Name of Document(s) submitted as proof of identity)					Identification number	Expiry Date			
						DD / MM / YYYY			
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 receive information from Central KYC registry through SMS/Email on above registered number/email address									
Date			Place		FOR OFFICE USE ONLY				
					<input type="checkbox"/> Originals verified <input type="checkbox"/> Self-Attested copies received				
Signature / Thumb Impression of the Applicant			Employee Signature with Date, Name, Code, Dsg & Brch Details						



<b>FATCA &amp; CRS Declaration (Second Holder)</b> (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)				
<b>TAX RESIDENCE DECLARATION</b> <i>(tick any one, as applicable)</i>				
<input type="checkbox"/> I am a tax resident of India and not resident of any other country <b>OR</b>				
<input type="checkbox"/> I am a tax resident of the country/ies mentioned in the table below				
Country #	Tax Identification Number%	Identification Type (TIN or Other%)	ISO 3166 Country Code (of Jurisdiction of Residence)	Address (including city, state, country and pin code)
<b>CERTIFICATION</b>				
<p>Under penalty of perjury, I certify that:</p> <ul style="list-style-type: none"> <li>I understand that the Edelweiss Group is relying on this information for the purpose of determining the status of the account holder named above in compliance with FATCA/CRS. The Edelweiss Group is not able to offer any tax advice on FATCA or CRS or its impact on the account holder. I/we shall seek advice from professional tax advisor for any tax questions.</li> <li>I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.</li> <li>I agree that as may be required by domestic regulators/tax authorities, the Edelweiss Group may also be required to report, reportable details to CBDT or other authorities/agencies or close or suspend my account, as appropriate.</li> </ul> <p>I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by me/us on this Form including the taxpayer identification number is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA Terms and Conditions below and hereby accept the same.</p>				
Name:		Date :		
Signature:		Place :		

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### FATCA-CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with Edelweiss or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

### FATCA-CRS Instructions

If you have any questions about your tax residency, please contact your tax advisor. **If you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number.**

<sup>5</sup>It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

In case customer has the following indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant supporting Documents as mentioned below:

<b>FATCA/ CRS Indicia observed (ticked)</b>	<b>Documentation required for Cure of FATCA/ CRS Indicia</b>
U.S. place of birth	1. Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport or any non-US government issued document <b>evidencing nationality or citizenship</b> (refer list below); <b>AND</b> 3. <b>Any one of the following documents:</b> Certified Copy of Certificate of Loss of Nationality or Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
Residence/mailing address in a country other than India	Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; <b>and</b> Documentary evidence (refer list below)
Telephone number in a country other than India	<b><i>If no Indian telephone number is provided</i></b> Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; <b>and</b> Documentary evidence (refer list below)  <b><i>If Indian telephone number is provided along with a foreign country telephone number</i></b> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; <b>OR</b> 2. Documentary evidence (refer list below)
Standing instructions to transfer funds to an account maintained in a country other than India (other than depository accounts)	Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; <b>and</b> Documentary evidence (refer list below)

List of acceptable **documentary evidence** needed to establish the residence(s) for tax purposes:

1. Certificate of residence issued by an authorized government body\*
2. Valid identification issued by an authorized government body\* (e.g. Passport, National Identity card, etc.)

**\* Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.**



IDENTITY DETAILS					PHOTOGRAPH of Authorized Signatory  Please affix the recent passport size photographs and sign across it	
Name of the Applicant						
Date of Incorporation		(DD / MM / YYYY)				
Date of Commencement		(DD / MM / YYYY)				
PAN						
Country of Incorporation						
City of Incorporation						
Registration number (CIN Number)						
STATUS						
<input type="checkbox"/> Partnership Firm <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> Trust <input type="checkbox"/> Liquidator <input type="checkbox"/> HUF <input type="checkbox"/> LLP <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI <input type="checkbox"/> FPI Cat _____ <input type="checkbox"/> Others _____						
ADDRESS DETAILS						
Registered Address (including city, state, country and pin code)						
Business / Correspondence Address (if any) (including city, state, country and pin code)						
Tax Residency Address				<input type="checkbox"/> Business (Correspondence) <input type="checkbox"/> Registered Office		
Specify the proof of address submitted for address						
CONTACT DETAILS (to be used for all necessary reporting / communication purposes)						
Landline Phone No: (including city & country code)				Mobile No: (including city & country code)		
Fax No: (including city & country code)				Email ID:		
Details of Promoters/Partners/Karta/Trustees/Whole Time Directors <input type="checkbox"/> Please refer Annexure 1 A						
Name						
PAN			DIN			Aadhar Number
Address						
DECLARATION						
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.						
For : _____  _____ Signature & Stamp of the Authorised Signatory				<b>FOR OFFICE USE ONLY</b> <input type="checkbox"/> (Originals verified) True copies of Docs received <input type="checkbox"/> (Self-Attested) Self Certified Doc copies received  _____ Signature of the Authorised Signatory		



ANNEXURE 1 A					
Details of Promoters / Senior Management (e.g. Partners, Karta, Trustees & Whole Time Directors) forming a part of Know Your Client (KYC) Application Form for Non-Individuals					
APPLICANT NAME		PAN			
No.	NAME, ADDRESS & SIGNATURE	PAN, DIN and Aadhar Number	Relationship	PEP STATUS	PHOTOGRAPH
	NAME: ADD:	PAN		<input type="checkbox"/> YES	
		DIN		<input type="checkbox"/> NO	
		Aadhar Number		<input type="checkbox"/> RELTV	
	NAME: ADD:	PAN		<input type="checkbox"/> YES	
		DIN		<input type="checkbox"/> NO	
		Aadhar Number		<input type="checkbox"/> RELTV	
	NAME: ADD:	PAN		<input type="checkbox"/> YES	
		DIN		<input type="checkbox"/> NO	
		Aadhar Number		<input type="checkbox"/> RELTV	
	NAME: ADD:	PAN		<input type="checkbox"/> YES	
		DIN		<input type="checkbox"/> NO	
		Aadhar Number		<input type="checkbox"/> RELTV	
	NAME: ADD:	PAN		<input type="checkbox"/> YES	
		DIN		<input type="checkbox"/> NO	
		Aadhar Number		<input type="checkbox"/> RELTV	

For : \_\_\_\_\_

  
  

\_\_\_\_\_

Name & Signature of the Authorised Signatory (with stamp)

Date \_\_\_\_\_ Place \_\_\_\_\_

\_\_\_\_\_

Seal / Stamp of the Edelweiss



Demat Account Opening Form NSDL and CDSL (Non Individual)				
<b>EDELWEISS BROKING LIMITED</b> Edelweiss House, Off CST Road, Kalina, Mumbai - 400 098. DP ID – IN303719				
Please select any one of the below options				
<input type="checkbox"/> Demat account to be opened with NSDL		<input type="checkbox"/> Demat account to be opened with CDSL		
To be filled by the Depository participant in BLOCK LETTERS in English				
Application No.		Client ID	DP Internal Ref No.	
Date	DD MM YY			
I/We request you to open a Depository account in My/Our name as per the below Details On DD / MM / YYYY				
<b>FORM TO BE FILLED IN BLOCK LETTERS Only</b>				
Details of Account holders (Please tick If any of the authorized signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors is either Politically Exposed Person (PEP) or Related to Politically Exposed Person (RPEP))				
Account Holders	Sole / First Holder	Second Holder	Third Holder	
Name / Search Name				
PEP/RPEP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SMS Alert facility</b> Mobile number mandatory if POA selected Annexure A	Account to be operated through Power Of Attorney		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	SMS Alert facility required		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Mobile Number on which messages are to be sent			
ID Num PAN	PAN of Entity			
ID Num UID				
Contact Number <b>*Mandatory if POA given Annex I</b>				
Gross Annual Income Details (Previous 3 years)	Year 1	<input type="checkbox"/> Below INR 1 Lac <input type="checkbox"/> INR 10-25 Lac	<input type="checkbox"/> INR 1 - 5 Lac <input type="checkbox"/> INR 25 Lacs-1 crore	<input type="checkbox"/> INR 5 - 10 Lac <input type="checkbox"/> Above INR 1 crore
	Year 2	<input type="checkbox"/> Below INR 1 Lac <input type="checkbox"/> INR 10-25 Lac	<input type="checkbox"/> INR 1 - 5 Lac <input type="checkbox"/> INR 25 Lacs-1 crore	<input type="checkbox"/> INR 5 - 10 Lac <input type="checkbox"/> Above INR 1 crore
	Year 3	<input type="checkbox"/> Below INR 1 Lac <input type="checkbox"/> INR 10-25 Lac	<input type="checkbox"/> INR 1 - 5 Lac <input type="checkbox"/> INR 25 Lacs-1 crore	<input type="checkbox"/> INR 5 - 10 Lac <input type="checkbox"/> Above INR 1 crore
Net Worth Details (not older than 1 year)		As on Date	DD / MM / YYYY	
Email ID				
*In case of Firms, HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below				
Name		PAN No.		
Type Of Account (Please tick whichever is applicable)				
Status		Sub Status (To be filled by the DP)		
<input type="checkbox"/> Body Corporate <input type="checkbox"/> Banks <input type="checkbox"/> Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> OCB <input type="checkbox"/> FPI <input type="checkbox"/> CM <input type="checkbox"/> Clearing House <input type="checkbox"/> FII <input type="checkbox"/> FI Others _____		Sub Status _____		
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others (Specify) _____			
SEBI Registration No.		SEBI Registration Date	DD / MM / YYYY	
RBI Registration No.		RBI Approval Date	DD / MM / YYYY	





Bank Details (Dividend Bank Details)					
BANK NAME					
Branch Name					
Address					
City		State		Country and Pin	
Account type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others			Account No.	
IFSC Code				MIRC Code	

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)  
 (ii) Photocopy of the Bank Statement having name and address of the BO  
 (iii) Photocopy of the Passbook having name and address of the BO, (or)  
 (iv) Letter from the Bank.  
 (v) In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

Standing Instructions if account to be opened in NSDL/ CDSL	Please tick Yes/No
I / We instruct the DP to receive each and every credit in my/our account <i>(Automatic Credit)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID mentioned above	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account to be operated through Power of Attorney (POA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I/ We wish to receive dividend / interest directly in to my bank account as given above through ECS (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time ]	<input type="checkbox"/> Yes <input type="checkbox"/> No

Standing Instructions if account to be opened in CDSL	Please tick Yes/No
I / We would like to instruct the DP to accept all the pledge instructions in my/our account without any other further instruction from my/our end. [If not marked, the default option would be 'No (to be selected if account opened in CDSL)']	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to share the email ID with the RTA (to be selected if account opened in CDSL)	<input type="checkbox"/> Yes <input type="checkbox"/> No

TRUST FACILITY	
<input type="checkbox"/> I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility I have read and understood the Terms and Conditions prescribed by CDSL for the same <input type="checkbox"/> I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST <b>Annexure B</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)

Easi	To register for easi, please visit our website <a href="http://www.cdslindia.com">www.cdslindia.com</a> . Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.
------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
Annual Report Requirement (If not marked the default option would be in Physical)	<input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both Physical and Electronic

Clearing Member Details (to be filled by CM's only)			
Name of Stock Exchange			
Name of Clearing Corporation/Clearing House			
Clearing Member ID		Trading Member ID	
SEBI Reg No		Trade Name	
CM-BP-ID (to be filled up by Participant )			



### DECLARATION

- I/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.
- I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action. I/We are aware that we may be held liable for it.
- I / We acknowledge that I /we have received and read "Rights and Obligations of the Beneficial Owner and Depository Participant" as per Annexure C of the attached booklet. I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts.
- The same has been called upon by me in ☐ Physical Copy ☐ Soft Copy
- I/we also declare that I/We will continue to comply with FEMA regulations. (In case non resident account)

	Sole / First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name			
Designation			
Signature			

### Mode of Operation (Please select and provide details below)

☐ Any one Singly ☐ Jointly ☐ As per resolution ☐ Others please specify

Details

- Notes
- In Case of additional signatures, separate annexure should be attached to the application form
  - Thumb impression and signatures other than English or Hindi or any other language not contained in the 8th schedule of the Constitution of India must be attested by a Mistreated or Notary Public or a 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 if the email address has changed
  - Strike off whichever is not applicable

### Option for issue of DIS Booklet

Kindly confirm the manner of receiving DIS booklet (To be filled by person(s) seeking to open a Depository account where Power of Attorney has been granted to operate the Depository account)

- ☐ I/We wish to receive the Delivery Instruction Slip (DIS) booklet with account opening.
- ☐ I/We do not wish to receive the Delivery Instruction Slip (DIS) booklet with account opening. However, the DIS booklet should be issued to me/us immediately on my/our request at a later date.

### Acknowledgement

#### EDELWEISS BROKING LIMITED

Edelweiss House, Off CST Road, Kalina, Mumbai - 400 098.  
DP ID – IN303719

Please select any one of the below options

☐ Demat account to be opened with NSDL

☐ Demat account to be opened with CDSL

Received the application from Mr./Ms \_\_\_\_\_ as the sole/first holder along with \_\_\_\_\_ and \_\_\_\_\_ as the second and third holders respectively for opening of the depository account. Please quote the DP ID and Client ID allotted to you by (CM-BP-ID in case of Clearing) in all your future correspondence.

Date – DD MM YY

Participant Sign



<b>FATCA &amp; CRS Declaration</b> <i>(Please consult your professional tax advisor for further guidance on FATCA &amp; CRS classification)</i>			
<b>TAX RESIDENCE DECLARATION</b> <i>(tick any one, as applicable)</i>			
<input type="checkbox"/> Entity is a tax resident of India and not resident of any other country			OR
Tax Resident Address <input type="checkbox"/> Same as Registered Address			
<input type="checkbox"/> Entity is a tax resident of the country/ies mentioned in the table below			
Please indicate ALL the countries in which you are a resident for tax purposes and the associated Tax ID No. below			
Country	Tax Identification Number <sup>%</sup>	Identification Type (TIN or Other <sup>%</sup> , please specify)	
<sup>%</sup> <i>In case Tax Identification Number is not available, kindly provide functional equivalent<sup>5</sup></i> <sup>5</sup> <i>It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation &amp; attach this to the form</i>			
In case the Entity's Country of Incorporation/ Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here: _____ <i>(Refer 3(viii) of Part D)</i>			
<b>PART A</b> <i>(to be filled by Financial Institutions or Direct Reporting NFEs)</i>			
<b>Entity is a</b> <input type="checkbox"/> <b>Financial Institution <sup>*1</sup></b> <b>OR</b> <input type="checkbox"/> <b>Direct reporting NFE <sup>2</sup></b>	<b>GIIN</b>	<b>Name of sponsoring entity</b>	
	<i>Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name above.</i>		
In case GIIN not available, please tick any one below (as applicable) <i>(options available only for Financial Institutions)</i> <input type="checkbox"/> <b>Applied for</b> <input type="checkbox"/> <b>Not required to apply for</b> <i>(Please specify sub-category<sup>3</sup> _____) Please provide with Form W8-BEN-E, duly filled in</i> <input type="checkbox"/> <b>Not obtained – Non-participating FI</b>			
<sup>*</sup> <i>If the entity is a FI and a tax resident outside India, please fill the below:</i>			
Are you from CRS Jurisdiction		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If No, please answer the next question)</i>	
<i>Please refer to List of Signatories to CRS @<a href="http://www.oecd.org/tax/automatic-exchange/international-framework-for-the-crs/">http://www.oecd.org/tax/automatic-exchange/international-framework-for-the-crs/</a></i>			
Are you an Investment Entity <i>(Refer 1(iii) of Part D)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please answer the next question)</i>	
Is the entity managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity and the gross income of the entity is primarily attributable to investing, re-investing, or trading in financial assets <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please additionally fill Part C)</i>			
<b>PART B</b> <i>(to be filled by NFEs other than Direct Reporting NFEs; please fill any one as appropriate)</i>			
<input type="checkbox"/> <b>Publicly traded company<sup>4</sup></b> <i>(i.e. a company whose shares are regularly traded on an established securities market)</i>		<input type="checkbox"/> <b>Related entity of a publicly traded company<sup>5</sup></b> <input type="checkbox"/> <i>Subsidiary</i> <input type="checkbox"/> <i>Controlled</i>	
<b>Name of the stock exchange</b> <i>(Please specify any one stock exchange on which the stock is traded)</i>		<b>Name of such publicly traded company</b>	
		<b>Name of the stock exchange (any one)</b>	
<input type="checkbox"/> <b>Active NFE<sup>6</sup></b>		<input type="checkbox"/> <b>Passive NFE<sup>7</sup></b>	
<b>Sub-category</b> <i>((Refer 2c of Part D))</i>		<b>Nature of Business</b>	
<b>Nature of Business</b>			

<sup>1</sup> Refer 1 of Part D in the Information booklet  
<sup>2</sup> Refer 3(vii) of Part D in the Information booklet  
<sup>3</sup> Refer 1A. of Part D in the Information booklet  
<sup>4</sup> Refer 2a of Part D in the Information booklet

<sup>5</sup> Refer 2b of Part D in the Information booklet  
<sup>6</sup> Refer 2c of Part D in the Information booklet  
<sup>7</sup> Refer 3(ii) of Part D in the Information booklet



## **FATCA-CRS Terms and Conditions**

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with Edelweiss or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

## **CERTIFICATION**

I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by me on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA CRS Terms and Conditions and hereby accept the same.

For : \_\_\_\_\_

Date : \_\_\_\_\_

Authorized Signatory

\_\_\_\_\_

Signature & Stamp

Place :





PART C (to be filled only by Passive NFEs)			
Please list below the details of each controlling person(s) , confirming ALL countries of tax residency/ permanent residency/ citizenship and ALL Tax Identification Numbers for EACH controlling persons (Please attach additional sheets if necessary):			
	Controlling Person 1	Controlling Person 2	Controlling Person 3
Name			
Country of tax residency*			
Address (include City State, Country & Pin code)			
Telephone/ Mobile No. (with ISD code)			
TIN (or functional equivalent for each country identified in relation to each person <sup>%</sup> )			
Identification Type (TIN or Other, please specify)			
Controlling person type code <sup>8</sup>			
Additional details to be filled below <b>ONLY</b> by controlling persons having tax residency/permanent residency/citizenship in any country <b>other</b> than India including green card holders:			
	Controlling Person 1	Controlling Person 2	Controlling Person 3
Customer ID (if allotted)			
Gender (Male, Female, Other)			
City of Birth			
Country of birth			
Occupation Type (Service, Business, Others)			
Nationality			
PAN			
Father's Name (if PAN not available)			
Date of Birth			
Address type for address mentioned above (Residence or business, Residential, Business, Registered office)			
Identification Type (Documents submitted as proof of identity of the individual) <sup>@</sup>			
Identification Number (Mandatory if PAN or Aadhaar number is not reported)			
Spouse's name (optional)			
Aadhaar Number (optional)			

\*To include US, where controlling person is a US citizen or green card holder

% In case Tax Identification Number is not available, kindly provide functional equivalent<sup>1</sup>

@ Permissible values are:

- |                   |                    |                  |           |
|-------------------|--------------------|------------------|-----------|
| • Passport        | • Election ID card | • PAN Card       | • ID Card |
| • Driving License | • UIDAI Letter     | • NREGA Job card | • Others  |

<sup>8</sup> Refer 3(iv) (A) of Part D in the Information booklet



## Part D: FATCA-CRS Instructions & Definitions

### 1. FINANCIAL INSTITUTION (FI)

The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance company, as defined.

- (i) **Depository institution:** is an entity that accepts deposits in the ordinary course of banking or similar business.
- (ii) **Custodial institution** is an entity that holds as a *substantial portion* of its business, holds financial assets for the account of others and where its *income attributable to holding financial assets and related financial services equals or exceeds 20 percent* of the entity's gross income during the shorter of-
- The three financial years preceding the year in which determination is made; or
  - The period during which the entity has been in existence, whichever is less.
- (iii) **Investment entity** is any entity:
- That *primarily conducts a business* or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer
    - Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; **OR**
    - Individual and collective portfolio management; **OR**
    - Investing, administering or managing funds, money or financial asset or money on behalf of other persons ;
- OR**
- The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described above.
- An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of:
- the three-year period ending on 31 March of the year preceding the year in which the determination is made; **OR**
  - the period during which the entity has been in existence.
- The term "Investment Entity" does not include an entity that is an active non-financial entity as per codes 03, 04, 05 and 06 - refer point 2c. )
- (iv) **Specified Insurance Company:** Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.

#### 1A FIS NOT REQUIRED TO APPLY FOR GIIN:

Code	Sub-category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees'

	state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors, Investment Managers & Executing Brokers
07	Exempt collective investment vehicle
08	Trustee of an Indian Trust
09	FI with a local client base
10	Non-registering local banks
11	FFI with only Low-Value Accounts
12	Sponsored investment entity and controlled foreign corporation
13	Sponsored, Closely Held Investment Vehicle
14	Owner Documented FFI (if you select this category, please provide Owner Reporting Statement or an Auditor's Letter with required details as mentioned in Form W8 BEN E)

### 2. NON-FINANCIAL ENTITY (NFE) – ANY ENTITY THAT IS NOT A FINANCIAL INSTITUTION

Types of NFEs that are regarded as excluded NFE are:

#### a. Publicly traded company (listed company)

A company is publicly traded if its stock are regularly traded on one or more *established securities markets* (Established securities market means an exchange that is officially recognized and supervised by a governmental authority in which the securities market is located and that has a meaningful annual value of shares traded on the exchange)

#### b. Related entity of a publicly traded company

The NFE is a related entity of an entity of which is regularly traded on an established securities market;

#### c. Active NFE : (is any one of the following):

Code	Sub-category
01	Less than 50 percent of the NFE's gross income for the preceding financial year is <i>passive income</i> and less than 50 percent of the assets held by the-NFE during the preceding financial year are assets that produce or are held for the production of <i>passive income</i> ;
02	The NFE is a Governmental Entity, an International Organization, a Central Bank , or an entity wholly owned by one or more of the foregoing;
03	Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for this status if the entity functions as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;





04	The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;
05	The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
06	The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;
07	<p>Any NFE that fulfills all of the following requirements:</p> <ul style="list-style-type: none"> <li>It is established and operated in India exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in India and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare;</li> <li>It is exempt from income tax in India;</li> <li>It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;</li> <li>The applicable laws of the NFE's country or territory of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and</li> </ul> <p>The applicable laws of the NFE's country or territory of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE's country or territory of residence or any political subdivision thereof.</p> <p><b>Explanation.-</b> For the purpose of this sub-clause, the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely:-</p> <p>(I) an Investor Protection Fund referred to in clause (23EA);</p> <p>(II) a Credit Guarantee Fund Trust for Small Industries referred to in clause 23EB; and</p> <p>(III) an Investor Protection Fund referred to in clause (23EC), of section 10 of the Act;</p>

### 3. OTHER DEFINITIONS

#### (i) **Related entity**

An entity is a 'related entity' of another entity if either entity controls the other entity, or the two entities are under common control. For this purpose, control includes direct or indirect ownership of more than 50% of the votes and value in an entity.

#### (ii) **Passive NFE**

The term passive NFE means

- any non-financial entity which is not an active non-financial entity including a publicly traded corporation or related entity of a publicly traded company; or
- an investment entity defined in clause 1(iii)(b) of these instructions.
- a withholding foreign partnership or withholding foreign trust;

(Note: Foreign persons having controlling interest in a passive NFE are liable to be reported for tax information compliance purposes)

#### (iii) **Passive income**

The term passive income includes income by way of :

- Dividends,
- Interest
- Income equivalent to interest,
- Rents and royalties, other than rents and royalties derived in the active conduct of a business conducted, at least in part, by employees of the NFE
- Annuities
- The excess of gains over losses from the sale or exchange of financial assets that gives rise to passive income
- The excess of gains over losses from transactions (including futures, forwards, options and similar transactions) in any financial assets,
- The excess of foreign currency gains over foreign currency losses
- Net income from swaps
- Amounts received under cash value insurance contracts
- But passive income will not include, in case of a non-financial entity that regularly acts as a dealer in financial assets, any income from any transaction entered into in the ordinary course of such dealer's business as such a dealer.

#### (iv) **Controlling persons**

Controlling persons are natural persons who exercise control over an entity and includes a beneficial owner under sub-rule (3) of rule 9 of the Prevention of Money-Laundering (Maintenance of Records) Rules, 2005. In the case of a trust, the controlling person means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust. In the case of a legal arrangement other than a trust, controlling person means persons in equivalent or similar positions.

Pursuant to guidelines on identification of Beneficial Ownership issued vide SEBI circular no. CIR/MIRSD/2/2013 dated January 24, 2013, persons (other than Individuals) are required to provide details of Beneficial Owner(s) ('BO'). Accordingly, the Beneficial Owner means 'Natural Person', who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest of / entitlements to:

- More than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
- More than 15% of the capital or profits of the juridical person, where the juridical person is a partnership; or
- More than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

Where the client is a trust, the financial institution shall identify the beneficial owners of the client and take reasonable measures to verify the identity of such persons, through the identity of the settler of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural





person exercising ultimate effective control over the trust through a chain of control or ownership.

Where no natural person is identified the identity of the relevant natural person who holds the position of senior managing official.

**(A) Controlling Person Type:**

Code	Sub-category
<b>C01</b>	CP of legal person-ownership
<b>C02</b>	CP of legal person-other means
<b>C03</b>	CP of legal person-senior managing official
<b>C04</b>	CP of legal arrangement-trust-settlor
<b>C05</b>	CP of legal arrangement--trust-trustee
<b>C06</b>	CP of legal arrangement--trust-protector
<b>C07</b>	CP of legal arrangement--trust-beneficiary
<b>C08</b>	CP of legal arrangement--trust-other
<b>C09</b>	CP of legal arrangement—Othr-settlor equivalent
<b>C10</b>	CP of legal arrangement—Othr-trustee equivalent
<b>C11</b>	CP of legal arrangement—Othr-protector equivalent
<b>C12</b>	CP of legal arrangement—Othr-beneficiary equivalent
<b>C13</b>	CP of legal arrangement—Othr-othr equivalent
<b>C14</b>	Unknown

**(v) Specified U.S. person – A U.S person other than the following:**

- a corporation the stock of which is regularly traded on one or more established securities markets;
- any corporation that is a member of the same expanded affiliated group, as defined in section 1471(e)(2) of the U.S. Internal Revenue Code, as a corporation described in clause (i);
- the United States or any wholly owned agency or instrumentality thereof;
- any State of the United States, any U.S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing;
- any organization exempt from taxation under section 501(a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code;
- any bank as defined in section 581 of the U.S. Internal Revenue Code;
- any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code;
- any regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or any entity registered with the U.S. Securities and Exchange Commission under the Investment Company Act of 1940 (15 U.S.C. 80a-64);
- any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code;
- any trust that is exempt from tax under section 664(c) of the U.S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code;
- a dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any State;
- a broker as defined in section 6045(c) of the U.S. Internal Revenue Code; or
- any tax-exempt trust under a plan that is described in section 403(b) or section 457(g) of the U.S. Internal Revenue Code.

**(vi) Owner documented FFI**

An FFI meets the following requirements:

- The FFI is an FFI solely because it is an investment entity;
- The FFI is not owned by or related to any FFI that is a depository institution, custodial institution, or specified insurance company;
- The FFI does not maintain a financial account for any nonparticipating FFI;
- The FFI provides the designated withholding agent with all of the documentation and agrees to notify the withholding agent if there is a change in circumstances; and
- The designated withholding agent agrees to report to the IRS (or, in the case of a reporting Model 1 FFI, to the relevant foreign government or agency thereof) all of the information described in or (as appropriate) with respect to any specified U.S. persons and (2). Notwithstanding the previous sentence, the designated withholding agent is not required to report information with respect to an indirect owner of the FFI that holds its interest through a participating FFI, a deemed-compliant FFI (other than an owner-documented FFI), an entity that is a U.S. person, an exempt beneficial owner, or an excepted NFE.

**(vii) Direct reporting NFE**

A direct reporting NFE means a NFE that elects to report information about its direct or indirect substantial U.S. owners to the IRS

**(viii) Exemption code for U.S. persons**

Code	Sub-category
<b>A</b>	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
<b>B</b>	The United States or any of its agencies or instrumentalities
<b>C</b>	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
<b>D</b>	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
<b>E</b>	A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
<b>F</b>	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
<b>G</b>	A real estate investment trust
<b>H</b>	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
<b>I</b>	A common trust fund as defined in section 584(a)
<b>J</b>	A bank as defined in section 581
<b>K</b>	A broker
<b>L</b>	A trust exempt from tax under section 664 or described in section 4947(a)(1)
<b>M</b>	A tax exempt trust under a section 403(b) plan or section 457(g) plan





## DECLARATION BY KARTA

Date: \_\_\_\_\_

To

**EDELWEISS BROKING LTD**

Edelweiss House,  
Tower 3, Wing B, Kohinoor City Mall,  
Kohinoor City, Kiroli Road, Kurla (West),  
Mumbai 400 070

Dear Sir/Madam,

Details of our HUF and all its co - parceners are stated as under:

Sr.No.	Name	Date of Birth	Relationship	PAN

I hereby state that details mentioned as above are true and any change in them would be intimated to you in writing.

Thanking you.

Yours faithfully,

\_\_\_\_\_  
(Name & Signature of Karta with Karta's Stamp)

**Note :** In case any of the co-parceners is a minor, please provide birth certificate.



Date:

To

Edelweiss Capital Services Ltd/ Edelweiss Broking Limited

Relationship Manager - Mr. Aditya Barde

Edelweiss House, Off CST Road, Kalina,

Mumbai - 400 098

India

Dear Sir / Madam,

**Subject: Confirmation Regarding Non Solicitation of Our Relationship with Edelweiss Group Entities**

I state and confirm that my proposed relationship with Edelweiss Group entities to be made is as per my own volition in the following products:

1. PMS PRODUCT (DEMAT + CUSTODY A/C)

I, further confirm that I have neither been solicited nor contacted in any manner by any person(s) or any of the representatives of Edelweiss Capital Services Ltd and companies which are a part of Edelweiss Financial Services Limited Group directly or indirectly in connection with my - relationship with Edelweiss group entity(ies).

However, I myself have contacted Mr. Aditya Barde in respect of taking the services of Edelweiss Capital Services Ltd.

I hereby confirm that as per Income tax requirement I am Non Resident and I am filing Income tax return under Non Resident Indian category. I hereby confirm that I have opened Bank account through Authorised dealer which is applicable to Non Resident Indian.

I/We hereby declare that I/We have complied with (as per Operating Instruction 2.3.6) and will continue to comply with Foreign Exchange Management Act, 1999 and rules and regulations made thereunder as applicable to me/us.

Thanking you.

Yours sincerely,

**Signature:**

**Name of the client:**

**Address of the client:**

**Place:**

**Country:**

Note: NRI should provide reasoning if any of the response is not in affirmative



**CONSENT FORM (GENERAL DATA PROTECTION REGULATION (GDPR))**

(Please tick the relevant box below and complete the Consent Form)

- ☐ I, Mr./Mrs./Ms....., a resident/citizen of ....., a member state of European Union / United Kingdom protected under GDPR, acknowledge that I have read and understood the Privacy Statement of Edelweiss Financial Services Limited and all its subsidiaries and associates in India and overseas (collectively referred to as Edelweiss Group) setting out the collection, processing, use and disclosure of personal data for the purposes explained therein and available on [www.edelweissfin.com](http://www.edelweissfin.com)

**OR**

- ☐ I, Mr./Mrs./Ms....., a resident/citizen of ....., a member state of the European Union / United Kingdom and the authorised signatory of ..... protected under GDPR, acknowledge that I have read and understood the Privacy Statement of Edelweiss Financial Services Limited and all its subsidiaries and associates in India and overseas (collectively referred to as Edelweiss Group) setting out the collection, processing, use and disclosure of personal data for the purposes explained therein and available on [www.edelweissfin.com](http://www.edelweissfin.com).

Please see the tick marks in the relevant boxes below that will apply to me:

- 1) I provide my express consent to Edelweiss Group for the collection, processing, use and/or disclosure of my personal data / information by it for the purposes set out in its Privacy Statement.

YES ☐ NO ☐

- 2) I wish to receive marketing information from Edelweiss Group (\*)

YES ☐ NO ☐

- 3) I would like to receive information about the services which may be provided by Edelweiss Group, including (but not limited to) offers, promotions and information about new goods and services, via (\*) ☐

Newsletter      E-mail      Text message      Telephone call      Not interested

Name: \_\_\_\_\_

Signature &amp; Date: \_\_\_\_\_

or

Name: \_\_\_\_\_

(Authorised Signatory of .....)

Signature &amp; Date: \_\_\_\_\_



**This Space is intentionally kept blank**







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info@kriis.in  
www.kriis.in

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Mulund - W, Mumbai - 400 080.

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