KYC FORM – INDIVIDUALS (FIRST HOLDER)

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IDENTITY DETAILS					PHOTOGRAPH of Applicant SIGNATURE ACROSS PHOTO Please affix a recent passport size photographs and sign across it.
Name of the Applicant:	MR.	RAJESH	VIJAY	SHINDE	
Maiden Name (if any)	Prefix	First Name	Middle Name	Last Name	
Father / Spouse's Name	MR.	VIJAY	MOHAN	SHINDE	
Mother's Name	MRS.	ASHA	VIJAY	SHINDE	
Aadhaar/ UID	1234 5678 9101	PAN	ABCDE3201F		
Gender	☑ Male ☐ Female ☐ Transgender				R. Shinde
Marital Status	☐ Single ☑ Married ☐ Others				
Citizenship	☑ IN-Indian ☐ Others (ISO 3166 Country Code ____)		Date of Birth	01/05/1990	
Residential Status	☑ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin				
City of Birth	MUMBAI	Country of Birth (including ISO 3166 Country Code)	INDIA	CODE I N	
Identification Type (Name of Document(s) submitted as proof of identity)	PAN CARD	Identification number	ABCDE3201F	Expiry Date DD/MM/YYYY	

MANDATORY

ADDRESS DETAILS	
Permanent Address (including city, state, country and pin code)	A-302/F ADARSH NAGAR, S.G. ROAD. ANDHERI MUMBAI - 400053
Address Type	☑ Residential ☐ Business ☐ Registered ☐ Unspecified
Correspondence Address (if any) (In case of multiple addresses, please fill 'Annexure A1')	—— SAME AS ABOVE ——
Document submitted as proof of address	PASSPORT / AADHAR CARD
Address type to be used for communication	☑ Permanent ☐ Correspondence

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CONTACT DETAILS (to be used for all necessary reporting / communication purposes)					
Residence Phone	—	Office Phone	—	Mobile	+91 9867740691
Fax Details		Email ID	Rajeshshinde@Gmail.com		

DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1')			
☐ Addition ☐ Deletion ☐ KYC Number (if available)			
Related Person Type	☐ Authorized Representative ☐ Guardian of Minor ☐ 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 01/01/2018 Place - MUMBAI

R. Shinde

Signature / Thumb Impression of the Applicant

FOR OFFICE USE ONLY

☐ Originals verified ☐ Self-Attested copies received

Employee Signature with Date, Name, Code, Dsg & Brch Details

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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				
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

MANDATORY

Details of Account Holders			
Account Holders	**Sole / First Holder**	**Second Holder**	**Third Holder**
Name	RAJESH VIJAY SHINDE		
PEP/RPEP	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
PAN NUMBER	ABCDE3201F		
Aadhaar	1234 5678 9101		
Occupation PLEASE TICK IN RELEVENT OPTION	☐ Private Sector ☐ Public Sector, ☐ Government Service ☑ Business ☐ Professional ☐ Agriculture ☐ Retired ☐ Housewife ☐ Student ☐ Others (please specify)	☐ Private Sector ☐ Public Sector, ☐ Government Service ☐ Business ☐ Professional ☐ Agriculture ☐ Retired ☐ Housewife ☐ Student ☐ Others (please specify)	☐ Private Sector ☐ Public Sector, ☐ Government Service ☐ Business ☐ Professional ☐ Agriculture ☐ Retired ☐ Housewife ☐ Student ☐ Others (please specify)
SMS Alert facility Mobile number mandatory if POA selected Annexure A	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Mobile Number on which messages are to be sent	+91 9867740691		
Brief details	—		

INCOME PER ANNUM			
Year 1	☐ Upto INR 1 Lac ☐ INR 10-25 Lac	☐ INR 1 - 5 Lac ☑ INR25 Lacs-1 crore	☐ INR 5 - 10 Lac ☐ More than INR 1 crore
Year 2	☐ Upto INR 1 Lac ☐ INR 10-25 Lac	☐ INR 1 - 5 Lac ☑ INR25 Lacs-1 crore	☐ INR 5 - 10 Lac ☐ More than INR 1 crore
Year 3	☐ Upto INR 1 Lac ☐ INR 10-25 Lac	☐ INR 1 - 5 Lac ☑ INR25 Lacs-1 crore	☐ INR 5 - 10 Lac ☐ More than INR 1 crore

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PMLA DETAILS (Please tick any one as applicable)	
☐ Non resident client ☐ Politician or their family member or close relative ☐ Civil Servant or family member or close relative of civil servant ☐ Bureaucrat or family member or close relative of bureaucrat ☐ Current or Former MP or MLA or MLC or their family member or close relative ☐ None of the above TICK RELEVENT OPTION	☐ High net-worth client (having annual income + net worth of more than INR 1 crore) ☐ Current/ Former Head of State/ Governments/ their family member or close relative ☐ Senior government/judicial/ military officers or their family member or close relative ☐ Senior executives of state-owned corporations or their family member or close relative

Net Worth Details (not older than 1 year)	1 crore	As on Date	31/03/2017 (DD/MM/YYYY)

*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)			
Name	MR. RAJESH VIJAY SHINDE	PAN No.	ABCDE3201F
Status	Sub Status		
Individual	☑ Individual/Ordinary Resident, ☐ Individual Director's Relative, ☐ Individual Promoter ☐ Individual-Director ☐ Individual HUF / AOP ☐ Minor ☐ Individual Margin Trading A/C (MANTRA), ☐ Others _____ **(please specify)**		
NRI	☐ NRI Repatriable ☐ NRI ☐ Non-Repatriable, ☐ NRI Repatriable Promoter ☐ NRI – Depository ☐ Others _____ **(please specify)**		
Foreign National	☐ Foreign National, ☐ Foreign National Depository Receipts ☐ Qualified Foreign Investor ☐ Others_____		
Foreign National / NRI	RBI Approval Ref No.		RBI Approval Date DD / MM / YYYY

MANDATORY

Bank Details (Dividend Bank Details)					
BANK NAME	REQUIRED				
Branch Name	REQUIRED				
Address	REQUIRED				
City	REQUIRED	State	REQUIRED	Country and Pin	REQUIRED
Account type	☐ Saving ☐ Current ☐ Others Tick Relevent			Account No.	REQUIRED
IFSC Code	REQUIRED			MIRC Code	REQUIRED

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. *(Automatic Credit)*	☑ Yes ☐ No
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID mentioned In KYC application Form.	☑ Yes ☐ No
Account to be operated through Power of Attorney (POA)	☑ Yes ☐ 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]	☑ Yes ☐ 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)	☐ 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.

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)**]	☐ Yes ☐ No
I / We would like to share the email ID with the RTA **(to be selected if account opened in CDSL)**	☐ Yes ☐ No
Account Statement Requirement	☑ As per SEBI Regulation, ☐ Daily, ☐ Weekly, ☐ Fortnightly ☐ Monthly
Annual Report Requirement (If not marked the default option would be in Physical)	☐ Physical ☑ Electronic ☐ Both Physical and Electronic

MANDATORY

TRUST FACILITY	
☐ 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. ☐ I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST **Annexure B**	☐ Yes ☐ No (If selected Yes please clearing member details)

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

Easi	To register for e asi, please visit our website **www.cdslindia.com.** 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)							
Name of Guardian				**PAN**			
Relationship with Applicant							
Address of Guardian							
Pin		**State**		City		Country	
Tel No		**Tel Off**		Email ID			
Fax		**Mobile No.**					

This Space is intentionally kept blank

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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.

☑ I/We nominate the following person who is entitled to receive security balances held in Depository lying in my/our account, particulars whereof are given below, and is the said Beneficiary owner in the event of my / our death. (As per Nominee details given below)

MANDATORY

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Identification Details: [Please tick any one of following and provide details of same] ☐ Photograph & Signature ☐ PAN ☐ Aadhar ☐ Saving Bank Account No. ☐ Proof of Identity ☐ Demat Account ID			
*First Name Middle Name *Last Name	NAMRATA RAJESH SHINDE		
*Address	A-302/F ADARSH NAGAR, S.G. ROAD ANDHERI		
*City	MUMBAI		
*State	MAHARASHTRA		
*Pin	400053		
*Country	INDIA		
Telephone No.	–		
FAX No.	–		
Email ID	–		
*Relationship with BO or Applicant	WIFE		
Date of birth (mandatory if Nominee is a minor) dd-mm-yyyy	–		
Saving Bank Account Number if maintained with same participant	–		

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			
Guardian Identification Details: [Please tick any one of following and provide details of same] ☐ Photograph & Signature ☐ PAN ☐ Aadhar ☐ Saving Bank Account No. ☐ Proof of Identity ☐ Demat Account ID			
Email ID			
*Relationship of the Guardian with the Nominee			
*Percentage of allocation of securities/funds	100 %		
*Residual Securities (please tick any one nominee. If tick not marked default will be first nominee)	✓		

MANDATORY

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.

*** Marked is Mandatory field**

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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: Two witnesses shall attest signature(s) / thumb impression(s)

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	Name	Address	Signature
First	SANTOSH KAMBLE	3AB/5 WING-SAI RAAM BLDG-ANDHERI MUM-400053	S.Kamble
Second	RAM MUNDALE	NAIK NAGAR, BHAKTI SOCIETY-ANDHERI-MUMBAI 400053	

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	RAJESH VIJAY SHINDE	R.Shinde
Second Holder	MANDATORY IF SECOND HOILDER	
Third Holder		

MANDATORY

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	Documents verified with Originals	Client Interviewed by	In person Verification done by
Name of the Employee	P. MANOHAR	P. MANOHAR	P. MANOHAR
Employee Code	14067	14067	14067
Designation of the employee	S. MANAGER	S. MANAGER	S. MANAGER
Date	01/01/2018	01/01/2018	01/01/2018
Signature	P. manohar	P. manohar	P. manohar

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FATCA & CRS Declaration (First Holder)
(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

MANDATORY

TAX RESIDENCE DECLARATION *(tick any one, as applicable)*

☑ I am a tax resident of India and not resident of any other country **OR**

☐ 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)*

CERTIFICATION

Under penalty of perjury, I certify that:

- 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.
- I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- 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.

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.

MANDATORY

Name: RAJESH VIJAY SHINDE	Date: 01/01/2018.
Signature: R.Shinde	Place: MUMBAI

Please Tear Here

Acknowledgement Receipt

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