



CARNELIAN

KYC APPLICATION FORM

Carnelian Asset Advisors LLP

SEBI Registration Number: INP000006387

Investment Strategy Name	
First Holder Name	
Second Holder Name	
Carnelian - Relationship Manager (Code No., Name and Contact details)	

Registered Office: B-1405, One BKC, Bandra Kurla complex,
Bandra (E), Mumbai, Maharashtra, India – 400051.

KNOW YOUR CLIENT (KYC APPLICATION) FORM

NON INDIVIDUAL

☐ Sole Proprietor ☐ Partnership ☐ Corporate ☐ LLP ☐ HUF ☐ Registered Trust ☐ Unregistered Trust ☐ Others (pls specify) _____

Name of the Company / Firm

Date of Incorporation / Registration

Place of Incorporation / Registration

Nature of Business

PAN of the Firm (Enclose a copy)

Date of commencement of business

Registration no : (eg.CIN)

Registered Office Address

Correspondence Address

City State

City State

Country

Postal CODE

Phone No.

Country

Postal CODE

Phone No.

Contact person

Designation

Email ID's for receiving all correspondence (including monthly reports)

Financial Status (Gross Annual Income)

☐ < Rs. 10 Lacs

☐ Rs 10 Lacs to <Rs.25 Lacs

☐ Rs.25 Lacs to <Rs. 1 Crore

☐ Rs 1 Crore to <Rs. 10 Crores

☐ = > Rs 10 Crores

Net Worth (should not be older than 1 year)

Phone No. (Code)

Registered with any other stock broker

☐ Yes ☐ No (If Yes please fill below details)

Bank Account Details of the Company / Firm

Name of the Bank

Branch

Account No.

Account Type

☐ Savings

☐ Current

☐ Others

GSTIN (Please attach copy of certificate)

Name of document given as Proof of Address to be attached (for both registered and correspondence address)

Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors (Please use the Annexure to fill in the details)

Investment experience in Capital Market

No of years of prior experience _____ years in Derivatives _____ years in stocks _____ years in other investment related fields

Details of any action taken by SEBI/Stock exchange/any other authority for violation of securities laws / other economic offences:

☐ No ☐ Yes (details to be attached)

Please note : If correspondence and permanent address are different, then proof for both have to be submitted.

Specify proof of identity and address submitted: PAN _____

Address Type*
Proof of Address*

☐ Residential/Business

☐ Residential

☐ Business

☐ RegisteredOffice

☐ Unspecified

☐ Passport

☐ Driving Licence

☐ UID (Aadhaar)

☐ Voter IdentityCard

☐ NREGA Job Card

☐ Others

I/We certify that I/we have read and understood contents of the Disclosure Document provided by Carnelian Asset Advisors LLP(“CAAL”) and that this document was provided to me/us at least two days prior to receiving the Subscription Agreement. • I/We hereby apply for units of the Strategy and agree to abide by the terms, conditions, rules and regulations governing the Strategy. I/We hereby declare that the amount invested in the Strategy is through legitimate sources only and is not designed for the purpose of the contravention of any Act, Rules, Regulations of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any applicable laws enacted by the Government of India from time to time. • I hereby agree that Carnelian Asset Advisors LLP is authorized to use the information provided by me/us above for communication with me/us any information via SMS, email or through any other mode of communication from time to time, and I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number / email address. • I/We hereby give my/our consent for sharing KYC documents and information relating to my investments with CAAL and with other associate companies of CAAL.

DatePlace

1st Applicant/Authorised Signatory (1)

Sign Here

Name

2nd Applicant/ Authorised Signatory

Sign Here

Name

3rd Applicant/ Authorised Signatory

S

Name

Date

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

SR. NO.	NAME, ADDRESS & SIGNATURE	PAN, DIN and AADHAR NUMBER	RELATIONSHIP	PEP STATUS	PHOTOGRAPH
1	NAME :	PAN :		Yes : <input type="checkbox"/>	
	ADDRESS :	DIN:		No <input type="checkbox"/>	
		AADHAAR:		Related <input type="checkbox"/>	
2	NAME :	PAN :		Yes : <input type="checkbox"/>	
	ADDRESS :	DIN:		No <input type="checkbox"/>	
		AADHAAR:		Related <input type="checkbox"/>	
3	NAME :	PAN :		Yes : <input type="checkbox"/>	
	ADDRESS :	DIN:		No <input type="checkbox"/>	
		AADHAAR:		Related <input type="checkbox"/>	
4	NAME :	PAN :		Yes : <input type="checkbox"/>	
	ADDRESS :	DIN:		No <input type="checkbox"/>	
		AADHAAR:		Related <input type="checkbox"/>	
5	NAME :	PAN :		Yes : <input type="checkbox"/>	
	ADDRESS :	DIN:		No <input type="checkbox"/>	
		AADHAAR:		Related <input type="checkbox"/>	

For : _____



Name & Signature of the Authorised Signatory (with stamp)

Date _____

Place _____

FATCA & CRS DECLARATION

		FIRST HOLDER	SECOND HOLDER
1	Name of Account Holder		
2	Tax residence declaration	<input type="checkbox"/> I am a tax resident of India and not resident of any other country OR <input type="checkbox"/> I am a tax resident of the country/ies mentioned in the table below	<input type="checkbox"/> I am a tax resident of India and not resident of any other country OR <input type="checkbox"/> I am 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 Number

below:

	Country	Tax Identification Number %	Identification Type (TIN or Other%, please specify)

To also include USA, where the individual is a citizen/ green card holder of USA.

% In case Tax Identification Number is not available, kindly provide functional equivalent \$

CERTIFICATION

I/We 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 is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA CRS Terms and Conditions below and hereby accept the same. I/We hereby give my/our consent for sharing FATCA/CRS information relating to my investments with CCAL

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 require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information & 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, also be required to provide information to any institutions such as withholding agents we may for the purpose of ensuring appropriate withholding from the account/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 CCAL. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

	FIRST HOLDER	SECOND HOLDER
Signature (3)		
Date & Place		

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 green card holder, please include United States in the foreign country information field along with Your US Tax Identification Number.

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 Curing Documents as mentioned below:

FATCA/ CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS indicia
U.S. place of birth	<ol style="list-style-type: none"> 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 evidencing nationality or citizenship (refer list below); AND 3. Any one of the following documents: <ol style="list-style-type: none"> a. Certified Copy of Certificate of Loss of Nationality or b. 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; and Documentary evidence (refer list below)
Telephone number in a country other than India	<p><i>If no Indian telephone number is provided</i></p> <p>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; and Documentary evidence (refer list below)</p> <p><i>If Indian telephone number is provided along with a foreign country telephone number</i></p> <ol style="list-style-type: none"> 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; OR 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; and 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.**

PORTFOLIO MANAGEMENT - SUBSCRIPTION FORM

APPLICANT DETAILS

Name of Sole/First Account Holder

Name of Second Account Holder

DETAILS OF INVESTMENT

Sr.	Strategy Name	Investment Amount (R)
1.		

FUND DETAILS

Total Amount Total Amount in words

Cheque No./UTR No. Date / /

MICR Code NEFT / IFSC Code

Account Type: (please tick ☒) Savings ☐ Current ☐ NRE ☐ FCNR ☐ NRO ☐ Others

BANK DETAILS

Investment through: ☐ Stocks ☐ Cheque ☐

☐ Stocks + Cheque Bank Name

Account No. Branch

Address
 City

BANK DETAILS

Introduced by

Annual income

Net worth For last year

ADDITIONAL DETAILS (only if applicable)

☐ Politically Exposed Person (PEP) ☐ Related To Politically Exposed Person ☐ No (Neither)

MODE OF OPERATION (Tick mark) (only if applicable)

☐ Single ☐ Joint ☐ Anyone or Survivor ☐ As per mode of operation of Board Resolution

DETAILED INVESTMENT OBJECTIVE

- Equity (Indicate Nature of Equities in which investments are desired):
- Debt (Indicate Nature of Debt(ex Government Bond, Corporate Debt, etc) in which investments are desired)
- Mutual Funds, Venture funds, etc
- Percentage Allocation to each
- Others:

DECLARATION

I/We have read and understood the terms and conditions of the Discretionary Portfolio Investment Management Agreement and the Disclosure Document and undertake to abide with the provisions of the same. All the information and particulars given about myself/us in the application are true to best of my/our knowledge and belief. I/We agree to inform the Portfolio Manager if there is any change in the information provided by me / us.

I/We undertake to provide all the disclosures as required under SEBI (Insider Trading) Regulations, Prevention of Money Laundering Act, 2002 as amended from time to time or any other Act/Regulations.

I/We hereby declare that the amount given/to be given by me/us to the Portfolio Manager for investing on my/our behalf is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, regulations or an status or legislation including Prevention of Money-Laundering Act, 2002 or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time.



I/We confirm and understand that my Application, Discretionary Portfolio Management Services Agreement and other documents attached are subject to verification and scrutiny for compliance with the KYC requirements prescribed, from time to time by CCAL under the Prevention of Money Laundering Act, 2002 and other applicable Acts and Regulations and I/We understand that my/our application can be rejected for any/all reasons including but not limited to discrepancy, non-compliance with the documentation requirements without any reason being assigned therefore by CCAL.

I/We also authorize CCAL to share the information/documents about me/us with any regulatory bodies in order to enable CCAL to meet requirements under any applicable regulations. I/We also agree to co-operate with CCAL for the purposes of any regulatory requirements and for any additional information requirements which may be required to be provided to any regulatory authority by CCAL.

To the extent appropriate for our relationship with you, personal information may be shared for the following purposes :-

(a) to comply with applicable laws, rules and regulations, including anti-terrorism, KYC, anti-money laundering and tax reporting rules and regulations; (b) to comply with legal process, to respond to requests from public, regulatory or government authorities (including authorities outside your country of residency), and to allow us to pursue remedies and limit damage; (c) to any of our associate / affiliate / group entities including our service providers performing delegated outsourced function to enable them to perform internal business processes (which facilitate transactions) such as risk management purposes, data analysis, audits, developing and improving new products and services, etc; (d) to any of our associate / affiliate / group entities to enable them to provide you with appropriate products and services; You have the right to not provide (or to withdraw by written notice at any time) your consent to the collection, use, processing and sharing of your personal information. If you choose to not provide (or to withdraw) your consent, we may not be able to provide you with certain products and services

Note: The investment will commence post clearance of funds.

SIGNATURE		
	First Applicant(5)	Second Applicant

RISK PROFILE QUESTIONNAIRE

This brief questionnaire will help us understand your investing needs and help us recommend a Portfolio Management product to best suit your needs.

General Information about the Client	
Name of Client	
a) Age	
b) Date of incorporation/birth	

☒ Tick on appropriate option

1 How long have you been investing in the markets?

- a. Never invested b. Under 1 year
c. Between 1 and 5 years d. More than 5 years

2 Which of the following best describes your reason for investing in the markets?

- a. Earn a regular stream of income and preserve the value of your savings
b. Meet a medium term objective for which you want to save enough money
c. Accumulate greater long term wealth and improve lifestyle by investing in the markets
d. Invest surplus funds with the aim of long term capital appreciation

3 How familiar are you with Investing in Equity Markets?

- a. Not at all familiar/hardly familiar
b. I have a basic understanding of how the equity markets work
c. I have an understanding of markets and that different products have different income characteristics
d. I am experienced with all investment sectors and understand the factors that affect markets

4 How would you describe your Risk Profile?

- a. Low Risk - The security of my capital is critical.
b. Moderate Risk - But, I want my portfolio returns to be stable in the long term.
c. High Risk - I invest for the long term and am prepared to accept volatility of equities.

5 What is your investment time horizon?

- a. 1 year or less b. 1 to 2 years c. 2 to 3 year d. 3 years or more

6 How much of your current wealth do you currently invest in equity based products?

- a. Less than 5% b. 5-20% c. 20-40% d. More than 40%

7 How would you react if in 6 months your portfolio has decreased in value by 20%?

- a. In state of Shock — you intended to keep money secure and did not want to take such a risk
b. Cut your losses and move money into a more secure investment such as a fixed deposit
c. Would not touch the investments, expecting performance to improve
d. Invest in more funds to lower average investment price, expecting higher future returns

8 Do you have any financial dependents? If yes, please mention the number of dependents.

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9 Any securities or instruments that you cannot hold for compliance reasons etc.

Applicable ☐ Not Applicable ☐ (if applicable, kindly list down securities below)

Sr. No.	Name of Security

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10 % of total portfolio to be invested with the portfolio manager : _____

11 Overall investment Goal:

Goal
Capital Appreciation
Regular Income
Provision of Systematic Withdrawal Plan (Monthly/Quarterly/Annually)
Others

Applicant Declaration

- # To comply with applicable laws, rules and regulations, including anti-terrorism, KYC, anti-money laundering and tax reporting rules and regulations
- # To comply with legal process, to respond to requests from public, regulatory or government authorities (including authorities outside your country of residency), and to allow us to pursue remedies and limit damage
- # To any of our associate / affiliate / group entities including our service providers performing delegated outsourced function to enable them to perform internal business Processes (which facilitate transactions) such as risk management purposes, data analysis, audits

SIGNATURE		
	<i>First Applicant(6)</i>	Second Applicant