

KYC FORM – NON INDIVIDUALS

*Edelweiss

IDENTITY DETAILS				
Name of the Applicant:	UNITY SEVEN PVT. LTD			
Date of Incorporation	26/05/1995			
Date of Commencement	(DD/MM/YYYY)			
PAN	AAACT5912B			
Country of Incorporation	INDIA			
City of Incorporation	MUMBAI			
Registration number (CIN Number)	U74899MD1995PTC069105			
SIGNATURE ACROSS PHOTO AND STAMP.				
STATUS				
<input type="checkbox"/> Partnership Firm <input checked="" 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)	B-107, PLOT NO.88 RENUKA APARTMENT, MUMBAI MAHARASHTRA ANDHERI - 400057			
Business / Correspondence Address (if any) (including city, state, country and pin code)	— SAME AS ABOVE —			
Tax Residency Address	<input type="checkbox"/> Business (Correspondence) <input checked="" type="checkbox"/> Registered Office			
Specify the proof of address submitted for address	LATEST BANK STATEMENT.			
CONTACT DETAILS (to be used for all necessary reporting / communication purposes)				
Landline Phone No: (including city & country code)		Mobile No: (including city & country code)	+91-9773560443	
Fax No: (including city & country code)		Email ID:	Unityseven@gmail.com	
Details of Promoters/Partners/Karta/Trustees/Whole Time Directors <input checked="" 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: UNITY SEVEN PVT. LTD.			FOR OFFICE USE ONLY <input type="checkbox"/> (Originals verified) True copies of Docs received <input type="checkbox"/> (Self-Attested) Self Certified Doc copies received	
Signature & Stamp of the Authorised Signatory			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		AAACT 5912B	
No.	NAME, ADDRESS & SIGNATURE	PAN, DIN and Aadhar Number	Relationship	PEP STATUS	PHOTOGRAPH
1.	NAME: SANDIP MANE ADD: 502, 1 st floor Mahadev Building Mumbai, Maharashtra 400024	AAAMT1234P PAN 0012345 DIN 5678 1234 5479 Aadhar Number	DIRECTOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> RELTV	MINIMUM 2 DIRECTOR PHOTO
2.	NAME: AJAY MANE ADD: 3 rd FLOOR SAH COLONY KURLA, MUMBAI MAHARASHTRA - 400071	ABMPT2349Q PAN 002349 DIN 1275 9789 1234 Aadhar Number	DIRECTOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> RELTV	MINIMUM 2 DIRECTOR PHOTOS
	NAME: ADD:	PAN DIN Aadhar Number		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> RELTV	
	NAME: ADD:	PAN DIN Aadhar Number		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> RELTV	
	NAME: ADD:	PAN DIN Aadhar Number		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> RELTV	
For: UNITY SEVEN PVT LTD.					
Name & Signature of the Authorised Signatory (with stamp) Date 13/02/2019 Place MUMBAI		Seal / Stamp of the Edelweiss			

Demat Account Opening Form NSDL and CDSL (Non 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 DD / MM / YYYY
FORM TO BE FILLED IN BLOCK LETTERS Only
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	UNITY SEVEN PVT LTD.			
PEP/RPEP	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SMS Alert facility Mobile number mandatory if POA selected Annexure A	Account to be operated through Power Of Attorney		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	SMS Alert facility required		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Mobile Number on which messages are to be sent		9773560443	
ID Num PAN	AAACT5912B			
ID Num UID	-			
Contact Number *Mandatory if POA given Annex I	9773560443			
Gross Annual Income Details (Previous 3 years)	Year 1	<input type="checkbox"/> Below INR 1 Lac	<input type="checkbox"/> INR 1 - 5 Lac	<input type="checkbox"/> INR 5 - 10 Lac
		<input type="checkbox"/> INR 10-25 Lac	<input checked="" type="checkbox"/> INR 25 Lacs-1 crore	<input type="checkbox"/> Above INR 1 crore
	Year 2	<input type="checkbox"/> Below INR 1 Lac	<input type="checkbox"/> INR 1 - 5 Lac	<input type="checkbox"/> INR 5 - 10 Lac
		<input type="checkbox"/> INR 10-25 Lac	<input checked="" type="checkbox"/> INR 25 Lacs-1 crore	<input type="checkbox"/> Above INR 1 crore
	Year 3	<input type="checkbox"/> Below INR 1 Lac	<input type="checkbox"/> INR 1 - 5 Lac	<input type="checkbox"/> INR 5 - 10 Lac
		<input type="checkbox"/> INR 10-25 Lac	<input checked="" type="checkbox"/> INR 25 Lacs-1 crore	<input type="checkbox"/> Above INR 1 crore
Net Worth Details (not older than 1 year)	5 crore	As on Date	31/03/2018	
Email ID	unityseven@gmail.com			

*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.	
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Type Of Account (Please tick whichever is applicable)

Status	Sub Status (To be filled by the DP)
<input checked="" 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 <u>PVT. LTD.</u>	Sub Status _____
Nationality	<input checked="" type="checkbox"/> Indian <input type="checkbox"/> Others (Specify) _____
SEBI Registration No.	SEBI Registration Date
RBI Registration No.	RBI Approval Date

Bank Details (Dividend Bank Details)					
BANK NAME					
Branch Name	EITHER MAIN POOL / PERSONAL BANK				
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 (Automatic Credit)	<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Account to be operated through Power of Attorney (POA)	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 Annexure B	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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.
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Account Statement Requirement	<input checked="" 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 checked="" 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	UNITY SEVEN PVT LTD.		
Designation	AUTH SIGNATORY		
Signature / Stamp			

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			
<input type="checkbox"/> Demat account to be opened with NSDL		<input type="checkbox"/> 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	

FATCA & CRS Declaration <i>(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)</i>			
TAX RESIDENCE DECLARATION <i>(tick any one, as applicable)</i>			
<input checked="" 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 ⁶	Identification Type (TIN or Other ⁶ , please specify)	
⁶ In case Tax Identification Number is not available, kindly provide functional equivalent ⁵ ⁵ 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 & attach this to the form			
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>			
PART A <i>(to be filled by Financial Institutions or Direct Reporting NFEs)</i>			
Entity is a <input type="checkbox"/> Financial Institution ¹ OR <input type="checkbox"/> Direct reporting NFE ²	GIIN	Name of sponsoring entity	
<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"/> Applied for <input type="checkbox"/> Not required to apply for <i>(Please specify sub-category³ _____)</i> Please provide with Form W8-BEN-E, duly filled in <input type="checkbox"/> Not obtained – Non-participating FI			
³ If the entity is a FI and a tax resident outside India, please fill the below:			
Are you from CRS Jurisdiction		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If No, please answer the next question)</i>	
Please refer to List of Signatories to CRS @ http://www.oecd.org/tax/automatic-exchange/international-framework-for-the-crs/			
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>			
PART B <i>(to be filled by NFEs other than Direct Reporting NFEs; please fill any one as appropriate)</i>			
<input type="checkbox"/> Publicly traded company⁴ <i>(i.e. a company whose shares are regularly traded on an established securities market)</i>		<input type="checkbox"/> Related entity of a publicly traded company⁵ <input type="checkbox"/> Subsidiary <input type="checkbox"/> Controlled	
Name of the stock exchange <i>(Please specify any one stock exchange on which the stock is traded)</i>		Name of such publicly traded company	
		Name of the stock exchange (any one)	
<input type="checkbox"/> Active NFE⁶		<input type="checkbox"/> Passive NFE⁷	
Sub-category <i>((Refer 2c of Part D))</i>		Nature of Business	
Nature of Business			

¹ Refer 1 of Part D in the Information booklet

² Refer 3(vii) of Part D in the Information booklet

³ Refer 1A. of Part D in the Information booklet

⁴ Refer 2a of Part D in the Information booklet

⁵ Refer 2b of Part D in the Information booklet

⁶ Refer 2c of Part D in the Information booklet

⁷ Refer 3(ii) of Part D in the Information booklet

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 ¹)			
Identification Type (TIN or Other, please specify)			
Controlling person type code ²			
Additional details to be filled below ONLY by controlling persons having tax residency/permanent residency/citizenship in any country other 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) ³			
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 equivalent¹

@ Permissible values are:

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

³ Refer 3(iv) (A) 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 : UNITY SEVEN PVT. LTD.

Date : 13/02/2019

Authorized Signatory

Signature & Stamp

Place : MUMBAI