

Know Your Client (KYC)
Application Form (For Non- Individuals Only)

Please fill the form in ENGLISH and in BLOCK letters
 Fields marked * are mandatory
 Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also



WEALTHSTREET FINANCIAL SERVICES PRIVATE LIMITED
 Formerly Known as : WEALTHSTREET ADVISORS PRIVATE LIMITED
 Registered Office: A-1101, Mondeal Heights, S.G Highway, Ahmedabad-380015



CDSL VENTURES LIMITED
 Exploring New Horizons

Application Number: _____

Application Type*: New KYC Modification KYC

1. Entity Details (please refer guidelines)

PAN* _____ Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof) _____

Date of Incorporation* _____ Place of Incorporation* _____

Date of Commencement* _____ Registration Number* _____

Entity Type* Private Ltd. Co. Public Ltd. Co. Body Corporate Partnership
 Please Tick (✓) Trust/Charity/NGO HUF FPI Category I FPI Category II
 AOP Bank Government Body Defence Establishment
 Body of Individuals Society LLP
 Non-Government Organization
 Others _____

2. Proof of Identity+ (please refer the guidelines)

Officially Valid Document(s) in respect of person authorized to transact

Certificate of Incorporation/Formation _____ Registration Certificate _____

Memorandum of Articles and Association Partnership Deed Trust Deed

Board Resolution Power of attorney granted to its manager, office, employees to transact on its behalf

Activity Proof -1+ (For Sole Proprietorship Only) Activity Proof -2+ (For Sole Proprietorship Only)

3. Address Details* (please refer the guidelines)

A. Registered Address*

Line 1* _____

Line 2 _____

Line3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

B. Correspondence/Local Address in India (if different from above)*

Line 1* _____

Line 2 _____

Line3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

	Applicant Digital Signature (DSC)

Proof of Address* (attested copy of any one POA to be submitted—*Not more than 3 months old)

<input type="checkbox"/> Certificate of Incorporation/Formation	<input type="checkbox"/> Registration Certificate	<input type="checkbox"/> Other document _____
<input type="checkbox"/> Latest Telephone Bill* (Landline only)	<input type="checkbox"/> Latest Electricity Bill*	<input type="checkbox"/> Latest Bank Account Statement*
<input type="checkbox"/> Registered Lease/ Sale Agreement of Office Premises	Validity/Expiry Date of POA (Expiry Date) _____	
<input type="checkbox"/> Any other proof of address document (as listed overleaf)	_____	

4. Contact Details

Email ID _____	Mobile No. _____
Email ID _____	Mobile No. _____
Tel (off) _____	Fax _____

5. Annexures Submitted

Number of Related Persons -

6. Remarks / Additional Information

7. Applicant Declaration

I hereby declare that the details furnished above are true and correct to the best of my/our 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/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: ____ ____ ____ (DD-MM-YYYY)
PLACE: _____

Applicant Digital Signature (DSC)

Applicant Wet Signature

8. For Office Use Only

KYC carried out by*	Intermediary Details*
KYC Date _____ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input checked="" type="checkbox"/> Self certified document copies received (Originals Verified) <input checked="" type="checkbox"/> True Copies of documents received (Attested) AMC / Intermediary Name OR Code: WEALTHSTREET FINANCIAL SERVICES PRIVATE LIMITED
Employee Signature and Stamp	Employee Signature and Stamp

— This space is intentionally left blank —

Know Your Client (KYC)
Annexure (For Non- Individuals Only)

Please fill the form in ENGLISH and in BLOCK letters
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 Fields marked † are pertaining to CKYC and mandatory only if processing CKYC also



Application Number: _____

Application Type*: New KYC Modification KYC

1. Identity Details of Related Person (please refer guidelines overleaf)

PAN* _____ Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof) _____

Maiden Name† (if any) _____

Fathers/Spouse's Name* _____

Mother's Name* _____

Date of Birth* _____

Gender* Male Female Transgender

Nationality* Indian Other _____

Related Person Type*
 Director Promoter Karta Trustee Partner Court Appointed Official Proprietor
 Beneficiary Authorized Signatory Beneficial Owner Power of Attorney Holder
 Others _____ (please specify) DIN: _____ (mandatory if the related person is Director)

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

A — Aadhaar Card XXXX XXXX _____

B — Passport Number _____ (Expiry Date) _____

C — Voter ID Card _____

D — Driving License _____ (Expiry Date) _____

E — NREGA Job Card _____

F — NPR _____

Z — Others _____ (any document notified by Central Government)

Identification Number _____

Applicant Photo

2. Address Details* (please refer guidelines overleaf)

A. Correspondence/ Local Address*

Line 1* _____

Line 2 _____

Line3 _____

City/Town/Village* _____ District† _____ Pin Code* _____

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified

	Applicant e-SIGN

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1* _____
 Line 2 _____
 Line3 _____
 City/Town/Village* _____ District* _____ Pin Code* _____
 State* _____ Country* _____
 Address Type* Residential/Business Residential Business Registered Office Unspecified

Proof of Address* (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

A — Aadhaar Card XXXX XXXX ____ ____
 B — Passport Number _____ (Expiry Date) ____ ____ ____
 C — Voter ID Card _____
 D —Driving License _____ (Expiry Date) ____ ____ ____
 E —NREGA Job Card _____
 F — NPR Letter _____
 Z—Others _____ (any document notified by Central Government)
 Identification Number _____

3. Contact Details

Email ID _____
 Mobile No. _____
 Tel (off) _____ Tel (Res) _____

4. Applicant Declaration

<p>I hereby declare that the details furnished above are true and correct to the best of my/our 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/We are aware that I/We may be held liable for it.</p> <p>I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.</p> <p>DATE: ____ ____ ____ (DD-MM-YYYY) PLACE: _____</p>	Applicant e-SIGN	Applicant Wet Signature

5. For Office Use Only

KYC carried out by*	Intermediary Details*
KYC Date ____ ____ ____ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input checked="" type="checkbox"/> Self certified document copies received (OVD) <input checked="" type="checkbox"/> True Copies of documents received (Attested) <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px 0;">WEALTHSTREET FINANCIAL SERVICES PRIVATE LIMITED</div>
Employee Signature and Stamp	Institution Name and Stamp