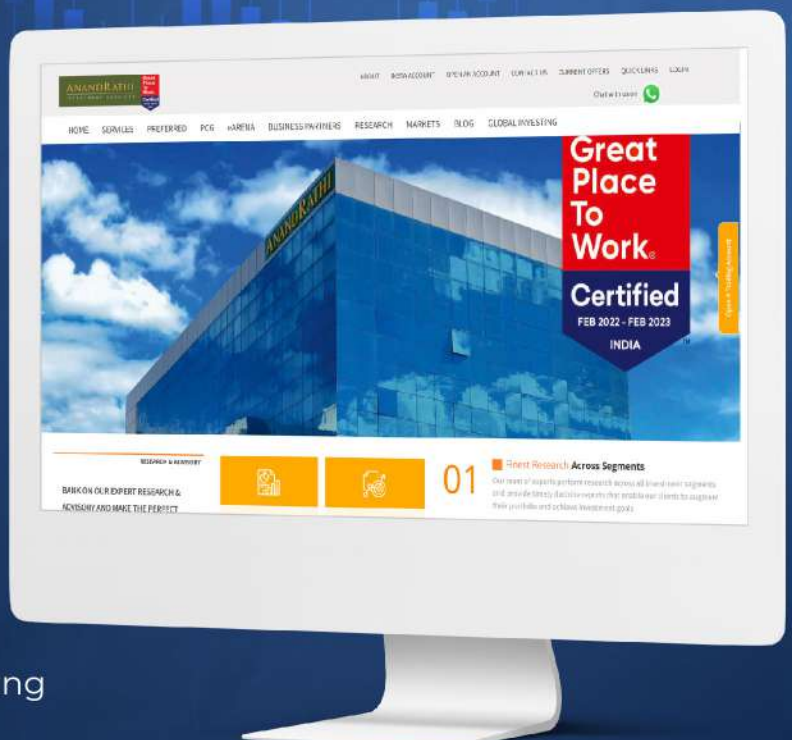




ANANDRATHI
INTERNATIONAL VENTURES(IFSC)
Global Investments Simplified

NON-INDIVIDUAL

CLIENT ENROLLMENT FORM



giftifsc@rathi.com
www.anandrathi.com/GlobalInvesting



ANANDRATHI
INTERNATIONAL VENTURES(IFSC)
Global Investments Simplified

CLIENT ENROLLMENT FORM

Form No.

Client Code

Branch Code

PRODUCTS

- ☐ Equity Derivatives
- ☐ Index Derivatives
- ☐ Commodity Derivatives
- ☐ Currency Derivatives
- ☐ Debt
- ☐ NSE IFSC Receipt

EXCHANGES

- ☐ INDIA INX
- ☐ NSE IFSC

For Assistance

079 - 61340200

+971 52 231 2924



Form No. Date **Anand Rathi International Ventures (IFSC) Private Limited
Acknowledgement (Office Copy)**

Equity Derivatives	Index Derivatives	Commodity Derivatives	Currency Derivatives	Debt	NSE IFSC Receipt
<input type="checkbox"/> INDIA INX	<input type="checkbox"/> INDIA INX	<input type="checkbox"/> INDIA INX	<input type="checkbox"/> INDIA INX	<input type="checkbox"/> INDIA INX	<input type="checkbox"/> NSE IFSC
<input type="checkbox"/> NSE IFSC	<input type="checkbox"/> NSE IFSC	<input type="checkbox"/> NSE IFSC	<input type="checkbox"/> NSE IFSC	<input type="checkbox"/> NSE IFSC	

Executive Name Executive Signature

I have read and understood all the clause of Right and Obligation (Trading), Risk Disclosure Document (RDD), Tariff sheet, Guidance Note detailing DO's and Don'ts for Trading, Product Disclosure Statement' (PDS) and 'Master Deed Poll' (MDP) Policies and Procedure.

Further I/We, wish to receive the above-mentioned documents by:

Electronic Mode ☐ OR Physical Mode ☐

I/We acknowledge the receipt of copy of executed client registration form, Right and Obligation (Trading), Risk Disclosure Document (RDD), Tariff sheet, Guidance Note detailing DO's and Don'ts for Trading, Product Disclosure Statement' (PDS) and 'Master Deed Poll' (MDP) Policies and Procedure.

Authorised Signatory(ies) x Form No. Date **Anand Rathi International Ventures (IFSC) Private Limited
Acknowledgement (Client Copy)**

Equity Derivatives	Index Derivatives	Commodity Derivatives	Currency Derivatives	Debt	NSE IFSC Receipt
<input type="checkbox"/> INDIA INX	<input type="checkbox"/> INDIA INX	<input type="checkbox"/> INDIA INX	<input type="checkbox"/> INDIA INX	<input type="checkbox"/> INDIA INX	<input type="checkbox"/> NSE IFSC
<input type="checkbox"/> NSE IFSC	<input type="checkbox"/> NSE IFSC	<input type="checkbox"/> NSE IFSC	<input type="checkbox"/> NSE IFSC	<input type="checkbox"/> NSE IFSC	

Executive Name Executive Signature

Anand Rathi International Ventures (IFSC) Private Limited

CIN : U65999GJ2016PTC094915

Registered Office

Unit No. 634 Signature Tower, 6th Floor, Block 13B Zone –1 GIFT SEZ,
GIFT City, Gandhinagar Gujarat, India-382355

Tel.: 079-6134 0200



CEO

Mr. Chetan Bharkhada

chetanbharkhada@rathi.com



Compliance Officer

Mr. Deepak Kedia

deepakkedia@rathi.com

For any grievance / dispute please contact Anand Rathi International Ventures (IFSC) Private Limited at the above address or email id ifscgrievance@rathi.com and Phone no. 079-6134 0200. In case not satisfied with the response, please contact India International Exchange (IFSC) Ltd. at investorassistance@indiainx.com and Phone no. +91-79-61993100 OR NSE IFSC Limited at igr@nseifsc.com and Phone no. +91-79-66743609/10.

"Please note that we Brokers are undertaking proprietary trading in our own account in addition to client base business."

INDIA INX : 5064
NSE IFSC LIMITED : 10048
IFSCA/SEBI REGISTRATION NO. : INZ000292939

INDEX

MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI/IFSCA & EXCHANGES

Name of the Document	Brief Significance of the Document	PAGE(s)
Account Opening Form	<p>KYC form - Document captures the basic information about the constituent and an instruction/check list.</p> <ul style="list-style-type: none"> Non-Individual Clients <p>Document captures the additional information about the constituent relevant to trading account:</p>	1-13
Brokerage Tariff Structure and Fatca	Document detailing the rate/amount of brokerage and other charges levied on the client for trading on the stock exchange(s). Fatca Declaration	14-16
Mobile Number/Email Id	Declaration of mobile number/email id	17
Rights and Obligations	Document stating the Rights & Obligations of Trading Member and client for trading on exchanges.	Provide in Separate Format to Client
Risk Disclosure Document (RDD)	Document detailing risks associated with dealing in the securities market:	
Guidance Note	Document detailing do's and don'ts for trading on exchange, for the education of the investors	
Policies and Procedures	Document describing significant Policies and procedures of the Stock Broker	
Product Disclosure Statement' (PDS) and 'Master Deed Poll' (MDP)	Applicable for clients trading in NSE IFSC Receipts	
W - 8BENE – For Non-Individual	Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting	21-28
VOLUNTARY DOCUMENTS AS PROVIDED BY THE TRADING MEMBER		
ECN	Letter of Authorization for Electronic Contract Notes.	18
LOA	Letter of Authority	19
Acknowledgement	Acknowledgement Receipt	20

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity/ Other than Individuals

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
 B) Tick '✓' wherever applicable.
 C) Please fill the date in DD-MM-YYYY format.
 D) Please fill the form in English and in BLOCK letters.
 E) KYC number of applicant is mandatory for update application.
 F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
 G) List of two character ISO 3166 country codes is available at the end.
 H) Please read section wise detailed guidelines / instructions at the end.
 I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



For office use only

Application Type* ☐ New ☐ Update

(To be filled by financial institution) KYC Number

(Mandatory for KYC update request)

☐ 1. ENTITY DETAILS* (Please refer instruction A at the end)

☐ Name*

Entity Constitution Type* ☐ Others (Specify)

 (Please refer instruction B at the end)

Date of Incorporation / Formation*

 Date of Commencement of Business

Place of Incorporation / Formation*

 Country of Incorporation / Formation*

 TIN or Equivalent Issuing Country

PAN*

☐ Form 60 furnished

TIN / GST Registration Number

☐ 2. PROOF OF IDENTITY (PoI)* (Please refer instruction B at the end)

- ☐ Officially valid document(s) in respect of person authorised to transact
- ☐ Certificate of Incorporation / Formation

☐ Registration Certificate

 Regn Certificate No.
- ☐ Memorandum and Articles of Association ☐ Partnership Deed ☐ Trust Deed
- ☐ Resolution of Board / Managing Committee ☐ Power of attorney granted to its manager, officers or employees to transact on its behalf
- ☐ Activity Proof - 1 (For Sole Proprietorship Only) ☐ Activity Proof - 2 (For Sole Proprietorship Only)

☐ 3. ADDRESS* (Please see instruction C at the end)

3.1 Registered Office Address / Place of Business*

Proof of Address* ☐ Certificate of Incorporation / Formation ☐ Registration Certificate ☐ Other Document

Line 1*

Line 2*

Line 3*

 City / Town / Village*

District*

 PIN / Post Code*

 State / U.T Code*

 ISO 3166 Country Code*

3.2 Local Address in India (If different from Above)*

Line 1*

Line 2*

Line 3*

 City / Town / Village*

District*

 PIN / Post Code*

 State / U.T Code*

 ISO 3166 Country Code*

☐ 4. CONTACT DETAILS (All communications will be sent to Mobile number/ Email-ID provided" may be used) (Please refer instruction D at the end)

Tel. (Off)

 FAX

Mobile

 Email ID

Mobile

 Email ID

☐ 5. NUMBER OF RELATED PERSONS

 (Please refer instruction E at the end)

7. APPLICANT DECLARATION (Please refer Instruction **G** at the end)

[illegible]

Signature / Thumb Impression of Authorised Person(s)

8. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ Equivalent e-document

KYC VERIFICATION CARRIED OUT BY

Identity Verification ☐ Done Date - -

[illegible][illegible][illegible][illegible]

INSTITUTION DETAILS

Name Anand Rathi International Ventures (IFSC) Private Limited

[illegible]

CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Legal Entity / Other than Individuals KYC Application Form
A Clarification / Guidelines for filling Entity Details section
1 Entity Constitution Type

- A - Sole Proprietorship
- B - Partnership Firm
- C - HUF
- D - Private Limited Company
- E - Public Limited Company
- F - Society
- G - Association of Persons (AOP) / Body of Individuals (BOI)

- H - Trust
- I - Liquidator
- J - Limited Liability Partnership
- K - Artificial Liability Partnership
- L - Public Sector Banks
- M - Central/State Government Department or Agency
- N - Section 8 Companies (Companies Act, 2013)

- O - Artificial Jurisdictional Person
- P - International Organisation or Agency /Foreign Embassy or Consular Office etc.
- Q - Not Categorized
- R - Others
- S - Foreign Portfolio Investors

- 2 In case of companies and partnerships, PAN of the entity is mandatory. In case of other entities, FORM 60 may be obtained if PAN is not available.

B Clarification / Guidelines for filling 'Proof of Identity[Pol]' section

- 1 Activity Proof - 1 and Activity Proof - 2 are applicable for accounts in case of proprietorship firms. Please refer to relevant instructions issued by the Reserve Bank of India in this regard.
- 2 Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.
- 3 Certified copy of document or equivalent e-document or OVD obtained through Digital KYC process to be submitted.
- 4 'Equivalent e-document' means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
- 5 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
- 6 KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.

C Clarification / Guidelines for filling 'Proof of Address [PoA]' section

- 1 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 2 Certified copy of document or equivalent e-document to be submitted.

D Clarification / Guidelines for filling 'Contact Details' section

- 1 Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

E Clarification / Guidelines for filling 'Related Person Details' section

- 1 Personal Details
 - The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Proof of Address [PoA]
 - PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
 - State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
 - In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR
 - REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository.
- 3 If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related Person' are required.
- 4 Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.

F Provision for capturing signature of multiple authorised persons is to be made by the RE.

List of two digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State/U.T	Code	State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

List of ISO 3166 two digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GO	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Island	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Island	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Moyotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SI
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NZ	Taiwan province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hongkong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire (Cote d'Ivoire)	CI	Korea, Democratic People's Republic of	KP	Reunion (Reunion)	RE	Virgin Islands, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao (Curacao)	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy (Saint Barthelemy)	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French Part)	MF		

Annexure A2 | Legal Entity / Other than Individuals

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
 B) Tick '✓' wherever applicable.
 C) Please fill the date in DD-MM-YYYY format.
 D) Please fill the form in English and in BLOCK letters.
 E) KYC number of applicant is mandatory for update application.
 F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
 G) List of two character ISO 3166 country codes is available at the end.
 H) Please read section wise detailed guidelines / instructions at the end.
 I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated



For office use only Application Type* ☐ New ☐ Update ☐ Delete
 (To be filled by financial institution) KYC Number (Mandatory for KYC update and delete request)

1. DETAILS OF RELATED PERSON* (Please refer instruction E at the end)

☐ Addition of Related Person ☐ Deletion of Related Person ☐ Update Related Person Details

KYC Number of Related Person (if available*) If KYC number is available, only 'Related Person Type' & 'Name' is mandatory

Related Person Type* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointment Official ☐ Proprietor
☐ Beneficiary ☐ Authorised Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder ☐ Other (Please specify)

DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS (Please refer instruction E at the end)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Nationality*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)		
PAN*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			<input type="checkbox"/> Form 60 furnished	

1.2 PROOF OF IDENTITY AND ADDRESS* (Please refer instruction E at the end)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A- Passport Number
☐ B-Voter ID Card
☐ C- Driving Licence
☐ D-NREGA Job Card
☐ E- National Population Register Letter
☐ F - Proof of Possession of Aadhaar
 II ☐ E-KYC Authentication
 III ☐ Offline verification of Aadhaar

☐ PHOTO*



Address

Line 1*
 Line 2
 Line 3
 District* Pin / Post Code* City / Town / Village* State / U.T Code* ISO 3166 Country Code*

☐ 1.3. CURRENT ADDRESS DETAILS (Please refer instruction E and the end)

☐ Same as above mentioned address (In such cases address details as below need not be provided)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A- Passport Number
☐ B-Voter ID Card
☐ C- Driving Licence
☐ D-NREGA Job Card
☐ E- National Population Register Letter
☐ F - Proof of Possession of Aadhaar
 II ☐ E-KYC Authentication
 II ☐ Offline verification of Aadhaar
 IV ☐ Deemed PoA
 V ☐ Self Declaration

Address

Line 1*																					
Line 2																					
Line 3																					
District*						Pin / Post Code*						State / U.T Code*			City / Town / Village*				ISO 3166 Country Code*		

1. 4 CONTACT DETAILS (All communication will be sent on provided mobile no. / Email-ID) (Please refer instruction **D** at the end)

Tel. (Off)						Tel. (Res)						Mobile					
Email ID																	

2. APPLICANT 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/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : DD - MM - YYYY

Place:

Signature /Thumb Impression of Applicant

3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification
☐ Digital KYC process ☐ Equivalent e-document

KYC VERIFICATION CARRIED OUT BY

Date															
Emp. Name															
Emp. Code															
Emp. Designation															
Emp. Branch															

Employee Signature]

INSTITUTION DETAILS

Name															
Code															

[Institution Stamp]

INSTRUCTIONS/CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

- * Foreign Portfolio Investors (FPIs) registered with SEBI are required to only furnish the information and are exempt from submitting supporting proof documents, photograph of promoter and original documents for verification vide SEBI Circular No. IMD/HO/FPIC/CIR/P/ 2017/ 003 dated 4th January, 2017. Eligible Foreign Investors (EFIs) not registered with SEBI but hold bank account with IFSC Banking Units (IBUs) are required to only furnish the information and proof of such bank account and are exempt from submitting other supporting documents, photograph of promoter and original documents for verification vide SEBI Circular No. IMD/HO/FPIC/CIR/P/ 2017/ 003 dated 4th January, 2017.
- ** FPIs are exempt from furnishing gross income information vide SEBI Circular No. CIR/MIRSD/11/2012 dated 5th September, 2012.
- ¹As per SEBI Circular No. CIR/MIRSD/11/2012 dated 5th September, 2012, if the foreign entity does not have CIN, the equivalent registration number of the entity may be mentioned. If it does not have any registration number, then SEBI Registration number may be mentioned. In case the directors of the client do not have an equivalent of DIN in the client's respective jurisdiction, "Not Applicable" may be stated. Copy of the Passport may not be provided.

2If the client has authorized the Global Custodian - an entity regulated by an appropriate foreign regulatory authority or Local Custodian registered with SEBI as a signatory by way of a Power of Attorney ('PoA') to sign on its behalf, such PoA may be accepted.

3Proof of Identity document duly attested by authorised signatories as mentioned at '2' above may be adequate in lieu of the passport copy.
- Self-attested copy of PAN card is mandatory for all clients, including Promoters/Partners/Karta/Trustees and whole time directors and persons authorized to deal in securities on behalf of company/firm/others.
- Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification.
- If any proof of identity or address is in a foreign language, then translation into English is required.
- Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- If correspondence & permanent address are different, then proofs for both have to be submitted.
- Sole proprietor must make the application in his individual name & capacity.
- For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIO Card/OCI Card and overseas address proof is mandatory.
- For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given
- In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
- Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

B. ³Proof of Identity (POI): List of documents admissible as Proof of Identity:

- Unique Identification Number (UID) (Aadhaar)/ Passport/ Voter ID card/ Driving license.
- PAN card with photograph.
- Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

C. ²Proof of Address (POA): List of documents admissible as Proof of Address:

(*Documents having an expiry date should be valid on the date of submission.)

- Passport/ Voters Identity Card/ Ration Card/ Registered Lease or Sale Agreement of Residence/ Driving License/ Flat Maintenance bill/ Insurance Copy.
- Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
- Bank Account Statement/Passbook -- Not more than 3 months old.
- Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
- Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/ Scheduled Co-Operative Bank/ Multinational Foreign Banks/ Gazetted Officer/ Notary public/ Elected representatives to the Legislative Assembly/ Parliament/ Documents issued by any Govt. or Statutory Authority.
- Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
- For FI/sub account, Power of Attorney given by FI/sub-account to the Custodians (which are duly notarized and/or apostilled or consularised) that gives the registered address should be taken.
- The proof of address in the name of the spouse may be accepted.

B. Exemptions/clarifications to PAN

(*Sufficient documentary evidence in support of such claims to be collected.)

- In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
- Investors residing in the state of Sikkim.
- UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
- SIP of Mutual Funds upto Rs 50, 000/- p.a.
- In case of institutional clients, namely, FIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

E. In case of Non-Individuals, additional documents to be obtained from non-individuals, over & above the POI & POA, as mentioned below:

Types of entity	Documentary requirements
Corporate	<ul style="list-style-type: none"> • Copy of the balance sheets for the last 2 financial years (to be submitted every year). Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year). • Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations. • Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly. • Copies of the Memorandum and Articles of Association and certificate of incorporation. • Copy of the Board Resolution for investment in securities market. • Authorised signatories list with specimen signatures.
Partnership firm	<ul style="list-style-type: none"> • Copy of the balance sheets for the last 2 financial years (to be submitted every year). Certificate of registration (for registered partnership firms only). • Copy of partnership deed. • Authorised signatories list with specimen signatures. • Photograph, POI, POA, PAN of Partners.
Trust	<ul style="list-style-type: none"> • Copy of the balance sheets for the last 2 financial years (to be submitted every year). • Certificate of registration (for registered trust only). Copy of Trust deed. • List of trustees certified by managing trustees/CA. • Photograph, POI, POA, PAN of Trustees.
HUF	<ul style="list-style-type: none"> • PAN of HUF. • Deed of declaration of HUF/ List of coparceners. • Bank pass-book/bank statement in the name of HUF. • Photograph, POI, POA, PAN of Karta.
Unincorporated association or a body of individuals	<ul style="list-style-type: none"> • Proof of Existence/Constitution document. • Resolution of the managing body & Power of Attorney granted to transact business on its behalf. • Authorized signatories list with specimen signatures.
Banks/Institutional Investors	<ul style="list-style-type: none"> • Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years. • Authorized signatories list with specimen signatures.
Foreign Institutional Investors (FII)	<ul style="list-style-type: none"> • Copy of SEBI registration certificate. • Authorized signatories list with specimen signatures.
Army/ Government Bodies	<ul style="list-style-type: none"> • Self-certification on letterhead. • Authorized signatories list with specimen signatures.
Registered Society	<ul style="list-style-type: none"> • Copy of Registration Certificate under Societies Registration Act. • List of Managing Committee members. • Committee resolution for persons authorised to act as authorised signatories with specimen signatures. • True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.

TRADING ACCOUNT RELATED DETAILS
SECTION A
BANK ACCOUNT(S) DETAILS

BANK NAME

BRANCH NAME

BRANCH ADDRESS

CITY/TOWN/VILLAGE

PIN CODE

STATE

COUNTRY

ACCOUNT NUMBER

*MICR NUMBER

*IFSC/SWIFT CODE

ACCOUNT TYPE

☐ CURRENT☐ SAVINGS☐ NRI / NRE / NRO☐ OTHERS (Please Specify)
SECTION B
DEPOSITORY ACCOUNT(S) DETAILS

DEPOSITORY PARTICIPANT NAME

DEPOSITORY NAME

DEPOSITORY PARTICIPANT ID

BENEFICIARY NAME

BENEFICIARY ID (BO ID)

SECTION C
TRADING PREFERENCES
☐ I/WE WOULD LIKE TO TRADE ON THE INDIA INX F&O SEGMENT

☐ EQUITY DERIVATIVES ☐ INDEX DERIVATIVES ☐ COMMODITY DERIVATIVES
☐ CURRENCY DERIVATIVES ☐ DEBT

x

Authorised Signatory(ies)

☐ I/WE WOULD LIKE TO TRADE ON THE NSE IFSC F&O SEGMENT

☐ EQUITY DERIVATIVES ☐ INDEX DERIVATIVES ☐ COMMODITY DERIVATIVES
☐ CURRENCY DERIVATIVES ☐ DEBT

x

Authorised Signatory(ies)

☐ I/WE WOULD LIKE TO TRADE ON THE NSE IFSC RECEIPT

x

Authorised Signatory(ies)

If, in future, the client wants to trade on any new exchange, separate authorization/letter should be taken from the client by the stock broker.

SECTION D
PAST ACTION

Details of any action/proceedings initiated/pending/ taken by SEBI/IFSCA/Stock exchange/any other authority against the applicant/- constituent or its Partners/promoters/whole time directors/authorized persons in charge of dealing in securities during the last 3 years:

SECTION E
DEALINGS THROUGH OTHER STOCK BROKERS

Whether dealing with any other stock broker (in case dealing with multiple stock brokers, provide details of all) Name of stock broker

Client Code

Exchange

Details of disputes/

dues pending from/to such stock broker:

SECTION F
ADDITIONAL DETAILS

• Whether you wish to receive physical contract note or Electronic Contract Note (ECN) (please specify):

Specify your Email id, if applicable:

• Whether you wish to avail of the facility of internet trading/ wireless technology (please specify):

• Number of years of Investment/Trading Experience:

• Any other information:

SECTION G
PEP DETAILS

• Please tick, if applicable: ☐ Politically Exposed Person(PEP) ☐ Related to a Politically Exposed Person(PEP) ☐ None

SECTION H**OTHER DETAILS**

• Gross Annual Income Details: ☐ Below 1 Lac ☐ 1-5 Lac ☐ 5-10 Lac ☐ 10-25 Lac ☐ >25 Lac

OR

• Net-worth in Rs. _____ as on (date) _____

SECTION I**INTRODUCER DETAILS (Optional)**

Name of the Introducer: _____

Surname

Name

Middle Name

Status of the Introducer: Remisier/Authorized Person/Existing Client/Others, please specify: _____

Address and phone No. of the Introducer: _____

Signature of the Introducer: _____

DECLARATION

1. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/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, I am/we are aware that I/we may be held liable for it.
2. I/We confirm having read/been explained and understood the contents of the document on policy and procedures of the stock broker and the tariff sheet.
3. I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s), 'Risk Disclosure Document', Product Disclosure Statement (PDS) and Master Deed Poll (MDP), as may be applicable to me. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on stock broker's designated website, if any.

Place: _____

Date: _____

x

Authorized Signatory(ies)

FOR OFFICE USE ONLY

 UCC Code allotted to the Client:

Particulars	Documents verified with Originals	Client Interviewed By	In-Person Verification done by
Name of the Employee			
Employee Code			
Designation of the employee			
Date			
Signature			

I / We undertake that we have made the client aware of 'Policy and Procedures', tariff sheet and all the non-mandatory documents. I/We have also made the client aware of 'Rights and Obligations' document (s), RDD, Guidance Note, Product Disclosure Statement (PDS) and Master Deed Poll (MDP), as may be applicable to them. I/We have given/sent him a copy of all the KYC documents. I/We undertake that any change in the 'Policy and Procedures', tariff sheet and all the nonmandatory documents would be duly intimated to the clients. I/We also undertake that any change in the 'Rights and Obligations', RDD, PDS and MDP would be made available on my/our website, if any, for the information of the clients.

Date: _____

X

Authorised Signatory(ies)

Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC)
Application Form for Non-Individuals

1. Name <input style="width: 100%;" type="text"/> 2. Relationship with Applicant (i.e. promoters, whole time directors etc) <input style="width: 100%;" type="text"/> 3a. PAN <input style="width: 150px;" type="text"/> 3b. DIN <input style="width: 150px;" type="text"/> 3c. Aadhar (UID) Number XXXXXXXXXX <input style="width: 50px;" type="text"/> 4. Residence / Registered Address <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> City/town/village. <input style="width: 100%;" type="text"/> State: <input style="width: 100%;" type="text"/> Country: <input style="width: 100%;" type="text"/> <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP <input type="checkbox"/> Not a PEP <input type="checkbox"/> Not Related to a PEP	PHOTOGRAPH Please affix your recent passport size Photograph and sign across it
1. Name <input style="width: 100%;" type="text"/> 2. Relationship with Applicant (i.e. promoters, whole time directors etc) <input style="width: 100%;" type="text"/> 3a. PAN <input style="width: 150px;" type="text"/> 3b. DIN <input style="width: 150px;" type="text"/> 3c. Aadhar (UID) Number XXXXXXXXXX <input style="width: 50px;" type="text"/> 4. Residence / Registered Address <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> City/town/village. <input style="width: 100%;" type="text"/> State: <input style="width: 100%;" type="text"/> Country: <input style="width: 100%;" type="text"/> <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP <input type="checkbox"/> Not a PEP <input type="checkbox"/> Not Related to a PEP	PHOTOGRAPH Please affix your recent passport size Photograph and sign across it
1. Name <input style="width: 100%;" type="text"/> 2. Relationship with Applicant (i.e. promoters, whole time directors etc) <input style="width: 100%;" type="text"/> 3a. PAN <input style="width: 150px;" type="text"/> 3b. DIN <input style="width: 150px;" type="text"/> 3c. Aadhar (UID) Number XXXXXXXXXX <input style="width: 50px;" type="text"/> 4. Residence / Registered Address <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> City/town/village. <input style="width: 100%;" type="text"/> State: <input style="width: 100%;" type="text"/> Country: <input style="width: 100%;" type="text"/> <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP <input type="checkbox"/> Not a PEP <input type="checkbox"/> Not Related to a PEP	PHOTOGRAPH Please affix your recent passport size Photograph and sign across it
1. Name <input style="width: 100%;" type="text"/> 2. Relationship with Applicant (i.e. promoters, whole time directors etc) <input style="width: 100%;" type="text"/> 3a. PAN <input style="width: 150px;" type="text"/> 3b. DIN <input style="width: 150px;" type="text"/> 3c. Aadhar (UID) Number XXXXXXXXXX <input style="width: 50px;" type="text"/> 4. Residence / Registered Address <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> City/town/village. <input style="width: 100%;" type="text"/> State: <input style="width: 100%;" type="text"/> Country: <input style="width: 100%;" type="text"/> <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP <input type="checkbox"/> Not a PEP <input type="checkbox"/> Not Related to a PEP	PHOTOGRAPH Please affix your recent passport size Photograph and sign across it

Date

Authorised Signatory(ies)

INSTRUCTIONS/CHECK LIST

1. Additional documents in case of trading in derivatives - illustrative list:

Copy of ITR Acknowledgement*	Copy of Annual Accounts
In case of salary income - Salary Slip, Copy of Form 16*	Net worth certificate
Copy of demat account holding statement.	Bank account statement for last 6 months
Any other relevant documents substantiating ownership of assets.	Self-declaration with relevant supporting documents.

*In respect of other clients, documents as per risk management policy of the stock broker need to be provided by the client from time to time.

2. Copy of cancelled cheque leaf/pass book/bank statement specifying name of the constituent, MICR Code or/and IFSC Code of the bank should be submitted.
3. As per SEBI Circular No. IMD/FPI&C/CIR/P/2019/124 dated November 05, 2019, registered FPIs ("FPIs"), proposing to operate in IFSC, shall be permitted, without undergoing any additional documentation and/or prior approval process.
4. Demat master or recent holding statement issued by DP bearing name of the client.
5. For individuals:
 - a. Stock broker has an option of doing 'in-person' verification through web camera at the branch office of the stock broker.
 - b. In case of non-resident clients, employees at the stock broker's local office, overseas can do in-person' verification. Further, considering the infeasibility of carrying out 'In-person' verification of the non-resident clients by the stock broker's staff, attestation of KYC documents by Notary Public, Court, Magistrate, Judge, Local Banker, Indian Embassy / Consulate General in the country where the client resides may be permitted.
6. For non-individuals:
 - a. Form need to be initialized by all the authorized signatories.
 - b. Copy of Board Resolution or declaration (on the letterhead) naming the persons authorized to deal in securities on behalf of company/firm/others and their specimen signatures.

TARRIF SHEET

To,
Anand Rathi International Venture (IFSC) Private Limited

Dear Sir or Madam, I would like to subscribe to the Anand Rathi International Venture (IFSC) Private Limited for trading account and request Anand Rathi International Venture (IFSC) Private Limited to apply brokerage charges as mentioned and as per the terms and conditions of Anand Rathi International Venture (IFSC) Private Limited.

BROKERAGE TARRIF STRUCTURE	
Future (\$)	
Option (\$)	
NSE IFSC RECEIPT	

Other Charges,

1. Trading Account opening charges is USD 10/- including GST. (will be waived off in case of receipt of upfront payment of USD 5000/-towards margin amount along with account opening selection)
2. IFSCA Turnover Fee, GST, Stamp Duty, and Transaction charges will be levied separately from brokerage as applicable from time to time.

CLIENT'S NAME	
x	<div> <div></div> <div>Date</div> </div> <div> <div>Authorised Signatory(ies)</div> </div>

FATCA & CRS DECLARATION (FOR NON-INDIVIDUAL)

Please tick the applicable tax resident declaration -

 I. Is "Entity" a tax resident of any country other than India ☐ Yes ☐ No

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Sr. No.	Country	Tax Identification Number%	Identification Type (TIN or Other, please specify) %
1.			
2.			
3.			

%In case Tax Identification Number is not available, kindly provide its functional equivalent.

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

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

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

I. We are a, Financial institution <input type="checkbox"/> (Refer 1 of Part C) or Direct reporting NFE <input type="checkbox"/> (Refer 3(vii) of Part C) (please tick as appropriate)	GIIN <input type="text"/> 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 below Name of sponsoring entity _____ _____
GIIN not available (please tick as applicable)	<input type="checkbox"/> Applied for <input type="checkbox"/> Not obtained – Non-participating FI <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <input type="text"/> (Refer 1 A of Part C)

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1. Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C)	Yes <input type="checkbox"/> (If yes, please specify any one Stock Exchange on which the stock is regularly traded) Name of Stock Exchange _____
2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one Stock Exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of Stock Exchange _____
3. Is the Entity an active NFE (Refer 2c of Part C)	Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> (Mention code – refer 2c of Part C)
4. Is the Entity a passive NFE (Refer 3(ii) of Part C)	Yes <input type="checkbox"/> Nature of Business _____

UBO Declaration

Category (Please tick applicable category): ☒ Unlisted Company ☒ Partnership Firm ☒ Limited Liability Partnership Company

☒ Unincorporated association / body of individuals ☒ Public Charitable Trust ☒ Religious Trust ☒ Private Trust

☒ Others (please specify _____)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s).

Owner-documented FFI's⁵ should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E

Name - Beneficial owner / Controlling person Country - Tax Residency* Tax ID No. - Or functional equivalent for each country*	Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage Type Code ¹¹ - of Controlling person	Address - Include State, Country, PIN / ZIP Code & Contact Details Address Type -
1. Name Country Tax ID No. %	Tax ID Type Type Code AddressType <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office	Address ZIP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> State: <input type="text"/> Country: <input type="text"/>
2. Name Country Tax ID No. %	Tax ID Type Type Code AddressType <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office	Address ZIP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> State: <input type="text"/> Country: <input type="text"/>
3. Name Country Tax ID No. %	Tax ID Type Type Code AddressType <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office	Address ZIP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> State: <input type="text"/> Country: <input type="text"/>

If passive NFE, please provide below additional details.

(Please attach additional sheets if necessary)

PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others)	Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available	DOB - Date of Birth Gender - Male, Female, Other
1. PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB <input type="text"/> Gender <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> Others <input checked="" type="checkbox"/>
2. PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB <input type="text"/> Gender <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> Others <input checked="" type="checkbox"/>
3. PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB <input type="text"/> Gender <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> Others <input checked="" type="checkbox"/>

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

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

⁵In case Tax Identification Number is not available, kindly provide functional equivalent

¹¹Refer 3(iii) of Part D | ¹²Refer 3(vi) of Part D | ¹³Refer 3(iv) (A) of Part D

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 Anand Rathi International Ventures (IFSC) Private Limited 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.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

¹⁴It 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

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.

Name										
Designation										
Signature	Signature	Signature	Signature	Signature	Signature	Signature	Signature	Signature	Signature	Signature
Place _____										
Date __ / __ / ____										

DECLARATION OF MOBILE NUMBER/ EMAIL ID

Date:

To,

Anand Rathi International Ventures (IFSC) Private Limited

Unit No. 634 Signature Tower, 6th Floor, Block 13B Zone –1 GIFT SEZ, Gift City, Gandhinagar Gujarat, India-382355

I/We _____ hereby declare that the Mobile No. _____ With Relation: ☐ Self

☐ Spouse ☐ Dependent – Child ☐ Dependent - Parent. Or Authorized Person in : ☐ Corporate/Trust/Partnership Firm / HUF Account

And Email ID _____

☐ Spouse ☐ Dependent – Child ☐ Dependent - Parent. Or Authorized Person in : ☐ Corporate/Trust/Partnership Firm /HUF Account

Belongs to Mr./Mrs./Ms. _____ For ☐ Email ☐ Mobile ☐ Both

Belongs to Mr./Mrs./Ms. _____ For ☐ Email ☐ Mobile ☐ Both

I/We request you to update the same in my trading and Demat account and send all the Confirmations and other communication through SMS and EMAIL ID.

Further I/We hereby agree & undertake to indemnify and keep indemnified and save harmless you from against all claims/ demands/ penalties/suits/action or any loss or damaged suffered or incurred by you as Consequence of such instruction.

Please provide detail as mentioned below :- For ☐ Email ☐ Mobile ☐ Both

Relation	Name	Trading code	Demat Account No.
Spouse			
Dependent – Child / Parents			
Corporate/Trust/Partnership Firm / HUF Account			

For ☐ Email ☐ Mobile ☐ Both (If Relationship differ as mentioned in Belong to with Email / mobile Relationship)

Relation	Name	Trading code	Demat Account No.
Spouse			
Dependent – Child / Parents			
Corporate/Trust/Partnership Firm / HUF Account			

Client Code : _____ Demat ID No. _____

Thanking You,

	1st Holder	2nd Holder	3rd Holder
Name			
Signature / Auth. Signatory			

ECN (LETTER OF AUTHORIZATION FOR ELECTRONIC CONTRACT NOTES.)

To,
Anand Rath International Ventures (IFSC) Private Limited
Unit No. 634 Signature Tower, 6th Floor, Block 13B Zone -1 GIFT SEZ, Gift City, Gandhinagar Gujarat, India-382355

Dear Sir(s),

Sub: Request for sending Contract Notes, Account Statements / Documents etc. on My/our Email ID

I, _____ a client with
Member Anand Rath International Ventures (IFSC) Private Limited of NSE IFSC, INDIA INX and IIBX Exchange undertake as follows:
I/we aware that the Member has to provide physical contract note in respect of all the trades placed by me unless I/we myself want the same in the electronic form.
I/we aware that the Member has to provide electronic contract note for my convenience on my request only.
Though the Member is required to deliver physical contract note, I/we find that it is inconvenient for me to receive physical contract notes. Therefore, I/we am/are voluntarily requesting for delivery of electronic contract note pertaining to all the trades carried out / ordered by me/us.
I/we have access to a computer and am a regular internet user, having sufficient knowledge of handling the email operations.
My email id is _____. This has been created by me/us and not by someone else.
I/we am/are aware that this declaration form should be in English or in any other language known to me/us.
I/we am/are aware that non-receipt of bounced mail notification by the member shall amount to delivery of the contract note at the above e-mail ID.

The above declaration and the guidelines on ECN given in the Annexure have been read and understood by me/us. I/we am/are aware of the risk involved in dispensing with the physical contract note, and do hereby take full responsibility for the same.

*(The email id must be return in own handwriting of the client.)

Client Name: _____

Unique Client Code : _____

PAN: _____

Address: _____

In case of any change in my/our said E-mail Id, I/We undertake to intimate the same to you in writing through a physical letter

Date: _____

x

Authorised Signatory(ies)

LOA (LETTER OF AUTHORITY)

Anand Rathi International Ventures (IFSC) Private Limited (ARIVPL)

Unit No. 634 Signature Tower, 6th Floor,
 Block 13B Zone –1 GIFT SEZ, Gift City,
 Gandhinagar Gujarat, India-382355

Dear Sirs,

Ref. Client Name & Code _____

Sub: Letter of Authority for INDIA INX/ NSE IFSC

I/We am/are dealing with you (INDIA INX/ NSE IFSC) and in order to facilitate ease of operations, I/We authorize you as under:

1. I/We authorizes to my attorney to set off outstanding in my/our accounts against credits available maintained with ARIVPL irrespective of the fact that such outstanding may pertain to transaction in any of the Exchange and/or against the value of cash margin or collateral securities provided to by me/us.
2. I/We request you to retain credit balance in any of my/our account and to use the idle funds towards my/our margin/future obligations at the Exchange unless I/We instruct you otherwise.
3. The client hereby authorizes the trading member to maintain a Running Account of the client in order to facilitate the transfer of funds across segments/retain credit balance/to set off outstanding.
4. I would like the mandatory settlement of the funds and securities (if applicable) as indicated below (tick against your preference).
☐ Monthly Basis ☐ Quarterly Basis
5. As and when I/We require the funds/ securities. I /We be informing you of the same and on receipt of the instructions from me/us, same may be released within one working day of the request after verification and if the amount is due as per ARIVPL.
6. To square off my/our position of transactions that are not delivery market during intraday trade.
7. The client agrees to bear interest @ 18% p.a. which would be charged on outstanding dues in order to meet up with the client's obligations temporarily.
8. I/We have been made aware of the company's policies & procedure.
9. The above authorization can be revoked at any point of time at the client's own discretion by giving written confirmation to ARIVPL.
10. I/We authorized you to reach out to me/ us for any confirmations like Order Verification, Delivery Confirmation, Trade Confirmation, Welcome call etc. through Call/ IVR, E-Mail/ SMS or other source of communication on the Mobile no. recoded/ registered with us, irrespective of User's registration with DND registry of TRAI.
11. I/We agree to auto-renew my/us consent after every 180 days until I/ we opt-out.

Date: _____

x

Authorised Signatory(ies)

ACKNOWLEDGEMENT RECEIPT

Anand Rathi International Ventures (IFSC) Private Limited (ARIVPL)

Unit No. 634 Signature Tower, 6th Floor,
 Block 13B Zone –1 GIFT SEZ, Gift City,
 Gandhinagar Gujarat, India-382355

Dear Sir,

Ref. Client Name & Code _____

I/We hereby wish to receive the below mentioned documents either electronically (email). I/We hereby acknowledge receipt of the following documents

NO	NAME OF DOCUMENT
1.	Rights & Obligations of stock broker/trading member, and client for trading on exchanges
2.	Risk Disclosure Document For Capital Market And Derivatives Segments
3.	Guidance Note - Do's And Dont's for Trading on the Exchange(s) for Investors
4.	Policies and Procedures
5.	Information on PMLA
6.	Product Disclosure Statement' (PDS) for NSE IFSC Receipts
7.	'Master Deed Poll' (MDP) for NSE IFSC Receipts
8.	All other mandatory and voluntary client registration documents

I/We hereby acknowledge the receipt of duly executed copy of KYC and all other documents as executed by me/us. Further I confirmed that the documents for KYC submitted by me are true and correct.

I/We understand that the Voluntary documents executed by me/us are out of my/our own free will.

I state that I have read and understood all above documents and these documents are binding upon me.

Yours faithfully,

Date: _____

x

Authorised Signatory(ies)

Form W-8BEN-E (Rev. October 2021) Department of the Treasury Internal Revenue Service	Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities) ▶ For use by entities. Individuals must use Form W-8BEN. Ⓢ Section references are to the Internal Revenue Code. ▶ Go to www.irs.gov/FormW8BENE for instructions and the latest information. ▶ Give this form to the withholding agent or payer. Do not send to the IRS.	OMB No. 1545-1621
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- Do NOT use this form for:**
- U.S. entity or U.S. citizen or resident W-9
 - A foreign individual W-8BEN (Individual) or Form 8233
 - A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the United States (unless claiming treaty benefits) W-8ECI
 - A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions) . . . W-8IMY
 - A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions for other exceptions) W-8ECI or W-8EXP
 - Any person acting as an intermediary (including a qualified intermediary acting as a qualified derivatives dealer) W-8IMY

Part I Identification of Beneficial Owner

1 Name of organization that is the beneficial owner	2 Country of incorporation or organization
--	---

3 Name of disregarded entity receiving the payment (if applicable, see instructions)

4 Chapter 3 Status (entity type) (Must check one box only):

<input type="checkbox"/> Simple trust	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Central Bank of Issue	<input type="checkbox"/> Private foundation	<input type="checkbox"/> Complex trust	<input type="checkbox"/> Foreign Government - Controlled Entity
<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Estate	<input type="checkbox"/> Foreign Government - Integral Part
		<input type="checkbox"/> International organization	

If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes," complete Part III. ☐ Yes ☐ No

5 Chapter 4 Status (FATCA status) (See instructions for details and complete the certification below for the entity's applicable status.)

<input type="checkbox"/> Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner).	<input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII.
<input type="checkbox"/> Participating FFI.	<input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII.
<input type="checkbox"/> Reporting Model 1 FFI.	<input type="checkbox"/> International organization. Complete Part XIV.
<input type="checkbox"/> Reporting Model 2 FFI.	<input type="checkbox"/> Exempt retirement plans. Complete Part XV.
<input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII). See instructions.	<input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI.
<input type="checkbox"/> Sponsored FFI. Complete Part IV.	<input type="checkbox"/> Territory financial institution. Complete Part XVII.
<input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V.	<input type="checkbox"/> Excepted nonfinancial group entity. Complete Part XVIII.
<input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI.	<input type="checkbox"/> Excepted nonfinancial start-up company. Complete Part XIX.
<input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII.	<input type="checkbox"/> Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX.
<input type="checkbox"/> Certified deemed-compliant limited life debt investment entity. Complete Part VIII.	<input type="checkbox"/> 501(c) organization. Complete Part XXI.
<input type="checkbox"/> Certain investment entities that do not maintain financial accounts. Complete Part IX.	<input type="checkbox"/> Nonprofit organization. Complete Part XXII.
<input type="checkbox"/> Owner-documented FFI. Complete Part X.	<input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII.
<input type="checkbox"/> Restricted distributor. Complete Part XI.	<input type="checkbox"/> Excepted territory NFFE. Complete Part XXIV.
	<input type="checkbox"/> Active NFFE. Complete Part XXV.
	<input type="checkbox"/> Passive NFFE. Complete Part XXVI.
	<input type="checkbox"/> Excepted inter-affiliate FFI. Complete Part XXVII.
	<input type="checkbox"/> Direct reporting NFFE.
	<input type="checkbox"/> Sponsored direct reporting NFFE. Complete Part XXVIII.
	<input type="checkbox"/> Account that is not a financial account.

6 Permanent residence address (street, apt. or suite no., or rural route). **Do not use a P.O. box or in-care-of address** (other than a registered address).

City or town, state or province. Include postal code where appropriate.	Country
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7 Mailing address (if different from above)

City or town, state or province. Include postal code where appropriate.	Country
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Part I Identification of Beneficial Owner (continued)**8** U.S. taxpayer identification number (TIN), if required**9a** GIIN**b** Foreign TIN**c** Check if FTIN not legally required. ☐**10** Reference number(s) (see instructions)**Note:** Please complete remainder of the form including signing the form in Part XXX.**Part II Disregarded Entity or Branch Receiving Payment.** (Complete only if a disregarded entity with a GIIN or a branch of an FFI in a country other than the FFI's country of residence. See instructions.)**11** Chapter 4 Status (FATCA status) of disregarded entity or branch receiving payment☐ Branch treated as nonparticipating FFI.☐ Reporting Model 1 FFI.☐ U.S. Branch.☐ Participating FFI.☐ Reporting Model 2 FFI.**12** Address of disregarded entity or branch (street, apt. or suite no., or rural route). **Do not use a P.O. box or in-care-of address** (other than a registered address).

City or town, state or province. Include postal code where appropriate.

Country

13 GIIN (if any)**Part III Claim of Tax Treaty Benefits** (if applicable). (For chapter 3 purposes only.)**14** I certify that (check all that apply):**a** ☐ The beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.**b** ☐ The beneficial owner derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits. The following are types of limitation on benefits provisions that may be included in an applicable tax treaty (check only one; see instructions):☐ Government☐ Tax-exempt pension trust or pension fund☐ Other tax-exempt organization☐ Publicly traded corporation☐ Subsidiary of a publicly traded corporation☐ Company that meets the ownership and base erosion test☐ Company that meets the derivative benefits test☐ Company with an item of income that meets active trade or business test☐ Favorable discretionary determination by the U.S. competent authority received☐ No LOB article in treaty☐ Other (specify Article and paragraph): _____**c** ☐ The beneficial owner is claiming treaty benefits for U.S. source dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation and meets qualified resident status (see instructions).**15** **Special rates and conditions** (if applicable—see instructions):

The beneficial owner is claiming the provisions of Article and paragraph _____

of the treaty identified on line 14a above to claim a _____ % rate of withholding on (specify type of income): _____

Explain the additional conditions in the Article the beneficial owner meets to be eligible for the rate of withholding: _____

Part IV Sponsored FFI**16** Name of sponsoring entity: _____**17** **Check whichever box applies.**☐ I certify that the entity identified in Part I:

• Is an investment entity;

• Is not a QI, WP (except to the extent permitted in the withholding foreign partnership agreement), or WT; **and**

• Has agreed with the entity identified above (that is not a nonparticipating FFI) to act as the sponsoring entity for this entity.

☐ I certify that the entity identified in Part I:

• Is a controlled foreign corporation as defined in section 957(a);

• Is not a QI, WP, or WT;

• Is wholly owned, directly or indirectly, by the U.S. financial institution identified above that agrees to act as the sponsoring entity for this entity; **and**

• Shares a common electronic account system with the sponsoring entity (identified above) that enables the sponsoring entity to identify all account holders and payees of the entity and to access all account and customer information maintained by the entity including, but not limited to, customer identification information, customer documentation, account balance, and all payments made to account holders or payees.

Part V Certified Deemed-Compliant Nonregistering Local Bank**18** ☐ I certify that the FFI identified in Part I:

- Operates and is licensed solely as a bank or credit union (or similar cooperative credit organization operated without profit) in its country of incorporation or organization;
- Engages primarily in the business of receiving deposits from and making loans to, with respect to a bank, retail customers unrelated to such bank and, with respect to a credit union or similar cooperative credit organization, members, provided that no member has a greater than 5% interest in such credit union or cooperative credit organization;
- Does not solicit account holders outside its country of organization;
- Has no fixed place of business outside such country (for this purpose, a fixed place of business does not include a location that is not advertised to the public and from which the FFI performs solely administrative support functions);
- Has no more than \$175 million in assets on its balance sheet and, if it is a member of an expanded affiliated group, the group has no more than \$500 million in total assets on its consolidated or combined balance sheets; **and**
- Does not have any member of its expanded affiliated group that is a foreign financial institution, other than a foreign financial institution that is incorporated or organized in the same country as the FFI identified in Part I and that meets the requirements set forth in this part.

Part VI Certified Deemed-Compliant FFI with Only Low-Value Accounts**19** ☐ I certify that the FFI identified in Part I:

- Is not engaged primarily in the business of investing, reinvesting, or trading in securities, partnership interests, commodities, notional principal contracts, insurance or annuity contracts, or any interest (including a futures or forward contract or option) in such security, partnership interest, commodity, notional principal contract, insurance contract or annuity contract;
- No financial account maintained by the FFI or any member of its expanded affiliated group, if any, has a balance or value in excess of \$50,000 (as determined after applying applicable account aggregation rules); **and**
- Neither the FFI nor the entire expanded affiliated group, if any, of the FFI, have more than \$50 million in assets on its consolidated or combined balance sheet as of the end of its most recent accounting year.

Part VII Certified Deemed-Compliant Sponsored, Closely Held Investment Vehicle**20** Name of sponsoring entity: _____**21** ☐ I certify that the entity identified in Part I:

- Is an FFI solely because it is an investment entity described in Regulations section 1.1471-5(e)(4);
- Is not a QI, WP, or WT;
- Will have all of its due diligence, withholding, and reporting responsibilities (determined as if the FFI were a participating FFI) fulfilled by the sponsoring entity identified on line 20; **and**
- 20 or fewer individuals own all of the debt and equity interests in the entity (disregarding debt interests owned by U.S. financial institutions, participating FFIs, registered deemed-compliant FFIs, and certified deemed-compliant FFIs and equity interests owned by an entity if that entity owns 100% of the equity interests in the FFI and is itself a sponsored FFI).

Part VIII Certified Deemed-Compliant Limited Life Debt Investment Entity**22** ☐ I certify that the entity identified in Part I:

- Was in existence as of January 17, 2013;
- Issued all classes of its debt or equity interests to investors on or before January 17, 2013, pursuant to a trust indenture or similar agreement; **and**
- Is certified deemed-compliant because it satisfies the requirements to be treated as a limited life debt investment entity (such as the restrictions with respect to its assets and other requirements under Regulations section 1.1471-5(f)(2)(iv)).

Part IX Certain Investment Entities that Do Not Maintain Financial Accounts**23** ☐ I certify that the entity identified in Part I:

- Is a financial institution solely because it is an investment entity described in Regulations section 1.1471-5(e)(4)(i)(A), **and**
- Does not maintain financial accounts.

Part X Owner-Documented FFI

Note: This status only applies if the U.S. financial institution, participating FFI, or reporting Model 1 FFI to which this form is given has agreed that it will treat the FFI as an owner-documented FFI (see instructions for eligibility requirements). In addition, the FFI must make the certifications below.

24a ☐ (All owner-documented FFIs check here) I certify that the FFI identified in Part I:

- Does not act as an intermediary;
- Does not accept deposits in the ordinary course of a banking or similar business;
- Does not hold, as a substantial portion of its business, financial assets for the account of others;
- Is not an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account;
- Is not owned by or in an expanded affiliated group with an entity that accepts deposits in the ordinary course of a banking or similar business, holds, as a substantial portion of its business, financial assets for the account of others, or is an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account;
- Does not maintain a financial account for any nonparticipating FFI; **and**
- Does not have any specified U.S. persons that own an equity interest or debt interest (other than a debt interest that is not a financial account or that has a balance or value not exceeding \$50,000) in the FFI other than those identified on the FFI owner reporting statement.

Part X Owner-Documented FFI (continued)**Check box 24b or 24c, whichever applies.**

- b** ☐ I certify that the FFI identified in Part I:
- Has provided, or will provide, an FFI owner reporting statement that contains:
 - (i) The name, address, TIN (if any), chapter 4 status, and type of documentation provided (if required) of every individual and specified U.S. person that owns a direct or indirect equity interest in the owner-documented FFI (looking through all entities other than specified U.S. persons);
 - (ii) The name, address, TIN (if any), and chapter 4 status of every individual and specified U.S. person that owns a debt interest in the owner-documented FFI (including any indirect debt interest, which includes debt interests in any entity that directly or indirectly owns the payee or any direct or indirect equity interest in a debt holder of the payee) that constitutes a financial account in excess of \$50,000 (disregarding all such debt interests owned by participating FFIs, registered deemed-compliant FFIs, certified deemed-compliant FFIs, excepted NFFEs, exempt beneficial owners, or U.S. persons other than specified U.S. persons); **and**
 - (iii) Any additional information the withholding agent requests in order to fulfill its obligations with respect to the entity.
 - Has provided, or will provide, valid documentation meeting the requirements of Regulations section 1.1471-3(d)(6)(iii) for each person identified in the FFI owner reporting statement.
- c** ☐ I certify that the FFI identified in Part I has provided, or will provide, an auditor's letter, signed within 4 years of the date of payment, from an independent accounting firm or legal representative with a location in the United States stating that the firm or representative has reviewed the FFI's documentation with respect to all of its owners and debt holders identified in Regulations section 1.1471-3(d)(6)(iv)(A)(2), and that the FFI meets all the requirements to be an owner-documented FFI. The FFI identified in Part I has also provided, or will provide, an FFI owner reporting statement of its owners that are specified U.S. persons and Form(s) W-9, with applicable waivers.

Check box 24d if applicable (optional, see instructions).

- d** ☐ I certify that the entity identified on line 1 is a trust that does not have any contingent beneficiaries or designated classes with unidentified beneficiaries.

Part XI Restricted Distributor

- 25a** ☐ (All restricted distributors check here) I certify that the entity identified in Part I:
- Operates as a distributor with respect to debt or equity interests of the restricted fund with respect to which this form is furnished;
 - Provides investment services to at least 30 customers unrelated to each other and less than half of its customers are related to each other;
 - Is required to perform AML due diligence procedures under the anti-money laundering laws of its country of organization (which is an FATF-compliant jurisdiction);
 - Operates solely in its country of incorporation or organization, has no fixed place of business outside of that country, and has the same country of incorporation or organization as all members of its affiliated group, if any;
 - Does not solicit customers outside its country of incorporation or organization;
 - Has no more than \$175 million in total assets under management and no more than \$7 million in gross revenue on its income statement for the most recent accounting year;
 - Is not a member of an expanded affiliated group that has more than \$500 million in total assets under management or more than \$20 million in gross revenue for its most recent accounting year on a combined or consolidated income statement; **and**
 - Does not distribute any debt or securities of the restricted fund to specified U.S. persons, passive NFFEs with one or more substantial U.S. owners, or nonparticipating FFIs.

Check box 25b or 25c, whichever applies.

I further certify that with respect to all sales of debt or equity interests in the restricted fund with respect to which this form is furnished that are made after December 31, 2011, the entity identified in Part I:

- b** ☐ Has been bound by a distribution agreement that contained a general prohibition on the sale of debt or securities to U.S. entities and U.S. resident individuals and is currently bound by a distribution agreement that contains a prohibition of the sale of debt or securities to any specified U.S. person, passive NFFE with one or more substantial U.S. owners, or nonparticipating FFI.
- c** ☐ Is currently bound by a distribution agreement that contains a prohibition on the sale of debt or securities to any specified U.S. person, passive NFFE with one or more substantial U.S. owners, or nonparticipating FFI and, for all sales made prior to the time that such a restriction was included in its distribution agreement, has reviewed all accounts related to such sales in accordance with the procedures identified in Regulations section 1.1471-4(c) applicable to preexisting accounts and has redeemed or retired any, or caused the restricted fund to transfer the securities to a distributor that is a participating FFI or reporting Model 1 FFI securities which were sold to specified U.S. persons, passive NFFEs with one or more substantial U.S. owners, or nonparticipating FFIs.

Part XII Nonreporting IGA FFI26 ☐ I certify that the entity identified in Part I:

- Meets the requirements to be considered a nonreporting financial institution pursuant to an applicable IGA between the United States and _____ . The applicable IGA is a ☐ Model 1 IGA or a ☐ Model 2 IGA; and is treated as a _____ under the provisions of the applicable IGA or Treasury regulations (if applicable, see instructions);
- If you are a trustee documented trust or a sponsored entity, provide the name of the trustee or sponsor _____ . The trustee is: ☐ U.S. ☐ Foreign

Part XIII Foreign Government, Government of a U.S. Possession, or Foreign Central Bank of Issue27 ☐ I certify that the entity identified in Part I is the beneficial owner of the payment, and is not engaged in commercial financial activities of a type engaged in by an insurance company, custodial institution, or depository institution with respect to the payments, accounts, or obligations for which this form is submitted (except as permitted in Regulations section 1.1471-6(h)(2)).**Part XIV International Organization**

Check box 28a or 28b, whichever applies.

28a ☐ I certify that the entity identified in Part I is an international organization described in section 7701(a)(18).b ☐ I certify that the entity identified in Part I:

- Is comprised primarily of foreign governments;
- Is recognized as an intergovernmental or supranational organization under a foreign law similar to the International Organizations Immunities Act or that has in effect a headquarters agreement with a foreign government;
- The benefit of the entity's income does not inure to any private person; **and**
- Is the beneficial owner of the payment and is not engaged in commercial financial activities of a type engaged in by an insurance company, custodial institution, or depository institution with respect to the payments, accounts, or obligations for which this form is submitted (except as permitted in Regulations section 1.1471-6(h)(2)).

Part XV Exempt Retirement Plans

Check box 29a, b, c, d, e, or f, whichever applies.

29a ☐ I certify that the entity identified in Part I:

- Is established in a country with which the United States has an income tax treaty in force (see Part III if claiming treaty benefits);
- Is operated principally to administer or provide pension or retirement benefits; **and**
- Is entitled to treaty benefits on income that the fund derives from U.S. sources (or would be entitled to benefits if it derived any such income) as a resident of the other country which satisfies any applicable limitation on benefits requirement.

b ☐ I certify that the entity identified in Part I:

- Is organized for the provision of retirement, disability, or death benefits (or any combination thereof) to beneficiaries that are former employees of one or more employers in consideration for services rendered;
- No single beneficiary has a right to more than 5% of the FFI's assets;
- Is subject to government regulation and provides annual information reporting about its beneficiaries to the relevant tax authorities in the country in which the fund is established or operated; **and**
 - (i) Is generally exempt from tax on investment income under the laws of the country in which it is established or operates due to its status as a retirement or pension plan;
 - (ii) Receives at least 50% of its total contributions from sponsoring employers (disregarding transfers of assets from other plans described in this part, retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, other retirement funds described in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A));
 - (iii) Either does not permit or penalizes distributions or withdrawals made before the occurrence of specified events related to retirement, disability, or death (except rollover distributions to accounts described in Regulations section 1.1471-5(b)(2)(i)(A) (referring to retirement and pension accounts), to retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, or to other retirement funds described in this part or in an applicable Model 1 or Model 2 IGA); **or**
 - (iv) Limits contributions by employees to the fund by reference to earned income of the employee or may not exceed \$50,000 annually.

c ☐ I certify that the entity identified in Part I:

- Is organized for the provision of retirement, disability, or death benefits (or any combination thereof) to beneficiaries that are former employees of one or more employers in consideration for services rendered;
- Has fewer than 50 participants;
- Is sponsored by one or more employers each of which is not an investment entity or passive NFFE;
- Employee and employer contributions to the fund (disregarding transfers of assets from other plans described in this part, retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A)) are limited by reference to earned income and compensation of the employee, respectively;
- Participants that are not residents of the country in which the fund is established or operated are not entitled to more than 20% of the fund's assets; **and**
- Is subject to government regulation and provides annual information reporting about its beneficiaries to the relevant tax authorities in the country in which the fund is established or operates.

Part XV Exempt Retirement Plans (continued)

- d** ☐ I certify that the entity identified in Part I is formed pursuant to a pension plan that would meet the requirements of section 401(a), other than the requirement that the plan be funded by a trust created or organized in the United States.
- e** ☐ I certify that the entity identified in Part I is established exclusively to earn income for the benefit of one or more retirement funds described in this part or in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A) (referring to retirement and pension accounts), or retirement and pension accounts described in an applicable Model 1 or Model 2 IGA.
- f** ☐ I certify that the entity identified in Part I:
- Is established and sponsored by a foreign government, international organization, central bank of issue, or government of a U.S. possession (each as defined in Regulations section 1.1471-6) or an exempt beneficial owner described in an applicable Model 1 or Model 2 IGA to provide retirement, disability, or death benefits to beneficiaries or participants that are current or former employees of the sponsor (or persons designated by such employees); **or**
 - Is established and sponsored by a foreign government, international organization, central bank of issue, or government of a U.S. possession (each as defined in Regulations section 1.1471-6) or an exempt beneficial owner described in an applicable Model 1 or Model 2 IGA to provide retirement, disability, or death benefits to beneficiaries or participants that are not current or former employees of such sponsor, but are in consideration of personal services performed for the sponsor.

Part XVI Entity Wholly Owned by Exempt Beneficial Owners

- 30** ☐ I certify that the entity identified in Part I:
- Is an FFI solely because it is an investment entity;
 - Each direct holder of an equity interest in the investment entity is an exempt beneficial owner described in Regulations section 1.1471-6 or in an applicable Model 1 or Model 2 IGA;
 - Each direct holder of a debt interest in the investment entity is either a depository institution (with respect to a loan made to such entity) or an exempt beneficial owner described in Regulations section 1.1471-6 or an applicable Model 1 or Model 2 IGA.
 - Has provided an owner reporting statement that contains the name, address, TIN (if any), chapter 4 status, and a description of the type of documentation provided to the withholding agent for every person that owns a debt interest constituting a financial account or direct equity interest in the entity; **and**
 - Has provided documentation establishing that every owner of the entity is an entity described in Regulations section 1.1471-6(b), (c), (d), (e), (f) and/or (g) without regard to whether such owners are beneficial owners.

Part XVII Territory Financial Institution

- 31** ☐ I certify that the entity identified in Part I is a financial institution (other than an investment entity) that is incorporated or organized under the laws of a possession of the United States.

Part XVIII Excepted Nonfinancial Group Entity

- 32** ☐ I certify that the entity identified in Part I:
- Is a holding company, treasury center, or captive finance company and substantially all of the entity's activities are functions described in Regulations section 1.1471-5(e)(5)(i)(C) through (E);
 - Is a member of a nonfinancial group described in Regulations section 1.1471-5(e)(5)(i)(B);
 - Is not a depository or custodial institution (other than for members of the entity's expanded affiliated group); **and**
 - Does not function (or hold itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle with an investment strategy to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.

Part XIX Excepted Nonfinancial Start-Up Company

- 33** ☐ I certify that the entity identified in Part I:
- Was formed on (or, in the case of a new line of business, the date of board resolution approving the new line of business) _____ (date must be less than 24 months prior to date of payment);
 - Is not yet operating a business and has no prior operating history or is investing capital in assets with the intent to operate a new line of business other than that of a financial institution or passive NFFE;
 - Is investing capital into assets with the intent to operate a business other than that of a financial institution; **and**
 - Does not function (or hold itself out) 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.

Part XX Excepted Nonfinancial Entity in Liquidation or Bankruptcy

- 34** ☐ I certify that the entity identified in Part I:
- Filed a plan of liquidation, filed a plan of reorganization, or filed for bankruptcy on _____;
 - During the past 5 years has not been engaged in business as a financial institution or acted as a passive NFFE;
 - Is either liquidating or emerging from a reorganization or bankruptcy with the intent to continue or recommence operations as a nonfinancial entity; **and**
 - Has, or will provide, documentary evidence such as a bankruptcy filing or other public documentation that supports its claim if it remains in bankruptcy or liquidation for more than 3 years.

Part XXI 501(c) Organization

35 ☐ I certify that the entity identified in Part I is a 501(c) organization that:

- Has been issued a determination letter from the IRS that is currently in effect concluding that the payee is a section 501(c) organization that is dated _____; **or**
- Has provided a copy of an opinion from U.S. counsel certifying that the payee is a section 501(c) organization (without regard to whether the payee is a foreign private foundation).

Part XXII Nonprofit Organization

36 ☐ I certify that the entity identified in Part I is a nonprofit organization that meets the following requirements.

- The entity is established and maintained in its country of residence exclusively for religious, charitable, scientific, artistic, cultural or educational purposes;
- The entity is exempt from income tax in its country of residence;
- The entity has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
- Neither the applicable laws of the entity's country of residence nor the entity's formation documents permit any income or assets of the entity to be distributed to, or applied for the benefit of, a private person or noncharitable entity other than pursuant to the conduct of the entity's charitable activities or as payment of reasonable compensation for services rendered or payment representing the fair market value of property which the entity has purchased; **and**
- The applicable laws of the entity's country of residence or the entity's formation documents require that, upon the entity's liquidation or dissolution, all of its assets be distributed to an entity that is a foreign government, an integral part of a foreign government, a controlled entity of a foreign government, or another organization that is described in this part or escheats to the government of the entity's country of residence or any political subdivision thereof.

Part XXIII Publicly Traded NFFE or NFFE Affiliate of a Publicly Traded Corporation

Check box 37a or 37b, whichever applies.

37a ☐ I certify that:

- The entity identified in Part I is a foreign corporation that is not a financial institution; **and**
- The stock of such corporation is regularly traded on one or more established securities markets, including _____ (name one securities exchange upon which the stock is regularly traded).

b ☐ I certify that:

- The entity identified in Part I is a foreign corporation that is not a financial institution;
- The entity identified in Part I is a member of the same expanded affiliated group as an entity the stock of which is regularly traded on an established securities market;
- The name of the entity, the stock of which is regularly traded on an established securities market, is _____; **and**
- The name of the securities market on which the stock is regularly traded is _____.

Part XXIV Excepted Territory NFFE

38 ☐ I certify that:

- The entity identified in Part I is an entity that is organized in a possession of the United States;
- The entity identified in Part I:
 - (i) Does not accept deposits in the ordinary course of a banking or similar business;
 - (ii) Does not hold, as a substantial portion of its business, financial assets for the account of others; **or**
 - (iii) Is not an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account; **and**
- All of the owners of the entity identified in Part I are bona fide residents of the possession in which the NFFE is organized or incorporated.

Part XXV Active NFFE

39 ☐ I certify that:

- The entity identified in Part I is a foreign entity that is not a financial institution;
- Less than 50% of such entity's gross income for the preceding calendar year is passive income; **and**
- Less than 50% of the assets held by such entity are assets that produce or are held for the production of passive income (calculated as a weighted average of the percentage of passive assets measured quarterly) (see instructions for the definition of passive income).

Part XXVI Passive NFFE

40a ☐ I certify that the entity identified in Part I is a foreign entity that is not a financial institution (other than an investment entity organized in a possession of the United States) and is not certifying its status as a publicly traded NFFE (or affiliate), excepted territory NFFE, active NFFE, direct reporting NFFE, or sponsored direct reporting NFFE.

Check box 40b or 40c, whichever applies.

- b** ☐ I further certify that the entity identified in Part I has no substantial U.S. owners (or, if applicable, no controlling U.S. persons); **or**
- c** ☐ I further certify that the entity identified in Part I has provided the name, address, and TIN of each substantial U.S. owner (or, if applicable, controlling U.S. person) of the NFFE in Part XXIX.

Part XXVII Excepted Inter-Affiliate FFI

- 41

☐ I certify that the entity identified in Part I:

• Is a member of an expanded affiliated group;

• Does not maintain financial accounts (other than accounts maintained for members of its expanded affiliated group);

• Does not make withholdable payments to any person other than to members of its expanded affiliated group;

• Does not hold an account (other than depository accounts in the country in which the entity is operating to pay for expenses) with or receive payments from any withholding agent other than a member of its expanded affiliated group; **and**

• Has not agreed to report under Regulations section 1.1471-4(d)(2)(ii)(C) or otherwise act as an agent for chapter 4 purposes on behalf of any financial institution, including a member of its expanded affiliated group.

Part XXVIII Sponsored Direct Reporting NFFE (see instructions for when this is permitted)

- 42

Name of sponsoring entity:
- 43

☐ I certify that the entity identified in Part I is a direct reporting NFFE that is sponsored by the entity identified on line 42.

Part XXIX Substantial U.S. Owners of Passive NFFE

As required by Part XXVI, provide the name, address, and TIN of each substantial U.S. owner of the NFFE. Please see the instructions for a definition of substantial U.S. owner. If providing the form to an FFI treated as a reporting Model 1 FFI or reporting Model 2 FFI, an NFFE may also use this part for reporting its controlling U.S. persons under an applicable IGA.

Name	Address	TIN

Part XXX Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- The entity identified on line 1 of this form is the beneficial owner of all the income or proceeds to which this form relates, is using this form to certify its status for chapter 4 purposes, or is submitting this form for purposes of section 6050W or 6050Y;

• The entity identified on line 1 of this form is not a U.S. person;

• This form relates to: (a) income not effectively connected with the conduct of a trade or business in the United States, (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an income tax treaty, (c) the partner's share of a partnership's effectively connected taxable income, or (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f); **and**

• For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which the entity on line 1 is the beneficial owner or any withholding agent that can disburse or make payments of the income of which the entity on line 1 is the beneficial owner.

I agree that I will submit a new form within 30 days if any certification on this form becomes incorrect.

☐ I certify that I have the capacity to sign for the entity identified on line 1 of this form.

Sign Here ▶

Signature of individual authorized to sign for beneficial owner

Print Name

Date (MM-DD-YYYY)

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