CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity / Other than Individuals **Important Instructions:** A) Fields marked with " are mandatory fields. F) List of State / U.T. Code as per Indian Motor Vehicle Act, 1988 is available at the end. B) Tick '√' wherever applicable. G) List of of two character ISO 3166 country codes is available at the end. C) Please fill the date in DD-MM-YYYY format. H) Please read section wise detailed guidelines / instruction at the end. D) Please fill the form in English and in BLOCK letters. For particular section update, please tick (\checkmark) in the box available before the E) KYC number or applicant is mandatory for update application. Section number and strike off the sections not required to be updated. Application Type* □ New For office use only ☐ 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* Others (Specify) Entity Constitution Type* (Please refer instruction B at the end) Date of Incorporation / Formation* Date of Commencement of Business Place of Incorporation / Formation* TIN or Equivalent Issuing Country Country of Incorporation / Formation* Form 60 furnished TIN/ GST Registration Number 2. PROOF OF IDENTITY (Pol)* (Please refer instruction **B** at the end) Officially valid document(s) in respect of person authorised to transact ☐ Certificate of Incorporation / Formation Registration Certificate Partnership Deed ☐ Trust Deed ☐ Memorandum and Articles of Association Resolution of Board / Managing Committee Power of attorney granted to its manager, officers of 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* Registration Certificate Other Ducument Proof of Address* ☐ Certificate of Incorporation / Formation Line 1* Line 2 City / Town / Village* Line 3 District* PIN / Post Code³ 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* State / U.T Code* PIN / Post 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) FAX Tel. (Off) Mobile Email ID Mobile Email ID 5. NUMBER OF RELATED PERSONS (Please refer instruction E at the end)

6. REMARKS (If any)				
7. APPLICANT DECLARATION (Please refe Instruction G at the end)				
 I hereby declare that the details furnished above are true and correct to the best of my kn to inform you of any changes therein, immediately. Incase any of the above information is 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/Em 	s found to be false or untrue or			
registered number/email address Date: DD - MM - YYYYY Place: Place:	Signature / Thumb Impression of Authorised Person(s)			
7. ATTESTATION / FOR OFFICE USE ONLY				
Documents Received Certified Copies Equivalent e-document				
KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS			
Identity Verification Done Date D — M M — Y Y Y Y Emp. Name Emp. Code	Name : MSB E-TRADE SECURITIES LIMITED Code : IN0534			
Emp. Designation Emp. Branch (Employee Signature)	[Institution Stamp]			
(Employee Signature)				

Annexure A Legal Entity / Other	than Individuals / Related Person
CENTRAL KYC REGI	STRY Know Your Customer (KYC) Application Form Related Person
Important Instructions: A) Fields marked with " are mand B) Tick '√' wherever applicable. C) Please fill the date in DD-MM- D) Please fill the form in English a E) KYC number or applicant is ma	G) List of of two character ISO 3166 country codes is available at the end. YYYY format. H) Please read section wise detailed guidelines / instruction at the end. I) For particular section update, please tick (✓) in the box available before the
For office use only (To be filled by financial institution)	
1. DETAILS OF RELATED F	(
	□ Director □ Promoter □ Karta □ Trustee □ Partner □ Court Appointment Official □ Proprietor
,	□ Beneficiary □ Authorised Signatory □ Beneficial Owner □ Power of Attorney Holder □ Guardian of Minor □ Assignee □ Authorised Representative □ Other (Please specify
DIN (Director Identification	on Number) (Mandatory if Related Person Type is Director)
Please tick if applicable	□ Politically Exposed Person (PEP) □ Related to Politically Exposed Person (RPEP) □ No
1.1 PERSONAL DETAILS (F	Please refer instruction E at the end)
	Prefix First Name Middle Name Last Name
Name* (Same as ID proo Maiden Name Father / Spouse Name Mother Name Date of Birth* Gender* Nationality*	M- Male F- Female T-Transgender IN- Indian Others (ISO 3166 Country Code III)
PAN	Form 60 furnished
	ND ADDRESS* (Please refer instruction E at the end) ivalent 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	PHOTO*
□ C-Driving Licence	
□ D-NREGA Job Card	
☐ E- National Population	on Register Letter Sign of Aadhaar
□ F- Proof of Possess	ion of Aadhaar
II □ E-KYC Authenticatio	
III Offline verification of	
Line 1* Line 2 Line 3 District*	City / Town / Village* ISO 3166 Country Code* ISO 3166 Country Code*
☐ 1.3. CURRENT ADDI	RESS DETAILS (Please refer instruction B at the end)
	d address (In sch cases address details as below need not be provided)
**	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 Populatio	
☐ F - Proof of Possessi	
II ☐ E-KYC Authentication	
II ☐ Offline verification of	Aadhaar VVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVV
IV ☐ Deomed PoA	
V ☐ Self Declaration	

Address		
Line 1*		
Line 2		
Line 3		City / Town / Village*
DistricI*	Pin / Post Code*	State / U.T Code* ISO 3166 Country Code*
1. 4 CONTAC	ACT DETAILS (All communication will be sent on provided mobile	no./Email-ID) (Please refer instruction D at the end)
Tel. (Off)	Tel. (Res)	
Email ID		
REMARKS ((IF ANY)	
2. APPLICA	ANT DECLARATION	
to inform you misleading c I/we hereby registered nu Date:	eclare that the details furnished above are true and correct to the best of my ou of any changes therein, immediately. Incase any of the above informatio or misrepresenting, I am aware that I may be held liable for it. y consent to receiving information from Central KYC Registry through SMS/number/email address Place: ESTATION / FOR OFFICE USE ONLY Received Certified Copies E-KYC data received for Equivalent e-document Video Basrd KYC	/Email on the above (Signature / Thumb Impression) Signature / Thumb Impression of Applicant
	KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Identity Verif	rification Done Date DD-MM-YYYYY	Name : MSB E-TRADE SECURITIES LIMITED
Emp. Name	e	Code : IN0534
Emp. Code		-
Emp. Desigr	gnation	
Emp. Brancl	ch	
	(Employee Signature)	[Institution Stamp]

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 or applicant is mandatory for update application. F) List of State / U.T. Code as per Indian Motor Vehicle G) List of of two character ISO 3166 country codes is a Please read section wise detailed guidelines / instru For particular section update, please tick (√) in the Section number and strike off the sections not requi	vailable at the end. iction at the end. box available before the
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*)	ole, only 'Related Person Type' & 'Name' is mandatory
Related Person Type* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appoin ☐ Beneficiary ☐ Authorised Signatory ☐ Beneficial Owner ☐ Power of Attor	_ '
DIN (Director Identification Number) (Mandatory if Related Person	Type is Director)
Please tick if applicable Politically Exposed Person (PEP) Related to Politically Exposed Person	(RPEP) □ No
1.1 PERSONAL DETAILS (Please refer instruction E at the end)	(
Prefix First Name Middle Name	Last Name
Name* (Same as ID proof)	<u> </u>
Maiden Name	
Father / Spouse Name	
Mother Name	
Date of Birth*	
Gender* M- Male F- Female T-Transgender	
Nationality* □ IN- Indian □ Others (ISO 3166 Country Code □□)	
PAN 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 (a	nyone of the following OVDs)
□ A- Passport Number □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	PUOTO
□ B-Voter ID Card	PHOTO*
□ C-Driving Licence	
□ D-NREGA Job Card	1085
☐ E- National Population Register Letter	cian across
☐ F- Proof of Possession of Aadhaar	31911
II □ E-KYC Authentication	
III Offline verification of Aadhaar	
Line 1*	
Line 2	
	ity / Town / Village*
District* Pin / Post Code* State / U.T Cod	e* ISO 3166 Country Code*
☐ 1.3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)	
☐ Same as above mentioned address (In sch cases address details as below need not be provided)	(anyone of the following OV/De)
I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted A- Passport Number	(anyone of the following OVDS)
_	
2 votaria Sura	
C-Driving Licence	
D-NREGA Job Card	
☐ E- National Population Register Letter	

V ☐ Self Declaration

IV □ Deomed PoA

II □ E-KYC Authentication

☐ F - Proof of Possession of Aadhaar

☐ Offline verification of Aadhaar

Address					
Line 1*					
Line 2					
Line 3	City / Town / Village*				
DistricI*	Pin / Post Code* State / U.T Code* 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 — — — — Mobile				
Email ID	Email ID				
2. APPLICANT DE	CLARATION				
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. Incase 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: DDDMMM-YYYYY Place: Signature / Thumb Impression of Applicant 3. ATTESTATION / FOR OFFICE USE ONLY					
Documents Receive	d Certified Copies E-KYC data received from UIDAI Data received from Offline verification Digital KYC Process				
	Equivalent e-document Video Basrd KYC				
KY	C VERIFICATION CARRIED OUT BY INSTITUTION DETAILS				
Identity Verification	□ Done Date □ □ □ − MM − Y Y Y Y Y Name : MSB E-TRADE SECURITIES LIMITED				
Emp. Name	Code : IN0534				
Emp. Code					
Emp. Designation					
Emp. Branch					
	[Institution Stamp]				