Annexure-K

PART I - KNOW YOUR CLIENT (KYC) APPLICATION FORM (NON INDIVIDUAL)

KK SECURITIES LIMITED

Regd. Office : 76-77, Scindia House,
Janpath, New Delhi-110001
Ph.: 011-46890000, Fax : 23723571
E-mail kksl@kksecurities.com
Website : www.kksecrities.com
For Investor Grievance : kkslig@hotmail.com
DP ID –IN300468

Please fill this form in ENGLISH and in BLOCK LETTERS

Photograph

Please affix the recent passport size photograph and sign across it

A. IDENTITY DETAILS

1	Name of the Applicant				
2	Date of incorporation		Place of incorporation		
3	Date of commencement of business				
4	a) PAN		b) Registration No. (e.g. CIN)		
5	**Status (please tick any one):**				

☐ Private Limited Co.	☐ Bank	☐ Partnership
☐ Public Ltd. Co.	☐ Government Body	☐ FI
☐ Body Corporate	☐ Non Government Organization	☐ FII
☐ Trust	☐ Defense Establishment	☐ HUF
☐ Charities	☐ Society	☐ AOP
☐ NGO's	☐ LLP	☐ BOI
☐ Others (Please specify) _____		

B. ADDRESS DETAILS

1	Correspondence Address				
		City/town/village		PIN Code	
		State		Country	
2	Specify the proof of address submitted for correspondence address				
3	Contact Details	Tel. (Off.)		Tel. (Res.)	
		Fax No.		Mobile No.	
		Email ID			
4	Registered Address (if different from above):				
		City/town/village		PIN Code	
		State		Country	

C. OTHER DETAILS

1	Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:	If space is insufficient, enclose these details searately *[IIlusrative format enclosed]*
2	DIN of whole time directors :	
3	Aadhaar number of Promoters/Partners/Karta	

D. DECLARATION

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.

Name & Signature of the Authorised Signatory(ies)

Date | | | | | | | | |

FOR OFFICE USE ONLY

☐ (Originals verified) Ture copies of documents received

Signature of the Authorised Signatory		**Seal/Stamp of the intermediary**
Date		

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

Sr. No.	Name	Relationship with Applicant *(i.e. promoters, whole time directors etc.)*	PAN	Residential / Registered Address	DIN/UID	Photograph
1						
2						
3						
4						
5						

Name & Signature of the Authorised Signatory (ies)

Date								

FORM 11

ACCOUNT OPENING FORM
(*FOR NON-INDIVIDUALS*)

KK SECURITIES LTD. **76-77, Scindia House, Janpath,** **New Delhi 110001** **DP ID – IN300468. SEBI Regn No. INZ000155732.** **Ph – 011-46890000. Email Id – kksl@kksecurities.com**	**Client –ID** (To be filled by Participant)

We request you to open a depository account in our name as per the following details: (*Please fill all the details in CAPITAL LETTERS only*) **Date** D D M M Y Y Y Y

A) Details of Account holder(s):

	Name	PAN
Sole/ First Holder		
Second Holder		
Third Holder		

B) **Type of account**

☐ Body Corporate ☐ FI ☐ FII
☐ Qualified Foreign Investor ☐ Mutual Fund ☐ Trust
☐ Bank ☐ CM ☐ HUF
☐ Other (Please specify)_____

C) For Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., although the account is opened in the name of the partner(s), trustee(es) etc., the name & PAN of the Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., should be mentioned below:

a) Name _____ b) PAN _____

D) Income Details (please specify)

Income Range per annum		Networth
☐ Below ` 20 Lac	and	Amount (`)_____
☐ ` 20 – 50 Lac		As on (date) D D M M Y Y Y Y
☐ ` 50 Lac – 1 crore		(Networth should not be older than 1 year)
☐ Above ` 1 crore		

E) **In case of FIIs/Others (as may be applicable)**

RBI Approval Reference Number	
RBI Approval date	D D M M Y Y Y Y
SEBI Registration Number (for FIIs)	

F) **Bank details**

1	Bank account type ☐ Savings Account ☐ Current Account ☐ Others (Please specify)_____	
2	Bank Account Number	
3	Bank Name	

	4	Branch Address				
			City/town/ village		PIN Code	
			State		Country	
	5	MICR Code				
	6	IFSC				

G)	Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:	☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

H)	**Clearing Member Details** (to be filled up by Clearing Members only)		
	1	Name of Stock Exchange	
	2	Name of Clearing Corporation/ Clearing House	
	3	Clearing Member ID	
	4	SEBI Registration Number	
	5	Trade Name	
	6	CM-BP-ID **(to be filled up by Participant)**	

I)	**Standing Instructions**		
	1	We authorise you to receive credits automatically into our account.	☐ Yes ☐ No
	2	Account to be operated through Power of Attorney (PoA)	☐ Yes ☐ No
	3	Account to be operated through Demat Debit and Pledge Instruction (DDPI)	☐ Yes ☐ No
	4	**SMS Alert facility**	
	5	Mode of receiving Statement of Account [Tick any one]	☐ Physical Form ☐ Electronic Form [*Read Note 3 and ensure that email ID is provided in KYC Application Form*].

Sr. No.	**Holder**	**Yes**	**No**
1	Sole/First Holder	☐	☐
2	Second Holder	☐	☐
3	Third Holder	☐	☐

J) **List of family members (Separate Annexure maybe used in case number of members is higher)**

Sr No.	**Name of Coparcener/Member**	**Gender**	**Date of Birth**	**Relation with Karta**	**Whether Coparcener/ Member (please specify)**

Acknowledgement

Participant Name, Address & DP ID

Received the application from M/s_____ as the sole/first holder alongwith _____ and _____ as the second and third holders respectively for opening of a depository account. Please quote the DP ID & Client ID allotted to you (CM-BP-ID in case of Clearing Members) in all your future correspondence.

Date: D D M M Y Y Y Y

Participant Stamp & Signature

Declaration

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by us and we have understood the same and we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, we are aware that we may be held liable for it. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

Authorised Signatories (Enclose a Board Resolution for Authorised Signatories. In case of HUF details of Karta to be given)

Sole/First Holder	**Name**	**Signature(s)**
First Signatory/Karta of HUF		X
Second Signatory		X
Third Signatory		X
Other Holders		
Second Holder		X
Third Holder		X

Mode of Operation for Sole/First Holder (In case of joint holdings, all the holders must sign. In case of HUF this is not applicable)	
☐ Any one singly	
☐ Jointly by	
☐ As per resolution	
☐ Others (please specify)	

Notes:

1. In case of additional signatures, separate annexures should be attached to the application form.
2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
3. For receiving Statement of Account in electronic form:
   I. Client must ensure the confidentiality of the password of the email account.
   II. Client must promptly inform the Participant if the email address has changed.
   III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
4. Strike off whichever is not applicable.

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For Corporates / Clearing Members Only

1) Account to be operated through Power of attorney (POA). Yes ☐ No. ☐

2) Sole / First Holder's Details, Second Holder and Third Holder.

Sole / First Holder's Details

Mobile No.		
E-mail ID		
MAPIN id		
SMS Facility	**Yes ☐**	**No ☐**

Second Holder

Mobile No.		
E-mail ID		
MAPIN id		
SMS Facility	**Yes ☐**	**No ☐**

Third Holder

Mobile No.		
E-mail ID		
MAPIN id		
SMS Facility	**Yes ☐**	**No ☐**

3)

Address for communication / Corporate Benefits (Default option is Registered office Address	**Registered / Permanent Address**
	Correspondence Address / Foreign Address

4) Introduction by an existing account holder / applicant's bank.

Introduction
(by an existing account holder / applicant's bank)

DP ID :.....Client ID..... (incase of existing account holder)

I confirm the identity and address of the applicant (s)

\Name : .....

Signature of the Introducer / Signature and Seal incase of Bank (To be verified by DP official)

COMPANY LETTER HEAD

EXTRACT OF MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS OF .....HELD ON / / AT THE REGD. OFFICE .....
.....

"Resolved That pursuant to the provisions of the Section 292 and Section 372A of the Companies Act, 1956, and subjecto to other applicable provisions of the said Acgt, if any as applicable from time to time, Mr.....Director of the company be and hereby authorisexc individually and empowerred to invest funds of the Company in Equity Share / preference Shares / Debentures (Convertible / Non convertible) of any Company, Government securities (Central, State and / or Semi Government() any type of units of Mutual funds, (Private, Central, State and / or Semi Government) and other securities issued under the Companies Act, 1956 provided that total amount upto which the funds to be invedted as aforesaid shall not exceed the limits provided under the aforesad Sections till otherwise decided in this regard.

FURTHER RESOLVED THAT the aforesaid signatories be and are hereby individually authorised to sell, subscribe and to sign application form(s), forms of Renunciation(s) transfer deed(s), receipt(s) and/or other paper (s)/documents(s) as may be required in the aforesaid matter.

FURTHER RESOLVED THAT a trading account of the Company be opened in the CAPITAL MARKET, FUTURES & OPTIONS and CURRENCY segment of NSE and BSE, with M/s KK Securities Ltd., member NSE and BSE under name and style of ".....".

FURTHER RESOLVED THAT Shri.....Director of the Company be and is authorised to operate the CAPITAL MARKET, FUTURES & OPTION and CURRENCY segment of NSE and BSE trading account and to do all such act deeds and things as may be neccesary of this purpose.

RESOLVED THAT the Depository account of the Company be and is hereby opened with DP M/s KK Securities Ltd. (DP ID-IN300468) under the name and style of .....".

It is further resolved that Shri ..... Director of the Company be and is authorised to operate depository account and issue all the instructions, to sign all papers and agreement required to open and operate the account from time to time and to deal all other matters with depository participant

FURTHER RESOLVED THAT a copy of this resolution may be forwarded whererver required. under the signature of the Chairman or any one of the aforsaid Signatories.

Certified to be true copy
For .....

CHAIRMAN
NOTE : TO BE SIGNED BY AT LEAST TWO DIRECTORS.

KK SECURITIES LIMITED

Member : National Stock Exchange of India Ltd. (CM, F&O and Currency)
Member : Bombay Stock Exchange Ltd. (BSE) (CM, F&O)
Member : MCX Stock Exchange Ltd. (CM, F&O)
Participant : National Securities Depository Ltd.

Regd. Office : 76-77, Scindia House, 1st Floor, Janpath, Connaught Place, New Delhi-110 001
Tel.: 23722916, 23323028, 41514344 (10 Lines)
Fax : 011-23723571

KK SECURITIES LTD. (DP ID - IN300468)
Tarif Chart

Name	Rates
Account Opening	**NIL**
Advance Deposit	**NIL**
AMC	**Rs. 700 - P.A.**
Demat	**RS. 10/- PER CERT. + COURIER CHARGES**
Remat	**RS 20/- PER CERT. + COURIER CHARGES./ RS. 10 per hundred Securities as per NSDL rules.**
Delivery instruction/Debit	**RS. 8/- PER ISIN**
Pledge Creation	**RS 50/- PER ISIN**
Pledge Invocation	**RS 50/- PER ISIN**
Pledge Closure	**RS 10/- PER ISIN**

I/We acknowledge receipt of Tariff Chart.

Client ID :-
Client Name
Client Signature

Self-Certification for Entities (non-individuals who are not listed/not an Indian Financial Institution)

FATCA/CRS Declaration Form (for non-individuals)

To,
KK Securities Ltd.
76-77, Scindia House, Janpath,
New Delhi-110001

I hereby declare that

- The account holder is not a Government body/International Organization / listed company on recognized stock exchange.
- The account holder is not tax resident of any country other than India.
- The account holder is not an Indian Financial Intitution as defined under Rule 114F (3) of the Income Tax Rules, 1962 as amended.
- The Substantial owners or controlling persons in the entity or chain of ownership is / are
    - not resident for tax purpose in any country outside India.
    - are Indian citizen(s)

Under penalty of perjury, I/we further certify that :

- I/We understand that the Broker/DP, KK Comtrade Pvt. Ltd. / KK Securities Ltd. is relying on this information for the purpose of determin the status of the applicant named above in compliance with FATCA/CRS. The Broker/DP, KK Comtrade Pvt. Ltd. / KK Securities Ltd., is not able to offer any tax advance on FATCA/CRS or its impact on the applicant. I/We shall seek advice from professional tax advisor for any tax questions.
- I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- I/We agree that as may be required by domestic regulators/tax authorities the Broker/DP. KK Comtrade Pvt. Ltd./KK Securities Ltd., may also be required to report, reportable details to CBDT or close or suspent my account.
- I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief tha certification is true, correct, and complete including the taxpayer identification number of the applicant.

Signature (as per MOP)	
name and designation of Signatories	
Name of Account Holder	
Date	
PAN Number of Account Holder	

(Company Seal, if applicable, to be affixed)