

**REACTIVATION OF INACTIVE/DORMANT TRADING ACCOUNT**

To,  
**Affinity Securities Private Limited**  
 Shaila Towers, 9th floor, Room No. 903, J1/16, EP & GP Block,  
 Salt Lake, Sector-V, Kolkata- 700091

Date: DD/MM/YYYY

**Sub: Request for reactivation of our trading account no. \_\_\_\_\_**

Dear Sir/Madam,  
 We are maintaining the captioned trading account with you since \_\_\_\_\_. Due to some unavoidable circumstances, we could not trade in our said account from the last \_\_\_\_\_ year(s) and presently, our said account is in the state of dormant/inactive.

We have decided to restart trading activity in our said account and thus, we would request you to reactivate our trading account based on the following information:

<b>Client Name</b>			
<b>Annual Income Details (In Rs)</b>	<input type="checkbox"/> Below 1Lac <input type="checkbox"/> 1-5 Lac <input type="checkbox"/> 5-10 Lac <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> >25 Lac		<u>DD/MM/YYYY</u>
<b>Net Worth</b>	Rs. _____		
<input type="checkbox"/> Copy of ITR Acknowledgement <input type="checkbox"/> Copy of Annual Accounts <input type="checkbox"/> Net worth certificate <input type="checkbox"/> Bank account statement for last 6 months <input type="checkbox"/> Copy of Latest demat account Holding statement <input type="checkbox"/> Any other relevant documents substantiating ownership of assets			
<b>Politically Exposed Person (PEP)</b>	<input type="checkbox"/> Not a PEP <input type="checkbox"/> PEP <input type="checkbox"/> Related to a PEP		
<b>Bank Account Details</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> No change	Bank Name		
	Branch Add.		
	A/c. No.		A/c. type
	MICR No.		IFSC Code
<b>Depository Account Details</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> No change)	DP Name	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL	
	DP ID		Client ID
<b>Trading Preferences</b> <i>(please sign for the segment you want to activate)</i>	NSE	Cash	F&O
	BSE	Cash	F&O

<b>Mode of receiving Contract Notes and other documents</b>	<input type="checkbox"/> Physical <input type="checkbox"/> Electronic / Digital	
	Email ID	<input type="text"/>
<b>Details of Directors/Promoters/Partners/Karta/ Trustees</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> No change <i>(Please fill Annexure-A for any change or addition)</i>	

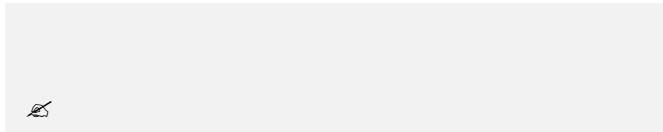
We are further enclosing the following documents:

- a) KYC form with updated information.
- b) A certified copy of our PAN Card.
- c) FATCA/CRS Declaration form.
- d) A certified copy of our latest financial document.

We have read and understood the contents of 'Rights and obligations', 'Risk Disclosure Document', 'Policies and Procedures' and other necessary documents provided to us at the time of account opening and also available in your website and agree to be bound by the provisions as outlined in these documents and would abide by the same.

Thanking you.

Signature of client:  
(with seal)



<b>FOR OFFICE USE ONLY</b>	
<p>The details furnished above have been successfully updated in KYC record and exchange UCC database and the account has been reactivated.</p> <p>Date: <u>DD/MM/YYYY</u>      Place: Kolkata</p>	

**Know Your Client (KYC)**

**AFFINITY SECURITIES PRIVATE LIMITED**

Application No. :

**Application Form (For Non-Individuals Only)**

Registered & Correspondence Office Address :  
Shaila Tower, 9th Floor, Room No. 903, J1/16 EP & GP Block  
Salt Lake, Sector-V, Kolkata - 700 091  
Telefax : +91 33 4004-2356

Please fill in ENGLISH and in BLOCK LETTERS with black ink

**A. IDENTITY DETAILS (please see guidelines overleaf)**

1. Name of Applicant (Please write complete name as per Certificate of Incorporation / Registration; leaving one box blank between 2 words. Please do not abbreviate the Name).

[Grid for Name]

2. Date of Incorporation [ d | d | / | m | m | / | y | y | y | y | ]

Place of Incorporation [Grid]

3. Registration No. (e.g. CIN) [Grid]

Date of commencement of business [ d | d | / | m | m | / | y | y | y | y | ]

4. Status Please tick (✓)  Private Ltd. Co.  Public Ltd. Co.  Body Corporate  Partnership  Trust / Charities / NGOs  
 FI  FII  HUF  AOP  Bank  Government Body  Non-Government Organisation  
 Defence Establishment  Body of Individuals  Society  LLP  Others (Please specify)

**PHOTOGRAPH**  
  
Please affix the recent passport size photograph of authorised signatory and sign across it

5. Permanent Account Number (PAN) (MANDATORY) [Grid] Please enclose a duly attested copy of your PAN Card

**B. Address Details (please see guidelines overleaf)**

1. Address for Correspondence

[Grid for Address]

City/Town/Village \_\_\_\_\_ Pin code \_\_\_\_\_  
State \_\_\_\_\_ Country \_\_\_\_\_

2. Contact Details

Tel. (Off) (ISD) (STD) \_\_\_\_\_ Tel. (Res.) (ISD) (STD) \_\_\_\_\_  
Mobile (ISD) (STD) \_\_\_\_\_ Fax (ISD) (STD) \_\_\_\_\_  
E-mail ID \_\_\_\_\_

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

\*Latest Telephone Bill (only Land Line)  \*Latest Electricity Bill  \*Latest Bank Account Statement  Registered Lease / Sale Agreement of Office Premises  
 Any other proof of address document (as listed overleaf) (Please specify)

\*Not more than 3 Months old. Validity/Expiry date of proof of address submitted [ d | d | / | m | m | / | y | y | y | y | ]

4. Registered Address (If different from above)

[Grid for Registered Address]

City/Town/Village \_\_\_\_\_ Pin code \_\_\_\_\_  
State \_\_\_\_\_ Country \_\_\_\_\_

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

\*Latest Telephone Bill (only Land Line)  \*Latest Electricity Bill  \*Latest Bank Account Statement  Registered Lease / Sale Agreement of Office Premises  
 Any other proof of address document (as listed overleaf) (Please specify)

\*Not more than 3 Months old. Validity/Expiry date of proof of address submitted [ d | d | / | m | m | / | y | y | y | y | ]

**C. New Other Details (please see guidelines overleaf)**

1. Name, PAN, DIN/UID, residential address and photographs of Promoters / Partners / Karta / Trustees / whole time directors

(Please use the Annexure to fill in the details)

2. Is the entity involved/providing any of the following services  YES  NO

- For Foreign Exchange / Money Changer Services  YES  NO - Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates)  YES  NO  
- Money Lending / Pawning  YES  NO

3. Any other information :

**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 immediately. In case any of the above information is found to be false or untrue or therein, misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

**NAME & SIGNATURE(S)  
OF AUTHORISED  
PERSON(S)**

Place : [Grid] Date : [ d | d | / | m | m | / | y | y | y | y | ]

**FOR OFFICE USE ONLY**

AMC/Intermediary name OR code

(Originals Verified) Self Certified Document copies received  
 (Attested) True copies of documents received

Name of the Organization : **AFFINITY SECURITIES PRIVATE LIMITED**

Staff Name : \_\_\_\_\_  
Designation: \_\_\_\_\_  
Signature : \_\_\_\_\_  
Date : [ d | d | / | m | m | / | y | y | y | y | ]

**Seal / Stamp  
of the Intermediary**

## ANNEXURE-A

**DETAILS OF PROMOTERS / PARTNERS / KARTA / TRUSTEES AND WHOLE TIME DIRECTORS AND  
PERSONS AUTHORIZED TO DEAL IN SECURITIES ON BEHALF OF COMPANY / FIRM / OTHERS FORMING  
A PART OF KNOW YOUR CLIENT (KYC) APPLICATION FORM FOR NON-INDIVIDUALS**

Name of the Applicant: \_\_\_\_\_

PAN No. of the Applicant: \_\_\_\_\_

Particulars	1st Signatory	2nd Signatory	3rd Signatory
Name			
Residential / Registered address with City, State and Pin code			
Telephone No.			
Designation/Relationship with Applicant (i.e. promoters, whole time directors etc.)			
Qualification			
Experience			
Income Tax No. (PAN/GIR) DIN No.* (For Directors) UID/Aadhaar No. (For Others) Passport No. Voter ID No. Ration Card No.			
Equity Stake (%)			
Name of Bank			
Savings / Current A/c No.			
Address of the bank with City, State and Pin code			
Whether Politically Exposed Person	<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO
Photograph of the Signatory			

\* Mandatory

Name of the Authorised Signatory: \_\_\_\_\_

Signature with Seal: \_\_\_\_\_

**Note :** Please use additional sheet, if necessary.

**PEP :** Politically Exposed Person    **RPEP :** Politically Exposed Person

Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

**AFFINITY SECURITIES PRIVATE LIMITED (ASPL)**  
**Registered & Correspondence Office Address :**  
 Shaile Tower, 9th Floor, Room No. 903, J1/16 EP & GP Block  
 Salt Lake, Sector-V, Kolkata - 700 091  
 Telefax : +91 33 4004-2356

**FATCA / CRS DECLARATION FORM**

**FOR NON - INDIVIDUALS**

**Details of ultimate beneficial owner including additional FATCA & CRS information**  
*(please include other references for completeness sake)*

Particulars	Details
Name of the Entity	
Customer ID	
Address of tax residence <i>(including city, state, country and pin code)</i>	
Address Type	<input type="checkbox"/> Business <input type="checkbox"/> Registered Office
City of Incorporation	
Country of Incorporation	
Entity Constitution Type	
<b>A</b> Partnership Firm, <b>B</b> HUF, <b>C</b> Private Limited Company, <b>D</b> Public Limited Company, <b>E</b> Society, <b>F</b> AOP/BOI, <b>G</b> Trust, <b>H</b> Liquidator, <b>I</b> LLP, <b>J</b> Artificial Juridical Person <b>Z</b> – Others specify	
Date of Incorporation <i>(in DD/MM/YYYY format)</i>	
Permanent Account Number (PAN)	
Identification Type & Identification Number <i>(if TIN or US GIIN not provided)</i>	Company ID No.:
	Global Entity ID No.:
	Others <i>(please specify &amp; provide):</i>
Identification number issuing country	

Tax residence declaration *(tick any one, as applicable)*

- Entity is a tax resident of India and not resident of any other country    OR  
 Entity is a tax resident of the country/ies mentioned in the table below

Please indicate ALL the countries in which you are a resident for tax purposes and the associated Tax ID No. below

Country	Tax Identification Number <sup>%</sup>	Identification Type (TIN or Other <sup>%</sup> , please specify)

*% In case Tax Identification Number is not available, kindly provide functional equivalent\$*  
**\$ It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation & attach this to the form**

In case the Entity's Country of Incorporation/Tax residence is U.S. but Entity is not Specified U.S. Person, mention Entity's exemption code here : \_\_\_\_\_

*(Refer 3(viii) of Part D)*

**FATCA & CRS declaration**

*(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)*

**PART A**

*(to be filled by Financial Institutions of Direct Reporting NFEs)*

Entity is a	GIIN	Name of sponsoring entity
<input type="checkbox"/> Financial institution <sup>1</sup>		
OR	<i>Note: if you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below :</i>	
<input type="checkbox"/> Direct reporting NFE <sup>2</sup>		

In case the GIIN not available, please tick any one below (as applicable) :

*Following options available only for Financial Institutions :*

- Applied for**  
 **Not required to apply for** *(Please specify sub-category<sup>3</sup> \_\_\_\_\_)* Please provide with Form W8-BEN-E, duly filled in  
 **Not obtained - Non-participating FI**

<sup>1</sup> Refer 1 of Part D  
<sup>2</sup> Refer 3(vii) of Part D  
<sup>3</sup> Refer 1A. of Part D

<b>PART B</b> <i>(to be filled by NFEs other than Direct Reporting NFEs, please fill any one as appropriate)</i>					
<input type="checkbox"/> Entity is a <b>publicly traded company</b> <sup>4</sup> (i.e. a company whose shares are regularly traded on an established securities market)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;"> <b>Name of the stock exchange</b>  <i>(Please specify any one stock exchange upon which the stock is traded)</i> </td> </tr> <tr> <td style="height: 20px;"> </td> </tr> </table>	<b>Name of the stock exchange</b> <i>(Please specify any one stock exchange upon which the stock is traded)</i>			
<b>Name of the stock exchange</b> <i>(Please specify any one stock exchange upon which the stock is traded)</i>					
<input type="checkbox"/> Entity is a <b>related entity of a publicly traded company</b> <sup>5</sup>  If Yes, Nature of relation : <input type="checkbox"/> Subsidiary of the listed company <input type="checkbox"/> Controlled by a listed company	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;"> <b>Name of such publicly traded company</b> </td> </tr> <tr> <td style="text-align: center; padding: 5px;"> <b>Name of the stock exchange</b>  <i>(Please specify any one stock exchange upon which the stock is traded)</i> </td> </tr> <tr> <td style="height: 20px;"> </td> </tr> </table>	<b>Name of such publicly traded company</b>	<b>Name of the stock exchange</b> <i>(Please specify any one stock exchange upon which the stock is traded)</i>		
<b>Name of such publicly traded company</b>					
<b>Name of the stock exchange</b> <i>(Please specify any one stock exchange upon which the stock is traded)</i>					
<input type="checkbox"/> Entity is an <b>active NFE</b> <sup>6</sup>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;"> <b>Nature of business</b> </td> </tr> <tr> <td style="height: 20px;"> </td> </tr> <tr> <td style="text-align: center; padding: 5px;"> <b>Sub-category of active NFE</b>  <i>(Mention doce - refer 2c of Part D)</i> </td> </tr> <tr> <td style="height: 20px;"> </td> </tr> </table>	<b>Nature of business</b>		<b>Sub-category of active NFE</b> <i>(Mention doce - refer 2c of Part D)</i>	
<b>Nature of business</b>					
<b>Sub-category of active NFE</b> <i>(Mention doce - refer 2c of Part D)</i>					
<input type="checkbox"/> Entity is an <b>passive NFE</b> <sup>7</sup>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;"> <b>Nature of business</b> </td> </tr> <tr> <td style="height: 20px;"> </td> </tr> </table>	<b>Nature of business</b>			
<b>Nature of business</b>					

**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 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 ASPL or its group entities. Therefore, it is important that you respond to our request, event 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 you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number.

**CERTIFICATION**

I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by me on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA CRS Terms and Conditions and hereby accept the same.

Date : \_\_\_\_\_

\_\_\_\_\_  
Signature & Stamp

Place : \_\_\_\_\_

<sup>4</sup> Refer 2a of Part D  
<sup>5</sup> Refer 2b of Part D

**PART C***(to be filled only by Passive NFEs)*

Please list below the details of each controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling persons (Please attach additional sheets if necessary) :

	Controlling Person 1	Controlling Person 2	Controlling Person 3
Name			
Country of tax residency*			
Address (Include City State, Country & Pin code)			
Telephone / Mobile No. (with ISD code)			
TIN (or functional equivalent for each country identified in relation to each person <sup>%</sup> )			
Identification Type (TIN or Other, please specify)			
Controlling person type code <sup>8</sup>			

Additional details to be filled below **ONLY** by controlling persons having tax residency/permanent residency/citizenship in any country **other than India** Including green card holders

	Controlling Person 1	Controlling Person 2	Controlling Person 3
Customer ID (if allotted)			
Gender (Male, Female, Other)			
City of Birth			
Country of birth			
Occupation Type (Service, Business, Others)			
Nationality			
PAN			
Father's Name (if PAN not available)			
Date of Birth			
Address type for address mentioned above (Residence or business, Residential, Business, registered office)			
Identification Type (Documents submitted as proof of identity of the individual) <sup>@</sup>			
Identification Number (Mandatory if PAN or Aadhaar number is not reported)			
Spouse's name (optional)			
Aadhaar Number (optional)			

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

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

@ Permissible values are :

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

<sup>8</sup> Refer 3(iv) (A) of Part D

Signature & Stamp

**DECLARATION OF ULTIMATE BENEFICIAL OWNERSHIP**  
*(Mandatory For Non-Individuals)*

Client Name: \_\_\_\_\_ PAN: \_\_\_\_\_

**Part I - LISTED COMPANY / ITS SUBSIDIARY COMPANY [If applicable, Part II Not Applicable]**

We hereby declare that the Applicant/ Owner of the controlling interest in the applicant

- is a Company listed on a Stock Exchange
- is a majority-owned subsidiary of a Company listed on a Stock Exchange

Name of the holding/ parent company (with % share) \_\_\_\_\_

Name of such Listed Company (if not the Applicant itself) \_\_\_\_\_

Stock Exchange where listed \_\_\_\_\_ ISIN No. \_\_\_\_\_

**Part II - OTHER THAN LISTED COMPANY / ITS SUBSIDIARY COMPANY**

Name & Address of the Ultimate Beneficial Owner [UBO]	PAN or any other identification proof where PAN not applicable	Country of tax residency	% of beneficial interest in the Applicant	Whether Politically Exposed?	UBO Code (see instruction next page)
(1)					
(2)					
(3)					

If UBO is already KYC compliant, KYC complied proof to be enclosed. Else PAN or any other valid identity proof and address proof must be attached (self certified by the UBO and certified by the Applicant)

**Part III - DECLARATION**

<p>We understand that Affinity Securities Private Limited is relying on this information for the purpose of determining the beneficial ownership of the account. We certify that the information we provided on this form is true and complete to the best of our knowledge and belief. We agree to submit a new form within 30 days if any information or certification on this form gets changed.</p>	<p>_____</p> <p>Signature of the Client</p> <p>Date: _____ Place: _____</p>
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**In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit.**