UPDATIO	N OF CLIEN	IT DETAILS IN UCC	DATABASE	FOR	NON-INDIVIDUAL			
To, Affinity Securities Private Lir Shaila Towers, 9th floor, Roo Salt Lake, Sector-V, Kolkata-	m No. 903,	J1/16, EP & GP Blo	ck,	Date:	DD/MM/YYYY			
Sub: Updation of details of o	our trading	account no		_				
Dear Sir/Madam,								
We are furnishing our updat details in UCC database.	ed details	with respect to ou	r application for addit	ion/modification/	rectification of KYC			
Client Name								
Address		Conta	ct Details	St	atus			
☐ Change* ☐ No ch	nange	☐ Change*	☐ No change	☐ Change*	☐ No change			
Annual Income Details (In Rs)	☐ Below	1Lac 🗖 1-5 Lac	☐ 5-10 Lac ☐ 10-25	Lac □ >25 Lac	DD/MM/YYYY			
Net Worth	Rs							
☐ Copy of ITR Acknowledg ☐ Bank account statemen ☐ Any other relevant docu Politically Exposed Person (PEP)	t for last 6	months	of Annual Accounts of Latest demat accounip of assets Related to a PEP	☐ Net worth nt Holding statem				
Bank Account Details	Bank Nan	ne						
☐ Change	Branch Add.							
☐ Addition	A/c. No.			A/c. typ	pe			
☐ No change	MICR No.			IFSC Code	,			
Depository Account	DP Name				□ NSDL □ CDSL			
Details ☐ Change ☐ Addition ☐ No change)	DP ID			Client ID				
Mode of receiving	☐ Physic	cal 🖵 Elect	ronic / Digital	1				
Contract Notes and other documents	Email ID							
Details of Directors/	☐ Change	e 🚨 Addition	☐ No change					
Promoters/Partners/ Karta/ Trustees	(Please fi	ll Annexure-A for an	y change or addition)					
*In case of change, please fill KY	<u>I</u> ′C form.							
DECLARATION								
We hereby declare that the			e and correct					
to the best of our knowled, you of any changes therein information is found to	n, immedia	itely. In case any	of the above					
missessessing the second		may be held liable:	for it	Oliontic Oic				

DECLARATION	
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.	Client's Signature
FOR OFFICE USE ONLY	
The details furnished above have been successfully updated in KYC	
record and exchange UCC database.	Seal/Stamp
	of Stock
	Broker
Date: DD / MM / YYYY Place: Kolkata	

Know Your Client (KYC)	AFFINITY SECURITIES PRIVATE		tion No. :
Application Form (For Non-Individuals Only)	Registered & Correspondence Office Add Shaila Tower, 9th Floor, Room No. 903, J1/16 El Salt Lake, Sector-V, Kolkata - 700 09	P & GP Block	
Please fill in ENGLISH and in BLOCK LETTERS with black ink	Telefax : +91 33 4004-2356) i	
A. IDENTITY DETAILS (please see guidelines overleaf)			
Name of Applicant (Please write complete name as per Certificate	of Incorporation / Registration; leaving one box blank be	etween 2 words. Please do not al	bbreviate the Name)
2. Date of Incorporation ddd/lmmm//yyyyy		PHO	OTOGRAPH
Registration No. (e.g. CIN)		P	lease affix
Date of commencement of business d d / m m / y	y y y		cent passport
4. Status Please tick (✓) ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ FI ☐ FII ☐ HUF ☐ AOP ☐ Bank ☐ Gove	□ Body Corporate □ Partnership □ Trust / emment Body □ Non-Government Organisation	Charities / NGOs author	photograph of rised signatory sign across it
☐ Defence Establishment ☐ Body of Individuals ☐ Society	•		
5. Permanent Account Number (PAN) (MANDATORY)	Please enclose a duly atte	ested copy of your PAN Card	
B. Address Details (please see guidelines overleaf)			
1. Address for Correspondence City/Town/Village State	Country	Pin code	
2. Contact Details			
Tel. (Off.) (ISD) (STD) Mobile (ISD) (STD) E-mail ID	Tel. (Res.) (ISD) (STD) Fax (ISD) (STD)		
3. Proof of address to be provided by Applicant. Please submit Al	ill □ *Latest Bank Account Statement □ Registered Lea e specify)		
Registered Address (If different from above)	ress submitted d d 7 m/m 7 y y y y		
City/Town/Village		Pin code	
State 5. Proof of address to be provided by Applicant. Please submit Al	III ☐ *Latest Bank Account Statement ☐ Registered Lea e specify)	against the document attached	
Not more than 3 Months old. Validity/Expiry date of proof of add	ress submitted a la 7 mi mi 7 y y y y		
C.New Other Details (please see guidelines overleaf)			
Name, PAN, DIN/UID, residential address and photographs of P (Please use the Annexure to fill in the details)	Promoters / Partners / Karta / Trustees / whole time di	irectors	
2. Is the entity involved/providing any of the following services - For Foreign Exchange / Money Changer Services - Money Lending / Pawning □ YES □ NO	YES □ NO YES □ NO - Gaming / Gambling / Lottery Services (e	e.g. casinos, betting syndicates)	□YES □NC
3. Any other information :			
DECLARATION			
I/We hereby declare that the details furnished above are true and correct to my/our knowledge and belief and I/we undertake to inform you of ar	or AUTHORISED PERSON(S)		
immediately. In case any of the above information is found to be false or untrue misleading or misrepresenting, I am/we are aware that I/we may be held liable		Date : d d / m	m / y y y y
	FOR OFFICE USE ONLY		
	e of the Organization : AFFINITY SECURITIES PRIVATE	LIMITED	
	Name :	Se	al / Stamp

 $\hfill\Box$ (Attested) True copies of documents received

Designation:______Signature :______ Date : [d | d] / [m | m] / [y | y | y] y

of the Intermediary

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:	4			C'	<u> </u>			Cinnatas
Particulars	1st Sig	gnatory	2	2nd Signatory		3rd Signatory		
Name								
Residential 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	□ PEP □ RPI	EP 🗆 NO	□ PEP	□ RPEP)	□ PEP □	RPEP □ NO
Exposed Person								
51								
Photograph of the								
Signatory								
* Mandatory								
Name of the Authorised Si	anatonu							
Name of the Authorised Si	gnatory							
Signature with Seal:								
T.G. Jacon C Tricin Gean								
Note: Please use additiona	I sheet, if neces	ssary.						
PEP : Politically Exposed Pe			cally Exposed	d Person			Date: D	D/MM/YYYY

DECLARATION OF ULTIMATE BENEFICIAL OWNERSHIP

(Mandatory For Non-Individuals,

Client Name:			PAN:		
Dow'd L. LICTED COMPANY/ITC CUDCIDIA	OV COMPANIV III and	liaabla Da			
Part I - LISTED COMPANY / ITS SUBSIDIAR					
We hereby declare that the Applicant/ Owner	_	rest in the a	pplicant		
is a Company listed on a Stock Exchange					
is a majority-owned subsidiary of a Comp	•	•			
Name of the holding/ parent company (with %					
Name of such Listed Company (if not the App					
Stock Exchange where listed			SIN No		
Part II - OTHER THAN LISTED COMPANY /	ITS SUBSIDIARY CO	OMPANY			1
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)					
(2)					
(3)					
If UBO is already KYC compliant, KYC compli	ied proof to be enclos	ed Flse PA	N or any other valid i	identity proof a	and address
proof must be attached (self certified by the U	-		-	idonaty proof o	ara address
Part III - DECLARATION	Ţ		,		
Me and desired that Afficial Committee De					
We understand that Affinity Securities Pr	_	_			
information for the purpose of determining		-			
account. We certify that the information we					
complete to the best of our knowledge and I	_		Signature of the Client		
form within 30 days if any information or certification on this form gets changed.			Date: Place:		
			Date.	1 1000.	

In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit.