



OVERSEAS CORPORATE DEMAT ACCOUNT

Corporate

C KYC

DP-NSDL /
CDSL

KRA

DP CLIENT ID

TRADING CLIENT CODE

*Explore opportunities and be part
of India's incredible Journey*



Account Opening Kit

INDEX OF DOCUMENTS

S.No.	Name of Document	Brief Significance of the Document	Page No.
MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES			
1.	Document Check list	Guidance on various documents required for Overseas Corporate Demat	1.
2.	Tariff sheet	Charges for depository services	2.
3.	Account Opening Form	Account Opening Form For Overseas Corporate	3-5
4	Central KYC Registry	Know Your Customer(KYC) Application Form Legal Entity/Other than individuals	6-8
5.	CKYC- Corporate Director/Authorized Signatories (All)	KNOW YOUR CLIENT (KYC) Application form - For Director/Authorized Signatories (All)	9-10
6.	Declaration Form for Non- Individuals , FATCA Declaration	Ultimate Beneficial Owner (UBO) Including Additional FATCA & CRS Information, Details of Ultimate Beneficial Owner(OBO) Including FATCA & CRS details	11-12

GUIDANCE NOTE

CHECK LIST FOR DOCUMENTS REQUIRED OVERSEAS CORPORATE DEMAT

1. The Indian PAN Card copy of the Company. Local equivalent to PAN, copy is also required like in USA :SSN, EIN or ITIN, and in Canada :SIN, and in UK : UTR or NINO, and in Singapore :NRIC or FIN, and in Australia : TFN so on depending upon the country.
2. Address proof copy of the Company (Latest Bank Statement, Local Utility Bill)
3. Cancelled Cheque of the Company.
4. Balance Sheet of the Company for the last two financial years (Notice of AGM, Director report, Audit report, B/Sheet, Profit and Loss, Schedule, Note of accounts, etc.).
5. Income Tax Return of the Company, if applicable, for the last two financial years
6. Net worth certificate.
7. The Memorandum of Association (“MOA”) and Articles of Association (“AOA”) of the Company and Certificate of Incorporation.
8. Board of resolution for opening of demat account / investment in securities market on company letterhead.
9. Share holding pattern on company letterhead.
10. List of Directors / Authorized signatory list with specimen signatures. on company letterhead.
11. PAN card copies of each Authorized Signatory/ Whole Time Director.
12. Address proof copies of each Authorized Signatory/ Whole Time Director.
13. Individual form of CKYC Form of Authorized Signatory/ Whole Time Director.
14. Category / route of Investment in India like the automatic approval, FIPB Approval, RBI approval.
15. Number and Date of Approval (above mentioned).
16. Video Clip of Authorized Signatory.
17. Corporate Account Opening Form.
18. Care should be taken to ensure that all the documents are properly notarized, apostilled or consularized.

**For all your queries regarding new account opening, mail at new_account@farsightshares.com,
011-45044453 & 45044449**

DP TARIFF FOR NSDL/CDSL ACCOUNT



FARSIGHT SECURITIES LTD

Depository Participant: NSDL, DP - ID - IN301766 CDSL,
DP - ID - 12056300SEBI, Regn No. (NSDL, CDSL) : IN-DP-579-2021
17-A/55, Farsight Triveni Plaza, Gurudwara Road, Karol Bagh,
New Delhi-110005

EAPBX: 011-4504-4444 (30 Lines)

Fax: 011-45044434 | E-mail : demat@farsightshares.com

S.No.	PARTICULARS	CORPORATE	FOREIGN NATIONAL INDIVIDUAL
1.	Account Opening	NIL	NIL
2.	Annual Maintenance (Including Maintenance Charges By Depositories)	As per seperate Agreement	As per seperate Agreement
3.	Transaction Charges	NIL	NIL
	Delivery In-coming	NIL	NIL
	Delivery Out-going (through Speed-E, POA) depending upon value	₹ 100-3000/- PER TRXN	₹ 100-3000/- PER TRXN
4.	KRA/CKYC Modification	₹ 250/- Per Modification	₹ 250/- per per modification
5.	Dematerialization- depending upon value	₹100/-Plus ₹ 3/- per Certificate (Postage Charges Extra)	
6.	Rematerialistaion	₹100/-per certificate or ₹100/- for every certificate every 100 securities which ever higher(postage Charge Extra)	
7.	Instruction Booklet	₹100/-for 10 Leaves (Postage charges extra)	
8.	Pledge Creation/Closure/Invocation	₹100/-per Transaction	

Bank Account Details

Holder Name: Farsight Securities Ltd.

Branch: 9A Phelps, Connaught Place,
New Delhi -110001

IFSC Code: ICIC0000007

Bank Name: ICICI Bank

Account No.: 000705017681

Type: Current Account

ACCOUNT OPENING FORM FOR OVERSEAS CORPORATE

Participant Name:- FARSIGHT SECURITIES LTD.					DP ID																				
Depository Participant: NSDL, DP - ID - IN301766 CDSL, DP - ID - 12056300 SEBI Regn No. (NSDL, CDSL) : IN-DP-579-2021 Address 17-A/55, Farsight Triveni Plaza, Gurudwara Road, Karol Bagh, New Delhi-110005 EAPBX: 011-4504-4441-53 Fax: 011-45044434 E-mail : demat@farsightshares.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																									
<input type="checkbox"/> Body Corporate	<input type="checkbox"/> FI			<input type="checkbox"/> FII																					
<input type="checkbox"/> Qualified Foreign Investor	<input type="checkbox"/> Mutual			<input type="checkbox"/> Trust																					
<input type="checkbox"/> Bank	<input type="checkbox"/> Fund CM			<input type="checkbox"/> HUF																					
												<input type="checkbox"/> 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				and		Net worth																			
Below ` 20 crore <input type="checkbox"/>						Amount (`) _____																			
` 20 - 50 Lac <input type="checkbox"/>						As on (date) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>							D	D	M	M	Y	Y	Y	Y					
D	D	M	M			Y	Y	Y	Y																
` 50 Lac - 1 crore <input type="checkbox"/>				(Net worth should not be older than 1 year)																					
Above ` 1 crore <input type="checkbox"/>																									
E) In case of FIs/Others (as may be applicable)																									
RBI Approval Reference Number																									
RBI Approval date		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>											D	D	M	M	Y	Y	Y	Y					
D	D	M	M	Y	Y	Y	Y																		
SEBI Registration Number (for FIs)																									
F) Bank details																									
1	Bank account type <input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify) _____																								
2	Bank Account Number	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																							
3	Bank Name																								
4	Branch Address																								
		City/town/village			PIN Code																				
		State			Country																				
5	MICR Code																								
6	IFSC Code																								

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)	Standing Instructions			
1	We authorize you to receive credits automatically into our account.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2	Account to be operated through Power of Attorney (PoA)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3	SMS Alert facility			
	Sr. No.	Holder	Yes	No
	1	Sole/First Holder	<input type="checkbox"/>	<input type="checkbox"/>
	2	Second Holder	<input type="checkbox"/>	<input type="checkbox"/>
	3	Third Holder	<input type="checkbox"/>	<input type="checkbox"/>
4	Mode of receiving Statement of Account [Tick any one]	<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form <i>[Read Note 3 and ensure that email ID is provided in KYC Application Form].</i>		
5	I/We request you to enable my/our DP account for Auto Pledge confirmation.	<input type="checkbox"/>		
6	I/We would like to share the email ID with the RTA	<input type="checkbox"/>		
7	I/We would like to receive the Annual Report	<input type="checkbox"/> Physical Form	<input type="checkbox"/> Electronic Form	
8	Whether you wish to receive A. Rights & Obligations of Stock Broker, Sub-Broker & Client, B. Rights & Obligations of Beneficial Owner & Depository Participants, C. Right & Obligations of members, AP and clients as prescribed by SEBI and Commodity Exchanges D. Unique Form Risk Disclosure Documents, E. Guidance Note Detailing Do's & Don't for Trading on Stock Exchanges. Physical or Electronic form Rights & Obligations Uniform Risk Disclosure & Guidance Note			
I)	GST DETAILS			
				GST Implementation Location

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 here by 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 there in, 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. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it. In case of nonresident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations. I/we further confirm having read/been explained and understood the contents of Right and obligation of the beneficial owner and depository participant/stock brokers & clients, risk Disclosure document, Policies & procedures, schedule of charges/Tariff sheet and acknowledge the receipt of copy of the same. I/we do hereby agree to be bound by such provision 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.

 Signature

 Signature

 Signature

Authorized Signatories (Enclosed a Board Resolution)

Sole/First Holder	Name	Signature(s)
First Holder		X
Second Signatory		X
Third Signatory		X

Mode of Operation for Sole/First Holder <i>(In case of joint holdings, all the holders must sign.)</i>	
<input type="checkbox"/> Any one singly	
<input type="checkbox"/> Jointly by	
<input type="checkbox"/> As per resolution	
<input type="checkbox"/> Others (please specify)	

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 3166country 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 sectionsnot required to be updated.

For Office use only

Application Type* New Update(Please tick the appropriate)

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

- 1. Name of the Applicant* _____
- 2. Entity Constitution Type* _____ (Please refer instruction B at the end)
- 3. Date of Incorporation/Formation* _____ (Date of commencement of Business _____)
- 4. Place of Incorporation/Formation* _____ Country of Incorporation/Formation* TIN or Equivalent Issuing Country _____
- 5. PAN _____ Form 60 furnished _____
- 6. 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 _____
- 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 DETAILS (Please refer instruction C at the end)

3.1 Registered Office Address/Place of Business*

- | 1. 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)*

- | 1. 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* | _____ | | |

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

Tel. (Off) _____ FAX _____

Mobile _____ Email ID _____

Mobile _____ Email ID _____

5. NUMBER OF RELATED* (Please refer instruction E at the end)


PERSONS _____

6. REMARKS (if any)

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

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: _____ Place: _____ Signature of Authorised Person(s)  _____

8. ATTESTATION/FOR OFFICEUSE ONLY

Documents Received Certified Copies Equivalent e-document

KYC VERIFICATION CARRIED OUT BY Done

Identity Verification Date: _____
 Emp. Name _____
 Emp. Code _____
 Emp. Designation _____
 Emp. Branch _____

INSTITUTION DETAILS

Name _____
 Code _____

Name & Signature of the Authorised Signatory

Details of Promoters/Partners/Karta/Trustees/Whole Time Directors and Authorised Signatory forming a part of Know Your Client (KYC)Application Form for Non-Individuals Name of Applicant _____ PAN of the Applicant _____

SR No.	PAN	NAME	DIN (For Directors)/Aadhaar Number (For Others)	Residential/Registered Address	Relationship with Application (i.e. promoters, partners, Karta, whole time director Authorized Signatory etc.	Photograph
1						
2						
3						
4						

Signature of the Authorized Signatory (ies) 1. _____

Signature of the Authorized Signatory (ies) 2. _____

CENTRAL KYC REGISTRY Know Your Customer (KYC) Application Form Legal Entity / Related Person **Individual**

For office use only (To be filled by company officials only)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Application Type* New Update KYC Number*

(Mandatory for KYC update request)

Fields marked with* are mandatory fields.

Account Type Normal Simplified (for low risk customers) Small

DP ID:-

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Client ID:-

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

UCC:-

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1. PERSONAL DETAILS

Name* Prefix

--	--	--

(Same as ID proof)

Maiden Name (If any*)

Father / Spouse Name*

Mother Name*

Date of Birth*

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Gender* M-Male F- Female T-Transgender

Marital Status* Married Unmarried Others

Citizenship* IN Indian Others (ISO 3166 Country Code)

--	--

Residential Status* Resident Individual Non Resident Indian

Foreign National Person of Indian Origin

Occupation Type* Private Sector Public Sector Government Service

(Please Tick any one and give brief details) Professional Self Employed Retired

Housewife Student B-Business

Agriculturist Not Categorized (brief details) _____

PHOTO

Please affix the recent passport size photograph (Size 3.5 cm X 4.5 cm)

Signature

2. PROOF OF IDENTITY (PoI)*

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

A- Passport Number

B- Voter ID Card

C- PAN Card

D- Driving Licence

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document notified by the central government)

S- Simplified Measures Account - Document Type code

--	--

 Identification Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Passport Expiry Date

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Exp. Date

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

3. PROOF OF ADDRESS (PoA)

3.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type* Residential / Business Residential Business Registered Office Unspecified

Proof of Address* Voter Identity Card Driving Licence Passport NREGA Job Card UID (Aadhaar)

Others _____

Address* _____

City / Town / Village* _____ District* _____ Pin / Post Code*

--	--	--	--	--	--

State / U.T* _____ Code*

--	--

 Country* _____ Country Code*

--	--

 as per ISO 3166

3.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS *

Same as Current / Permanent / Overseas Address details

Address* _____

City / Town / Village* _____ District* _____ Pin / Post Code*

--	--	--	--	--	--

State / U.T * _____ Code*

--	--

 Country* _____ Country Code*

--	--

 as per ISO 3166

4. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID)			
Tel.(Off/Res)	<input type="text"/>	Fax	<input type="text"/>
Mobile	<input type="text"/>	Mobile (2)	<input type="text"/>
Email ID	<input type="text"/>		

5. FATCA / CRS Information Do you satisfy any of the criteria mentioned below:-		
	Yes	No
a. Citizen of any country other than India(dual/multiple) [including green card]	<input type="checkbox"/>	<input type="checkbox"/>
b. Country of birth is any country other than India	<input type="checkbox"/>	<input type="checkbox"/>
c. Tax resident of any country/ies other than India	<input type="checkbox"/>	<input type="checkbox"/>
d. POA or a mandate holder who has an address outside India	<input type="checkbox"/>	<input type="checkbox"/>
e. Address or telephone number outside India.	<input type="checkbox"/>	<input type="checkbox"/>

If answer to any of the above questions is a YES or in case of NRI account .please fill the below details :-

Country#	Tax Identification Number	Identification Type(TIN or other*, please specify)
<input type="text"/>	<input type="text"/>	<input type="text"/>

to also include USA, where the individual is a citizen/green card holder of USA
* In case Tax Identification Number is not available, kindly provide functional equivalent

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill below details)			
<input type="checkbox"/> Addition of Related Person <input type="checkbox"/> Deletion of Related Person			
KYC Number of Related Person (If available*)	<input type="text"/>		
Related Person Type	<input type="checkbox"/> Guardian of Minor	<input type="checkbox"/> Assignee	<input type="checkbox"/> Authorized Representative
Name	<input type="text"/>		
(If KYC number and name are provided, below details are optional)			
Proof of Identity of Related Person	<input type="text"/>		
Identity Proof Submitted	Number	Exp. Date	<input type="text"/>
Other (any document notified by the Central Govt.)	Identification No.	<input type="text"/>	
Simplified Measures Account-Document Type Code	Identification No.	<input type="text"/>	

7. REMARKS (If any)

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


Subject to applicable laws, I hereby give consent to share my FATCA/CRS information with domestic/overseas regulators or tax authorities wherever necessary. I also declare and confirm that the FATCA/CRS details given as per point no-5 above are true, correct & complete.

I further confirm that I have read and understand the FATCA/CRS terms and conditions and hereby accept the same.

Date : - -

Place :

 (2)

 Signature / Applicant

Note : Separate KYC to be done for each client in case of more then one account holder (for Demat Account only).

FOR OFFICE USE ONLY			
Details of Employee /AP/ Authorized Signatory	Documents Verified with Originals	Client Interviewed by & IN-Person Verification done by	Farsight Securities Limited Code - IN0242
Name			Seal / Stamp of the Intermediary
Designation/Code			
Date	DD / MM / YYYY	DD / MM / YYYY	

FARSIGHT SECURITIES LTD

Details of Ultimate Beneficial Owner (UBO) Including Additional FATCA & CRS Information (Refer to instructions) (Please consult your professional tax advisor for further guidance on your tax residency, if required)	Declaration Form for Non-Individuals
---	---

1 APPLICANT Details

Name of the entity	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:20px;"> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																																																				
Type of address given at KRA <input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA and notify the changes																																																					
Customer ID / Folio NO. <table border="1" style="width:100%; height: 15px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																																																					
PAN <table border="1" style="width:100%; height: 15px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																										Date of Incorporation					<table border="1" style="width:100%; height: 15px;"> <tr> <td style="width:15px;">D</td><td style="width:15px;">D</td><td style="width:15px;">M</td><td style="width:15px;">M</td><td style="width:15px;">Y</td><td style="width:15px;">Y</td><td style="width:15px;">Y</td><td style="width:15px;">Y</td><td style="width:15px;"> </td><td style="width:15px;"> </td><td style="width:15px;"> </td><td style="width:15px;"> </td><td style="width:15px;"> </td><td style="width:15px;"> </td><td style="width:15px;"> </td><td style="width:15px;"> </td> </tr> </table>							D	D	M	M	Y	Y	Y	Y								
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Entity Constitution <input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Trust <input type="checkbox"/> Liquidator <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> Others Specify																																																					

Please tick the applicable tax resident declaration

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.)

Country	Tax Identification Number [%]	Identification Type (TIN or Other%, please specify)

[%]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

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


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

1. We are a, Financial Institution or Direct reporting NFE (please tick as appropriate) GIIN not available (please tick as applicable) If the entity is a financial institution,	GIIN <table border="1" style="width:100%; height: 15px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Note: If you do not have the 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 <table border="1" style="width:100%; height: 15px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <input type="checkbox"/> Applied for <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <input type="checkbox"/> Not obtained - Non-participating FI																																										

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)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is ^{traded} regularly Name of stock exchange _____		
2. Is the Entity a related entity ² of a publicly traded company (a company whose shares are regularly traded on an established securities market)	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 Subsidiary of the Listed Company or Controlled by a Listed Company Name of stock exchange _____		
3. Is the Entity an ³ active NFE	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of business _____ Please specify the sub category of Active NFE <table border="1" style="width:20px; height: 15px;"><tr><td> </td><td> </td></tr></table> (Mention code -refer 2c of Part D)		
4. Is the entity a ⁴ passive NFE	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of business _____		

¹Refer 2a, ²Refer 2b, ³Refer 2c, ⁴Refer 3(ii), ⁶Refer 1, ⁷Refer 3(vii), ¹⁰Refer 1A of Section 6.

3 UBO Declaration		
Category (Please tick applicable category): <input type="checkbox"/> Unlisted Company <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Limited Liability Partnership Company <input type="checkbox"/> Unincorporated association / body of individuals <input type="checkbox"/> Private Trust <input type="checkbox"/> Public Charitable Trust Religious Trust <input type="checkbox"/> Other _____		
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's 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 ¹ of Controlling	Address - Include Stat, Country, PIN / ZIP Code & Contact Details Address Type -
Name: <input type="text"/> Country: <input type="text"/> Tax ID No.% <input type="text"/>	Tax ID Type: <input type="text"/> Type Code: <input type="text"/> Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	Address: <input type="text"/> Zip: <input type="text"/> State: <input type="text"/> Country: <input type="text"/>
Name: <input type="text"/> Country: <input type="text"/> Tax ID No.% <input type="text"/>	Tax ID Type: <input type="text"/> Type Code: <input type="text"/> Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	Address: <input type="text"/> Zip: <input type="text"/> State: <input type="text"/> Country: <input type="text"/>
Name: <input type="text"/> Country: <input type="text"/> Tax ID No.% <input type="text"/>	Tax ID Type: <input type="text"/> Type Code: <input type="text"/> Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	Address: <input type="text"/> Zip: <input type="text"/> State: <input type="text"/> Country: <input type="text"/>
# If passive NFE, please provide below additional details		
PAN / Any other identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving License NREGA Job Card, Others) City of Birth - Country of Birth	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: <input type="text"/> City of Birth: <input type="text"/> Country of Birth: <input type="text"/>	Occupation type: <input type="text"/> Nationality: <input type="text"/> Father's Name: <input type="text"/>	Date of Birth: <input type="text"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
1. PAN: <input type="text"/> City of Birth: <input type="text"/> Country of Birth: <input type="text"/>	Occupation type: <input type="text"/> Nationality: <input type="text"/> Father's Name: <input type="text"/>	Date of Birth: <input type="text"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
1. PAN: <input type="text"/> City of Birth: <input type="text"/> Country of Birth: <input type="text"/>	Occupation type: <input type="text"/> Nationality: <input type="text"/> Father's Name: <input type="text"/>	Date of Birth: <input type="text"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
#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 %In case Tax Identification Number is not available, kindly provide functional equivalent ⁵ Refer 3(vi), ¹¹ Refer 3(iv) (A) of Section 6.		
4 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 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 Farsight Securities Ltd or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously request information. If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a U.S. Citizen or resident or green card holder, please include United States in the foreign country information held along with the US Tax Identification Number. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such as identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation an attach this to the form.		
5. 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 above and hereby accept the same.		
Name <input type="text"/>	Place <input type="text"/>	Date <input type="text"/>
Designation <input type="text"/>	<input type="text"/>	<input type="text"/>
	Second Holder Signature	Third Holder Signature

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 Verified by Branch Code
 UCC Code allotted to the Client DP ID & CLIENT ID

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

Account Opened by : Date
 Exchange activated & Mapped by : Date
 Rechecked by : Date

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 and Guidance Note. 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 non-mandatory documents would be duly intimated to the clients. I/We also undertake that any change in the 'Rights and Obligations' and RDD would be made available on my/our website, if any, for the information of the clients.

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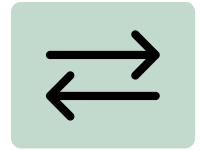
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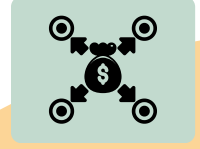
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Dr. NC Maheshwari, Chairman-Farsight Securities Ltd, Member core team - 18th Asia Securities Forum



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Name : Manju Maheshwari

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For any grievance/dispute please contact FARSIGHT SECURITIES LIMITED at the above address or email id ig@farsightshares.com . In case not satisfied with the response, please contact the concerned exchange(s) at

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iscdelhi@bseindia.com

Phone No.

011-23344313 Toll Free : 1800 22 0058 (Toll Free)
011-41510481

FARSIGHT SECURITIES LIMITED

MEMBER NSE, BSE, MCX

Depository Participant : NSDL, CDSL

SEBI REGN. NO.:

INZ000169935

IN-DP-579-2021

DATE:

23/03/2018

31/03/2021

Note: 1. Established in 1996 and registered with SEBI vide Certificate No.:

INB230853732 Dated-13-03-1996 For NSE

2. NSDL DP activated in 2000 vide SEBI registration No.: IN-NSDL-148-2000 in Year 2000

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