

KNOW YOUR CLIENT (KYC) / APPLICATION FORM (For Non-Individuals Only)



NX Block Trades Private Limited

5th Floor, Urmila Business Park, A95B,
Sector-136, Noida, Uttar Pradesh-201304
Tele No. 0120-3635930

Application Number:

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Application Type* New KYC Modification KYC

Please fill the form in **ENGLISH** and in **BLOCK** letters
Fields marked * are mandatory
Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also

1. Entity Details (please refer guidelines)

PAN* _____ Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof) _____

Date of Incorporation* _____ Plate of Incorporation* _____

Date of Commencement* _____ Registration Number* _____

Entity Type* Private Ltd. Co. Public Ltd. Co. Body Corporate Partnership

Please Tick(✓) Trust/Charity/NGO HUF FPI Category I FPI Category II

AOP Bank Government Body Defence Establishment

Body of Individuals Society LLP

Non-Government Organization Others _____

2. Proof of Identity* (please refer the guidelines)

Officially Valid Document(s) in respect of person authorized to transact

Certificate of Incorporation/Formation _____ Registration Certificate _____

Memorandum of Articles and Association Partnership Deed Trust Deed

Board Resolution Power of Attorney granted to its manager, office, 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 the guidelines)

A. Registered Address*

Line 1*

Line 2

Line 3

City/Town/Village* District* Pin Code*

State* Country*

B. Correspondence/Local Address in India (If different from above)*

Line 1*

Line 2

Line 3

City/Town/Village* District* Pin Code*

State* Country*

| | |
|--|-----------------------------------|
| | Applicant Digital Signature (DSC) |
| | |



Proof of Address* (attested copy of any one POA to be submitted - *Not more than 3 months old)

- Certificate of Incorporation/Formation Registration Certificate Other Document _____
- Latest Telephone Bill* (Landline only) Latest Electricity Bill* Latest Bank Account Statement*
- Registered Lease/Sale Agreement of Office Premises **Validity/Expiry Date of POA** (Expiry Date) _ _ _ _ _
- Any Other Proof of Address document (as listed overleaf) _____

4. Contact Details

Email ID _____ Mobile No. _____

Email ID _____ Mobile No. _____

Tel (Off) _____ Fax _____

5. Annexures Submitted

Number of Related Persons -

6. Remarks / Additional Information


7. Applicant Declaration

I hereby declare that the details furnished above are true and correct to the best of my/our 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/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: (DD-MM-YYYY)

PLACE:

| Applicant Digital Sign. (DSC) | Applicant Wet Signature |
|-------------------------------|---|
| |  |

8. For Office Use Only

| KYC Carried Out by* | Intermediary Details* |
|--|--|
| KYC Date Emp. Name Emp. Code Emp. Designation | <input type="checkbox"/> Self certified document copies received (Originals Verified) <input type="checkbox"/> True Copies of documents received (Attested) AMC / Intermediary Name OR Code: <div style="border: 1px solid black; padding: 5px; text-align: center;">NX Block Trades Private Limited</div> |
| Employee Signature and Stamp | Institution Name & Stamp |

KNOW YOUR CLIENT (KYC) / ANNEXURE (For Non-Individuals Only)**NX Block Trades Private Limited**5th Floor, Urmila Business Park, A95B,
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Tele No. 0120-3635930Application Number:

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Application Type* New KYC Modification KYCPlease fill the form in ENGLISH and in BLOCK letters
Fields marked * are mandatory
Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also**1. Identity Details of Related Person (please refer guidelines overleaf)**

PAN* _____ Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof)

Maiden Name* (if any)

Fathers/Spouse's Name*

Date of Birth*

Gender* Male Female Transgender

Nationality* Residential Indian Other

Related Person Type*

Director Promoter Karta Trustee Partner

Court Appointed Official Proprietor Beneficiary Authorized Signatory

Beneficial Owner Power of Attorney Proprietor

Others _____ (please specify) DIN: _____ (Mandatory if the related person is Director)

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

A — Aadhaar Card XXXX XXXX _ _ _ _

B — Passport Number (Expiry Date)

C — Voter ID Card

D — Driving License (Expiry Date)

E — NREGA Job Card

F — NPR Letter

Z — Others (Any document notified by Central Government)

Identification Number

2. Address Details* (please refer guidelines overleaf)

A. Correspondence/ Local Address*

Line 1*

Line 2

Line 3

City/Town/Village* District* Pin Code*

State* Country*

Address Type* Residential/Business Residential Business Registered Office Unspecified

Applicant E-Sign



B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1*

Line 2

Line 3

City/Town/Village* District* Pin Code*

State* Country*

Address Type* Residential/Business Residential Business Registered Office Unspecified

Proof of Address* (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

A — Aadhaar Card XXXX XXXX _ _ _ _

B — Passport Number (Expiry Date)

C — Voter ID Card

D — Driving License (Expiry Date)

E — NREGA Job Card

F — NPR Letter

Z — Others (Any document notified by Central Government)

Identification Number

3. Contact Details (in CAPITAL)

Email ID

Mobile No.

Tel (Off) Tel (Resi)

4. Applicant Declaration

I hereby declare that the details furnished above are true and correct to the best of my/our 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/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: (DD-MM-YYYY)

PLACE:

Applicant e-Sign

Applicant Wet Signature



5. For Office Use Only

| KYC carried out by* | Intermediary Details* |
|--|---|
| KYC Date Emp. Name Emp. Code Emp. Designation | <input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested) |
| | <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> NX Block Trades Private Limited </div> |
| Employee Signature and Stamp | Institution Name & Stamp |

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Name* (same as ID proof)

Maiden Name* (if any)

Fathers/Spouse's Name*

Date of Birth*

Gender* Male Female Transgender

Nationality* Residential Indian Other

Related Person Type*

Director Promoter Karta Trustee Partner

Court Appointed Official Proprietor Beneficiary Authorized Signatory

Beneficial Owner Power of Attorney Proprietor

Others _____ (please specify) DIN: _____ (Mandatory if the related person is Director)

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

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 Z — Others (Any document notified by Central Government)
 Identification Number

3. Contact Details (in CAPITAL)

Email ID
 Mobile No.
 Tel (Off) Tel (Resi)

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I hereby declare that the details furnished above are true and correct to the best of my/our 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/We are aware that I/We may be held liable for it.

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DATE: (DD-MM-YYYY)
 PLACE:

Applicant e-Sign

Applicant Wet Signature



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| Employee Signature and Stamp | Institution Name & Stamp |