

ISS Enterprise Limited

(Erstwhile: ISE Securities & Services Ltd.)

Corporate Office : 6th Floor, 601, "Dakshna" Next to Raigad Bhavan, Sector - 11, CBD - Belapur, Navi Mumbai - 400 614, Tel : (022) 61829500, Fax : (022) 61829547, e-mail : helpdesk@iseindia.com Internet URL : http://www.isesec.com, **Investor grievance e-mail** : invgrieviss@iseindia.com

CIN: U67100MH2000PLC123707



Ref: 2019-20/ISS/CRD/MM/7316

5th December, 2019

All Registered Authorized Persons of ISS.

Sub: CKYC APPLICATION & CVL KRA OF ACTIVE TRADING ACCOUNT

As per the requirements for CRD/DP registrations, C-KYC and KRA KYC is a part of the client registration documents for a long time.

After sending repeated reminders and request, still many of the existing active clients are not registered for CKYC and KRA. There is a penalty of Rs.5,000 levied for non-compliance by each exchange. So we request you to comply and submit CKYC and KRA application to continue smooth trading operations.

In case we do not receive your client's CKYC and KRA documents within next 10 days (by 15-Dec-2019) of this circular then we will be constrained to suspend your clients trading activities until they comply with the CKYC/KRA requirements.

We will be sending separate email containing list of clients who have not complied with CKYC /KRA to the respective Authorized persons.

Please note that all DP/CRD Individual application process will be completed only on compliance of all the required documents which includes C-KYC application as per the enclosed format.

In case of Non Individual clients you are requested to submit KRA KYC application as attached and which is available in ISS website www.isesec.com.

You can contact crd@iseindia.com or call us at 022-61829545 or 022-61829546 or 022-61829506 for any query on this matter.

We solicit your Co- operation

For ISE Securities & Services Ltd.,

Martin K Mani

Sr. Manager, Membership& Client registration.

Ph: 022-61829545/46/ Mob: 9321085883

Know Your Client (KYC) Application Form (For Non-Individuals Only) Please fill in ENGLISH and in BLOCK LETTERS CVL





Application No.:

Date

A. Identity Details (please see guidelines overleaf)							
I. Name of Applicant (Please write complete name as per Certificate of Incorporation /	Registration; leaving	one box blan	k between 2	words. Please	do not abb	reviate the	Name).
L Date of Incorporation d d / m m / y y y y Place of		100	1 1	K 1 - 1			E E
	Incorporation						
t. Registration No. (e.g. CIN)	Date of co	mmencemen	t of busines	6 6 7	m m	1/4/4	9
L Status Please tick (✓) ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Body Corpora ☐ FPI Category II ☐ FPI Category II ☐ AOP ☐ Budy Corpora ☐ Defence Establishment ☐ Body of Individuals ☐ Society ☐ LLP		nent Body		GOs Hui ernment Orga		□FII	
. Permanent Account Number (PAN) (MANDATORY)		Please endose	a duly attest	ed capy of yo	ur PAN Ca	erd	
3. Address Details (please see guidelines overleaf)							
. Address for Correspondence	1. 1						
	1111		111	TIT	111	1.1	
							++
	4 7 6						77
City / Town / Village				Postal C	cde		
State		Co	untry				
. Contact Details	201 201 122	1.00	30				
Tel. (Off.) (ISD) (STD)	Tel. (Res.)	(ISD) (S	TD)			11	11
Mobile (ISD) (STD)			TD)				
E-Maild.	1 25						
City / Dwn / Village State Proof of address to be provided by Applicant. Please submit ANY ONI *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest *		g valid doc			nst the c		
Any other proof of address document (as listed overleaf). (Please specify)				rease / pale /	4greemen	t or Office	Fremis
*Not more than 3 Months old. Validity/Expiry date of proof of address submitted		m / y	y y y				
. Other Details (please see guidelines overleaf)							
Name, PAN, DIN/Aadhaar Number, residential address and pho (Please use the Annexure to fill in the details)	otographs of P	romoters/	Partners/K	arta/Truste	es/who	le time (directo
Name, PAN, DIN/Aadhaar Number, residential address and pho (Please use the Annexure to fill in the details) Any other information:	otographs of P	romoters/	Partners/K	arta/Trusto	es/who	le time (directo
. Name, PAN, DIN/Aadhaar Number, residential address and phe (Please use the Annexure to fill in the details) . Any other information: DECLARATION	otographs of P	romoters/	Partners/K	arta/Truste	ees/who	le time (directo
DECLARATION We hereby declare that the details furnished above are true and prect to the best of my/our knowledge and belief and I/we undertake inform you of any changes therein, immediately. In case any of the love information is found to be false or untrue or misleading or is representing, I am/we are aware that I/we may be held liable for it.	NAME & S OF AUT	IGNATU	RE(S)	arta/Truste	ees/who	le time (directo
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INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

- 1. Self attested copy of PAN card is mandatory for all clients.
- Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
- If any proof of identity or address is in a foreign language, then translation into English is required.
- Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- If correspondence & permanent address are different, then proofs for both have to be submitted.
- 6. Sole proprietor must make the application in his individual name & capacity.
- For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCKCard and overseas address proof is mandatory.
- For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
- In case of Merchant Navy NR/s, Maniner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- For opening an account with Depository participant or Mutual Fund, for amin or, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
- 11. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Governments utilitiary officers, senior executives of state owned corporations, important political party officials etc.

B. Proof of Identity (POI): List of documents admissible as Proof of Identity:

- PAN card with photograph, This is a mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
- 2. Unique Identification Number (UID) (Aadhaar)/Passport/Voter ID card/Driving license.
- Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAL, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.
- C. Proof of Address (POA): List of documents admissible as Proof of Address: (*Documents having an expiry date should be valid on the date of submission.)
 - 1. Passport/Voters Identity Card/Ration Card/Registered Lease or Sale Agreement of

- Residence/Driving License/Flat Maintenance bill/Insurance Copy.
- Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill Not more than 3 months old.
- 3. Bank Account Statement/Passbook Not more than 3 months old.
- Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
- Proof of address issued by any of the following: Bank Managers of Scheduled
 Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign
 Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative
 Assembly/Parliament/Documents issued by any Govt or Statutory Authority.
- Identify card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council esc. to their Members.
- For Fill/sub account, Power of Attorney given by Fill/sub-account to the Custodians (which are duly notarized and/or apostled or consularised) that gives the registered address should be taken:
- 8. The proof of address in the name of the spouse may be accepted.

D. Exemptions/clarifications to PAN

(*Sufficient documentary evidence in support of such claims to be collected.)

- In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
- 2. Investors residing in the state of Sikkim
- 3. UNentities/multilateral agencies exempt from paying taxes/filing tax returns in India.
- 4. SIP of Mutual Funds upto Rs 50,000/- p.a.
- 5. In case of institutional clients, namely, Pilis, Mfs, VCFs, PVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified opsies of such verified PAN cleans to the intermediary.

E. List of people authorized to attest the documents:

- Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
- In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.

F. In case of Non-Individuals, additional documents to be obtained from Non-Individuals, over & above the POI & POA, as mentioned below:

Types of entity	Copy of the balance sheets for the last 2 financial years (to be submitted every year) Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time directors/ND(to be submitted every year) Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations Photograph, POI, POA, PAN of individual promoters holding control — either directly or indirectly Copies of the Memorandum and Articles of Association and certificate of incorporation Copy of the Board Resolution for investment in securities market Authorised signatories list with specimen signatures					
Corporate						
Partnership firm	Copy of the balance sheets for the last 2 financial years (to be submitted every year) Certificate of registration (for registered partnership firms only) Copy of partnership deed Authorised signatories list with specimen signatures Photograph, POI, POA, PAN of Partners					
Trust	Copy of the balance sheets for the last 2 financial years (to be submitted every year) Certificate of registration (for registered trust only) Copy of Trust deed Ust of trustees certified by managing trustees/CA Photograph, POI, POA, PAN of Trustees					
HUF	PAN of HUF Deed of declaration of HUF/List of coparomers Bank pass-book/bank statement in the name of HUF Photograph, POI, POA, PAN of Karta					
Unincorporated Association or a body of individuals	Proof of Existence/Constitution document. Resolution of the managing body & Power of Attorney granted to transact business on its behalf Authorized signatories list with specimen signatures.					
Banks/Institutional Investors	Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years Authorized signatories list with specimen signatures					
Foreign Institutional Investors (FII)	Copy of SEBI registration certificate Authorized signatories list with specimen signatures					
Army/Government Bodies	Self-certification on letterhead Authorized signatories list with specimen signatures					
Registered Society	Copy of Registration Certificate under Societies Registration Act List of Managing Committee members Committee resolution for persons authorised to act as authorised signatories with specimen signatures True copy of Society Rules and Bye Laws certified by the Chairman/Secretary					

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

lame of i	Applicant				PAN of the Applicant	
Sr. No.	PAN	Name	DIN (For Directors) / Aadhaar Number (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph
					10	





CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (/) in the box available before the section number and strike off the sections not required to be updated.



For office use only	Application Type* ☐ New	∪Update
(To be filled by financial instit	tution) KYC Number	(Mandatory for KYC update request)
	Account Type* ☐ Norr	mal Simplified (for low risk customers) Small
☐ 1. PERSONAL DETA	ILS (Please refer instruction A at the e	end)
	Prefix First Name	Middle Name Last Name
☐ Name* (Same as ID proo	f)	
Maiden Name (If any*)		
Father / Spouse Name*		
Mother Name*		
Date of Birth*	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	РНОТО
Gender*	☐ M- Male	☐ F- Female ☐ T-Transgender
Marital Status*	☐ Married	☐ Unmarried ☐ Others
Citizenship*	☐ IN- Indian	Others (ISO 3166 Country Code)
Residential Status*	☐ Resident Individual ☐ Foreign National	☐ Non Resident Indian ☐ Person of Indian Origin
Occupation Type*	☐ S-Service (☐ Private Sector	·
	□ O-Others (□ Professional□ B-Business□ X- Not Categorised	☐ Self Employed ☐ Retired ☐ Housewife ☐ Student) Signature / Thumb Impression
☐ 2. TICK IF APPLICA	BLE □ RESIDENCE FOR TAX PU	JRPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)
ADDITIONAL DETAILS RI	EQUIRED* (Mandatory only if section 2	2 is ticked\
	f Jurisdiction of Residence*	
•	or equivalent (If issued by jurisdiction)	14
Place / City of Birth*	or equivalent (in located by Junealester)	ISO 3166 Country Code of Birth*
,		
☐ 3. PROOF OF IDENT	TITY (Pol)* (Please refer instruction C	at the end)
(Certified copy of any one of the	he following Proof of Identity[Pol] needs	to be submitted)
☐ A- Passport Number		Passport Expiry Date
☐ B- Voter ID Card		
☐ C- PAN Card		
☐ D- Driving Licence		Driving Licence Expiry Date DD - MM - YYYY
☐ E- UID (Aadhaar)		
☐ F- NREGA Job Card		
_	nt notified by the central government)	Identification Number
_	s Account - Document Type code	Identification Number
4. PROOF OF ADDR	RESS (PoA)*	
		LS (Please see instruction D at the end)
_	he following Proof of Address [PoA] nee	
_		sidential Business Registered Office Unspecified
	-	iving Licence UID (Aadhaar)
□. □v	oter Identity Card	REGA Job Card Others please specify
☐ S Address	implified Measures Account - Doc	ument Type code
Line 1*		
Line 2		
Line 3		City / Town / Village*
District*	Pin / Post Co	de* State / U.T Code* ISO 3166 Country Code*

4.2 CORRESPONDENCE									
Same as Current / Perm	anent / Oversea	as Address details	(In case of mu	Itiple corresp	ondence / local	addresses, pleas	se fill 'Annexur	e A1')	
Line 1*									
Line 2									
Line 3						City / Tow	n / Village*		
District*		Pin / P	ost Code*		State /	U.T Code*	ISO 3	3166 Country	Code*
4.3 ADDRESS IN THE				_				licable if sectio	n 2 is ticked)
Same as Current / Perm	anent / Oversea	as Address details		☐ Same	as Corresponde	ence / Local Add	ress details		
Line 1*									
Line 2									
Line 3						City / Towr			
State*				ZIP / F	ost Code*		ISO 3	166 Country	Code*
T CONTACT DETAIL	C (All	-4:	a and the state of Markette	/ 5) (DI		1)		
	S (All communic	ations will be sent o	n provided iviobile	no. / Emaii-iL	i) (Please refer in	istruction F at the	ena)		
Tel. (Off)			Tel. (Res)			Mob	ile		
AX			Email ID						
6. DETAILS OF RELA			nal related perso	ns, please fill '	Annexure B1') (p	olease refer instru	ction G at the en	d)	
Addition of Related Persor		of Related Person	_		_	son (if available*)			
Related Person Type*	Guardian		Assign	iee		rized Represen	tative	Leet New	
Name*	Prefix	First	Name		Middle	Name		Last Nan	ne
vaine	(If KYC numb	per and name are pr	ovided. below de	ails of section	6 are optional)				
PROOF OF IDENTITY [P	ol] OF RELATED	PERSON* (Please	see instruction (I	(at the end)					
A- Passport Number					Passport	Expiry Date	D D -	- M M - Y	YYY
B- Voter ID Card									
C- PAN Card									
☐ D- Driving Licence					Driving	iconoc Evniny	Data D D	M M	
_					Driving L	icence Expiry I	Date DD-	101 101 - 1	7 7 7
☐ E- UID (Aadhaar)									
F- NREGA Job Card									
Z- Others (any docume	ent notified by th	ne central governm	ient)		Ide	entification Nur	mber		
S- Simplified Measur	es Account -	Document Type	code		Ide	entification Nur	mber		
7. REMARKS (If any)									
8. APPLICANT DEC	I ADATION								
 I hereby declare that the details for therein, immediately. In case any 									
for it.									
I hereby consent to receiving info	rmation from Central I	KYC Registry through SM	AS/Email on the above	registered numb	er/email address.				
Date : DD - MM -	Y Y Y	Place :					Signature / T	humb Impression	of Applicant
9. ATTESTATION / F	OR OFFICE	USE ONLY							
Documents Received	☐ Certified Co	nnies							
Documents Received	□ Certilled CC								
KYC VE	RIFICATION CAP	RRIED OUT BY				INSTITU	TION DETAILS		
Date				Name					
Emp. Name				Code					
Emp. Code				Code					
Emp. Designation									
Emp. Branch									
						[Ins	stitution Stamp]		
	[Employee Sig	nature]							
(ORIGINALS VERIFIED) SELF CERTI	FIED DOCUMEN	IT COPIES RE	CEIVED &	N-PERSON VI	ERIFICATION (IPV) DONE O	N	
Seal/Stamp of the interr	nediary								
, ,									
Sub-broker / intermedia	y Name								
	-								
Designation									
Signature			D	М	M	Y	T Y	Y	T Y
Date		D							