

REACTIVATION OF INACTIVE/DORMANT TRADING ACCOUNT

To,

Date: DD / MM / YYYY**MLB Stock Broking Private Limited**

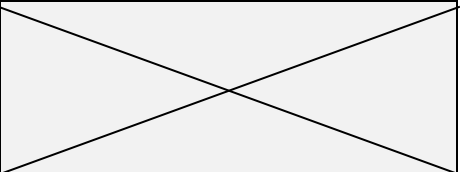
Door No. C-03, 3rd floor, CYB6 (Manohar) Tower,
 RIICO Cyber Park, Heavy Industrial Area,
 Near Saras Dairy, Jodhpur – 342003

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:

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



MLB STOCK BROKING PRIVATE LIMITED

'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 3166 country 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 sections not required to be updated.



For office use only

Application Type*

☐ New ☐ Update

(To be filled by financial institution) KYC Number

(Mandatory for KYC update request)

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

☐ Name*

Entity Constitution Type*

☐ Others (Specify)

(Please refer instruction B at the end)

Date of Incorporation / Formation*

Date of Commencement of Business

Place of Incorporation / Formation*

Country of Incorporation / Formation*

TIN or Equivalent Issuing Country

PAN *

☐ Form 60 furnished

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

Regn Certificate No.

☐ 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* (Please see instruction C at the end)

3.1 Registered Office Address / Place of Business*

Proof of Address*

☐ Certificate of Incorporation / Formation

☐ Registration Certificate

☐ Other Document

Line 1*

Line 2

Line 3

District*

PIN / Post Code*

State / U.T Code*

ISO 3166 Country Code*

3.2 Local Address in India (If different from Above)*

Line 1*

Line 2

Line 3

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 provided" may be used) (Please refer instruction D at the end)

Tel. (Off)

FAX

Mobile

Email ID

Mobile

Email ID

5. NUMBER OF RELATED PERSONS

(Please refer instruction E at the end)

MLB STOCK BROKING PRIVATE LIMITED

Annexure A2 | Legal Entity / Other than Individuals

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person

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 3166 country 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 sections not required to be updated



For office use only Application Type* ☐ New ☐ Update ☐ Delete
 (To be filled by financial institution) KYC Number (Mandatory for KYC update and delete request)

1. DETAILS OF RELATED PERSON* (Please refer instruction E at the end)

☐ Addition of Related Person ☐ Deletion of Related Person ☐ Update Related Person Details

KYC Number of Related Person (if available*) If KYC number is available, only 'Related Person Type' & 'Name' is mandatory

Related Person Type* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointment Official ☐ Proprietor
☐ Beneficiary ☐ Authorised Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder ☐ Other (Please specify)

DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS (Please refer instruction E at the end)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)				
Maiden Name				
Father / Spouse Name				
Mother Name				
Date of Birth*				
Gender*	☐ M- Male	☐ F- Female	☐ T-Transgender	
Nationality*	☐ IN- Indian	☐ Others (ISO 3166 Country Code)		
PAN*				

☐ Form 60 furnished

1.2 PROOF OF IDENTITY AND ADDRESS* (Please refer instruction E at the end)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A- Passport Number
☐ B- Voter ID Card
☐ C- Driving Licence
☐ D- NREGA Job Card
☐ E- National Population Register Letter
☐ F - Proof of Possession of Aadhaar

- II ☐ E-KYC Authentication
 III ☐ Offline verification of Aadhaar

☐ PHOTO*



Address

Line 1*
 Line 2
 Line 3
 District* Pin / Post Code* State / U.T Code* City / Town / Village* ISO 3166 Country Code*

☐ 1.3. CURRENT ADDRESS DETAILS (Please refer instruction E and the end)

☐ Same as above mentioned address (In such cases address details as below need not be provided)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A- Passport Number
☐ B- Voter ID Card
☐ C- Driving Licence
☐ D- NREGA Job Card
☐ E- National Population Register Letter
☐ F - Proof of Possession of Aadhaar

- II ☐ E-KYC Authentication
 II ☐ Offline verification of Aadhaar

- IV ☐ Deemed PoA
 V ☐ Self Declaration

Address

Line 1*																										
Line 2																										
Line 3																										
District*							Pin / Post Code*							City / Town / Village*							State / U.T Code*			ISO 3166 Country Code*		

1. 4 CONTACT DETAILS (All communication will be sent on provided mobile no. / Email-ID) (Please refer instruction **D** at the end)

Tel. (Off)							—							Tel. (Res)							—							Mobile			—						
Email ID																																					

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

Date : — — Place:

Signature /Thumb Impression of Applicant

3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification
☐ Digital KYC process ☐ Equivalent e-document

KYC VERIFICATION CARRIED OUT BY

Date — —

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

INSTITUTION DETAILS

Name

Code

[Employee Signature]

[Institution Stamp]

MLB STOCK BROKING PRIVATE LIMITED

Annexure A2 | Legal Entity / Other than Individuals

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person

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.
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For office use only Application Type* ☐ New ☐ Update ☐ Delete
 (To be filled by financial institution) KYC Number (Mandatory for KYC update and delete request)

1. DETAILS OF RELATED PERSON* (Please refer instruction E at the end)

☐ Addition of Related Person ☐ Deletion of Related Person ☐ Update Related Person Details

KYC Number of Related Person (if available*) If KYC number is available, only 'Related Person Type' & 'Name' is mandatory

Related Person Type* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointment Official ☐ Proprietor
☐ Beneficiary ☐ Authorised Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder ☐ Other (Please specify)

DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS (Please refer instruction E at the end)

Prefix First Name Middle Name Last Name
 Name* (Same as ID proof)
 Maiden Name
 Father / Spouse Name
 Mother Name
 Date of Birth*
 Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender
 Nationality* ☐ IN- Indian ☐ Others (ISO 3166 Country Code)
 PAN* ☐ Form 60 furnished

1.2 PROOF OF IDENTITY AND ADDRESS* (Please refer instruction E at the end)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A- Passport Number
☐ B- Voter ID Card
☐ C- Driving Licence
☐ D-NREGA Job Card
☐ E- National Population Register Letter
☐ F - Proof of Possession of Aadhaar
 II ☐ E-KYC Authentication
 III ☐ Offline verification of Aadhaar

☐ PHOTO*



Address

Line 1*
 Line 2
 Line 3 City / Town / Village*
 District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

1.3. CURRENT ADDRESS DETAILS (Please refer instruction E and the end)

☐ Same as above mentioned address (In such cases address details as below need not be provided)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

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☐ C- Driving Licence
☐ D-NREGA Job Card
☐ E- National Population Register Letter
☐ F - Proof of Possession of Aadhaar
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 II ☐ Offline verification of Aadhaar

- IV ☐ Deemed PoA
 V ☐ Self Declaration

Address

Line 1*																										
Line 2																										
Line 3																										
District*							Pin / Post Code*							State / U.T Code*			City / Town / Village*							ISO 3166 Country Code*		

1. 4 CONTACT DETAILS (All communication will be sent on provided mobile no. / Email-ID) (Please refer instruction D at the end)

Tel. (Off)							Tel. (Res)							Mobile										
Email ID																								

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

Date : DD - MM - YYYY

Place:

Signature /Thumb Impression of Applicant

3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification
☐ Digital KYC process ☐ Equivalent e-document

KYC VERIFICATION CARRIED OUT BY

Date												
Emp. Name												
Emp. Code												
Emp. Designation												
Emp. Branch												

Employee Signature]

INSTITUTION DETAILS

Name																								
Code																								

[Institution Stamp]

MLB STOCK BROKING PRIVATE LIMITED (MLB)**Registered Office Address:**

Door No. C-03, 3rd floor, CYB6 (Manohar) Tower, RIICO Cyber Park,
Heavy Industrial Area, Near Saras Dairy, Jodhpur – 342003, Ph no. +91 291 2942911,

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 (including city, state, country and pin code)	
Address Type	☐ Business ☐ Registered Office
City of Incorporation	
Country of Incorporation	
Entity Constitution Type	
A Partnership Firm, B HUF, C Private Limited Company, D Public Limited Company, E Society, F AOP/BOI, G Trust, H Liquidator, I LLP, J Artificial Juridical Person Z – Others specify	
Date of Incorporation (in DD/MM/YYYY format)	
Permanent Account Number (PAN)	
Identification Type & Identification Number (if TIN or US GIIN not provided)	Company ID No.:
	Global Entity ID No.:
	Others (please specify & provide):
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 [%]	Identification Type (TIN or Other [%] , 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
☐ Financial institution ¹		
OR	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 :	
☐ Direct reporting NFE ²		

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-category³ _____) Please provide with Form W8-BEN-E, duly filled in
- ☐ **Not obtained - Non-participating FI**

¹ Refer 1 of Part D

² Refer 3(vii) of Part D

³ Refer 1A. of Part D

PART B*(to be filled by NFEs other than Direct Reporting NFEs, please fill any one as appropriate)*

☐ Entity is a publicly traded company ⁴ <i>(i.e. a company whose shares are regularly traded on an established securities market)</i>	Name of the stock exchange <i>(Please specify any one stock exchange upon which the stock is traded)</i>
☐ Entity is a related entity of a publicly traded company ⁵ If Yes, Nature of relation : ☐ Subsidiary of the listed company ☐ Controlled by a listed company	Name of such publicly traded company
	Name of the stock exchange <i>(Please specify any one stock exchange upon which the stock is traded)</i>
☐ Entity is an active NFE ⁶	Nature of business
	Sub-category of active NFE <i>(Mention doce - refer 2c of Part D)</i>
☐ Entity is an passive NFE ⁷	Nature of business

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)*			
Identification Type (TIN or Other, please specify)			
UBO/ Controlling person type code <i>(Refer instruction 3(iv) (A) of Part D)</i>			
PAN			
% of beneficial interest in the Applicant			
Whether Politically Exposed	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

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

Customer ID (if allotted)			
Gender	☐ Male ☐ Female ☐ Other	☐ Male ☐ Female ☐ Other	☐ Male ☐ Female ☐ Other
City of Birth			
Country of birth			
Occupation Type (Service, Business, Others)	☐ Business ☐ Service ☐ Other _____	☐ Business ☐ Service ☐ Other _____	☐ Business ☐ Service ☐ Other _____
Nationality			
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) [@]			
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

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

@ Permissible values are: ● Passport ● Election ID card ● PAN Card ● ID Card ● Driving License ● UIDAI Letter
● NREGA Job card ● Others

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 MLB 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

We have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by us on this Form is true, correct, and complete. We also confirm that we have read and understood the FATCA CRS Terms and Conditions and hereby accept the same. We hereby agree and confirm to inform SMC for any modification to this information promptly. We further agree to abide by the provisions of the Scheme related documents inter alia provisions on 'Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS)'.

Date : _____
Place : _____

Signature & Stamp

INFORMATION PROVIDED BY CLIENT IN RELATION TO THE PREVENTION OF MONEY LAUNDERING ACT, 2002
Date: dd / mm / yyyy

Client Name: _____ Client Code: _____

If Business / Profession: Nature of Business: _____

Industry: _____

Details of my/our Relatives, having account with MLB Stock Broking Pvt. Ltd. (MLB):

Sl.No.	Name	Relationship	UCC (Client Code)

Details of the Corporate / Partnership Firm / Trust etc. where I/we am/are affiliated:

Sl.No.	Name	Entity Type	Nature of business	Relationship	UCC (Client Code)

I/We agree to submit every year any one of following documents to MLB :

- | | |
|--|--|
| 1. Profit and Loss Account and Balance Sheet | 2. Form No. 16 (Salary Certificate) |
| 3. Networth Certificate | 4. Self attested copy of ITR |
| 5. Bank Statement and Demat Statement (for 6 months) | 6. Any other documents providing financial details of client |

I/We confirm that I/we will immediately inform MSBPL in case I/we am/are convicted under any grounds or any action is taken against me/us by any authority(ies).

- ☐ I/ We hereby declare that I / We do not fall under the Clients of Special Category as defined in Prevention of Money Laundering Act, 2002, or
- ☐ I/ We declare that I/ We fall under Clients of Special Category as defined in Prevention of Money Laundering Act, 2002 (choose the relevant category as under):

☐ Non resident Client ☐ High Net-worth Clients ☐ Trusts, Charities, Non- Governmental Organizations (NGOs) and organizations receiving donations ☐ Companies having close family share holdings or beneficial ownership ☐ Politically Exposed Persons Companies offering foreign exchange offerings ☐ Clients in high risk countries where existence / effectiveness of money laundering controls is suspect etc. ☐ Non face to face client ☐ Clients with dubious reputation as per public information available etc.

I/We intend to invest in the stock market with: ☐ Own Funds: ☐ Borrowed Funds
 (If Borrowed Funds, then please specify below Sources of Funds):

Sources of Borrowed Funds (if any)	Amount (Rs.)

I/We hereby declare that I/we am/are the beneficial owner of the Trading/Online Account opened with MLB.

Signature of the Client**FOR OFFICE USE ONLY**Risk Category: ☐ High Risk ☐ Medium Risk ☐ Low Risk