



FORTUNE FISCAL LIMITED

(Depository Participant of Central Depository Service (India) Limited)

Regd. Office : 208, Bluechip Complex, Sayajigunj, Vadodara - 390005.

Tel. : (0265) 2361450, 3019484, Telefax : (0265) 2361450

Email : fortunefiscal@yahoo.co.in, info@fortunefiscal.com

Website : www.fortunefiscal.com

Application Form No. :

MEMBERSHIP DETAILS

Depository	Central Depository Services (India) Ltd
SEBI Registration No.	IN-DP-173-2015
DP ID	12042800

Demat Account Opening Form

Name of Beneficiary Owner : _____

DPID : 1 2 0 4 2 8 0 0

Client ID : 12042800 000

ANNEXURE

TARIFF CARD INDIVIDUAL / CORPORATE ACCOUNT "INVESTOR CATEGORY" W.E.F. 12TH Apr., 2006.

Name of the Person :

PARTICULARS	INDIVIDUAL	CORPORATE
ANNUAL MAINTANENCE CHARGES	Rs. 200/-	Rs. 800/-
ACCOUNT OPENING CHARGES	NIL	NIL
ACCOUNT CLOSING CHARGES	NIL	NIL
DEMATERIALISATION	Rs. 3/- per cert and Rs. 50/- per ISIN as a postage (Securities)	Rs. 3/- per cert and Rs. 50/- per ISIN as a postage (Securities)
REMATERIALISATION	0.15% / Min Rs. 15/- and Rs. 50/- per ISIN as a postage (Securities)	0.15% / Min Rs. 15/- and Rs. 50/- per ISIN as a postage (Securities)
CUSTODIAN CHARGES	NIL	NIL
PURCHASE (MARKET & OFF MARKET)	NIL	NIL
SALE (MARKET & OFF MARKET)	0.025% / Min. Rs. 15/- and Max Rs. 50/- BSDA BOs : Rs. 20/- POA BOs : Rs. 10/-	0.025% / Min. Rs. 15/- and Max Rs. 50/- BSDA BOs : Rs. 20/- POA BOs : Rs. 10/-
STATEMENT OF TRANSACTION (EXTRA)	Rs. 15/-	Rs. 15/-
CREATION OF PLEDGE	0.02% Plus Rs. 12/-	0.02% Plus Rs. 12/-
CLOSURE / CONFIRMATION OF PLEDGE	0.02% Plus Rs. 12/-	0.02% Plus Rs. 12/-
INVOCATION OF PLEDGES	0.02% Plus Rs. 12/-	0.02% Plus Rs. 12/-

1. % in the entire above tariff would be applied on the value of the transactions as computed by CDSL.
2. Demat request will be accepted against payments in cash.
3. Trade instruction will be accepted against payment in cash.
4. Transaction cum billing statement will be sent on monthly basis.
5. Any extra statement will be charges at the rate of Rs. 15/- per statement for first 10 pages, thereafter it will charged Rs. 1/- per page.
6. GST as applicable will be levied.
7. The above charges are subject to revision as and when revise by CDSL. The charges are also subject to revision by FORTUNE FISCAL LIMITED and will informed to BO 30 days in advance.

Authorised Signatory

(FORTUNE FISCAL LTD)

[Name of the Holder(s)]

Signature of Holder(s)

X	X	X
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ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT

(To be filled by the Depository Participant)

Application No.		Date							
DP Internal Reference No.									
DP ID	12042800	Client ID	0	0	0				

(To be filled by the applicant in **BLOCK LETTERS** in English)

I / We request you to open a Demat Account in my / our name as per the following details: -

HOLDERS DETAILS :

Sole / First Holder's Name		PAN	
		UID	
Second Holder's Name		PAN	
		UID	
Third Holder's Name		PAN	
		UID	

Name *	_____
* In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.	

TYPE OF ACCOUNT (PLEASE TICK WHICHEVER IS APPLICABLE) :

Status	Sub - Status	
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Individual Margin Trading A/C (MANTRA)	<input type="checkbox"/> Individual-Director <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Others (specify)
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Repatriable Promoter <input type="checkbox"/> NRI - Depository Receipts	<input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> NRI Non-Repatriable Promoter <input type="checkbox"/> Others (specify)
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National - Depository Receipts <input type="checkbox"/> Others (specify)

DETAILS OF GUARDIAN (IN CASE OF ACCOUNT HOLDER IS MINOR) :

Guardian's Name		PAN							
Relationship with the applicant									

I / We instruct the DP to receive each and every credit in my / our account (If not market, the default option would be "Yes")	[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to instruct the DP to accept all the pledge instruction in my / our account without any further instruction from my/our end (If not marked, the default option would be "No")	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulations <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly

I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to receive the Annual Report (Tick the applicable box. If not marked the default option would be in physical)	<input type="checkbox"/> Physical <input type="checkbox"/> Electronic <input type="checkbox"/> Both (Physical & Electronic)
I / We wish to receive dividend / interest directly in to my bank account as given below through ECS (If not marked, the default option would be 'Yes'). [ECS is mandatory for locations notified by SEBI from time to time]	<input type="checkbox"/> Yes <input type="checkbox"/> No

BANK ACCOUNT DETAILS :

Type Of Account	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE/NRO <input type="checkbox"/> Others	Bank A/c. No.	
Name of Bank			
Branch Address			
	Pin Code		
IFSC Code	MICR No.		

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
(ii) Photocopy of the Bank Statement having name and address of the BO
(iii) Photocopy of the Passbook having name and address of the BO, (or)
(iv) Letter from the Bank.
➤ In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document .

OTHER DETAILS :

Gross Annual Income Details	Income Range per annum				
	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1 – 5 Lac	<input type="checkbox"/> 5 – 10 Lac	<input type="checkbox"/> 10 – 25 Lac	<input type="checkbox"/> Above 25 Lac
	Or Net-worth (should not be older than 1 year)				
Occupation (please tick any one and give brief details)	Net-worth (Rs.) :				
	As on date :				
Please tick, if applicable	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional				
	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Other				
Any other information	Politically Exposed Person (PEP) / Related to a Politically Exposed Person (PEP)				

SMS Alert Facility Refer to Temrs & Conditions given as Annexure – 2.4	MOBILE NO. +91 _____ [Mandatory, if you are giving Power Of Attorney (POA)] (If POA is not granted & you do not wish to avail of this facility, cancel this option).									
Transactions Using Secured Texting Facility (TRUST). Refer to Terms and Conditions Annexure – 2.6	I wish to avail the TRUST facility using the Mobile number registered for SMS Alert facility. I have read and understand the Terms and Conditions prescribed by CDSL for the same. <input type="checkbox"/> Yes <input type="checkbox"/> No I / We wish to register the following clearing member IDs under my/our below mentioned BOID registered for TRUST									
	<table border="1"> <thead> <tr> <th>Stock Exchange Name / ID</th> <th>Clearing Member Name</th> <th>Clearing Member ID (Optional)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Stock Exchange Name / ID	Clearing Member Name	Clearing Member ID (Optional)						
Stock Exchange Name / ID	Clearing Member Name	Clearing Member ID (Optional)								
Easi	To register for <i>easi</i> , please visit CDSL's website: www.cdslindia.com . <i>Easi</i> allows a BO can view his ISIN balances, transactions and value of the portfolio online.									

NOMINATION DETAILS :

Nomination Registration No.	Dated

I/We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that :

- I/We **do not wish to nominate any one for this demat account.**
[Strike out what is not applicable.] [Signatures of all account holders should be obtained on this form].
- I/We **nominate** the following person/s who is entitled to receive security balances lying in my/our account, particulars whereof are given below, in the event of the death of the Sole holder or the death of all the Joint Holders.

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name : *First Name: Middle Name: *Last Name :			
*Address:			
*City:			
*State:			
*Pin:			
*Country:			
Telephone / Fax No:			
Nomination Details	Nominee 1	Nominee 2	Nominee 3
PAN No:			
UID :			
Email ID:			
*Relationship with the BO:			
Date of birth (mandatory if Nominee is a minor)			
Name of the Guardian of Nominee (if the nominee is minor): ‡First Name: Middle Name: *Last Name :			
*Address of the Guardian of nominee:			
*City:			
*State:			
*Country:			
*Pin:			
Age			
Telephone: / Fax No :			
Email ID:			
*Relationship of the Guardian with the Nominee:			

*Percentage of allocation of securities :			
*Residual Securities [please tick any one nominee. If tick not marked default will be first nominee]:	<input type="checkbox"/>		

Note : Residual securities: incase of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be marked as nominee entitled for residual shares, if any.

*** Marked is Mandatory field**

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

Place : _____

Date : _____

Note: **One witness** shall attest signature/ Thumb impression.

Details of the Witness	
	First Witness
Names of Witness	
Address of Witness	
Signature of Witness	

I / We have read the terms & conditions, Rights and Obligations and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

	First / Sole Holder or Guardian (in case of Minor)	Second Joint Holder	Third Joint Holder
Name			
Signatures			

(Signatures should be preferably in black ink)

**Rights and Obligations of Beneficial Owner and Depository Participant as prescribed
by SEBI and Depositories**

General Clause

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Rules and Regulations of Securities and Exchange Board of India (SEBI), Circulars / Notifications / Guidelines issued there under, Bye Laws and Business Rules/Operating Instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.
2. The DP shall open/activate demat account of a beneficial owner in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time.

Beneficial Owner information

3. The DP shall maintain all the details of the beneficial owner(s) as mentioned in the account opening form, supporting documents submitted by them and/or any other information pertaining to the beneficial owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.
4. The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of opening the demat account or furnished to the DP from time to time.

Fees/Charges/Tariff

5. The Beneficial Owner shall pay such charges to the DP for the purpose of holding and transfer of securities in dematerialized form and for availing depository services as may be agreed to from time to time between the DP and the Beneficial Owner as set out in the Tariff Sheet provided by the DP. It may be informed to the Beneficial Owner that "no charges are payable for opening of demat accounts"
6. In case of Basic Services Demat Accounts, the DP shall adhere to the charge structure as laid down under the relevant SEBI and/or Depository circulars/directions/notifications issued from time to time.
7. The DP shall not increase any charges/tariff agreed upon unless it has given a notice in writing of not less than thirty days to the Beneficial Owner regarding the same.

Dematerialization

8. The Beneficial Owner shall have the right to get the securities, which have been admitted on the Depositories, dematerialized in the form and manner laid down under the Bye Laws, Business Rules and Operating Instructions of the depositories.

Separate Accounts

9. The DP shall open separate accounts in the name of each of the beneficial owners and securities of each beneficial owner shall be segregated and shall not be mixed up with the securities of other beneficial owners and/or DP's own securities held in dematerialized form.
10. The DP shall not facilitate the Beneficial Owner to create or permit any pledge and /or hypothecation or any other interest or encumbrance over all or any of such securities submitted for dematerialization and/or held in demat account except in the form and manner prescribed in the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996 and Bye-Laws/Operating Instructions/Business Rules of the Depositories.

Transfer of Securities

11. The DP shall effect transfer to and from the demat accounts of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the Beneficial Owner and the DP shall maintain the original documents and the audit trail of such authorizations.
12. The Beneficial Owner reserves the right to give standing instructions with regard to the crediting of securities in his demat account and the DP shall act according to such instructions.

Statement of account

13. The DP shall provide statements of accounts to the beneficial owner in such form and manner and at such time as agreed with the Beneficial Owner and as specified by SEBI/depository in this regard.
14. However, if there is no transaction in the demat account, or if the balance has become Nil during the year, the DP shall send one physical statement of holding annually to such BOs and shall resume sending the transaction statement as and when there is a transaction in the account.
15. The DP may provide the services of issuing the statement of demat accounts in an electronic mode if the Beneficial Owner so desires. The DP will furnish to the Beneficial Owner the statement of demat accounts under its digital signature, as governed under the Information Technology Act, 2000. However if the DP does not have the facility of providing the statement of demat account in the electronic mode, then the Participant shall be obliged to forward the statement of demat accounts in physical form.
16. In case of Basic Services Demat Accounts, the DP shall send the transaction statements as mandated by SEBI and/or Depository from time to time.

Manner of Closure of Demat account

17. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository. Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided no charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their demat account should be transferred to another demat account of the Beneficial Owner held with another DP or to rematerialize the security balances held.
18. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of thirty days as per procedure specified from time to time by the depository. Provided further, closure of demat account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

Default in payment of charges

19. In event of Beneficial Owner committing a default in the payment of any amount provided in Clause 5 & 6 within a period of thirty days from the date of demand, without prejudice to the right of the DP to close the demat account of the Beneficial Owner, the DP may charge interest at a rate as specified by the Depository from time to time for the period of such default.
20. In case the Beneficial Owner has failed to make the payment of any of the amounts as provided in Clause 5&6 specified above, the DP after giving two days notice to the Beneficial Owner shall have the right to stop processing of instructions of the Beneficial Owner till such time he makes the payment along with interest, if any.

Liability of the Depository

21. As per Section 16 of Depositories Act, 1996,
 1. Without prejudice to the provisions of any other law for the time being in force, any loss caused to the beneficial owner due to the negligence of the depository or the participant, the depository shall indemnify such beneficial owner.

2. Where the loss due to the negligence of the participant under Clause (1) above, is indemnified by the depository, the depository shall have the right to recover the same from such participant.

Freezing/ Defreezing of accounts

22. The Beneficial Owner may exercise the right to freeze/defreeze his/her demat account maintained with the DP in accordance with the procedure and subject to the restrictions laid down under the Bye Laws and Business Rules/Operating Instructions.
23. The DP or the Depository shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any regulator or court or any statutory authority.

Redressal of Investor grievance

24. The DP shall redress all grievances of the Beneficial Owner against the DP within a period of thirty days from the date of receipt of the complaint.

Authorized representative

25. If the Beneficial Owner is a body corporate or a legal entity, it shall, along with the account opening form, furnish to the DP, a list of officials authorized by it, who shall represent and interact on its behalf with the Participant. Any change in such list including additions, deletions or alterations thereto shall be forthwith communicated to the Participant.

Law and Jurisdiction

26. In addition to the specific rights set out in this document, the DP and the Beneficial owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Rules, Bye Laws and Regulations of the respective Depository in which the demat account is opened and circulars/notices issued there under or Rules and Regulations of SEBI.
27. The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars/ notices issued by SEBI and Rules, Regulations and Bye-laws of the relevant Depository, where the Beneficial Owner maintains his/ her account, that may be in force from time to time.
28. The Beneficial Owner and the DP shall abide by the arbitration and conciliation procedure prescribed under the Bye-laws of the depository and that such procedure shall be applicable to any disputes between the DP and the Beneficial Owner.
29. Words and expressions which are used in this document but which are not defined herein shall unless the context otherwise requires, have the same meanings as assigned thereto in the Rules, Bye-laws and Regulations and circulars/notices issued there under by the depository and /or SEBI
30. Any changes in the rights and obligations which are specified by SEBI/Depositories shall also be brought to the notice of the clients at once.
31. If the rights and obligations of the parties hereto are altered by virtue of change in Rules and regulations of SEBI or Bye-laws, Rules and Regulations of the relevant Depository, where the Beneficial Owner maintains his/her account, such changes shall be deemed to have been incorporated herein in modification of the rights and obligations of the parties mentioned in this document.

X

X

X

**Fortune Fiscal Ltd.**

NSE, NSE F&O, BSE & Depository Participant Of Central Depository Service (India) Limited
 208, Blue chip Complex, Sayajigunj, Baroda – 390 005. Telephone : 0265- 2225614, 2361450, 3912884
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 NSE CM - INB 2308236 34 / NSE FO - INF 2308236 34 / BSE CM - INB 0108236 32
 DP ID-12042800 SEBI Reg. No. IN - DP - 173 - 2015, UID : 100013946, CIN - U65910GJ1995PLC024365

FATCA/CRS Declaration for Individual**MANDATORY**

Name of the Account Holder: _____

Section 1: Declaration of Tax Residency

Country of tax residence (as per section 6 of the Income-tax Act, 1961)

- a) Only India b) India and any other country c) Any other country

If answer to option (b) or (c) is Yes, please provide the following details and documents:

For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is set out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):

Country/Countries of Tax Residency	Tax Identification Number (TIN)/ Functional Equivalent	Country Issuing TIN/ Functional Equivalent	Documents Provided (Copy of Certificate of Residence/Copy of TIN)

Documents required: A copy of certificate of residence or a copy of TIN for all the countries listed in the above table.

Section 2: Individual Identification

- a) Father's Name: _____
 b) Place of birth: _____
 c) Country of birth: _____
 d) Occupation: _____

Undertaking

I / We certify that:

- the information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income tax Rules, 1962.
- the information provided by me/us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete and that I/we have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- I/We permit/authorise the Company to collect, store, communicate and process information relating to the Account and all transactions therein, by the Company and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
- I / We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by us or if any certification becomes incorrect and to provide fresh self-certification alongwith documentary evidence.
- I / We also agree that our failure to disclose any material fact known to us, now or in future, may invalidate our application and the Company would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India (GOI) /RBI for the purpose or take any other action as may be deemed appropriate by the Company if the deficiency is not remedied by us within the stipulated period.
- I / We hereby accept and acknowledge that the Company shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me / us to the Company.
- It shall be my / our responsibilities to educate myself / ourself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules thereunder.
- I/We also agree to furnish such information and/or documents as the Company may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- I/We shall indemnify the Company for any loss that may arise to the Company on account of providing incorrect or incomplete information.

Dated

Client Signature _____



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 institution) KYC Number (Mandatory for KYC update request)
 Account Type* Normal Simplified (for low risk customers) Small

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

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector)	
	<input type="checkbox"/> O-Others (<input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student)	
	<input type="checkbox"/> B-Business			
	<input type="checkbox"/> X- Not Categorised			

PHOTO

Signature / Thumb Impression

2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)
 ISO 3166 Country Code of Jurisdiction of Residence*
 Tax Identification Number or equivalent (If issued by jurisdiction)*
 Place / City of Birth* ISO 3166 Country Code of Birth*

3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

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

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input type="text"/>

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

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

Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhaar)		
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others	<input type="text"/> please specify	
	<input type="checkbox"/> Simplified Measures Account - Document Type code	<input type="text"/>			

Address

Line 1*

Line 2

Line 3

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

