

Hardik Fintrade Pvt Ltd

1006, "B Wing, Atma House, Nr. Times of India, Ashram Road, Ahmedabad-380009. Tel: 079-26580493/26580494 | E-mail: hardikfin@hardikgroup.com

Annexure 3.1(06/09/2024)

Account Details Addition / Modification Request Form (Trading & DP A/c)

Date: _____

Dear Sir / Madam,

I / We request you to make the following additions / modifications to my / our Trading and KRA and Demat account in your records.

PLEASE FILL ALL THE DETAILS IN BLOCK LETTERS IN ENGLISH. Please mark (✓) on the appropriate column.

Account Holder's Details

PAN NO.

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

CDSL DP ID - 12070100 BO ID

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

 Trading Code

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

Annual Income Upto 1 Lac 1-5 Lac 5-10 Lac 10-25 Lac 25-50 Lac 50-1cr 1cr & above **Networth as on Date Rs.** _____

1. Bank & Dividend Details	New Details (This bank will be updated as default bank for PAYOUT)		
<input type="checkbox"/> Addition <input type="checkbox"/> Modification	Bank Name & Branch:		
	A/c No.:		
	A/c Type:		
	MICR (Mandatory for DP):		

2. Address Details	New Details	Permanent	Correspondence
<input type="checkbox"/> Addition <input type="checkbox"/> Modification	Address:		Address:
	City:		City:
	State:		State:
	Country:		Country:
	Pin Code:		Pin Code:

3. Contact Details				I hereby declare that the aforesaid mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family (<input type="checkbox"/> spouse, <input type="checkbox"/> dependent children and <input type="checkbox"/> dependent parents).																				
<input type="checkbox"/> Addition <input type="checkbox"/> Modification	Tel.:	Mob.:	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																					
Email ID:																								

Consent for Authentication
I, the holder of Aadhaar number _____, hereby give my consent to Hardik Fintrade Pvt. Ltd. to obtain my Aadhaar number, Name and Fingerprint / Iris for authentication with UIDAI. Hardik Fintrade Pvt. Ltd. has informed me that my identity information would only be used for CKYC purpose and also informed that my biometric will not be stored / shared and will be submitted to CIDR only for the purpose of authentication.

4. Signature	Existing	New
<input type="checkbox"/> Addition <input type="checkbox"/> Modification		

Reason for Change in Signature _____

I/We wish to update the above changes in KRA, Demat and Trading Account.

CVL POS CODE : 1100070100- (Original verified) self certified documents copies received-(attested)true copies of documents received main intermediary

I/we authorize Mr./Ms. _____, to submit the request on my/our behalf at my/our risk & responsibility. The representative's signature is appended below & it is attested by me/us(*) in case submission of documents by authorized representative. Signature of Authorised Representative : X _____
--

Declaration: I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief. In case any of the above mentioned 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.

Client Name	First / Sole Holder	Second Holder	Third Holder
Signature	Signature as per demat account	Signature as per demat account	Signature as per demat account

Any one Proof Required from the following list (Self attested by client and all joint holders, if any): Bank details: Copy of cheque with name printed, copy of bank passbook, copy of bank statement of accounts duly attested by bank authorities not older than 4 months with cancelled cheque. Address details: Copy of Ration card, Adhaar card, Passport, Voter ID card, Driving license, Bank passbook, Electricity bill / Land line Telephone bill (not more than 3 months old). DP details: Latest transaction statement / holding statement / CML copy.
--

FOR HFPL USE ONLY	
Maker Officer Name & Sign Demat _____ Trading _____	Checker Officer Name & Sign Demat _____ Trading _____

ORIGINAL VERIFIED BY HFPL AUTHORISED PERSON
Place : Ahmedabad IPV Date : ____ / ____ / ____

ACKNOWLEDGMENT RECEIPT

We hereby acknowledge the receipt of the your instruction for modification of the following Account subject to verification:

DP ID:								Client ID:						Trading Code:
Modification request for (Specify reason)	<input type="checkbox"/> Annual Income <input type="checkbox"/> Bank <input type="checkbox"/> Address <input type="checkbox"/> Contact Details <input type="checkbox"/> ECN <input type="checkbox"/> Signature <input type="checkbox"/> DP Addition <input type="checkbox"/> Others _____													

Depository Participant Seal and Signature

Know Your Client (KYC)
Application Form (For Individuals Only)



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

Application Number: _____
 Application Type*: New KYC Modification KYC

KYC Mode*: Please Tick (✓)
 Normal EKYC OTP EKYC Biometric Online KYC Offline EKYC Digilocker

1. Identity Details (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

Marital Status* Single Married

Nationality* Indian Other _____

Residential Status* Resident Individual Non Resident Indian

Please Tick (✓) Foreign National Person of Indian Origin+



Cross Signature across photograph

(Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC. Select NRI or Foreign National based on Nationality of the individual)

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

A — Aadhaar Card XXXX XXXX _____ (Expiry Date) _____

B — Passport Number _____ (Expiry Date) _____

C — Voter ID Card _____ (Expiry Date) _____

D — Driving License _____ (Expiry Date) _____

E — NREGA Job Card _____

F — NPR _____

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 _____

Line3 _____

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

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified

Applicant e-SIGN

Not Applicable

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

Line 1* _____
 Line 2 _____
 Line3 _____
 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* _____
 Belongs To: Self Spouse Dependant Child Dependant Parent
 Mobile No. * _____
 Belongs To: Self Spouse Dependant Child Dependant Parent

4. Applicant Declaration

I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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. I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only. DATE: _____ (DD-MM-YYYY) PLACE: _____	Applicant e-SIGN	Applicant Wet Signature
	Not Applicable	Client Signature ✓

5. For Office Use Only

In-Person Verification (IPV) carried out by*	Intermediary Details*
IPV Date _____ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input checked="" type="checkbox"/> Self certified document copies received (OVD) <input checked="" type="checkbox"/> True Copies of documents received (Attested) AMC / Intermediary Name : POS CODE :- 1100070100 HARDIK FINTRADE PVT LTD
Employee Signature and Stamp	Institution Name and Stamp

FATCA-CRS Declaration & Supplementary KYC Information Declaration Form for Individuals

Please seek appropriate advice from your tax professional on your tax residency, related FATCA & CRS guidance

PAN / PEKRN*									
Name									
Address Type <i>[for KYC address]</i>		<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business			Nationality		<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others <i>(please specify)</i>		
Place of Birth					Country of Birth				
Gross Annual Income Details in INR		<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr <input type="checkbox"/> > 1 Crore			Occupation Details [Please tick any one (√)]		<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others [Please specify] _____		
Net Worth in INR. In Lacs & Date <i>[Optional]</i>		_____ <u>dd-mmm-yyyy</u>							
Politically Exposed Person [PEP]		<input type="checkbox"/> Yes <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable			Any other information <i>[if applicable]</i>		<i>[Please specify]</i>		

Are you a tax resident (i.e. are you assessed for Tax) in any other country other than India? Yes No

If 'Yes', please fill for all countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

S. No.	Country of Tax Residency	Tax Identification Number (TIN) or Functional Equivalent	Identification Type <i>[TIN or other, please specify]</i>	If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C <i>[as defined below]</i>
1				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- Reason A → The country where the Account Holder is liable to pay tax does not issue TIN to its residents.
- Reason B → No TIN required *[Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected]*
- Reason C → Others – Please specify the reasons _____

Declaration:

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you [CAMS/Fund/AMC] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same

Date:
Place:

Signature:

=====

Acknowledgement

We [CAMS, on behalf of participating Mutual Funds] acknowledge the receipt of FATCA/CRS declaration form duly filled and signed from Mr. / Ms. / M/s. _____ PAN _____ on dd-mmm-yyyy

Date:

Signature with Name, Emp. ID & Seal