

**PART I - KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Non-Individuals)**

NEW  CHANGE REQUEST (Please tick ✓ the appropriate)



**Gogia Capital Growth Limited**  
**Regd. Office :** 31, Basement, Community  
 Center, Basant Lok, Vasant Vihar, New Delhi - 110057  
 Tel. : +91-11- 49418888 Fax : +91-11-49418899

Acknowledgement No.

Please fill this form in ENGLISH and in BLOCK LETTERS

<b>A. IDENTITY DETAILS</b>														
<input type="checkbox"/>	1.	Name of the Applicant												
<input type="checkbox"/>	2.	Date of Incorporation	D	D	M	M	Y	Y	Y	Y	Place of incorporation			
<input type="checkbox"/>	3.	Date of commencement of business	D	D	M	M	Y	Y	Y	Y				
<input type="checkbox"/>	4.	a) PAN									b) Registration No. (e.g. CIN)			
<input type="checkbox"/>	5.	<b>Status (please tick any one)</b> <input type="checkbox"/> Private Limited Co. <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Charities <input type="checkbox"/> NGO's												
		<input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> Bank <input type="checkbox"/> Government Body <input type="checkbox"/> Non-Government Organization <input type="checkbox"/> Defense Establishment												
		<input type="checkbox"/> BOI <input type="checkbox"/> Society <input type="checkbox"/> LLP <input type="checkbox"/> Others (please specify) _____												

<b>B. ADDRESS DETAILS</b>													
<input type="checkbox"/>	1.	Address for Correspondence											
		City/Town/Village							PIN Code				
		State							Country				
<input type="checkbox"/>	2.	<b>Contact Details</b>	Mobile No.*					E-mail ID*					
			Tel. (Off.)					Tel. (Res.)	Fax No.				
<input type="checkbox"/>	3.	Specify the proof of address submitted for correspondence address											
<input type="checkbox"/>	4.	Registered Address (if different from above)											
		City/Town/Village							PIN Code				
		State							Country				
<input type="checkbox"/>	5.	Specify the proof of address submitted for Registered address											

<b>C. OTHER DETAILS</b>												
<input type="checkbox"/>	1.	Name, PAN, Residential Address and Photographs of Promoters/ Partners/Karta/Trustees and whole time directors:	<b>As per Separate Sheet Enclosed</b>									
<input type="checkbox"/>	2.	a. DIN of whole time directors										
		b. Aadhaar Number of Promoters/Partners/Karta										

**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 hereby consent to receiving information from Central KYC Registry/KRA Agencies/Gogia Capital Growth (GCGL) through SMS/Email on the above registered number /email address. I am also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my 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.

Signature of the Applicant

(2)

Date

D D M M Y Y Y Y

**FOR OFFICE USE ONLY**

Originals verified & Self-Attested documents copies received

Name of the person doing IPV <sup>5</sup> & Interview							Designation								
Date of IPV <sup>5</sup>	D	D	M	M	Y	Y	Y	Y	SEBI Regn. No. #	Signature of the person doing IPV*					
Name of the Organization															

Signature of the Authorised Signatory of Gogia Capital Growth Ltd. with Seal & Stamp							Date					
							D	D	M	M	Y	Y

\$ IPV - stands for In Person Verification # Member Broker / Authorised Person \* Mandatory Field

**PART-II TRADING & DEPOSITORY ACCOUNT RELATED DETAILS**

**FOR INDIVIDUALS & NON-INDIVIDUALS**



**Gogia Capital Growth Limited**

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DP ID : IN300589

FOR OFFICE USE ONLY

CLIENT ID									
Unique Client Code (UCC)									

I/We request you to open a Trading & Depository account in my/our name as per the below mentioned details and request you to map my/our Client Id so allotted for depository account opened along with my/our trading account as my/our primary depository account and other depository account, if any, mentioned below as my/our additional depository account.

**DETAILS OF ACCOUNT HOLDER(S)**

Account Holder(s)	Sole/First Holder	Second Holder	Third Holder
Name			
PAN			
Occupation (please tick any one and give brief details)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Public Sector <input type="checkbox"/> Retired <input type="checkbox"/> Government Service <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Student <input type="checkbox"/> X-Not Catgorised <input type="checkbox"/> Others (Please specify; _____)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Public Sector <input type="checkbox"/> Retired <input type="checkbox"/> Government Service <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Student <input type="checkbox"/> X-Not Catgorised <input type="checkbox"/> Others (Please specify; _____)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Public Sector <input type="checkbox"/> Retired <input type="checkbox"/> Government Service <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Student <input type="checkbox"/> X-Not Catgorised <input type="checkbox"/> Others (Please specify; _____)
Brief details			
Please Tick (✓) if Applicable	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP)	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP)	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (RPEP)

For HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name & PAN of the HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below:

Name		PAN												
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**TYPE OF ACCOUNT**

<input type="checkbox"/> Ordinary Resident	<input type="checkbox"/> NRI-Repatriable	<input type="checkbox"/> NRI-Non Repatriable	<input type="checkbox"/> Qualified Foreign Investor	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Promoter	<input type="checkbox"/> Margin	
<input type="checkbox"/> Body Corporate	<input type="checkbox"/> FI	<input type="checkbox"/> FII	<input type="checkbox"/> Qualified Foreign Investor	<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> Trust	<input type="checkbox"/> Bank	
						<input type="checkbox"/> CM	<input type="checkbox"/> Others _____

**STANDING INSTRUCTIONS**

I/We authorise you to receive credits automatically into my/our account (If you do not wish to authorise for credit kindly tick at 'No')	<input type="checkbox"/> Yes <input type="checkbox"/> No
Demat Account to be operated through DDPI / Power of Attorney (PoA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SMS Alert Facility</b> [Mandatory if you are giving DDPI/PoA. Ensure that the mobile no. is provided in the KYC application form]	
First/Sole Holder <input type="checkbox"/> YES <input type="checkbox"/> NO	Second Holder <input type="checkbox"/> YES <input type="checkbox"/> NO
Third Holder <input type="checkbox"/> YES <input type="checkbox"/> NO	
Address for communication / Corporate Benefits (Default option is Local Address) <input type="checkbox"/> Local / Permanent Adress <input type="checkbox"/> Correspondence Address / Foreign Address	

<b>SMS Alert Facility</b>	Mobile No. + 9 1
Refer to Terms & Conditions given as <b>Annexure - 2.4</b>	[Mandatory, if you are giving DDPI/Power of Attorney (POA)] (if DDPI/POA is not granted & you do not wish to avail of this facility, cancel this option)
	To register for easi, please visit our website www.cdslindia.com. Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.

**ANNUAL INCOME DETAILS (Please Specify)**

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"/> ₹ 25-1 Crore	<input type="checkbox"/> More than ₹ 1 Crore
Networth Amount* (₹)	_____ as on DDMMYYYY (Networth should not be older than 1 year)					

\*Networth is compulsory for Non-Individual client. Income Range Compulsory for all clients.