

Warehouse Service Provider Allotted Code (WAC): _____
(To be maintained by WSP)

KNOW YOUR DEPOSITOR (KYD) APPLICATION FORM

[For Non-Individuals-Non Agriculture]

Please fill this form in ENGLISH & in BLOCK LETTERS.

A. IDENTITY DETAILS

1. Name of the Firm / Company/ Depositor:

2. a. PAN: _____

b. Registration No. (E.g. CIN): _____

c. Any other proof of identity: _____

3. Status (please tick any one):

Private Limited Co. / Public Ltd. Co. / Body Corporate / Partnership / Trust / HUF / LLP. /
Others (please specify) _____

(In case of foreign entity or entity with foreign shareholders, self-certified copy of statutory approval obtained must be attached)

B. ADDRESS DETAILS

1. Address for correspondence:

City/ district /village: _____ Pin Code: _____

State: _____ Country: _____

2. Address for Record (on Stock receipt):

City/ district /village: _____ Pin Code: _____

State: _____ Country: _____

3. Contact Details:

Mobile No.: _____ Tel. (Off.) _____ Fax: _____

Email id: _____.

4. Registered Address (if different from above):

City/ district /village: _____ Pin Code: _____

State: _____ Country: _____

Mobile No.: _____ Tel. (Off.) _____

Fax: _____ Email id: _____

C. OTHER DETAILS

Net-worth as on (date) _____ (_____)

D. BANK ACCOUNT(S) DETAILS

Bank Name	Branch Address	Bank Account No.	Account Type: Saving/Current/ Others	MICR Number	IFSC code

Note: Provide a copy of cancelled cheque leaf/ pass book/bank statement specifying name of the client, MICR Code and IFSC Code of the bank.

E. EDCM/ REPOSITORY ACCOUNT(S) DETAILS

Participant Name	Participant ID	Beneficiary Name	Beneficiary ID

F. TRADING ACCOUNT(S) DETAILS

Client Code (UCC)	Member Name	Member ID

G. Goods and Services Tax (GST) Registration Details:

State	Depositor GST Number	Seller/Principal GST Number

Note: In case of operation in any States other than mentioned above, please provide GST Registration details of all other States as a separate Annexure to this Application along with certified copy of GST Registration certificate.

H. DOCUMENTS ATTACHED

Self-attested copy of the GST Registration Certificate for the States in which the Depositor/Client/Seller/Principal is registered.

Yes No

➤ **List of Authorized Signatories along with specimen signature to be submitted**

DECLARATION

1. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any change 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.
2. I/We confirm having read/been explained and understood the details as filled in this document.

Place: _____

(_____)

Date: _____

Signature of Authorized Signatory

FOR OFFICE USE ONLY

WSP Allotted Code (WAC): _____

Name of the Depositor: _____

Documents Submitted verified: Yes / No

	Documents verified
Name of the Employee / Warehouse Official	
Employee Code	
Designation of the employee	

Signature of the Authorized Signatory

Place: _____

Date: _____

Seal/Stamp of the WSP

ACKNOWLEDGEMENT

WSP Allotted Code (WAC): _____

Name of the Depositor: _____

Documents Submitted verified: Yes / No

	Documents verified
Name of the Employee / Warehouse Official	
Employee Code	

Signature of the Authorized Signatory

Place: _____

Date: _____

Seal/Stamp of the WSP
