	ntained by WSP)			
	KNOW Y	OUR DEPOSITOR (KYD) APPL	ICATION FORM	
		[For Individuals-Non Agricu	lture]	PHOTOGRAPH
Plea	se fill this form in ENG	ISH & in BLOCK LETTERS.		Please affix you recent passpor size photograph & sign across it.
A. IC	DENTITY DETAILS			Sign der 055 ft.
1.	Name of the Deposi	tor:		
2.	a) Nationality:			
		ndividual / Non Resident / Foreig d copy of statutory approval obta		
3.	a) PAN:			
	b) Aadhaar Number	·(UID):		
	c) Any other proof c	of identity:		
	DDRESS DETAILS			
1. A	ddress for correspond	ence:		
	district /village:	Pin Code:	State:	
City/	J			
-	ntry:			
Cou	-			
Coui 2. A	ntry:		State:	
Cour 2. Au City/	ntry: ddress for Record (on ′ district /village:	Stock receipt):	State:	
Cour 2. Au City/ Cour	ntry:	Stock receipt):	State:	
Cour 2. A City/ Cour 3. C	ntry: ddress for Record (on district /village: ntry: ontact Details:	Stock receipt): Pin Code:		
Cour 2. A City/ Cour 3. C Mob	ntry: ddress for Record (on district /village: ntry: ontact Details: ile No.:	Stock receipt): Pin Code: Tel. (Res.)	Fax:	
Cour 2. A City/ Cour 3. C Mob	ntry: ddress for Record (on district /village: ntry: ontact Details: ile No.:	Stock receipt): Pin Code:	Fax:	
Court 2. A City/ Court 3. Court Mob Ema	ntry: ddress for Record (on district /village: ntry: ontact Details: ile No.:	Stock receipt): Pin Code: Tel. (Res.)	Fax:	
Cour 2. A City/ Cour 3. C Mob Ema C. O	ntry:ddress for Record (on ' district /village: ntry: ontact Details: ile No.: il id:	Stock receipt): Pin Code: Tel. (Res.)	Fax:	

Annual Income: _____

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 DOCUMENTS FOR IDENTIFICATION:

[Attach self-attested copies of any two to indicate identity, signature verification & address]

Please produce original for verification

1. Passport / Driving License / Voter ID card / Armed Forces Id Card / Aadhar Card No. / PAN / Id card of any accredited institution like Government authority.

DECLARATION

1.	I/We hereby declare that the details furnished above are true and correct to the best of my/c	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	(

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

A<u>CKNOWLEDGEMENT</u>

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