Pentad Securities Private Limited 33/2361 B4, 3rd Floor, Jacob's Building,

NH Bypass, Geethanjali Junction, Vyttila, Kochi 682019.



TRADING RE-ACTIVATION FORM

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CLIEN	T NAME																					\mathbb{L}			
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Pentad Securities Private Limited

33/2361 B4, 3rd Floor, Jacob's Building,

NH Bypass, Geethanjali Junction, Vyttila, Kochi 682019.



KYC UPDATE FORM (Individual)

Date: DDMMYYY	Please affix										
1. Identity Details (Mandatory) the recent passport size photograph and											
Name of the Account holder			sign across it								
Father's Name:											
Mother's Name:											
Date of Birth Nationality Indian Other											
PAN No: AADHAR No:											
Status: NRI Resident Indian											
2. Address Details: (In Case	of NRI Client, kindly provide	overseas address)									
There is no change in my mailing address											
	mailing address as per the	below *									
Correspondence/Residence	Address										
			PIN								
City/Village State		Count	ry								
3. Contact Updation Details:											
	ny contact details as be	elow There is n	o change in my contact details								
E-Mail Id		Land line No									
Mobile No		SMS Facility									
		oine i doini,									
4. Financial Updation Detail											
Gross Annual Income Income		=	5-10 Lac								
Or Net-worth in Rs. (Net wor	rth should not be older than		Above 1 Crore								
	Latest 6 months bank accou		salary slip								
=	Copy of ITR acknowledgement Copy of Form 16 in case of salary income										
	Statement of demat holding	gs .									
Declaration	alataila firmuiah ad ab arra ma		Variation and a second ball of and 1/1/10								
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 changes therein, immediately. In case any of the above information is found to be false or untrue											
or misleading or misrepresenting, I/We am/we are aware that I/we may be held liable for it.											
Signature											
For Office Use Only											
Date of Receiving											
Date of Receiving	Date of Updation	Entered By	Verified By								

FATCA DECLARATION

	g & Demat Account op ction 285BA of the Incon			ormation for reporting			
Applicant's Name:							
Father's name:							
PAN:	Place of	Birth:	Country of Birth:				
Gender : Male	Female Others	Nationality	:	r (<u>Specify the name</u>)			
Occupation Type:	Service Busin	ess Others	Not Categorized				
Address Type :	☐ Residential ☐	Business					
Complete Address:							
Country:			Postal Cod	de:			
2. Tax resident of If tax resident of multiple If Point 1 is Yes and Poin	Fax Residency / Citizenship Multiple Countries — e countries, kindly provide t 2 is No, no further informan n Point 1 and 2 are Yes, the	Yes \(\bigcap \)No information of tax resider ation required to be provi	nce of all countries. ded.	No.			
Country/countries of tax residency	Tax Identification Number (TIN)/ functional equivalent number	TIN / functional equivalent Issuing Country	Documents provided (copy of certificate of tax residence or copy of TIN or others)	Date upto which the documentary evidence is valid			
Remarks if any:							
Declaration and Undertaki	ngs						
Income-tax Rules, 1962. b. the information provided best of our knowledge a assessment/categorizatic. I/We permit/authorise the by the Company and am and/or outside India of ard. I / We undertake the resinformation provided in becomes incorrect and to e. I / We also agree that ou would be within its right designated by the Gover the Company if the deficit. I / We hereby accept and available in public domaing. It shall be my responsible reporting under Section 2.	d in the Form is in accordance by me/us in the Form, its suppend belief, true, correct and como of the account as a Reportable Company to collect, store, coly of its affiliates wherever situary confidential information for ponsibility to declare and disc the Form, its supporting Annologous provide fresh self certification or failure to disclose any materiate to put restrictions in the openment of India (GOI) /Reservelency is not remedied by us with acknowledge that the Companifor confirming the information ility / our responsibilities to economic in the subject matter herein. Company for any loss that may	porting Annexures as well as implete and that I/we have releaceount or otherwise. Immunicate and process informated including sharing, transcompliance with any law or reclose within 30 days from the exures as well as in the docalong with documentary evical fact known to us, now or iterations of my/our account of Bank of India for the purpose hin the stipulated period. I wany shall have the right and on provided by me / us to the Courselves are Rules thereunder. I want to the Company may a support of the Company may are recommended.	n the documentary evidence not withheld any material information relating to the Accounter and disclosure between the gulation whether domestic of edate of change, any change cumentary evidence provided ence. In future, may invalidate our appropriate any other action as manathority to carry out investication. In the company. In the documentary out investication as manathority to carry out investication. In the company. In the documentary evidence with the company and to comply at all times with the require from time to time on	provided by me/us are, to the formation that may affect the nt and all transactions therein, hem and to the authorities in rforeign. es that may take place in the d by us or if any certification application and the Company gulator and/or any authority by be deemed appropriate by gations from the information h all relevant laws relating to account of any change in law			

Client Signature