Pentad Securities Private Limited
33/2361 B4, 3rd Floor, Jacob's Building,
NH Bypass, Geethanjali Junction, Vyttila, Kochi 682019.

pentad SECURITIES
Research | Beyond Investing

KYC UPDATE FORM (Individual)

Date: D D M M Y Y Y Y Client Code:

Please affix the recent passport size photograph and sign across it

1. Identity Details (Mandatory)

Name of the Account holder:

Father's Name:

Mother's Name:

Date of Birth D D M M Y Y Y Y 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

☐ I wish to change my mailing address as per the below *

Correspondence/Residence Address

PIN

City/Village State Country

3. Contact Updation Details:

☐ I wish to update my contact details as below ☐ There is no change in my contact details

E-Mail Id Land line No.

Mobile No SMS Facility ☐ Yes ☐ No

4. Financial Updation Details:

Gross Annual Income Income Details: ☐ Below 1 Lac ☐ 1-5 Lac ☐ 5-10 Lac ☐ 10-25 Lac ☐ 25- 1 Crore ☐ Above 1 Crore

Or Net-worth in Rs. (Net worth should not be older than 1 year) as on (date) : D D M M Y Y Y Y

Document Attached: ☐ Latest 6 months bank account statement ☐ Latest salary slip ☐ Copy of ITR acknowledgement ☐ Copy of Form 16 in case of salary income ☐ Statement of demat holdings

Declaration

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 Updation	Entered By	Verified By

FATCA DECLARATION

Annexure to Trading & Demat Account opening Form for Individuals containing information for reporting requirement under Section 285BA of the Income-tax Act, 1961 and KYC.

Applicant's Name:

Father's name :

PAN: **Place of Birth :** _____ **Country of Birth :** _____

Gender : ☐Male ☐Female ☐Others **Nationality :** ☐Indian ☐Other (Specify the name)

Occupation Type: ☐Service ☐Business ☐Others ☐Not Categorized

Address Type : ☐ Residential ☐ Business

Complete Address :

Country : Postal Code:

1. Declaration of Tax Residency / Citizenship Country of tax residence India ☐ Yes ☐ No.
2. Tax resident of Multiple Countries ☐Yes ☐No

If tax resident of multiple countries, kindly provide information of tax residence of all countries.
If Point 1 is Yes and Point 2 is No, no further information required to be provided.
If Point 1 is No OR if both Point 1 and 2 are Yes, then the following should be provided alongwith with documentary evidence:

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 Undertakings

The Customer/account holder certifies that:

a. The information provided in the Form is in accordance with Section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income-tax Rules, 1962.

b. the information provided by me/us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete and that I/we have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.

c. I/We permit/authorise the Company to collect, store, communicate and process information relating to the Account and all transactions therein, by the Company and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.

d. I / We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by us or if any certification becomes incorrect and to provide fresh self certification alongwith documentary evidence.

e. I / We also agree that our failure to disclose any material fact known to us, now or in future, may invalidate our application and the Company would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India (GOI) /Reserve Bank of India for the purpose or take any other action as may be deemed appropriate by the Company if the deficiency is not remedied by us within the stipulated period.

f. I / We hereby accept and acknowledge that the Company shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me / us to the Company.

g. It shall be my responsibility / our responsibilities to educate myself / ourselves and to comply at all times with all relevant laws relating to reporting under Section 285BA of the Act read with the Rules thereunder.

h. I/We also agree to furnish such information and/or documents as the Company may require from time to time on account of any change in law either in India or abroad in the subject matter herein.

I. I/We shall indemnify the Company for any loss that may arise to the Company on account of providing incorrect or incomplete information.

Date : _____

Place: _____

_____
Client Signature