CARNELIAN

KYC APPLICATION FORM

Carnelian Asset Advisors LLP

SEBI Registration Number: INP000006387

Investment Strategy Name	
First Holder Name	
Second Holder Name	

Carnelian - Relationship Manager **(Code No., Name and Contact details)**	

Registered Office: B-1405, One BKC, Bandra Kurla complex,
Bandra (E), Mumbai, Maharashtra, India – 400051.

CENTRAL KYC REGISTRY - KNOW YOUR CLIENT (KYC APPLICATION) FORM

APPLICANT (FIRST HOLDER)

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Sign Here

For Office Use Only Application Type* ☐ New ☐ Update

CKYC Number*

***(If CKYC numbers are available and no change in details, then below details are not required to be filled by the client)**

1 PERSONAL DETAILS

Prefix First Name Middle Name Last name

Name* (as per PAN)

Father/Spouse Name

Mother Name*

Date of Birth / /

Gender* ☐ M-Male ☐ F-Female ☐ Transgender

Marital Status* ☐ Married ☐ Unmarried ☐ Others

Citizenship* ☐ IN-Indian ☐ Others ( )

Residential Status* ☐ Resident Individual ☐ Non-Resident Indian ☐ Foreign National ☐ Person of Indian Origin

Income Details
<10L
10L to 25L
25L to 1Cr
>1Cr
Net Worth

Occupation Type* ☐ S-Service (◯ Private Sector ◯ Public Sector ◯ Government Sector)
☐ O - Others (◯ Professional ◯ Self-Employed ◯ Retired ◯ Housewife ◯ Student) B – Business X - Not Categorized

Contact Details Mobile No ..... Email ID.....

2 ☐ TICK IF APPLICABLE (RESIDENCE FOR TAX PURPOSES IN JURISDICTIONS OUTSIDE INDIA

Additional Details Required* (Mandatory only if Section 2 is Ticked) ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (if issued by jurisdiction)*

Place / City of Birth* ISO 3166 Country Code of Birth*

3 PROOF OF IDENTITY (POI)*

{Certified copy of any one of the following Proof of Identity [POI] needs to be submitted}

☐ A - Passport ☐ Voter ID Card ☐ PAN Card ☐ Driving Licence ☐ Aadhaar – **Numbers not to mention (To be left Blank)**

☐ Z – Other (any document notified by the central government)

4 PROOF OF ADDRESS (POA) ☐ AS PER KRA / CKYC

☐ **4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS**

{Certified copy of any one of the following Proof of Address [POA] needs to be submitted}

Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Proof of Address* ☐ Passport ☐ Driving Licence ☐ UID (Aadhaar) ☐ Voter Identity Card ☐ NREGA Job Card ☐ Others

Address :

Line 1*

Line 2

City / Town / Village* District*

Pin / Post Code* State / UT Code* ISO 3166 Country Code*

☐ **4.2 CORRESPONDANCE / LCCAL ADDRESS DETAILS**

☐ Same as Current / Permanent / Overseas Address details (in case of multiple correspondence / LCCAL addresses, please fill AnnexureA1)

Line 1*

Line 2

City / Town / Village* District*

Pin / Post Code* State / UT Code* ISO 3166 Country Code*

CENTRAL KYC REGISTRY - KNOW YOUR CLIENT (KYC APPLICATION) FORM

APPLICANT (SECOND HOLDER)

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Sign Here

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Line 1*

Line 2

City / Town / Village* District*

Pin / Post Code* State / UT Code* ISO 3166 Country Code*

FATCA & CRS DECLARATION

		FIRST HOLDER	SECOND HOLDER
1	Name of Account Holder		
2	Tax residence declaration	☐ I am a tax resident of India and not resident of any other country OR ☐ I am a tax resident of the country/ies mentioned in the table below	☐ I am a tax resident of India and not resident of any other country OR ☐ I am a tax resident of the country/ies mentioned in the table below

Please indicate ALL the countries in which you are a resident for tax purposes and the associated Tax ID Number

below:

	Country	Tax Identification Number %	Identification Type (TIN or Other%, please specify)

To also include USA, where the individual is a citizen/ green card holder of USA.
% In case Tax Identification Number is not available, kindly provide functional equivalent $

CERTIFICATION

I/We have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and
hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/
We have read and understood the FATCA CRS Terms and Conditions below and hereby accept the same.
I/We hereby give my/our consent for sharing FATCA / CRS information relating to my investments with
CCAL

FATCA-CRS TERMS AND CONDITIONS

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules
require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information &
certain certifications and documentation from all our account holders. In relevant cases, information will have to be
reported to tax authorities/appointed agencies. Towards compliance, also be required to provide information to any institutions such as withholding agents we may for the purpose of ensuring appropriate withholding from the account/any
proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us
promptly, i.e., within 30 days. Please note that you may receive more than one request for information if you have multiple
relationships with CCAL. Therefore, it is important that you respond to our request, even if you believe you have already
supplied any previously requested information.

	FIRST HOLDER	SECOND HOLDER
Signature (3)	Sign Here	Sign Here
Date & Place		

FATCA-CRS Instructions

If you have any questions about your tax residency, please contact your tax advisor. **If you are a US citizen or Resident** or green card holder, please include United States in the foreign country information field along with Your US Tax Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA/ CRS Indicia observed (ticked)	**Documentation required for Cure of FATCA/ CRS indicia**
U.S. place of birth	1. Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport or any non-US government issued document **evidencing nationality or citizenship** (refer list below); **AND** 3. Any one of the following documents: a. Certified Copy of Certificate of Loss of Nationality or b. Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
Residence/mailing address in a country other than India	Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and Documentary evidence (refer list below)
Telephone number in a country other than India	***If no Indian telephone number is provided*** Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and Documentary evidence (refer list below) ***If Indian telephone number is provided along with a foreign country telephone number*** 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; **OR** 2. Documentary evidence (refer list below)
Standing instructions to transfer funds to an account maintained in a country other than India (other than depository accounts)	Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and Documentary evidence (refer list below)

List of acceptable **documentary evidence** needed to establish the residence(s) for tax purposes:

1. Certificate of residence issued by an authorized government body*
2. Valid identification issued by an authorized government body* (e.g. Passport, National Identity card, etc.)

Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.

PORTFOLIO MANAGEMENT - SUBSCRIPTION FORM

APPLICANT DETAILS

Name of Sole/First Account Holder

Name of Second Account Holder

DETAILS OF INVESTMENT

Sr.	Strategy Name	Investment Amount (R)
1.		

FUND DETAILS

Total Amount Total Amount in words

Cheque No./UTR No. Date / /

MICR Code NEFT / IFSC Code

Account Type: (pleasetick P) Savings Current NRE FCNR NRO Others

BANK DETAILS

Investment through: Stocks Cheque

Stocks - Cheque Bank Name

Account No. Branch

Address

City

BANK DETAILS

Introduced by

Annual income

Net worth For last year

ADDITIONAL DETAILS (only if applicable)

Politically Exposed Person (PEP) Related To Politically Exposed Person No (Neither)

MODE OF OPERATION (Tick mark) (only if applicable)

Single Joint Anyone or Survivor As per mode of operation of Board Resolution

DETAILED INVESTMENT OBJECTIVE

1. Equity (Indicate Nature of Equities in which investments are desired):
2. Debt (Indicate Nature of Debt(ex Government Bond, Corporate Debt, etc) in which investments are desired)
3. Mutual Funds, Venture funds, etc
4. Percentage Allocation to each
5. Others:

DECLARATION

I/We have read and understood the terms and conditions of the Discretionary Portfolio Investment Management Agreement and the Disclosure Document and undertake to abide with the provisions of the same. All the information and particulars given about myself/us in the application are true to best of my/our knowledge and belief. I/We agree to inform the Portfolio Manager if there is any change in the information provided by me / us.

I/We undertake to provide all the disclosures as required under SEBI (Insider Trading) Regulations, Prevention of Money Laundering Act, 2002 as amended from time to time or any other Act/Regulations.

I/We hereby declare that the amount given/to be given by me/us to the Portfolio Manager for investing on my/our behalf is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, regulations or an status or legislation including Prevention of Money-Laundering Act, 2002 or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time.

I/We confirm and understand that my Application, Discretionary Portfolio Management Services Agreement and other documents attached are subject to verification and scrutiny for compliance with the KYC requirements prescribed, from time to time by CCAL under the Prevention of Money Laundering Act, 2002 and other applicable Acts and Regulations and I/We understand that my/our application can be rejected for any/all reasons including but not limited to discrepancy, non-compliance with the documentation requirements without any reason being assigned therefore by CCAL.

I/We also authorize CCAL to share the information/documents about me/us with any regulatory bodies in order to enable CCAL to meet requirements under any applicable regulations. I/We also agree to co-operate with CCAL for the purposes of any regulatory requirements and for any additional information requirements which may be required to be provided to any regulatory authority by CCAL.

To the extent appropriate for our relationship with you, personal information may be shared for the following purposes :-

(a) to comply with applicable laws, rules and regulations, including anti-terrorism, KYC, anti-money laundering and tax reporting rules and regulations; (b) to comply with legal process, to respond to requests from public, regulatory or government authorities (including authorities outside your country of residency), and to allow us to pursue remedies and limit damage; (c) to any of our associate / affiliate / group entities including our service providers performing delegated outsourced function to enable them to perform internal business processes (which facilitate transactions) such as risk management purposes, data analysis, audits, developing and improving new products and services, etc; (d) to any of our associate / affiliate / group entities to enable them to provide you with appropriate products and services; You have the right to not provide (or to withdraw by written notice at any time) your consent to the collection, use, processing and sharing of your personal information. If you choose to not provide (or to withdraw) your consent, we may not be able to provide you with certain products and services

Note: The investment will commence post clearance of funds.

SIGNATURE		
	Sign Here First Applicant(5)	Sign Here Second Applicant

RISK PROFILE QUESTIONNAIRE

This brief questionnaire will help us understand your investing needs and help us recommend a Portfolio Management product to best suit your needs.

General Information about the Client	
Name of Client	
a) Age	
b) Date of incorporation/birth	

✓ Tick on appropriate option

1 How long have you been investing in the markets?

a. Never invested b. Under 1 year
c. Between 1 and 5 years d. More than 5 years

2 Which of the following best describes your reason for investing in the markets?

a. Earn a regular stream of income and preserve the value of your savings
b. Meet a medium term objective for which you want to save enough money
c. Accumulate greater long term wealth and improve lifestyle by investing in the markets
d. Invest surplus funds with the aim of long term capital appreciation

3 How familiar are you with Investing in Equity Markets?

a. Not at all familiar/hardly familiar
b. I have a basic understanding of how the equity markets work
c. I have an understanding of markets and that different products have different income characteristics
d. I am experienced with all investment sectors and understand the factors that affect markets

4 How would you describe your Risk Profile?

a. Low Risk - The security of my capital is critical.
b. Moderate Risk - But, I want my portfolio returns to be stable in the long term.
c. High Risk - I invest for the long term and am prepared to accept volatility of equities.

5 What is your investment time horizon?

a. 1 year or less b. 1 to 2 years c.2 to 3 year d. 3 years or more

6 How much of your current wealth do you currently invest in equity based products?

a. Less than 5% b. 5-20% c. 20-40% d. More than 40%

7 How would you react if in 6 months your portfolio has decreased in value by 20%?

a. In state of Shock — you intended to keep money secure and did not want to take such a risk
b. Cut your losses and move money into a more secure investment such as a fixed deposit
c. Would not touch the investments, expecting performance to improve
d. Invest in more funds to lower average investment price, expecting higher future returns

8 Do you have any financial dependents? If yes, please mention the number of dependents.

9 Any securities or instruments that you cannot hold for compliance reasons etc.

Applicable ☐ Not Applicable ☐ *(if applicable, kindly list down securities below)*

Sr. No.	Name of Security

10 **% of total portfolio to be invested with the portfolio manager : _____**

11 **Overall investment Goal:**

Goal
Capital Appreciation
Regular Income
Provision of Systematic Withdrawal Plan (Monthly/Quarterly/Annually)
Others

Applicant Declaration

To comply with applicable laws, rules and regulations, including anti-terrorism, KYC, anti-money laundering and tax reporting rules and regulations

To comply with legal process, to respond to requests from public, regulatory or government authorities (including authorities outside your country of residency), and to allow us to pursue remedies and limit damage

To any of our associate / affiliate / group entities including our service providers performing delegated outsourced function to enable them to perform internal business Processes (which facilitate transactions) such as risk management purposes, data analysis, audits

SIGNATURE		
	Sign Here *First* Applicant(6)	Sign Here Second Applicant