KYC FORM - NON INDIVIDUALS

€Edelweiss

	IDENTITY DE	TAILS			
Name of the Applicant:	fthe Applicant: INDIGO INVESTMENT ADUISORS LLD				
Date of Incorporation		29/03/1980			
Date of Commencement	(DD/MA I/Y YYY)				
PAN	ABMPS 12	-57 M		PHOTO	
Country of Incorporation	INDIA	•	FOR SIDE LAKE	STAMP.	
City of Incorporation	CHENNA	L			
Registration number (CIN N				1100 - 0 - 0 - 0	
		STATUS			
	rivate Limited Company Public OP/BOI FPI Cat			Trust □ Liquidator □ HUF	
		ADDRESS DETAILS			
Registered Address (including city, state, country Business / Correspondence		NEAR SALT	TEMPLE - 4 J - 60000	3-3 rd FLOOR HENNAL 04	
(including city, state, country		- SAM	E AS ABO	-	
Tax Residency Address		☐ Business (Corresp	Business (Correspondence) Registered Office		
Specify the proof of address	submitted for address	BANK	STATEME	T	
	CONTACT DETAILS (to be used		communication purpo	ses)	
Landline Phone No: (including city & country co	ide)	Mobile No: (including city & coun	try code) + 91	8652447921	
Fax No: (including city & country co	de)	Email ID: ind	igo. Investr	nent@gmail.co	
	ails of Promoters/Partners/Karta	a/Trustees/Whole Time Dire	ctors Please refer A	nnexure 1 A	
Name	14.9				
PAN	DIN	=	Aadhar Number		
Address					
Address		DECLADATION			
		DECLARATION			
We hereby declare that the changes therein, immediate be held liable for it.	e details furnished above are true and ely. In case any of the above information	d correct to the best of our kno on is found to be false or untrue	owledge and belief and o or misleading or misrepr	we undertake to inform you of any esenting, we are aware that we may	
For: INDIGO (NUESTMENT ADV	(Origi	FOR OFFIC inals verified) True copie Attested) Self Certified I		
Signature	& Stamp of the Authorised Signator	У			
		Value of			

ANNEXURE 1 A Details of Promoters / Senior Management (e.g. Partners, Karta, Trustees & Whole Time Directors) forming a part of Know Your Client (KYC) Application Form for Non-Individuals **APPLICANT NAME** INDIGO INVESTMENT ADVISORS LLP PAN ABMPS 1254M PAN, DIN and PEP NAME, ADDRESS & SIGNATURE No. Relationship **PHOTOGRAPH Aadhar Number** STATUS BNPC 1257-N NAME: V M NAIDU PAN MINIMUM ADD: 203, IST FLOOR, NEAR YES PARTER 1 PARTNER BALAJI SCHOOL CHENNA! NO DIN TAMILMADU - 600015 2345 1239 6489 Aadhar Number RELTV PHOTO AALPC 5786D NAME: YENKAT ROY MINIMUM PAN ADD: RCF BUID COLONY PARTHER ☐ YES NO 507-2 CHENNA PARTNER DIN 4567 1234 2143 RELTV TAMILNADU -GODOIS PHOTO **Aadhar Number** NAME: PAN ADD: YES □ NO DIN RELTV **Aadhar Number** NAME: PAN ADD: YES □ NO DIN ☐ RELTV **Aadhar Number** NAME: PAN ADD: YES □ NO DIN □ RELTV **Aadhar Number** FOR: NDIGO INVESTMENT ADVISORS HP. Name & Signature of the Authorised Signatory (with stamp) Seal / Stamp of the Edelweiss Date 13 02 20 9 Place CHENNA

	Demat Acc	count Opening For	m NSDL and CDSL (Non Individu	al)		
	Edelv	veiss House, Off CST R	BROKING LIMITED Road, Kalina, Mumba — IN303719	ai - 400 098.			
		Please select any o	one of the below opti	ons			
Demat account to	be opened with I	NSDL		☐ Demat a	ccount to be op	ened with CDSL	
	To be filled by	the Depository pa	rticipant in BLOCK	LETTERS in E	inglish		
Application No.		Client ID		DP Inter	nal Ref No.		
Date	DD MM YY						
I/We request you to open a Depository FORM TO BE FILLED IN BLOCK LETTE		ur name as per the be	elow Details On	MMCFTT	E = "		
Details of Account holders (Please is either Politically Exposed Person	Charles of the Control of the Contro	A STATE OF THE PARTY OF THE PAR			Karta / Truste	es / Whole Time Directors	
Account Holders	Sole /	First Holder	Seco	ond Holder		Third Holder	
Name / Search Name	INDIGO	INVESTME	AT ADVIS	SORS L	LP.		
PEP/RPEP	☐ Yes ☑ No		☐ Yes ☑ N			Yes No	
SMS Alert facility	Account to be o	perated through Pow	ver Of Attorney	IÉ I TIL		Yes □ No	
Mobile number mandatory	SMS Alert facility required		Q	☐ Yes ☐ No			
if POA selected Annexure A	Mobile Number on which messages are to be sent		8	8652447921			
ID Num PAN	ARMPS	1257 M					
ID Num UID	-	123		- S			
Contact Number *Mandatory if POA given Annex I	8652	44-7921		46			
	Year 1	☐ Below INR 1 La			☐ INR 5 - 10		
Gross Annual Income Details (Previous 3 years)	Year 2 Below INR 1 Lac				☐ INR 5 - 10	IR 5 - 10 Lac bove INR 1 crore	
	Year 3	☐ Below INR 1 La			☐ INR 5 - 10		
Net Worth Details (not older than 1 year)	20 C	RORE	A	s on Date	3	03 2018	
Email ID		investi	menta.	amai	·com)	
*In case of Firms, HUF, Association of persons, the name of the Firm, Associa	Persons (AOP), F	Partnership Firm, Un	registered Trust, etc	., although the	account is op	ened in the name of the natura	
Name INDIGO INI	ESTMEN	YT ADVISOR	PAN No.	ABM	1P5125	tm.	
		Of Account (Please		applicable)	distribus		
Status		Tag I a d	Sub Status (To b	e filled by th	e DP)		
□ Body Corporate □ Banks □ T □ OCB □ FPI □ CM □ Clearing Others □ □ O.			Sub Status				
Nationality	□ Indian □	Others (Specify)					
SEBI Registration No.			SEBI Registrati	on Date		DD / MM / YYYY	
RBI Registration No.			RBI Approval D)ate		DD / YASA / YXXX	

		Bank Details (I	ividend Ban	k Details)	
BANK NAME	192 ft 152	ALICE ALICA	entra:	Marshart W	
Branch Name	EITHER	MAIN POD		ERSONAL BANK	
Address					
City	The second second	State		Country and Pin	, i
Account type	☐ Saving ☐ Current	t 🗆 Others		Account No.	
IFSC Code	1 2	- H	21	MIRC Code	
i) Photocopy of the B	Bank Statement having name and	ne and address of the BO	der where the	cheque book is issued, (or)	

Standing Instruction	Please tick Yes/No		
I / We instruct the DP to receive each and every credit i	☑Yes □ No		
I / We request you to send Electronic Transaction-cum-	Holding Statement at the email ID mentio	ned above	√ Yes □ No
Account to be operated through Power of Attorney (PC	DA)		√Yes □ No
I/ We wish to receive dividend / interest directly in to n option would be 'Yes') [ECS is mandatory for locations	√Yes □ No		
Standing Instruct	ions if account to be opened in CDSL		Please tick Yes/No
I / We would like to instruct the DP to accept all the ple any other further instruction from my/our end. [If not marked, the default option would be 'No (to be		ıt	☐ Yes ☑ No
I / We would like to share the email ID with the RTA (to	be selected if account opened in CDS	L)	☐ Yes ☐ No
	TRUST FACILITY		
 I wish to avail the TRUST facility using the Mobile n the Terms and Conditions prescribed by CDSL for th I/We wish to register the following clearing member TRUST Annexure B 	e same.		√□ Yes □No
Stock Exchange Name/ID	Clearing Member Name	Clearing Me	ember ID (Optional)
kara er Seria luz			
Easi To register for e asi, please visit our websi Easi allows a BO to view his ISIN balances,	te <u>www.cdslindia.com.</u> transactions and value of the portfolio on	line.	
Account Statement Requirement	☐ As per SEBI Regulation ☐	Daily 🗆 Weekly 🗆 Fortnightly	☐ Monthly
Annual Report Requirement (If not marked the default option would be in Physical)	☐ Physical ☐ Electronic ☑	Both Physical and Electronic	
Cle	aring Member Details (to be filled by (CM's only)	
Name of Stock Exchange			- 40
Name of Clearing Corporation/Clearing House			rdie -
Clearing Member ID	Ti	rading Member ID	II.
SEBI Reg No	Т	rade Name	
CM-BP-ID (to be filled up by Participant)			

DECLARATI	

- I/We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and we undertake to inform you of any changes therein, immediately.
- I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action. I/We are aware that we may be held liable for it.
- I / We acknowledge that I /we have received and read "Rights and Obligations of the Beneficial Owner and Depository Participant" as per Annexure C of the attached booklet. I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts.
- The same has been called upon by me in ☐ Physical Copy ☐ Soft Copy
- I/we also declare that I/We will continue to comply with FEMA regulations. (In case non resident account)

	Sole / First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name	INDIGO INVESTMENT AS	WISDRS LLD.	
Designation	PARTNER		
Signature			
	Mode of Operation (Plea	se select and provide details below)	
☐ Any one Sing	gly 🗆 Jointly 🗖 As per resolution 🗆 Others please sp	pecify	
Details		= 1	
2) Thumb imp be attested3) For receivina) Client mustb) Client must	dditional signatures, separate annexure should be attach ression and signatures other than English or Hindi or any by a Mistreated or Notary Public or a Special Executive M g Statement of Account in electronic form: ensure the confidentiality of the password of the email promptly inform the participant if the email address ha hichever is not applicable	y other language not contained in the 8t Magistrate account	h schedule of the Constitution of India must
	Option fo	r issue of DIS Booklet	
person(s)seekin	the manner of receiving DIS booklet (To be filled by g to open a Depository account where Power of Attorney ed to operate the Depository account)	account opening.	ivery Instruction Slip (DIS) booklet with the Delivery Instruction Slip (DIS) booklet

Acknowledgement

immediately on my/our request at a later date.

	Edelweiss House, Off CST	BROKING LIMITED Road, Kalina, Mumbai - 400 098. — IN303719	
Appropriate Contraction	Please select any	one of the below options	
☐ Demat account to be opened with NSDL ☐ Demat account to be opened with CDSL			count to be opened with CDSL
Received the application from Mr./Ms as the sole/first holder along with and as the second and third holders respectively for opening of the depository account. Please quote the DP Client ID alloted to you by (CM-BP-ID in case of Clearing) in all your future correspondence.			
Date – DD MM YY		Participant Sign	

(Please co	FATCA & (onsult your professional tax advisor	CRS Declaration for further guidance on I	FATCA & CRS classification)	
		ATION (tick any one, as appl		
Entity is a tax resident of India a	and not resident of any other country	, , , , , , , , , , , , , , , , , , , ,		Т
Tax Resident Address ☐ Same as Registered Address				OF
	untry/ies mentioned in the table below	V		1
Please indicate ALL the countries in	which you are a resident for tax purpo	oses and the associated Tax I	D No. below	
Country Ta	Tax Identification Number * Identification Type (TIN or Other *, please specifi			W
			estable agail tall	
³ It is mandatory to supply a TIN If no TIN is yet available or has n In case the Entity's Country of Inco	ber is not available, kindly provide to or functional equivalent if the count not yet been issued, please provide a proration/Tax residence is U.S. but Enti	ntry in which you are tax r an explanation & attach ti	son, mention	
Entity's exemption code here:			(Refer 3(viii) of Part D)	
	(to be filled by Financial Ins	PART A titutions or Direct Report	ina NFFs)	
Entity is a	GIIN		Name of sponsoring entity	
☐ Financial Institution "			,,	
OR Direct reporting NFE ²	Note: If you do not have a GIIN but y and indicate your sponsor's name a		r entity, please provide your sponsor's GIIN at	oove
 □ Applied for □ Not required to apply for (Ple □ Not obtained – Non-particip)	Please provide with Form W8-BEN-E, duly fi	lled in
*If the entity is a FI and a tax resider	nt outside India, please fill the below:			
Are you from CRS Jurisdiction		Yes No (If No , plea	ase answer the next question)	
Please refer to List of Signatories to 0	CRS @http://www.oecd.org/tax/automa	ntic-exchange/international-	framework-for-the-crs/)	
Are you an Investment Entity (Refe	r 1(iii) of Part D)	Yes No (If Yes , plea	ase answer the next question)	
Is the entity managed by another e and the gross income of the entity ☐ Yes ☐ No (If Yes, please of	is primarily attributable to investing, r Indditionally fill P art C)	e-investing, or trading in fir	ified insurance company, or an investment nancial assets	entity
(to be	filled by NFEs other than Direct Rep	PART B porting NFEs; please fill an	y one as appropriate)	
□ Publicly traded company ⁴ (i. regularly traded on an established)		☐ Related entity of a	publicly traded company ⁵ ☐ Controlled	
	stock exchange hange on which the stock is traded)	Name o	of such publicly traded company	
	and the state of t	Name	of the stock exchange (any one)	
☐ Active NFE ⁶		☐ Passive NFE'		1000
Sub-category ((Refer 2c of Part D)				
Nature of Business		Nature of Business		

Refer 1 of Part D in the Information booklet

² Refer 3(vii) of Part D in the Information booklet

³ Refer 1A. of Part D in the Information booklet

⁴ Refer 2a of Part D in the Information booklet

⁵ Refer 2b of Part D in the Information booklet

⁶ Refer 2c of Part D in the Information booklet

⁷ Refer 3(ii) of Part D in the Information booklet

PART C (to be filled only by Passive NFEs)

Please list below the details of each controlling person(s), confirming ALL countries of tax residency/permanent residency/citizenship and ALL Tax Identification Numbers for EACH controlling persons (Please attach additional sheets if necessary):

A CONTRACTOR OF THE PARTY OF TH	Controlling Person 1	Controlling Person 2	Controlling Person 3
Name	- E 5	n - q	
Country of tax residency*		With the second second	
Address (include City State, Country & Pin code)	- 1		
Telephone/ Mobile No. (with ISD code)			
TIN (or functional equivalent for each country identified in relation to each person™)			== = + =
Identification Type (TIN or Other, please specify)			
Controlling person type code *			

Additional details to be filled below **ONLY** by controlling persons having tax residency/permanent residency/citizenship in any country **other** than India including green card holders:

	Controlling Person 1	Controlling Person 2	Controlling Person 3
Customer ID (if allotted)		u samedam urbanga un	
Gender (Male, Female, Other)			1975 - F 1971
City of Birth			- THE E
Country of birth		other and the second	In agency and
Occupation Type (Service, Business, Others)			
Nationality		4.3-44	
PAN			
Father's Name (if PAN not available)		T _{est}	
Date of Birth		1 20 2 2 2	tin to the second
Address type for address mentioned above (Residence or business, Residential, Business, Registered office)			
Identification Type (Documents submitted as proof of identity of the individual)*			
Identification Number (Mandatory if PAN or Aadhaar number is not reported)			15
Spouse's name (optional)			
Aadhaar Number (optional)			

@ Permissible values are:

Passport

· Election ID card

PAN Card

• ID Card

Driving License

UIDAI Letter

NREGA Job card

Others

^{*}To include US, where controlling person is a US citizen or green card holder

[%] In case Tax Identification Number is not available, kindly provide functional equivalent1

⁸ Refer 3(iv) (A) of Part D in the Information booklet

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 and 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, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or 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 Edelweiss or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

CERTIFICATION

I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by me on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA CRS Terms and Conditions and hereby accept the same

FOR: INDIGO INVESTMENT ADV	MSORS HP.
Date: 12 02 2019	,
Authorized Signatory	
Signature & Stamp	
Place: CHENNA	