Annexure 4

Warehouse Service Provider Allotted Code (WAC): _____
(To be maintained by WSP)

KNOW YOUR DEPOSITOR (KYD) APPLICATION FORM

[For Non-Individuals-Non Agriculture]

Please fill this form in ENGLISH & in BLOCK LETTERS.

A. IDENTITY DETAILS

1. Name of the Firm / Company/ Depositor:

_____

2. a. PAN: _____

b. Registration No. (E.g. CIN): _____

c. Any other proof of identity: _____

3. Status (please tick any one):
Private Limited Co. / Public Ltd. Co. / Body Corporate / Partnership / Trust / HUF / LLP. / Others (please specify) _____
(In case of foreign entity or entity with foreign shareholders, self-certified copy of statutory approval obtained must be attached)

B. ADDRESS DETAILS

1. Address for correspondence:

_____

City/ district /village:_____Pin Code: _____

State:_____Country: _____

2. Address for Record (on Stock receipt):

_____

City/ district /village:_____Pin Code: _____

State:_____Country: _____

3. Contact Details:

Mobile No.:_____Tel. (Off.)_____Fax: _____

Email id:_____.

4. Registered Address (if different from above):

_____

City/ district /village:_____Pin Code: _____

State:_____Country: _____

Mobile No.:_____Tel. (Off.) _____

Fax:_____Email id: _____

C. OTHER DETAILS

Net-worth as on (date)_____(_____)

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 Authorized Signatories along with specimen signature to be submitted**

DECLARATION

1. 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 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: _____ **Signature of Authorized Signatory**

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**

ACKNOWLEDGEMENT

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**