

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

## KNOW YOUR DEPOSITOR (KYD) APPLICATION FORM

*[For Individuals-Non Agriculture]*

Please fill this form in **ENGLISH & in BLOCK LETTERS.**

PHOTOGRAPH

Please affix your recent passport size photograph & sign across it.

### A. IDENTITY DETAILS

1. **Name of the Depositor:** \_\_\_\_\_
2. **a) Nationality:** \_\_\_\_\_  
**b) Status:** Resident Individual / Non Resident / Foreign National. (If Non Resident / Foreign National, self-certified copy of statutory approval obtained must be attached)
3. **a) PAN:** \_\_\_\_\_  
**b) Aadhaar Number (UID):** \_\_\_\_\_  
**c) Any other proof of identity:** \_\_\_\_\_

### 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. (Res.) \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email id: \_\_\_\_\_.

### C. OTHER DETAILS

#### 1. Occupation & Income Details:

Agri. & Allied activity / Salaried (Private Sector/ Public Sector/ Government Service) / Pensioner / Self-employed / Business or Trade / Student / Housewife / Other Source (Please specify)

Annual Income: \_\_\_\_\_

**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 DOCUMENTS FOR IDENTIFICATION:**

**[Attach self-attested copies of any two to indicate identity, signature verification & address]**

Please produce original for verification

Passport / Driving License / Voter ID card / Aadhar Card / PAN Card

## 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 \_\_\_\_\_

(\_\_\_\_\_  
Name & Signature of Depositor

## 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