



Please fill in ENGLISH and in BLOCK LETTERS with black ink

"Please note that the KYC Application Form and overleaf instructions should be printed on the same page (back to back). If printed separately then both the pages should be attached and signed by the applicant."

A. Identity Details (please see guidelines overleaf)

1. Name of Applicant (Please write complete name as per Certificate of Incorporation / Registration; leaving one box blank between 2 words. Please do not abbreviate the Name).

[Grid for Name entry]

2. Date of Incorporation [d d] / [m m] / [y y y y]

Place of Incorporation [Grid for location entry]

3. Registration No. (e.g. CIN)

[Grid for Registration No. entry]

Date of commencement of business [d d] / [m m] / [y y y y]

4. Status Please tick (✓) [ ] Private Ltd. Co. [ ] Public Ltd. Co. [ ] Body Corporate [ ] Partnership [ ] Trust / Charities / NGOs

[ ] FI [ ] FII [ ] HUF [ ] AOP [ ] Bank [ ] Government Body [ ] Non-Government Organisation

[ ] Defence Establishment [ ] Body of Individuals [ ] Society [ ] LLP [ ] Others (Please specify)

5. Permanent Account Number (PAN) (MANDATORY) [Grid for PAN entry] Please enclose a duly attested copy of your PAN Card

PHOTOGRAPH
Please affix the recent passport size photograph of Authorised Signatory and sign across it

B. Address Details (please see guidelines overleaf)

1. Address for Correspondence

[Grid for Correspondence Address: City/Town/Village, State, Country, Postal Code]

2. Contact Details

[Grid for Contact Details: Tel. (Off.), Mobile, E-Mail Id., Tel. (Res.), Fax]

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

- [ ] \*Latest Telephone Bill (only Land Line) [ ] \*Latest Electricity Bill [ ] \*Latest Bank Account Statement [ ] Registered Lease / Sale Agreement of Office Premises
[ ] Any other proof of address document (as listed overleaf).(Please specify)

\*Not more than 3 Months old. Validity/Expiry date of proof of address submitted [d d] / [m m] / [y y y y]

4. Registered Address (If different from above)

[Grid for Registered Address: City/Town/Village, State, Country, Postal Code]

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

- [ ] \*Latest Telephone Bill (only Land Line) [ ] \*Latest Electricity Bill [ ] \*Latest Bank Account Statement [ ] Registered Lease / Sale Agreement of Office Premises
[ ] Any other proof of address document (as listed overleaf).(Please specify)

\*Not more than 3 Months old. Validity/Expiry date of proof of address submitted [d d] / [m m] / [y y y y]

C. New Other Details (please see guidelines overleaf)

1. Gross Annual Income Details Please tick (✓): [ ] Below 1 Lac [ ] 1-5 Lac [ ] 5-10 Lac [ ] 10-25 Lac [ ] 25 Lacs-1 Crore [ ] > 1 Crore

2. Net-worth in ₹. (\*Net worth should not be older than 1 year) as on (date) [d d] / [m m] / [y y y y]

3. Name, PAN, DIN/UID, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors (Please use the Annexure to fill in the details)

- 4. Is the entity involved/providing any of the following services [ ] YES [ ] NO
- For Foreign Exchange / Money Changer Services [ ] YES [ ] NO - Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) [ ] YES [ ] NO
- Money Lending / Pawning [ ] YES [ ] NO

5. Any other information:

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 am/we are aware that I/we may be held liable for it.

NAME & SIGNATURE(S) OF AUTHORISED PERSON(S)

Place:

Date:

FOR OFFICE USE ONLY

AMC/Intermediary name OR code

- [ ] (Originals Verified) Self Certified Document copies received
[ ] (Attested) True copies of documents received

Seal/Stamp of the intermediary should contain Staff Name Designation Name of the Organization Signature Date

**Celebrus Capital Limited / Celebrus Commodities Limited**  
**III Floor, EAK Towers, Main Avenue**  
**Panampilly Nagar, Kochi -682036, Kerala**

Date: \_\_\_\_\_

Dear Sir,

**Sub: Authorisation for Digital Contract Notes & Other Statements**

**Ref: Client Code: \_\_\_\_\_ & Client Id: 12075800 \_\_\_\_\_**

I / We have been / shall be dealing through you as my / our Trading Member (TM) – Depository Participant (DP) on the Capital Market / Commodity Market and / or Futures & Options Segments / Currency Derivative Segments / Depository Services. As my / our TM - DP i.e. agent I / we direct and authorize you to carry out trading / dealings on my / our behalf as per instructions given below.

I / We understand that, I / we have the option to receive the Contract Notes, Financial Statements, Demat Account Statements and Billing Statements in physical form or electronic form. In pursuance of the same, I / we hereby opt for receipt of Contract Notes, Financial Statements and Billing Statements in electronic form. I / We understand that for the above purpose, you are required to take from the client “an appropriate email account” for you to send the electronic Contract Notes and Demat Account Statements. Accordingly, please take the following email account(s) / email id on your record for sending Contract Notes and Demat Account Statements to me / us.

I / We agree not to hold you responsible for late / non -receipt of Contract Notes, Financial Statements, Demat Account Statements and Billing Statements in electronic form and any other communication for any reason including but not limited to failure of email servers, loss of connectivity, email in transit etc. I / we agree that the log reports of your dispatching software shall be a conclusive proof of dispatch of contract notes to me / us and such dispatch shall be deemed to mean receipt by me / us and shall not be disputed by me / us on account of any non-receipt / delayed receipt for any reason whatsoever.

I / We also agree that non-receipt of bounced mail notification by you shall amount to delivery at my / our email account(s) / email id(s). I / We understand that I am required to intimate any change in the email id / email account mentioned hereinabove needs to be communicated by me through a physical letter to you, provided however that if I/we am/are an internet client, then in that event the request for change in email id / email account can be made by me / us through a secured access using client specific user id and password. Please treat this authorization as written ratification of my / our verbal directions / authorisations given and carried out by you earlier. I / We shall be liable for all losses, damages and actions which may arise as a consequence of your adhering to and carrying out my / our directions given above.

I/We further request you to update following mobile number on your record for getting mobile alerts.

Email Id:

Mobile No:

Thanking you,  
Yours faithfully,

<Authorised Signatory Sign>  
< Authorised Signatory Name>

< Company Seal>