ICICI Direct | ICICI Bank

Know Your Client (KYC) Application Form (For Non-Individuals Only)

Application No.: 3000123169

Please fill in ENGLISH and in BLOCK Letters in Black ink.

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)
NO SUCH COMPANY PRIVATE LIMITED

2. Date of Incorporation 01/01/2026 Place of Incorporation KOLKATA

3. Registration No. U25612WB2021PTC247 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 ☐ AOP ☐ Bank ☐ Government Body ☐ Non-Government Organisation ☐ Defence Establishment ☐ Body of Individuals ☐ Society ☐ LLP
Others (Please specify)

5. Permanent Account Number (PAN) (MANDATORY) AAKCK1350N Please enclose a duly attested copy of your PAN Card

6. GST No. 22AAA0004125 (Pls provide GST registration certificate)

B. Address for Correspondence / Principal Place of Business

1. Address for Correspondence
FLOOR-2, PLOT NO-264/265, SHREEBHUMI ROAD
LAKETOWN
City / Town / Village KOLKATA District Postal Code 700048
State WEST BENGAL Country INDIA

2. CONTACT DETAILS (All communications will be sent to Mobile number/ Email ID provided) (Please refer instructions below)
Tel.(Off) Fax
Mobile 9000012345 Email ID CJS@GMAIL.COM
The mobile number mentioned here belongs to Name SANJAYA TRIPATHY as per the submitted board resolution / authorization letter dated 25/09/2025
The email ID mentioned here belongs to Name SANJAYA TRIPATHY as per the submitted board resolution/ authorization letter dated 25/09/2025

Corporate body	Partnership/LLP Firm	Trust (Select Any One)	Unincorporated association or a body of individuals
☑ Authorised Person Operating the trading account	☐ Partner	☐ Trustees ☐ Beneficiary	☐ Authorised Person operating the trading account

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) MCA MASTER DATA
*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)
← SAME AS ABOVE →
City / Town / Village District Postal Code
State Country

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) MCA MASTER DATA
*Not more than 3 Months old. Validity/Expiry date of proof of address submitted d d / m m / y y y y

C. Other Details (please see guidelines overleaf)

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

2. 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.

Date 25/09/2025 Place KOLKATA

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

SANJAYA TRIPATHY
COMPANY SEAL
① SIGN

FOR OFFICE USE ONLY

AMC/Intermediary name OR code

☑ (Originals Verified) Self Certified Document copies received

☑ (Attested) True copies of documents received

Stamp/Name of the intermediary should contain
Staff Name :
Designation : IPV OFFICIAL
Name of the Organization :
Signature : DETAILS
Date :

Details of Promoters/ Partners/ Whole time directors/ Senior Management person/ Beneficiaries/ settlor and authors are other than the Trustees/Authorised signatory forming a part of Know Your Client (KYC) Application Form for Non-Individuals.

Name of Applicant NO SUCH COMPANY PRIVATE LIMITED PAN of the Applicant AAKCK1350N

Sr. No.	PAN	Name	DIN (For Directors) / Aadhaar Number (For Others)	Residential / Registered Address	Mobile No.	Relationship with Applicant (i.e. promoters, whole time directors etc)	Photograph
1.	AAAPA1234N	SANJAYA TRIPATHY	08771234	3RD FLOOR, PLOT NO-264/265, LAKE TOWN, KOLKATA-700012	12345 12345	DIRECTOR	PHOTO
2.	AAAPB1243N	SOURABH DASH	08771234	3RD FLOOR, PLOT NO-264/265, LAKE TOWN, KOLKATA-700012	12345 12345	DIRECTOR	PHOTO

COMPANY SEAL & SIGN

Name & Signature of the Authorised Signatory(ies) Date 25/09/2025

ICICI Direct

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Version 28

FATCA / CRS Declaration (Non - Individual)

Name of the Entity	NO SUCH COMPANY PRIVATE LIMITED
Country of Incorporation	☑INDIA ☐US ☐Others_____
Nature of Business	☑Manufacturing ☐Financial Services ☐Investments ☐Distribution/Retails ☐IT ☐Consultancy ☐Others
Services Provided	☐Forex/Money Changer Services ☐Gaming/Gambling /Lottery Services ☐Money Lending/Pawning ☑None of the Above
Country of TAX Residence (Other Than India)	☐YES ☑NO
Country of Residence for TAX Purpose	INDIA
Tax Identification Number/FE Number	
Whether "Specified US Person"	☐YES ☑NO
Please fill up EITHER Section A OR Section B, depending on your entity type, please note that if both the Sections A and B are left blank, the declaration would be rejected.	
SECTION A: Please fill up this section, Only if, If Entity is Non-US Financial Institution (FFI). ⟶ **GIIN – is Mandatory, please provide GIIN:** _____. If GIIN is Not available, Pl select any of the options as applicable. ⟶	☐Registered Deemed Compliant FFI (Reporting Model 1 FFI) ☐Participating FFI ☐Registered Deemed Compliant FFI (Reporting Model 2 FFI). ☐Owner Documented FFI with Specified US owners ☐Deemed compliant FFI (other Than above Mentioned Categories) ☐Exempt Beneficial Owner ☐Non – Participating Foreign Financial Institution
SECTION B: Please fill up this section, If Entity is Non-Financial Entity. ⟶	☐Active NFFE ☑Passive NFFE ☐Direct Reporting NFFE GIIN _____ (Required to provide only if Direct Reporting NFFE is selected.)
Please Fill below if applicable: 1. ☐Our Company is a Listed Company and Listed on recognised stock Exchange. 2. ☐Our Company is a Subsidiary of the Listed Company. 3. ☐Our Company is controlled by a Listed Company.	**Details of Listed Company (If 2nd or 3rd option selected)** A. Name of the Company: _____ _____ B. Stock Exchange on which Listed: _____ _____

FATCA / CRS Declaration (Non - Individual) Contd....

Further, Is the entity substantially owned or controlled by persons resident for tax purpose in any country outside India or US persons: ☐YES ☑NO. (Please go through the table below and select the appropriate category)

S. No.	Entity Type	Controlling Person / Substantial owner	Yes/No
E-0	Sole Proprietor	Any natural person who is solely responsible and controls the decision /activities of the entity	
E-1	Company	Any natural person holding more than <10>% of shares or capital or profits in a company or chain of ownership	
E-2	Partnership	Any natural person holding more than <10>% of the capital or profits of the partnership firm	
E-3	Unincorporated association or Body of individuals	Any natural person holding more than <15>% of the property or capital or profits of an unincorporated association or body of individuals	
E-4	Trust	Any natural person being all settlors of the trust, all trustees, all protectors, all beneficiaries or class of beneficiaries (irrespective of the size of their interest in the trust) and any person exercising ultimate effective control over the trust through a chain of control or ownership where the account holder is a trust	

E-5. If the answer to question 'E' is Yes but the answer E-0 to E- 4 is 'No' then is there any natural person exercising control over the entity through voting rights, agreement, arrangements, etc. or any other means? ☐YES ☐NO.

E-6. If the answer to question 'E' is Yes but the answer E-0 to E- 5 is 'No' then is there any relevant natural person who holds the position of senior managing official. ☐YES ☐NO.

If any of the above point in section E is ticked as Yes & the controlling persons are resident for tax purpose outside India or US persons then provide FATCA/CRS Self - Certification.

Declaration:

(i) Under penalty of perjury, I/we certify that:

1. The applicant is: **(i)** An applicant taxable as a US person under the laws of the United States of America ('U.S.') or any state or political subdivision thereof or therein, including the District to Columbia or any other states of the U.S. **(ii)** An estate the income of which is subject to U.S. federal income tax regardless of the source thereof. (This clause is applicable only if the account holder is identified as a US person).

2. **(i)**The applicant is an applicant taxable as a tax resident under the laws of the country outside India. **(ii)** I/We understand that the Bank is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. The Bank is not able to offer any tax advice on FATCA/CRS or its impact on the applicant. I/we shall seek advice from a professional tax advisor for any tax questions **(iii)** I/We agree to submit a new form within <30> days if < any information or certification on this form becomes incorrect. **(iv)** I/We agree that as may be required by domestic regulators/tax authorities the Bank may also be required to report, reportable details to Central Board of Direct Taxes (CBDT) or close or suspend my account. **(v)** I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is tr ue, correct and complete including the taxpayer identification number of the applicant. **(vi)** I/we certify that I have provided the information on this Form to the best of my knowledge and belief and the certification is true, correct and complete including the taxpayer identification number/functional equivalent number of the Applicant. I am further aware that as per the Union Budget, 2023, a penalty of ₹<5000> per account holder shall be levied for furnishing inaccurate statement of financial transaction owing to false or inaccurate self - certification submitted by me under FATCA/CRS. **(vii)** I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief correct and complete. In case of any change in the above given status on a future date, I/we undertake to inform ICICI Securities the same within 3 0 da ys. **(viii)** I/We hereby confirm that details as provided above can be shared by ICICI Securities with the concerned Asset Management Companies (AMCs) or such other product providers, to whom FATCA/CRS norms are applicable, in whose schemes/ products we may invest/transact in future thro ugh ICICI Securities.

COMPANY SEAL & SIGN Authorised Signatory Sign	COMPANY SEAL & SIGN Authorised Signatory Sign	Authorised Signatory Sign

For more details about FATCA, please refer US IRS website on - http://www.irs.gov/Businesses/Corporations/Foreign -Account-Tax-Compliance-Act-FATCA . If you are not sure about your entity(s) FATCA status, you are requested to contact your tax advisor.

Form No. 3000123189

Declaration for Ultimate Beneficial ownership (UBO)

[Mandatory for all entities except listed company or subsidiary of / Controlled by a listed company holding is more than 10% in case of corporate / Partnership Firm/LLP

To.

ICICI Bank Limited / ICICI Securities Limited

Name of the Customer: - NO SUCH COMPANY PRIVATE LIMITED

☑ We hereby declare that besides theindividual/s mentioned in the below table there are no natural person/s who ultimately hold More than 10 % Of Shares/Capital/Profits directly or indirectly; or exercisecontrol /influence, whether directly or indirectly through voting rights / agreement / arrangement.

OR

☐ We hereby declare that there are no natural person/ s who ultimately hold More than 10 % of Shares/Capital/Profits directly or indirectly;or exercise control / influence, whether directly or indirectly through voting rights/ agreement / arrangement. Hence, there are no Controlling Persons including US or Foreign Citizens / Residents holding More than 10 % Of Shares/Capital/Profits However, we would like toappoint the below mentioned individual /s as Senior managing official as natural person.

(You can take Multiple copies of this page if details are more than 2 persons are to be mentioned)

Name	SANJAYA TRIPATHY	SOURABH DASH
Fathers Name	SARAT TRIPATHY	ARNAB DASH
Gender	☑ Male ☐ Female	☑ Male ☐ Female
Address with City, State, Postal code & country	3RD FLOOR, PLOT NO- 264|265, LAKE TOWN, KOLKATA, WEST BENGAL- 700012	3RD FLOOR, PLOT NO- 264, LAKE TOWN, KOLKATA, WEST BENGAL- INDIA -700013
Date of Birth	01/01/1970	01/01/1980
Country of Birth	INDIA	INDIA
Nationality	INDIAN	INDIAN
Politically Exposed Person (PEPs) / Related to a Politically Exposed Person (RPEP)**	NO	NO
DIN (Applicable if UBO is Director)	08771234	08777123
US Person (Y/N)	N	N
Country of Tax Residency	INDIA	INDIA
TIN or equivalent No.		

Occupation Type	☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Retired ☐ Housewife ☐ Student ☐ Industrialist ☐ Agriculture ☐ Forex Dealer ☐ Professional ☐ Self Employed ☐ Service ☑ Business Income ☐ Others	☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Retired ☐ Housewife ☐ Student ☐ Industrialist ☐ Agriculture ☐ Forex Dealer ☐ Professional ☐ Self Employed ☐ Service ☑ Business Income ☐ Others
Shareholding (%)	50	50
PAN	AAAPA1234N	AAAPB1234N
ID Proof documents submitted (PAN mandatory for Residents / NRI)	☑ PAN ☐ Passport ☐ Aadhaar ☐ Others	☑ PAN ☐ Passport ☐ Aadhaar ☐ Others
PAN of Guardian (Applicable only if UBO is minor and not having PAN – PAN card copy required)		
Relationship with Entity (Multiple options can be selected if multiple relationships)	☐ Shareholder ☑ Beneficial Owner ☐ Promoter ☑ Director Trustee/ Partner	☐ Shareholder ☑ Beneficial Owner ☐ Promoter ☑ Director Trustee/ Partner
Address proof document submitted	AADHAAR	AADHAAR
UBO code (Please refer below Point no. 2 for UBO code)	C01	C01

COMPANY SEAL & SIGN
Authorised Signatory Sign

Notes : * Nature of Beneficial Owner.

1-a) Shareholding/Capital/Profits > 10% (In case where juridical person are Corporate/Partnership Film/LLP)

b) Management Control.

If (a) Indicate the extent of Shareholding with - Shareholding/Capital/Profits

For (b) mention the capacity in which engaged with the corporate with - Corporate/Partnership Film/LLP

@ The said natural person may act alone or together, or through one or more juridical person

Promoter and controls are terms as defined under Companies÷ Act and SEBI regulations

2. UBO code for controlling person type.