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

KNOW YOUR DEPOSITOR (KYD) APPLICATION FORM - BASE METALS

[For Non-Individuals]

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. (Res.) _____ 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 or/and IFSC Code of the bank.*

E. ComRIS / 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 other States 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 ☐

Note: 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
