



ONE OF
INDIA'S LEADING
FINANCIAL SERVICES FIRM

MARWADI
FINANCIAL SERVICES

Corporate Office: - Marwadi Financial Plaza', 150 Feet Ring Road, Nana Mava Main Road Rajkot 360005

REQUIRED DOCUMENTS FOR CHANGE OF CATEGORY IN EQUITY DEMAT AND TRADING ACCOUNT

CHANGE OF TYPE SUBTYPE ORDINARY TO NRI

☐ **Notes:** - In NSDL – CDSL Demat And Trading Account form, write in English & Capital Letters with Black pen only & attach required All documents with proper Client Signature & also duly Verified Stamp with Signature and Identity of the person & Signature in my Presence By Branch Employee

- ✓ NSDL FORM ANNEXURE-A FILLUP – REQUEST FOR CHANG OF RESIDENTIAL STATUS FROM RI TO NRI
- ✓ NRI Client Individual CKYC form Required
- ✓ One Passport Size Color Photograph
- ✓ PAN Card of NRI Client
- ✓ Address Proof of Residence In Indian & Abroad , Resident Visa ,Work Permit, Employment Visa , Current Visa
- ✓ Complete Full Passport of NRI Client (**Date of Expiry Should be Beyond 6 Months**)
- ✓ (NRO) Bank Account opening date proof with details In Case of NRO – NON – RE PATRIABLES Account.
- ✓ (NRE) Bank Account details In Case of NRI – RE PATRIABLE Account.
- ✓ NRI Constituents should furnish a Copy of RBI's Permission for Dealing in Securities from Bank.
(**Compulsory in case the account is on repatriable basis with NRE account**)
- ✓ NRI PIS - Portfolio Investment Scheme Bank Account Letter.
(**Compulsory in case the account is on repatriable basis with NRE account**)

☐ **Photo Identity Proof (Any one)**

- Pan Card
- Full Aadhar card
- Full Pass port
- Driving License
- Full Voter Id Card

☐ **Address Proof (Any One)**

- Aadhar Card – Client Full Name with Full Address
- Full Voter Id card – Client Full Name with Full Address
- Full – Passport – Client Full Name with Full Address (**Date of Expiry Should be Beyond 6 Months**)
- Valid Driving License– Client Full Name with Full Address (**Date of Expiry Should be Beyond 6 Months**)

☐ **Bank Account Proof For MICR Code (Any One)**

- Bank Pass Book (**Last 3 Month Transactions**) NRI Client Full Name & Full Address with Cancelled Cheque Copy
- Bank Statement (**Last 3 Month Transactions**) NRI Client Full Name & Full Address with Cancelled Cheque Copy
- Cancelled Cheque If any Bank A/c. No. And NRI Client Full Name is **printed On the Cheque.**



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ANNEXURE A

REQUEST FOR CHANGE OF RESIDENTIAL STATUS FROM RI TO NRI														
To Marwadi Shares and Finance Ltd. Marwadi Financial Plaza, Nana Mava Main Road, Off 150 Feet Ring Road, Rajkot-360001. Gujarat (India)						Date	D	D	M	M	Y	Y	Y	Y
						DP ID	I	N	3	0	0	9	7	4
						Client ID								
Dear Sir/Madam, I/we are holding above demat account with you. As my/our residential status has (have) been changed from Resident Indian to Non Resident Indian, we request you to carry out the following changes in my/ our aforesaid demat account:														
A. Type and Sub-type														
1	Type	Current type				New type								
		Resident	<input type="checkbox"/>			NRI			<input type="checkbox"/>					
2	Sub-type	Current sub-type (please tick any one)				New sub-type (please tick any one)								
		Ordinary	<input type="checkbox"/>			Non-Repatriable			<input type="checkbox"/>					
		Promoter	<input type="checkbox"/>			Non-Repatriable – Promoter			<input type="checkbox"/>					
B. Other details														
1	RBI Approval Reference Number (mandatory)													
2	RBI Approval date (mandatory)													
3	I/we hereby declare that I/we have complied and will continue to comply with requirements under FEMA.													
		Name				Signature								
Sole/First holder														
Second holder														
Third holder														

Note: 1) Photocopy of relevant pages of current passport which evidences the change of residential status of Client along with Resident Visa/Work Permit/Employment Visa/Current Visa of any other type of visa.

2) Copy of proof of foreign address (self attested & verified with original) of Client along with New C-KYC form



4. CONTACT DETAILS (Communication will be done on provided Mobile no. and E-mail ID) (Telephone No. with STD Code) (Refer instruction C at end)

Tel. (Office)	<input type="text"/>	Tel. (Resi.)	<input type="text"/>
E-mail ID	<input type="text"/>	Mobile	<input type="text"/>

I Herby declare that the aforesaid mobile number and E-mail belongs to
 Me Spouse Dependent Children Dependent Parents

Wish to Receive Electronic Contract Note Statements Ledgers etc. Yes No

5. REMARKS (if any)

<input type="text"/>
<input type="text"/>
<input type="text"/>

6. GUARDIAN DETAILS (In case of Minor Account)

Guardian Full Name

Guardian PAN No. Guardian Date of Birth: / /

7. APPLICANT DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of 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

I would like to share my personal / KYC details with Central KYC registry.

Date : / / Place :

C01
 × Signature / Thumb Impression of Applicant

8. ATTESTATION / FOR OFFICE USE ONLY (BRANCH)

Documents Received Self Certified True Copies Notary IPV Done Date : / /

E-KYC Data Received from UIDAI Data REceived from Offline verification
 Digital KYC Process Equivalent e-document.

Emp. No. Name Designation

IPV & Verified by Signature

AP01/E1

9. INSTITUTIONAL DETAILS

Name **M A R W A D I S H A R E S A N D F I N A N C E L T D**

Ref . No. **1 0 0 2 3 8** Institution Code : **I N 1 8 5 8**



Instruction : (1) Please fill the form in English and in Block Letters (2) Please, read guidelines / detailed instructions overleaf (3) List of Two Character ISO-3166 country codes are available overleaf.



Trading Code		Demat ID	
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Client PAN										
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FATCA/CRS Declaration

Client Name:	
Place of Birth:	
Country of Birth:	
Nationality:	
Do you satisfy any of the criteria mentioned below:	
a. Citizen of any country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Tax Resident of ANY contry/ies other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. POA or mandate holder who has an address outside India	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Address and/or telephone number is of outside India	<input type="checkbox"/> Yes <input type="checkbox"/> No
If answer to the question “b” above is “Yes”, please provide the following information [mandatory], else directly go to declaration & acknowledgement.	
Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below:	
Country of Tax Residency 1	
Tax Payer Ref. ID No. 1	
Identification Type 1 (TIN or other, please specify)	
Country of Tax Residency 2	
Tax Payer Ref. ID No. 2	
Identification Type 2 (TIN or other, please specify)	

Declaration & Acknowledgement

- I hereby certify that I have declared my status as per the applicable FATCA/CRS rules in India as notified by Government of India/ Central Board of Direct Taxes/ Securities and Exchange Board of India/ Reserve Bank Of India.
- I certify that (i) I am taxable as a (U.S.) person under the laws of the United States of America or any state or political subdivision thereof or therein, including the District of 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 U.S. person) OR I certify that I am taxable as a tax resident under the laws of country outside India. (This clause is applicable only if the account holder is a tax resident outside of India).
- I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief and that I have not withheld any material information/document, that may affect the assessment/categorization of the account as a US Reportable account/Other Reportable account or otherwise. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I am aware that I may liable for it.
- I undertake the responsibility to declare, disclose and recertify within 30 days any changes that may take place in the information provided in the account opening form, and signed by me as well as in the documentary evidence provided by me or if any certification becomes incorrect.
- I hereby authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. I also agree that my failure to disclose any material fact known to me now or in future, may invalidate my application and the Financial Institution (FI) would be within its right to put restrictions in the operations of my account or take appropriate action permissible under the Indian regulations for the purpose or take any other action as may deemed appropriate if the deficiency is not updated /rectified by me within the stipulated period.
- I agree to furnish any particular/ information that is called upon me by the FI on account of any change to law either in India or abroad in the subject matter herein.
- In the event there is any tax demand (including interest (if any)) raised due to non-disclosure/inaccurate disclosure of information/document on my part, I undertake to pay the demand forthwith and provide the FI with all information/documents that may be necessary for any proceedings before GOI/RBI/SEBI/income tax Authorities.
- I permit/authorize the FI to collect, store, communicate and process information relating to my account with them and all transactions therein, by the FI and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential Information for compliance with any law or regulation whether domestic or foreign. I also understand that the account will be reported if any one of the aforesaid FATCA / CRS criteria for any of the account holders i.e. primary or joint (in case of demat account) are met.

Signature of Client:

[Redacted Signature]

Date of declaration:

[Redacted Date]

FATCA / CRS Terms & Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian Financial Institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Towards compliance with tax information sharing laws, such as FATCA and CRS, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days from the occurrence of the change in information.

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA & CRS Indicia observed (ticked)	Documentation required for Cure of FATCA / CRS indicia
U.S. Place of Birth	<ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below) AND 3. Any one of the following documents: <ul style="list-style-type: none"> • Certified Copy of “Certificate of Loss of Nationality”; or • Reasonable explanation of why the customer does not have such a certificate despite renouncing citizenship; or • Reason the customer did not obtain U.S. citizenship at birth
Residence/ mailing address in a country other than India	<ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a resident of any other country other than India; and 2. Documentary evidence (refer list below)
Telephone number in a country other than India	<p>Whether Indian telephone number is provided or not provided along with a foreign country telephone number</p> <ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a resident of any other country other than India; and 2. Documentary evidence (refer list below)

List of acceptable **documentary evidence** needed to establish the residence(s) for tax purposes:

1. **Certificate of residence issued by an authorised Government body***
 2. Valid Identification issued by authorised Government body * (e.g., Passport, National Identity Card, etc.)
- * **Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.**

Signature of Client: _____

Date of declaration: _____