

## Application for Registration of Intermediary with CDSL Ventures Limited - KYC Registration Agency (CVL-KRA) SEBI Registration No. IN/KRA/001/2011

**POS Code / ID** To be provided by CVL-KRA

## **CDSL Ventures Limited**

I-202, 2<sup>nd</sup> Floor (Deck Level) Tower No.4, Above Belapur Railway Station Belapur, Navi Mumbai - 400614.

Dear Sir / Madam,

We are desirous of registering with CVL–KRA pursuant to the SEBI (KYC Registration Agency) Regulations, 2011 / Forward Markets Commission vide their circular No. FMC/COMPL/TV/KRA-05/11/14 dated February 26th, 2015 and are furnishing the details as under:

Intermediary																
CERT / ER & C																
SEBI / FMC						PAN										
Registration No																
CIN																
Registered Office	Line	1														
Address	Line 2	2														
	Line 3	3														
	City/	vn			Pin code											
	State									•						
	Coun	try														
Whether corresponden							ice a	add	lres	s: `	Yes	/ N	0			
If No, then Correspond			ress mus	st b	e provided b	elow.										_
Correspondence Address	Line 1															_
nuuress	Line 2															
	Line 3															
	City/Town		vn			Pin	Pin code									
	State															
	Coun	untry														
<b>Details of Compliance</b>	Officer	r ap	pointed	for	compliance	with re	gar	d t	o K	RA	R	egu	lati	ion	S	
Name of Compliance Of	ficer															
Email id																
Telephone No.		+	ISD Co	de	STD Code											
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Telephone No.	+	ISD Code	STD Code				
Fax No.	+	ISD Code	STD Code				
Mobile No	+	ISD Code					
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Remarks / Other det	ails						
Declaration							
I/We hereby declare	that the det	tails furnishe	d above are true	e and co	orrect	to the be	st of my/our
knowledge and belief							•
agree to abide by the	e provisions	s of the SEB	I (KYC Registr	ation A	gency	) Regulat	ions, 2011 /
FMC (KYC Registration							
I/We agree to the 'Te			-	•		•	_
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misrepresenting, I am	we are awa	re mai 1/we m	iay be neid iiabi	e for it.			
We request you to cons	sider our an	olication for r	egistration with	CVL-KI	RA.		
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Place:			Date:	DD		Month	Year
Enclosures:-							
1 Copy of SEBI /			icate*				
2 Copy of Interme							
3 Name(s) of Des	_		* *				-
designation, Dire		ication Numb	ber (DIN) / PAN	and sig	nature	$s(s)^*$ on th	ie letterhead
4 Copy of the lates		hoot*					
5 'Terms and Cond		neet ·					
* Certified by Designated D		e Time Director	/ Company Secreta	rv along v	with sea	ıl / stamn of	Intermediary
		For Off	ice Use Only				
Date of Receipt			<del> </del>				
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Remarks (if any)				Date	עע	141011111	1 Cai
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