

Registration Form for Intermediaries

RI Code / ID: _____

M/s. CAMS Investor Services Pvt. Ltd. [CAMSKRA]
Rayala Towers, Tower – I, III Floor
No.158 Anna Salai
Chennai- 600002

Dear Sir / Madam,

With reference to SEBI KRA Regulations 2011, we wish to register with CAMS Investor Services Pvt. Ltd. [CAMSKRA] for facilitating submission of KYC documents with you. Please find below the required details as follows:

Name of the Intermediary	<input type="text"/>																														
PAN	<input type="text"/>																														
SEBI Registration Number	<input type="text"/>																														
Registered Office Address	<input type="text"/>																														
City	<input type="text"/>															Pincode	<input type="text"/>														
State	<input type="text"/>															Country	<input type="text"/>														
Correspondence Address	<input type="text"/>																														
City	<input type="text"/>															Pincode	<input type="text"/>														
State	<input type="text"/>															Country	<input type="text"/>														
Contact Person	Mr. / Ms. <input type="text"/>																														
Contact Details	Telephone	ISD/STD Code <input type="text"/>					Number	<input type="text"/>																							
	Mobile No.	<input type="text"/>																													
	Email ID	<input type="text"/>																													

Compliance Officer details:

Name	Mr. / Ms.	<input type="text"/>
Designation		<input type="text"/>
Email ID		<input type="text"/>
Contact Details	Telephone	ISD/STD Code <input type="text"/> Number <input type="text"/>
	Mobile No.	<input type="text"/>

I/We hereby declare and confirm that information provided above is true and correct which can be relied upon by you. Further I/We undertake to clarify/provide any further information required on the same and undertake to inform you of any changes thereof immediately. I/We have gone through the functions and obligations of the Intermediary, meeting the prescribed eligible criteria and also agree to abide by the provisions of SEBI KRA Regulations 2011 and any subsequent amendments thereafter. If any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are fully aware of the related consequences and hence fully liable for the same.

Signature:

S No.	Name of the Authorized Signatory(ies)*	Signature	Stamp of the Intermediary
1.			
2.			
3.			
Place:		Date:	

* in case of more than 3 authorized signatories, annexure can be made

Enclosures:

- ☐ Certified True Copy of SEBI Registration Certificate.
- ☐ Certified True Copy of PAN Card.
- ☐ Name(s) of Designated / Whole Time Director(s) / Company Secretary along with their designation, Director Identification Number (DIN) / PAN and signature(s) on the letterhead of the Intermediary.
- ☐ Copy of the latest Balance Sheet duly certified by designated Director / Whole Time Director / Company Secretary along with seal and stamp of Intermediary.

For Office Use only

Date of Receipt			
Verified by		Date:	
Remarks			
Accepted		Rejected	
Archival details			