INCOME DECLARATION

This information is sought under the Prevention of Money Laundering Act, 2002, the rules notified there under and SEBI's guidelines on Anti Money Laundering.

Date:

То

Consortium Securities Pvt. Ltd. Consortium Commodities Pvt. Ltd. 36, Sant Nagar, East of Kailash, New Delhi – 110 065

 Ref:
 Trading account No.:
 DP account No.:

Name of the Company/ Firm/ HUF	
Registered Office Address (If different from as provided in KYC – Attach Proof)	
Correspondence Address (If different from as	
provided in KYC – Attach Proof)	
Email ID (If different from as provided in KYC)	
Contact Details (If different from as provided in KYC)	
Contact Person	
Landline Number	
Mobile Number	
Gross Annual Income Declaration	
a) Below Rs. 1,00,000	
b) Rs. 1,00,000 to Rs. 5,00,000	
c) Rs. 5,00,000 to Rs. 10,00,000	
d) Rs. 10,00,000 to Rs. 25,00,000	
e) Above Rs. 25,00,000 (Pls. specify the amount)	
Value of Assets (Pls. Specify)	Rs
Net worth latest (along with copy of CA certificate)	Rs

Audited Balance Sheets of latest (copy attached)	
If the following is additionally applicable to you	
a) Politically Exposed Person (PEP)	YES/ NO
b) Related to a Politically Exposed Person (PEP)	YES/ NO
 c) Senior government/judicial/military officers/executives of state owned corporations or their family member or close relative 	YES/ NO
d) Current or Former MP/MLA/MLC/Head of state or of Governments or their family member or close relative	YES/ NO
e) Politician or their family member or close relative	YES/ NO
f) Civil Servant/Bureaucrat or family member or close relative of Civil Servant/Bureaucrat	YES/ NO

I ______, (Name & designation) provide you the following details as per your requirement. I further request you to kindly update the same in your records as per the above-mentioned details.

We hereby further confirm/undertake that the investments/trading done in securities market are from our own/borrowed sources of funds and we confirm that the funds utilized for trading activity by us is in compliance with the rules, regulations and guidelines stipulated under PMLA.

I/we ______, (Name of the company/ Partnership Firm/ HUF) hereby enclose the self attested copy of PAN card No. ______.

Yours faithfully,

For ______ (Name of the Company / Partnership Firm/ HUF)

Signature (Along with Stamp):