

KNOW YOUR CLIENT (KYC) APPLICATION FORM – FOR NON INDIVIDUALS
 (Please fill this form in ENGLISH and in BLOCK LETTERS)

A. IDENTITY DETAILS

1. Name of the Applicant: _____

2. Date of incorporation

d	d	m	m	y	y	y	y
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Place of incorporation: _____

3. Date of commencement of business:

d	d	m	m	y	y	y	y
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4. a. PAN: _____ b. Registration No. (e.g. CIN): _____

5. Status (please tick any one): Private Limited Co. / Public Ltd. Co / Body Corporate / Partnership / Trust / Charities / NGO's / FI / FII / HUF / AOP / Bank/Government Body/Non-Government Organization/Defense Establishment / BOI/Society/LLP/ Others (please specify) _____

B. ADDRESS DETAILS

Address for correspondence	Registered Address (if different from correspondence address)
_____	_____
_____	_____
_____	_____
City/town/village: _____ Pin Code: _____	City/town/village: _____ Pin Code: _____
State: _____ Country: _____	State: _____ Country: _____

2. Contact Details: Tel. (Off.) _____ Tel. (Res.) _____ Fax: _____

Mobile No.: _____ Email id: _____

3. Specify the proof of address submitted for correspondence address: _____

4. Specify the proof of address submitted for registered address: _____

C. OTHER DETAILS

1. Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors: _____

2. DIN/UID of Promoters/Partners/Karta and whole time directors: _____
 directors:

3. Any other information: _____

DECLARATION

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 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.

 Name & Signature of the Authorised Signatory

Date:

d	d	m	m	y	y	y	y
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FOR OFFICE USE ONLY

(Self-Attested) Self Certified Document copies received True copies of documents received (Originals verified)

IPV Details	Signature	In person verification done by	Relationship with the Intermediary / Designation	Date of IPV

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 Signature of the Authorized Signatory

.....
 Name of the Intermediary

.....
 Seal/Stamp of the intermediary

Date

d	d	m	m	y	y	y	y
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