

KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Non Individuals)

Date _____

Please fill this form in ENGLISH and in BLOCK LETTERS.

A. IDENTITY DETAILS

- Name of the Applicant:** _____
- Date of incorporation:** & **Place of incorporation:** _____
- Date of commencement of business :**
- a. PAN:** _____ **b. Registration No. (e.g. CIN) :** _____
- Status (Please tick any one):** Private Limited Co. / Public Ltd. Co. / Body Corporate / Trust / Partnership / Charities / NGO's / FI / FII / HUF / AOP / Bank / Government Body / BOI / Society / Defense Establishment / Non-Government Organization / LLP / Others (Please Specify) _____

B. ADDRESS DETAILS

- Correspondence Address:** _____

 City/town/village: _____ Pin Code: _____ State: _____ Country: _____
- Contact Details:** Tel. (Off.) _____ Tel. (Res.) _____
 Mobile No. : _____ Fax : _____
 Email id: _____
- Specify the proof of address submitted for correspondence address:** _____
- Registered Address** (if different from above or overseas address, mandatory for Non-Resident Applicant): _____

 City/town/village: _____ Pin Code: _____ State: _____ Country: _____
- Specify the proof of address submitted for registered address:** _____

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I 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 aware that I may be held liable for it.

Signature of the Applicant

Date: | _____

FOR OFFICE USE ONLY

1	<input type="checkbox"/> Originals verified and Self Attested Document copies received								
2	In - Person - Verification (IPV) Details								
	A) Name of the person doing IPV								
	B) Designation								
	C) Name of Organization								
	D) Signature								
	E) Date								
	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Name & Signature of the Authorised Signatory _____									
Seal/Stamp of the Intermediary									
Date: <input type="text"/>									

**Details of Promoters / Partners / Karta / Trustees and whole time directors forming a part of Know Your Client (KYC)
Application Form for Non-Individuals**

Sr. No.	Name	Relationship with Applicant (i.e. promoters whole time directors etc.)	PAN	Residential / Registered Address	DIN of whole time directors / Aadhaar Number of Promoters/Partners/Karta	Photograph
1						
2						
3						
4						

Name & Signature of the Authorised Signatory(ies)

Date: