

KNOW YOUR CLIENT (KYC) Application Form - For Non Individuals

NEW CHANGE REQUEST (Please tick ✓ the appropriate)

Acknowledgement No. _____



Please fill this form in **ENGLISH** and in **BLOCK LETTERS**

(Please tick ✓ the box on left margin of appropriate row where **CHANGE/CORRECTION** is required and provide the details in the corresponding row)

A IDENTITY DETAILS

<input type="checkbox"/>	1. Name of the Applicant	_____													
<input type="checkbox"/>	2a. Date of incorporation	[D][D] / [M][M] / [Y][Y][Y][Y]	2b. Place of incorporation	_____											
<input type="checkbox"/>	3. Date of commencement of business	[D][D] / [M][M] / [Y][Y][Y][Y]													
<input type="checkbox"/>	4a. PAN	_____													
<input type="checkbox"/>	4b. Registration No. (e.g. CIN)	_____													
<input type="checkbox"/>	5. Status (Please tick ✓ the appropriate)	<input type="checkbox"/> Private Limited Co. <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Charities <input type="checkbox"/> NGO's <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> Bank <input type="checkbox"/> Government Body <input type="checkbox"/> Non-Government Organization <input type="checkbox"/> Defense Establishment <input type="checkbox"/> BOI <input type="checkbox"/> Society <input type="checkbox"/> LLP <input type="checkbox"/> FPI - Category I <input type="checkbox"/> FPI - Category II <input type="checkbox"/> FPI - Category III <input type="checkbox"/> Others (Please specify) _____													

B ADDRESS DETAILS

<input type="checkbox"/>	1. Address for Correspondence	_____																																																				
	City / Town / Village	_____								Pin Code	_____																																											
	State	_____				Country	_____																																															
<input type="checkbox"/>	2. Specify the Proof of Address submitted for Correspondence Address:	_____																																																				
<input type="checkbox"/>	3. Contact Details	<table border="0"> <tr> <td>Tel. (Off.)</td> <td colspan="6">_____</td> <td>Fax</td> <td colspan="6">_____</td> </tr> <tr> <td>Tel. (Res.)</td> <td colspan="6">_____</td> <td>Mobile No</td> <td colspan="6">_____</td> </tr> <tr> <td>E-Mail Id,</td> <td colspan="12">_____</td> </tr> </table>												Tel. (Off.)	_____						Fax	_____						Tel. (Res.)	_____						Mobile No	_____						E-Mail Id,	_____											
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Tel. (Res.)	_____						Mobile No	_____																																														
E-Mail Id,	_____																																																					
<input type="checkbox"/>	4. Registered Address (If different from above)	_____																																																				
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	State	_____				Country	_____																																															

C OTHER DETAILS (If space is insufficient, enclose these details separately [Illustrative format enclosed])

<input type="checkbox"/>	1. Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:	_____											
<input type="checkbox"/>	2a. DIN of whole time directors :	_____											
<input type="checkbox"/>	2b. Aadhar number of Promoters/Partners/Karta :	_____											

D 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.

Date: [D][D] / [M][M] / [Y][Y][Y][Y]



Karta seal & signature
Name & Signature of the Authorised Signatory _____

FOR OFFICE USE ONLY

In Person Verification (IPV) Details:

Name of the person who has done the IPV: _____

Designation: _____ Employee ID: _____

Name of the Organization: _____

Date of IPV: [D][D] / [M][M] / [Y][Y][Y][Y]

Signature of the person who has done the IPV _____

Seal/Stamp of the Intermediary _____

Originals Verified and Self Attested Document copies received

_____ Date

_____ Name and Signature of the Authorised Signatory

1. Name <input style="width: 100%; height: 20px;" type="text"/>	PHOTOGRAPH Please affix your recent passport size photograph and sign across it
2. Relationship with Applicant <i>(i.e. promoters, whole time directors etc.)</i> <input style="width: 100%; height: 20px;" type="text"/>	
3a. PAN <input style="width: 200px;" type="text"/> 3b. DIN <input style="width: 200px;" type="text"/>	
3c. Aadhar (UID) Number <input style="width: 100%; height: 20px;" type="text"/>	
4. Residential/ Registered Address <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <div style="display: flex; justify-content: space-between;"> City / Town / Village Country Pin Code </div> <div style="display: flex; justify-content: space-between;"> State </div>	

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Karta seal & signature _____
 Name & Signature of the Authorised Signatory (ies)

Date: / /