'CENTRAL KYC REGISTR	Y Know Your Customer (KYC) Application Form Legal Entity/ Other than Individuals
For office use only (To be filled by financial institution	G) List of two character ISO 3166 country codes is available at the end. M-YYYY format. H) Please read section wise detailed guidelines / instructions at the end. For particular section update, please tick (*) in the box available before the section Type* Application Type* New Update (Mandatory for KYC update request)
1. ENTITY DETAILS* (P	lease refer instruction A at the end)
□ Name*	PADEEP & FAMILY HUF
Entity Constitution Type*	C There Special (Please refer instruction B at the end)
Place of Incorporation / For Place of Incorporation / For PAN* PPAFH3 TIN / GST Registration Num	remation* BANGALORE Country of Incorporation / Formation* 1 N TIN or Equivalent Issuing Country 1 N 134P Form 60 furnished
2. PROOF OF IDENTITY	(Pol)* (Please refer instruction B at the end)
Certificate of Incorporation Memorandum and Article Resolution of Board / Ma Activity Proof - 1 (For Sol	s of Association Partnership Deed Trust Deed naging Committee Power of attorney granted to its manager, officers or employees to transact on its behalf
3. ADDRESS* (Please s	
3.1 Registered Office Add Proof of Address* Line 1* Line 2 Line 3	Certificate of incorporation / Formation Registration Certificate Other Document BANK STATEMENT 101 J. P. NAGAR. City / Town / Village* BANG ALORE
District*	BANGALORE PIN / Post Code* 5600 78 State / U.T Code* KA ISO 3166 Country Code* IN
3.2 Local Address in Indi	a (If different from Above)*
Line 1* Line 2 Line 3 District*	SAME. AS ABOVE City / Town / Village* PIN / Post Code* State / U.T Code* ISO 3166 Country Code*
4 CONTACT DETAILS (All communications will be sent to Mobile number/ Email-ID provided" may be used) (Please refer instruction D at the end)
Tel. (Off)	FAX
Mobile 91 9	900001234 Email ID PRADEEPM@GMAIL.COM
Mobile	Email ID
5. NUMBER OF RELATE	D PERSONS D 3 (Please refer instruction E at the end)

7. APPLICANT	DECLARATION (Please refer Instruction G at the er	
undertake to inform yo	t the details furnished above are true and correct to the out of any changes therein, immediately. In case any of the abo presenting, I am aware that I may be held liable for it.	
registered number/em		Kan
Date: 08 0	7 2085 Place BANGE	NORE Signature / Thumb Impression of Authorised Person(s)
8. ATTESTATION	Y FOR OFFICE USE ONLY	
Documents Received	Certified Copies Equivalent e-docum	ent
KYC	VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
dentity Verification	Done Date	Name Code
Emp. Name Emp. Code		
Emp. Designation Emp. Branch		
		Til