

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

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)

Acknowledgement No. _____

A IDENTITY DETAILS

Name of the Applicant _____

Date of Incorporation _____ Place of Incorporation _____

Date of commencement of business _____

Permanent Account Number (PAN) _____

Registration No. (e.g. CIN) _____

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)

PHOTOGRAPH

Please affix
your recent passport
size photograph and
sign across it

B ADDRESS DETAILS

Correspondence Address _____

City / Town / Village _____ Pin Code _____

State _____ Country _____

Contact Details

Tel. (Off.) _____ Fax _____

Tel. (Res.) _____ Mobile No _____

E-Mail Id. _____

Specify the Proof of Address submitted for Correspondence Address: _____

Registered Address (If different from above) _____

City / Town / Village _____ Pin Code _____

State _____ Country _____

C OTHER DETAILS

Name, PAN, Residential Address and photographs of Promoters/Partners/Karta/Trustees and whole time directors : _____
 If space is insufficient, enclosed these details separately (illustrative format enclosed)

DIN OF Whole time directors : _____
 If space is insufficient, enclosed these details separately (illustrative format enclosed)

AADHAR No. OF Promoters/Partners/Karta : _____
 If space is insufficient, enclosed these details separately (illustrative format enclosed)

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 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 _____



Name & Signature of the Director/Authorised Signatory(ies)

FOR OFFICE USE ONLY

Originals Verified & Self Attested Document copies received

Name & Signature of the Authorised Signatory

Date _____ Place : _____

Seal/Stamp of the Intermediary

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

<p>1. Name _____</p> <p>2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____</p> <p>3a. PAN _____ 3b. DIN _____</p> <p>3c. Aadhaar (UID) Number _____</p> <p>4. Residential/ Registered Address _____</p> <p>_____</p> <p>City / Town / Village _____ Pin Code _____</p> <p>State _____ Country _____</p>	<p>PHOTOGRAPH</p> <p>Please affix your recent passport size photograph and sign across it</p>
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Name & Signature of the Authorised Signatory (ies)

Date :