## N

## Know Your Client (KYC) Application Form (For Non-Individuals Only)



Place for Intermediary Logo

Application No. :

Signature Date

Please fill in ENGLISH and in BLOCK LETTERS

(Attested) True copies of documents received

Troub in in English and in Section Elitera							
A. Identity Details (please see guidelines overleaf)							
1. Name of Applicant (Please write complete name as per Certificate of Incorporation	/ Registration; leaving one box blank	between 2 words. Please do not abb	reviate the Name).				
2. Date of Incorporation d d d / m m / y y y y Place of	f Incorporation						
Registration No. (e.g. CIN)	Date of commencement	of business ddd/mm	] <b>/</b> [y   y   y   y				
4. Status Please tick (✓) ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Body Corporate ☐ Partnership ☐ Trust / Charities / NGOs ☐ HUF ☐ FI ☐ FII ☐ FPI Category I ☐ FPI Category II ☐ AOP ☐ Bank ☐ Government Body ☐ Non-Government Organisation ☐ Defence Establishment ☐ Body of Individuals ☐ Society ☐ LLP ☐ Others (Please specify)							
5. Permanent Account Number (PAN) (MANDATORY) Please enclose a duly attested copy of your PAN Card							
3. Address Details (please see guidelines overleaf)							
. Address for Correspondence							
City / Town / Village		Postal Code					
State	Coun						
. Contact Details							
Tel. (Off.) (ISD) (STD)	Tel. (Res.) (ISD) (ST						
Mobile (ISD) (STD)	Fax (ISD) (ST	D)					
E-Mail Id.  Proof of address to be provided by Applicant. Please submit ANY ON							
City / Town / Village		Postal Code					
State	Coun	· · · · · · · · · · · · · · · · · · ·					
5. Proof of address to be provided by Applicant. Please submit ANY ON Latest Telephone Bill (only Land Line) **Latest Telephone Bill **Latest Telephon	est Bank Account Statement						
C. Other Details (please see guidelines overleaf)							
. Name, PAN, DIN/Aadhaar Number, residential address and ph (Please use the Annexure to fill in the details)	notographs of Promoters/Pa	artners/Karta/Trustees/who	le time director				
. 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(S)  OF AUTHORISED  PERSON(S)							
ace:	1 113014(3)						
ate:							
FOR OF	FICE USE ONLY						
MC/Intermediary name <b>OR</b> code		Seal/Stamp of the interme	•				
(Originals Verified) Self Certified Document copies received		Designat	ion				
LANCE DE CONTRACTOR		Name of the Or	ganization				

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

PAN of the Applicant

Sr. No.	PAN	Name	DIN (For Directors) / Aadhaar Number (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph



Name of Applicant \_