

KNOW YOUR CLIENT (KYC) APPLICATION FORM – FOR NON INDIVIDUALS
(Please fill this form in ENGLISH and in BLOCK LETTERS)

A. IDENTITY DETAILS

1. Name of the Applicant: _____

2 Date of incorporation

d	d	m	m	y	y	y	y
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Place of incorporation: _____

3. Date of commencement of business:

d	d	m	m	y	y	y	y
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4. a. PAN: _____ b. Registration No. (e.g. CIN): _____

5. 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) _____

B. ADDRESS DETAILS

Address for correspondence	Registered Address (if different from correspondence address)
City/town/village: _____ Pin Code: _____	City/town/village: _____ Pin Code: _____
State: _____ Country: _____	State: _____ Country: _____

2. Contact Details: Tel. (Off.) _____ Tel. (Res.) _____ Fax: _____
 Mobile No.: _____ Email id: _____

3. Specify the proof of address submitted for correspondence address: _____

4. Specify the proof of address submitted for registered address: _____

C. OTHER DETAILS

1. Gross Annual Income Details (please specify):

Income Range per annum:

	Below Rs. 1 Lakh			Between Rs.1 to Rs.5 Lakhs
	Between Rs.5 to Rs.10 Lakhs			Between Rs.10 to Rs.25 Lakhs
	Between Rs.25 Lakhs to Rs.1 Crore			Above Rs.1 Crore

2. Net-worth as on (Net worth should not be older than 1 year)

d	d	m	m	y	y	y	y
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 Rs. _____

3. Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors: _____

4. DIN/UID of Promoters/Partners/Karta and whole time directors: _____

5. Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors: Politically Exposed Person (PEP) Related to Politically Exposed Person (PEP)

6. 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 of the Authorised Signatory _____ Date:

d	d	m	m	y	y	y	y
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FOR OFFICE USE ONLY

(Self-Attested) Self Certified Document copies received True copies of documents received (Originals verified)

IPV Details	Signature	In person verification done by	Details / Designation	Date

.....
 Signature of the Authorized Signatory _____
 Date

d	d	m	m	y	y	y	y
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Seal/Stamp of the intermediary