## N

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

☐ (Attested) True copies of documents received



Place for Intermediary Logo

Application No.:

Signature Date

Please fill in ENGLISH and in BLOCK LETTERS CV	VL						
A. Identity Details (please see guidelines overleaf)							
. Name of Applicant (Please write complete name as per Certificate of Incorporation	n / Registration; leav	ing one box	blank betwee	en 2 words.	Please do no	t abbreviate	the Name).
Date of Incorporation d d / m m / y y y y Place of	of Incorporation						
Registration No. (e.g. CIN)	Date of	commence	ment of bus	iness d	d / m	m   <b>/</b>   y	y   y
. Status Please tick (✓) ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Body Corp. ☐ FPI Category I ☐ FPI Category III ☐ AOP ☐ ☐ Defence Establishment ☐ Body of Individuals ☐ Society ☐ LLP ☐ Permanent Account Number (PAN) (MANDATORY)		rnment Body lease specify)	ust / Charitie Non-	-Governmen	t Organisatio		FII
. Address Details (please see guidelines overleaf)			,		,		
Address for Correspondence							
6. 17 0.00							
City / Town / Village			Country		Postal Code		
State State Scontact Details			Country				
Tel. (Off.)  (ISD)   (STD)	Tel (F	Res.) (ISD)	(STD)				111
Mobile (ISD) (STD)		Fax (ISD)	(STD)				
E-MailId.  Proof of address to be provided by Applicant. Please submit ANY O							
City / Town / Village State			Country		Postal Code		
. Proof of address to be provided by Applicant. Please submit ANY O  *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *La  Any other proof of address document (as listed overleaf).(Please specify)	itest Bank Accoun						
*Not more than 3 Months old. Validity/Expiry date of proof of address submitted	ed d d / n	n m / b	/	У			
Other Details (please see guidelines overleaf)							
. Name, PAN, DIN/Aadhaar Number, residential address and p (Please use the Annexure to fill in the details)	hotographs of	f Promote	ers/Partnei	rs/Karta/	Trustees/\	whole tin	ne directo
. Any other information:							
DECLARATION							
Ve hereby declare that the details furnished above are true and rrect to the best of my/our knowledge and belief and I/we undertake inform you of any changes therein, immediately. In case any of the	NARAE O	SIGNAT	TURE(S)				
ove information is found to be false or untrue or misleading or srepresenting, I am/we are aware that I/we may be held liable for it.	OF A	UTHORI	SED				
ce:	PE	RSON(S	)				
te:							
FOR OF	FICE USE C	NLY					
1C/Intermediary name <b>OR</b> code				Seal/Stamp of the intermediary should contain			
(Originals Verified) Self Certified Document copies received						ff Name ignation	
(Attacked) To a code of the manufactured					Name of th	ne Organiza	tion