

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

NEW **CHANGE REQUEST** (Please tick ✓ the appropriate)

Acknowledgement No. _____

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)

A	IDENTITY DETAILS
<input type="checkbox"/>	1. Name of the Applicant _____
<input type="checkbox"/>	2a. Date of incorporation [D D] / [M M] / [Y Y Y Y] 2b. Place of incorporation _____
<input type="checkbox"/>	3. Date of commencement of business [D D] / [M M] / [Y Y Y Y]
<input type="checkbox"/>	4a. PAN _____
<input type="checkbox"/>	4b. Registration No. (e.g. CIN) _____
<input type="checkbox"/>	5. Status (Please tick ✓ the appropriate)
	<input type="checkbox"/> Private Limited Co. <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Charities <input type="checkbox"/> NGO's <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> Bank <input type="checkbox"/> Government Body <input type="checkbox"/> Non-Government Organization <input type="checkbox"/> Defense Establishment <input type="checkbox"/> BOI <input type="checkbox"/> Society <input type="checkbox"/> LLP <input type="checkbox"/> Others (Please specify) _____

B	ADDRESS DETAILS												
<input type="checkbox"/>	1. Address for Correspondence _____												
	<table style="width:100%; border:none;"> <tr> <td style="width:20%;">City / Town / Village</td> <td style="width:50%;"></td> <td style="width:20%;">Pin Code</td> </tr> <tr> <td>State</td> <td>Country</td> <td></td> </tr> </table>	City / Town / Village		Pin Code	State	Country							
City / Town / Village		Pin Code											
State	Country												
	2. Specify the Proof of Address submitted for Correspondence Address: _____												
<input type="checkbox"/>	3. Contact Details												
	<table style="width:100%; border:none;"> <tr> <td style="width:40%;">Tel. (Off.)</td> <td style="width:20%;"></td> <td style="width:20%;">Fax</td> <td style="width:20%;"></td> </tr> <tr> <td>Tel. (Res.)</td> <td></td> <td>Mobile No</td> <td></td> </tr> <tr> <td>E-Mail Id.</td> <td></td> <td></td> <td></td> </tr> </table>	Tel. (Off.)		Fax		Tel. (Res.)		Mobile No		E-Mail Id.			
Tel. (Off.)		Fax											
Tel. (Res.)		Mobile No											
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<input type="checkbox"/>	4. Registered Address (If different from above) _____												
	<table style="width:100%; border:none;"> <tr> <td style="width:20%;">City / Town / Village</td> <td style="width:50%;"></td> <td style="width:20%;">Pin Code</td> </tr> <tr> <td>State</td> <td>Country</td> <td></td> </tr> </table>	City / Town / Village		Pin Code	State	Country							
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<input type="checkbox"/>	5. Specify the Proof of Address submitted for registered Address: _____												

C	OTHER DETAILS (If space is insufficient, enclose these details separately (Illustrative format enclosed))
<input type="checkbox"/>	1. Name, PAN, residential address and photographs of Promoters / Partners / Karta / Trustees and whole time directors :

<input type="checkbox"/>	2a. DIN of whole time directors : _____
<input type="checkbox"/>	2b. Aadhaar number of Promoters/Partners/Karta : _____

D	DECLARATION
	<p>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.</p> <p style="text-align:right;">Date: [D D] / [M M] / [Y Y Y Y]</p>
	<input type="checkbox"/>  Name & Signature of the Authorised Signatory

FOR OFFICE USE ONLY	
In Person Verification (IPV) Details: Name of the person who has done the IPV: _____ Designation: _____ Employee ID: _____ Name of the Organization: _____ Date of IPV: [D D] / [M M] / [Y Y Y Y] Signature of the person who has done the IPV _____	Seal/Stamp of the Intermediary Signature of the Authorised Signatory
<input type="checkbox"/> (Originals Verified) True copies of Documents received <input type="checkbox"/> (Self Attested) Self Certified Document copies received	_____ Date

1. Name

2. Relationship with Applicant (i.e. promoters, whole time directors etc.)

3a. PAN 3b. DIN

3c. Aadhaar (UID) Number

4. Residential/ Registered Address

City / Town / Village Pin Code

State Country

PHOTOGRAPH

Please affix
your recent passport
size photograph and
sign across it

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State Country

PHOTOGRAPH

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sign across it

Name & Signature of the Authorised Signatory (ies)

Date: / /