

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

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

1. Name of the Applicant _____

2a. Date of incorporation / / 2b. Place of incorporation _____

3. Date of commencement of business / /

4a. PAN _____

4b. Registration No. (e.g. CIN) _____

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"/> 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"/> FPI - Category I | <input type="checkbox"/> FPI - Category II |
| <input type="checkbox"/> FPI - Category III | <input type="checkbox"/> Others (Please specify) _____ | | | |

B

ADDRESS DETAILS

1. Address for Correspondence _____
 City / Town / Village _____ Pin Code _____
 State _____ Country _____

2. Specify the Proof of Address submitted for Correspondence Address: _____

3. Contact Details

Tel. (Off.) _____ Fax _____
 Tel. (Res.) _____ Mobile No _____
 E-Mail Id. _____

4. Registered Address (If different from above) _____
 City / Town / Village _____ Pin Code _____
 State _____ Country _____

C

OTHER DETAILS (If space is insufficient, enclose these details separately [Illustrative format enclosed])

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

2a. DIN of whole time directors : _____

2b. Aadhar number of Promoters/Partners/Karta : _____

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/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.

Date: / /

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: / /

Signature of the person who has done the IPV _____

Seal/Stamp of the Intermediary _____

Originals Verified and Self Attested Document copies received

_____ Date

_____ Signature of the Authorised Signatory

1. Name <input style="width: 95%; height: 20px;" type="text"/>	PHOTOGRAPH Please affix your recent passport size photograph and sign across it
2. Relationship with Applicant <i>(i.e. promoters, whole time directors etc.)</i> <input style="width: 95%; height: 20px;" type="text"/>	
3a. PAN <input style="width: 25%; height: 20px;" type="text"/> 3b. DIN <input style="width: 25%; height: 20px;" type="text"/>	
3c. Aadhar (UID) Number <input style="width: 95%; height: 20px;" type="text"/>	
4. Residential/ Registered Address <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <div style="display: flex; justify-content: space-between; font-size: small;"> City / Town / Village Country Pin Code </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> State </div>	

1. Name <input style="width: 95%; height: 20px;" type="text"/>	PHOTOGRAPH Please affix your recent passport size photograph and sign across it
2. Relationship with Applicant <i>(i.e. promoters, whole time directors etc.)</i> <input style="width: 95%; height: 20px;" type="text"/>	
3a. PAN <input style="width: 25%; height: 20px;" type="text"/> 3b. DIN <input style="width: 25%; height: 20px;" type="text"/>	
3c. Aadhar (UID) Number <input style="width: 95%; height: 20px;" type="text"/>	
4. Residential/ Registered Address <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <div style="display: flex; justify-content: space-between; font-size: small;"> City / Town / Village Country Pin Code </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> State </div>	

1. Name <input style="width: 95%; height: 20px;" type="text"/>	PHOTOGRAPH Please affix your recent passport size photograph and sign across it
2. Relationship with Applicant <i>(i.e. promoters, whole time directors etc.)</i> <input style="width: 95%; height: 20px;" type="text"/>	
3a. PAN <input style="width: 25%; height: 20px;" type="text"/> 3b. DIN <input style="width: 25%; height: 20px;" type="text"/>	
3c. Aadhar (UID) Number <input style="width: 95%; height: 20px;" type="text"/>	
4. Residential/ Registered Address <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <div style="display: flex; justify-content: space-between; font-size: small;"> City / Town / Village Country Pin Code </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> State </div>	

1. Name <input style="width: 95%; height: 20px;" type="text"/>	PHOTOGRAPH Please affix your recent passport size photograph and sign across it
2. Relationship with Applicant <i>(i.e. promoters, whole time directors etc.)</i> <input style="width: 95%; height: 20px;" type="text"/>	
3a. PAN <input style="width: 25%; height: 20px;" type="text"/> 3b. DIN <input style="width: 25%; height: 20px;" type="text"/>	
3c. Aadhar (UID) Number <input style="width: 95%; height: 20px;" type="text"/>	
4. Residential/ Registered Address <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <div style="display: flex; justify-content: space-between; font-size: small;"> City / Town / Village Country Pin Code </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> State </div>	

1. Name <input style="width: 95%; height: 20px;" type="text"/>	PHOTOGRAPH Please affix your recent passport size photograph and sign across it
2. Relationship with Applicant <i>(i.e. promoters, whole time directors etc.)</i> <input style="width: 95%; height: 20px;" type="text"/>	
3a. PAN <input style="width: 25%; height: 20px;" type="text"/> 3b. DIN <input style="width: 25%; height: 20px;" type="text"/>	
3c. Aadhar (UID) Number <input style="width: 95%; height: 20px;" type="text"/>	
4. Residential/ Registered Address <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <div style="display: flex; justify-content: space-between; font-size: small;"> City / Town / Village Country Pin Code </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> State </div>	