

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



Place for  
Intermediary Logo

Application No. :

Please fill in ENGLISH and in BLOCK LETTERS

### A. Identity Details (please see guidelines overleaf)

1. Name of Applicant (Please write complete name as per Certificate of Incorporation / Registration, leaving a space or blank between 2 words. Please do not abbreviate the name).

2. Date of Incorporation 



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 Place of Incorporation

3. Registration No. (e.g. CIN) 



 Date of commencement of business 



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4. Status (Please tick (-/))  Private Ltd. Co.  Public Ltd. Co.  Body Corporate  Partnership  Trust / Charities / NGOs  FI  RI  HUF  
 AOP  Bank  Government Body  Non-Government Organisation  Defence Establishment  Body of Individuals  Society  LLP  
 \*Others (Name specify) \_\_\_\_\_

5. Permanent Account Number (PAN) (MANDATORY) 



 Please enclose a duly attested copy of your PAN Card

### B. Address Details (please see guidelines overleaf)

1. Address for Correspondence  

  

  
 City/Town/Village \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

2. Contact Details  
 Tel. (Off.) (ISD) (STD) \_\_\_\_\_ Tel. (Res.) (ISD) (STD) \_\_\_\_\_  
 Mobile (ISD) (STD) \_\_\_\_\_ Fax (ISD) (STD) \_\_\_\_\_  
 EMailid. \_\_\_\_\_

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (-/ ) against the document attached.  
 \*Latest Telephone Bill (only Land Line)  \*Latest Electricity Bill  \*Latest Bank Account Statement  Registered Lease / Sale Agreement of Office Premises  
 Any other proof of address document (as listed overleaf). (Please specify) \_\_\_\_\_  
 \*Not more than 3 Months old. Validity/Expiry date of proof of address submitted 



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4. Registered Address (if different from above)  

  

  
 City/Town/Village \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (-/ ) against the document attached.  
 \*Latest Telephone Bill (only Land Line)  \*Latest Electricity Bill  \*Latest Bank Account Statement  Registered Lease / Sale Agreement of Office Premises  
 Any other proof of address document (as listed overleaf). (Please specify) \_\_\_\_\_  
 \*Not more than 3 Months old. Validity/Expiry date of proof of address submitted 



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### C. Other Details (please see guidelines overleaf)

1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors (Please use the Annexure to fill in the details)

2. 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 and/or we are aware that I/we may be held liable for it.

Name: 



  
 Date:

<b>NAME &amp; SIGNATURE(S) OF AUTHORISED PERSON(S)</b>	
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#### FOR OFFICE USE ONLY

AMC/Intermediary name OR code \_\_\_\_\_

(Original/verified) Self Certified Document copies received  
 (Attested) True copies of documents received

Self/Stamp of the intermediary should contain:  
 Staff Name \_\_\_\_\_  
 Designation \_\_\_\_\_  
 Name of the Organisation \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date \_\_\_\_\_