

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

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 one box blank between 2 words. Please do not abbreviate the Name).

2. **Date of Incorporation** / / **Place of Incorporation**

3. **Registration No. (e.g. CIN)** **Date of commencement of business** / /

4. **Status** Please tick (✓) ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Body Corporate ☐ Partnership ☐ Trust / Charities / NGOs ☐ HUF ☐ FI ☐ FII
☐ FPI Category I ☐ FPI Category II ☐ FPI Category III ☐ AOP ☐ Bank ☐ Government Body ☐ Non-Government Organisation
☐ Defence Establishment ☐ Body of Individuals ☐ Society ☐ LLP ☐ Others (Please 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)
Mobile (ISD) (STD)
E-Mail Id.

Tel. (Res.) (ISD) (STD)
Fax (ISD) (STD)

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** / /

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** / /

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 am/we are aware that I/we may be held liable for it.

Place:

Date:

**NAME & SIGNATURE(S)
OF AUTHORISED
PERSON(S)**

FOR OFFICE USE ONLY

AMC/Intermediary name OR code

☐ (Originals Verified) Self Certified Document copies received

☐ (Attested) True copies of documents received

Seal/Stamp of the intermediary should contain
Staff Name
Designation
Name of the Organization
Signature
Date