

**KNOW YOUR CLIENT (KYC) APPLICATION FORM – FOR NON INDIVIDUALS**  
*(Please fill this form in ENGLISH and in BLOCK LETTERS)*

**A. IDENTITY DETAILS**

1. Name of the Applicant: \_\_\_\_\_

2. Date of incorporation 

d	d	m	m	y	y	y	y
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Place of incorporation: \_\_\_\_\_

3. Date of commencement of business: 

d	d	m	m	y	y	y	y
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4. a. PAN: \_\_\_\_\_ b. Registration No. (e.g. CIN): \_\_\_\_\_

5. Status (please tick any one): Private Limited Co. / Public Ltd. Co / Body Corporate / Partnership / Trust / Charities / NGO's / FI / FII / HUF / AOP / Bank/Government Body/Non-Government Organization/Defense Establishment / BOI/Society/LLP/ Others (please specify) \_\_\_\_\_

**B. ADDRESS DETAILS**

Address for correspondence	Registered Address (if different from correspondence address)
_____	_____
_____	_____
_____	_____
City/town/village: _____ Pin Code: _____	City/town/village: _____ Pin Code: _____
State: _____ Country: _____	State: _____ Country: _____

2. Contact Details: Tel. (Off.) \_\_\_\_\_ Tel. (Res.) \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Email id: \_\_\_\_\_

3. Specify the proof of address submitted for correspondence address: \_\_\_\_\_

4. Specify the proof of address submitted for registered address: \_\_\_\_\_

**C. OTHER DETAILS**

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

2. DIN/UID of Promoters/Partners/Karta and whole time directors: \_\_\_\_\_  
directors:

3. 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.

\_\_\_\_\_  
Name & Signature of the Authorised Signatory

Date: 

d	d	m	m	y	y	y	y
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**FOR OFFICE USE ONLY**

(Self-Attested) Self Certified Document copies received  True copies of documents received (Originals verified)

IPV Details	Signature	In person verification done by	Relationship with the Intermediary / Designation	Date of IPV

.....  
Signature of the Authorized Signatory

.....  
Name of the Intermediary

.....  
Seal/Stamp of the intermediary

Date 

d	d	m	m	y	y	y	y
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