



KNOW YOUR CLIENT (KYC) APPLICATION FORM (FOR NON INDIVIDUALS ONLY)

Please fill in ENGLISH and in BLOCK LETTERS with black ink

A. IDENTITY DETAILS

1. Name of the Applicant

2. Date of Incorporation DD / MM / YYYY Place of Incorporation

3. Registration No. (CIN)

Date of commencement of business DD / MM / YYYY

4. Status :Please tick (✓) Private Limited Co. Public Ltd. Co. Body Corporate Partnership Trust Charities NGO's
 FI FII HUF 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 PAN Card)



B. ADDRESS DETAILS

1. Registered Address

City / Town / Village

District Pin Code State / U.T Code ISO 3166 Country Code

2. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
 Registered Lease / Sale Agreement of Office Permisses *Latest Bank A/c. Statement / Passbook *Latest Telephone Bill (only Land Line) *Latest Electricity Bill
 Others _____ PLEASE SPECIFY _____
 *Not more than 3 months old. Validity / Expiry date of proof of address submitted DD / MM / YYYY

3. Contact Details

Tel.(Off.) ISD STD Tel.(Res.) ISD STD Mobile ISD

Fax E-mail Id.

4. Address for Correspondence

Same as above If different from above B1.

City / Town / Village

State Zip / Post Code State / U.T Code ISO 3166 Country Code

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
 Registered Lease / Sale Agreement of Office Permisses *Latest Bank A/c. Statement / Passbook *Latest Telephone Bill (only Land Line) *Latest Electricity Bill
 Others _____ PLEASE SPECIFY _____
 *Not more than 3 months old. Validity / Expiry date of proof of address submitted DD / MM / YYYY

C. OTHER DETAILS (MANDATORY)

1. Gross Annual Income Details Below ₹ 1 Lac ₹ 1-5 Lac ₹ 5-10 Lac ₹ 10-25 Lac
 ₹ 25- 50 Lac ₹ 50-100 Lac > ₹ 100 Lac

2. Net-worth in ₹ (*Net worth should not be older than 1 year) as on (date) DD / MM / YYYY (To be certified by CA)

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

4. Any other information: _____

APPLICANT DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I 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 aware that I may be held liable for it.

Date: DD / MM / YYYY Place:

SIGNATURE(S) OF AUTHORISED PERSON(S)

x

FOR OFFICE USE ONLY

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

KYC VERIFICATION DONE BY

Date DD / MM / YYYY

Employee Name _____

Employee Code _____

Employee Designation _____

Employee Branch _____

Employee Signature _____

INSTITUTION DETAILS

Name _____
Code _____

STAMP OF INSTITUTION



Details of Promoters / Partners / Karta / Co-Parcener / Trustees / Authorised Signatories and Whole Time Directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

Name of Applicant _____ PAN of the Applicant

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Sr. No.	Name	PAN	DIN / UID	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors, Karta, etc.)	Whether Politically Exposed	Photograph
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	

PEP : Politically Exposed Person RPEP : Related to Politically Exposed Person

Name & Signature of the Authorised Signatory(ies) ^x _____

Date:

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