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



Application No.:

Please fill in ENGLISH and in BLOCK LETTERS with black ink

	A. Identity Details										
	1. Name of Applicant (Please write		rtificate of	Incorp	oration / F	Registra	ation; le	aving	one k	oox blank	
	between 2 words. Please do not abbreviate the Name).										
	2. Date of Incorporation d d / m m		rnoration								
	3. Registration No. (e.g. CIN)			mence	ement of bu	ısiness	d d	/ m m	/ y	 y y y	
- 1	4. Status (Please tick (✓) ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Body Corporate ☐ Partnership ☐ Trust/Charities/NGOs ☐ FI ☐ FII										
		overnment Body Non-Govern								dividuals	
	☐ Society ☐ LLP ☐ FPI-1	□ FPI-2 □ FPI-3 □ Other	s (Please sp	ecify)							
	5. Permanent Account Number (PAN) (MA	ANDATORY)									
	6. UID/Aadhaar :										
•	B. Address Details										
	1. Address for Correspondence										
	City/Town/Village					Posta	l Code				
	State			Co	ountry	1 0010					
	2. Contact Details										
	Mobile (Primary) (ISD) (STD)		Mobile (Secondary)	(ISD)	(STD)						
	Tel. (ISD) (STD)		Fax	(ISD)	(STD)						
	E-Mail ID. (In Capital Letters only)										
	3. Proof of address to be provided by Appl	icant. Please submit ANY ONE of	the following	valid d	ocuments &	tick (√)	against	the doc	ument	attached.	
	 ☐ Any other proof of address document (as *Not more than 3 Months old. Validity/Exp 4. Registered Address (If different from about 1) 	iry date of proof of address subn	nitted d	d / [m	n m / y	y y	у				
	City/Town/Village					Posta	ıl Code				
	State			Co	ountry						
	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 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □										
	6.Gross Annual Income Details: Incom	e Range per annum :		□В	elow Rs. 1 L	ac		Rs. 1	Lac to	5 Lac	
	(please tick ✓) ☐ Rs. 5 Lac to 10	Lac Rs. 10 Lac to 2	5 Lac	_ >	25 Lac						
	DECLARA	ATION					NAME	& SIGN	ATURE	(S)	
r	claration: I/We hereby declare that the KYC details furnished by me are true and correct to the best of four knowledge and belief and I/we under-take to inform you of any changes therein, immediately. In case any of						OF AUTHORISED PERSON (S)				
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. I am aware of other modes of KYC which are available and I have chosen Aadhaar based method voluntarily. My Aadhaar record can be used by KRA agencies only for the specific purpose validating/maintaining/sharing my KYC record and as an audit evidence. I will have an option to request for deleting of my Aadhaar record. I hereby give my consent for receiving information including Central KYC Registry through							(6)				
b r a	pased KYC, my KYC request shall be validate masked Aadhaar card with readable QR code o	mail on the above registered mobile number/email address. I am/we are also aware that for Aadhaar OVD KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our ed Aadhaar card with readable QR code or my Aadhaar XML/Dig locker XML file, along with pass code and as able, with SEBI, KRA, CKYC and other Institutions/ agencies/ Intermediaries with whom I have a business onship for KYC purposes only.									
P	lace:	Pate:									
	IP	V TO BE FILLED BY - EM	IPLOYEE	/AP/C	THERS						
tern	mediary name OR code	IN-PERSON VERIFICATION (IPV	/) DOCUM	VENTS V	ERIFIED WITI	H ORIGIN	IALS 🗌	CLIENT	INTER	/IEWED BY	
] (Originals Verified) Self Certified	Date: dd/mm//y			Institution N						
	Document copies received	Name :			Code :						
	Attested) True copies of documents received Main Intermediary	Designation :			Signature	e:					