

**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 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 FI HUF AOP Bank Government Body Non-Government Organisation Defence Establishment Body of Individuals Society LLP FPI-1 FPI-2 FPI-3 Others (Please specify) _____

5. Permanent Account Number (PAN) (MANDATORY)

6. UID/Aadhaar :

B. Address Details

1. Address for Correspondence

City/Town/Village Postal Code
State Country

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 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 Postal Code
State Country

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 / /

6. Gross Annual Income Details : Income Range per annum : Below Rs. 1 Lac Rs. 1 Lac to 5 Lac
(please tick ✓) Rs. 5 Lac to 10 Lac Rs. 10 Lac to 25 Lac >25 Lac

DECLARATION

Declaration : I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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. 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 SMS/Email on the above registered mobile number/email address. I am/we are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Dig locker XML file, along with pass code and as applicable, with SEBI, KRA, CKYC and other Institutions/ agencies/ Intermediaries with whom I have a business relationship for KYC purposes only.

Place: Date:

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

IPV TO BE FILLED BY - EMPLOYEE/AP/OTHERS

Intermediary name OR code _____

(Originals Verified) Self Certified Document copies received
 (Attested) True copies of documents received Main Intermediary

IN-PERSON VERIFICATION (IPV) DOCUMENTS VERIFIED WITH ORIGINALS CLIENT INTERVIEWED BY

Date: / / Institution Name & Code : **Globe Capital Market Limited**

Name : _____ Code : _____

Designation : _____ Signature : _____

ANNEXURE

Name of the Applicant _____ PAN of the Applicant _____

Name, PAN, Residential Address and photographs of Promoters/Partners/Karta/Trustees and Wholetime/Other Directors :

1. Name _____

Date of Birth

d	d
---	---

 /

m	m
---	---

 /

y	y	y	y
---	---	---	---

 Status _____ PAN _____

Residential Address _____

DIN _____ UID _____ DPIN _____

Mobile _____

E-Mail ID. (In Capital Letters only) _____

Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/Wholetime/Other Directors:

Not a Politically Exposed Person (PEP) Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Related to a Politically Exposed Person (PEP)

Photographs of
Promoters / Partners /
Karta / Trustees /
Wholetime / Other
Directors &
authorised signatories

2. Name _____

Date of Birth

d	d
---	---

 /

m	m
---	---

 /

y	y	y	y
---	---	---	---

 Status _____ PAN _____

Residential Address _____

DIN _____ UID _____ DPIN _____

Mobile _____

E-Mail ID. (In Capital Letters only) _____

Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/Wholetime/Other Directors:

Not a Politically Exposed Person (PEP) Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Related to a Politically Exposed Person (PEP)

Photographs of
Promoters / Partners /
Karta / Trustees /
Wholetime / Other
Directors &
authorised signatories

3. Name _____

Date of Birth

d	d
---	---

 /

m	m
---	---

 /

y	y	y	y
---	---	---	---

 Status _____ PAN _____

Residential Address _____

DIN _____ UID _____ DPIN _____

Mobile _____

E-Mail ID. (In Capital Letters only) _____

Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/Wholetime/Other Directors:

Not a Politically Exposed Person (PEP) Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Related to a Politically Exposed Person (PEP)

Photographs of
Promoters / Partners /
Karta / Trustees /
Wholetime / Other
Directors &
authorised signatories

4. Name _____

Date of Birth

d	d
---	---

 /

m	m
---	---

 /

y	y	y	y
---	---	---	---

 Status _____ PAN _____

Residential Address _____

DIN _____ UID _____ DPIN _____

Mobile _____

E-Mail ID. (In Capital Letters only) _____

Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/Wholetime/Other Directors:

Not a Politically Exposed Person (PEP) Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Related to a Politically Exposed Person (PEP)

Photographs of
Promoters / Partners /
Karta / Trustees /
Wholetime / Other
Directors &
authorised signatories

Date	D	D	M	M	Y	Y	Y	Y
------	---	---	---	---	---	---	---	---



Name & Signature of the Authorised Signatory(ies)