## N

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



Place for Intermediary Logo

Application No. :

Designation

Name of the Organization

Signature Date

Please fill in ENGLISH and in BLOCK LETTERS

(Attested) True copies of documents received

A. I.L. (2) B. (2) / J. L	
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 d d / m m / y y y y Place or	f Incorporation
3. Registration No. (e.g. CIN)	Date of commencement of business ddd/mm//yyyyy
4. Status Please tick (✓) ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Body Corporate ☐ Partnership ☐ Trust / Charities / NGOs ☐ HUF ☐ FI☐ ☐ FI	
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	Dotal Code
City / Town / Village State	Postal Code Country
2. Contact Details	Country
Tel. (Off.)   (ISD)	
Mobile (ISD) (STD)	Fax (ISD) (STD)
E-Mail Id.	
*Not more than 3 Months old. Validity/Expiry date of proof of address submitted d d / m m / y y y y y  4. Registered Address (If different from above)  City / Town / Village   Postal Code   State   Country   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   d   d   / m   m   / y   y   y    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 <b>OR</b> code	Seal/Stamp of the intermediary should contain
☐ (Originals Verified) Self Certified Document copies received	Staff Name Designation