

Please fill this form in **ENGLISH** and in **BLOCK LETTERS**. (Use black ink)

A. IDENTITY DETAILS

1	Name of the Applicant															
2	Date of incorporation		D	D	M	M	Y	Y	Y	Y	Place of incorporation					
3	a. Business Commencement date		D	D	M	M	Y	Y	Y	Y	b. Regn. No. (eg. CIN)					
4	PAN, copy attached ☐															
5	Status (Please tick any one)	☐ Pvt. Ltd. Co.	☐ Public Ltd. Co.		☐ Body Corporate		☐ Partnership		☐ Charities		<i>(Please specify)</i>					
		☐ Bank	☐ Society		☐ Trust		☐ Defense Establishment		☐ Others							
		☐ FII	☐ HUF		☐ AOP		☐ Non Govt. Organisation									
		☐ BOI	☐ LLP		☐ FI		☐ Government Body									

B. ADDRESS DETAILS

1	Correspondence Address																
		City/Town/Village								PIN Code							
		State								Country							
2	Specify proof of correspondence address submitted																
3	Contact Details	Telephone (office)								Telephone (Res)							
		Fax No.								Mobile No.							
		Email ID															
4	Registered Address (if different from above.)																
		City/Town/Village								PIN Code							
		State								Country							
5	Specify proof of registered address submitted																

C. DECLARATION

We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and 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, we are aware we may be held liable for it and the same will render our account liable for termination and suitable action.



Place											Signature of Applicant	Date	D	D	M	M	Y	Y	Y	Y
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FOR OFFICE USE ONLY	Documents verified with Originals by	Client interviewed by	In-Person Verification done by																						
	Staff Name/ AP																								
	Code & Designation																								
	Signature																								
	Date	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
	☐ (Original verified) Self Certified Documents copies received		☐ (Self Attested) True copies of documents received																						
Sign/Seal/Stamp of the intermediary																									

DETAILS OF PROMOTERS / PARTNERS / KARTA / TRUSTEES AND WHOLETIME DIRECTORS FORMING A PART OF KNOW YOUR CLIENT (KYC)
Form should be filled in English and in Block Letters (Use Black ink only)

Name of Applicant															PAN											
S.N.		Particulars										Photograph				Signature with Stamp										
1	Name										Affix recent passport size Photograph and Sign across it															
	Residential Address																									
	Designation																									
	PAN																				Dt. of Birth					
	DIN/UID																				Contact No.					
	Aadhar No.																				PEP/RPEP ☐ Yes ☐ No					
2	Name										Affix recent passport size Photograph and Sign across it															
	Residential Address																									
	Designation																									
	PAN																				Dt. of Birth					
	DIN/UID																				Contact No.					
	Aadhar No.																				PEP/RPEP ☐ Yes ☐ No					
3	Name										Affix recent passport size Photograph and Sign across it															
	Residential Address																									
	Designation																									
	PAN																				Dt. of Birth					
	DIN/UID																				Contact No.					
	Aadhar No.																				PEP/RPEP ☐ Yes ☐ No					
4	Name										Affix recent passport size Photograph and Sign across it															
	Residential Address																									
	Designation																									
	PAN																				Dt. of Birth					
	DIN/UID																				Contact No.					
	Aadhar No.																				PEP/RPEP ☐ Yes ☐ No					
5	Name										Affix recent passport size Photograph and Sign across it															
	Residential Address																									
	Designation																									
	PAN																				Dt. of Birth					
	DIN/UID																				Contact No.					
	Aadhar No.																				PEP/RPEP ☐ Yes ☐ No					
 First Signatory Second Signatory Third Signatory																										
															Place					Name and signature with Stamp of the Authorised Signatory(ies)					Date	
										DDMMYY																

