

KNOW YOUR CLIENT (KYC) Application Form - For Non Individual



NEW CHANGE REQUEST (Please tick ✓ the appropriate)

Please fill this form in **ENGLISH** and in **BLOCK LETTERS**

(Please tick ✓ the box on left margin of appropriate row where **CHANGE/CORRECTION** is required and provide the details in the corresponding row)

A

IDENTITY DETAILS

<input type="checkbox"/>	1. Name of the Applicant																		
<input type="checkbox"/>	2a. Date of incorporation	D	D	M	Y	Y	Y	Y	2b. Place of incorporation										
<input type="checkbox"/>	3. Date of commencement of business	D	D	M	Y	Y	Y	Y											
<input type="checkbox"/>	4a. PAN																		
<input type="checkbox"/>	4b. Registration No. (e.g. CIN)																		
<input type="checkbox"/>	5. Status (Please tick ✓ the appropriate)																		
<input type="checkbox"/>	<input type="checkbox"/> Private Limited Co.	<input type="checkbox"/> Public Ltd. Co.	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust														
<input type="checkbox"/>	<input type="checkbox"/> Charities	<input type="checkbox"/> NGO's	<input type="checkbox"/> FI	<input type="checkbox"/> FII	<input type="checkbox"/> HUF														
<input type="checkbox"/>	<input type="checkbox"/> AOP	<input type="checkbox"/> Bank	<input type="checkbox"/> Government Body	<input type="checkbox"/> Non-Government Organization	<input type="checkbox"/> Defense Establishment														
<input type="checkbox"/>	<input type="checkbox"/> BOI	<input type="checkbox"/> Society	<input type="checkbox"/> LLP	<input type="checkbox"/> Others (Please specify)															

B

ADDRESS DETAILS

<input type="checkbox"/>	1. Address for Correspondence										
<input type="checkbox"/>	2. Specify the Proof of Address submitted for Correspondence Address:										
<input type="checkbox"/>	3. Contact Details										
<input type="checkbox"/>	4. Registered Address (If different from above)										
<input type="checkbox"/>	5. Specify the Proof of Address submitted for registered Address:										

C

OTHER DETAILS

<input type="checkbox"/>	1. Gross Annual Income Details (Please Specify) Income range per annum:										
<input type="checkbox"/>	2. Net-worth (Net worth should not be older than 1 year) Amount ₹										
<input type="checkbox"/>	3. Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:										
<input type="checkbox"/>	4. DIN/UID of Promoters/Partners/Karta and whole time directors:										
<input type="checkbox"/>	5. Please tick, if applicable, for any of your authorised signatories/ Promoters/ Partners/ Karta/ Trustees/ whole time directors:										
<input type="checkbox"/>	6. Any other information:										

D

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.

Date: / /

Name & Signature of the Authorised Signatory

FOR OFFICE USE ONLY

In Person Verification (IPV) Details: Name of the person who has done the IPV: _____ Designation: _____ Employee ID: _____ Name of the Organization: _____ Date of IPV: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Signature of the person who has done the IPV _____ Seal/Stamp of the Intermediary _____
<input type="checkbox"/> (Originals Verified) True copies of Documents received <input type="checkbox"/> (Self Attested) Self Certified Document copies received		
Date _____		Signature of the Authorised Signatory _____

1. Name

2. Relationship with Applicant (i.e. promoters, whole time directors etc.)

3a. PAN 3b. DIN/ UID

4. Residential/ Registered Address

City / Town / Village Pin Code
State Country

PHOTOGRAPH

Please affix
your recent passport
size photograph and
sign across it

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State Country

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size photograph and
sign across it

Name & Signature of the Authorised Signatory (ies)

Date: / /