

PART I - KNOW YOUR CLIENT (KYC)

APPLICATION FORM

(FOR NON INDIVIDUALS ONLY)

PLEASE FILL THIS FORM IN **ENGLISH** AND IN **BLOCK** LETTERS.

CORPORATE & CORRESPONDENCE OFFICE:

1101, Merlin Infinite, DN 51, Sector V, Salt Lake City, Kolkata -

700091

TEL. : +91 33 6628 0000 FAX.: +91 33 2210 5184

Email: info@eurekasec.com



A IDENTITY DETAILS

Name of the Applicant																				PHOTOGRAPH Please affix your recent passport size photograph and sign across it
Date of Incorporation					D	D	M	M	Y	Y	Y	Y	Date of Comm.of Business							
Place of Incorporation										D	D	M	M	Y	Y	Y	Y			
PAN													Regn. No. (Eg.CIN)							
Status (Please Tick any one)										<input type="checkbox"/> Private Ltd Co. <input type="checkbox"/> Bank <input type="checkbox"/> Body Corporate <input type="checkbox"/> Charities <input type="checkbox"/> NGO's <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Defense Estb. <input type="checkbox"/> Society <input type="checkbox"/> AOP <input type="checkbox"/> Trust <input type="checkbox"/> FII <input type="checkbox"/> HUF <input type="checkbox"/> BOI <input type="checkbox"/> Non-Govt. Org. <input type="checkbox"/> FI <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Govt. Body <input type="checkbox"/> Others <i>(Please Specify)</i>										

B ADDRESS DETAILS

Correspondence Address																			
City/Town/Village										Pin Code									
State										Country									
Specify the Proof of Address Submitted for Corres. Address																			
Tel. (Off.)					Mobile No.					Tel. (Res.)					Fax No.				
Email ID																			
Registered Address (If different from above)																			
City/Town/Village										Pin Code									
State										Country									

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/we am/are aware that I/we may be held liable for it.															Signature with Stamp Name & Signature of The Authorised Signatory							
Place:										<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>										D	D	M
D	D	M	M	Y	Y	Y	Y															

FOR OFFICE USE ONLY

IPV Details: _____ (DD/MM/YYYY)										Name of the Auth. Signatory																			
<input type="checkbox"/> Originals Verified & Self Attested Documents Copies Received										Employee Name										<input checked="" type="checkbox"/> Signature of the Auth. Signatory Date									
										Employee Signature																			
										Employee Designation										Seal / Stamp of the Intermediary									

C OTHER DETAILS FOR NON INDIVIDUALS ONLY

Details of Promoters/Partners/Karta/Trustees & Whole Time Directors forming part of KYC application Form

1	Name										<p>PHOTOGRAPH</p> <p>Please affix your recent passport size photograph and sign across it</p>			
1st SIGNATORY	Relationship with Applicant <small>(i.e. promoters, whole time directors etc.)</small>					Date of Birth								
						D	D	M	M	Y		Y	Y	Y
	Residential/Registered Address													
	City/Town/Village							PIN						
	State					Country								
	Tel. (O)					Mobile No.								
	PAN					Equity % <small>PSR Ownership Stake</small>								
	Aadhar Number, If Any													
	DIN No. <small>i.e Whole time Directors</small>													
	Proof of Identity (POI)													
Proof of Address (POA)										Signature				

2	Name										<p>PHOTOGRAPH</p> <p>Please affix your recent passport size photograph and sign across it</p>			
2nd SIGNATORY	Relationship with Applicant <small>(i.e. promoters, whole time directors etc.)</small>					Date of Birth								
						D	D	M	M	Y		Y	Y	Y
	Residential/Registered Address													
	City/Town/Village							PIN						
	State					Country								
	Tel. (O)					Mobile No.								
	PAN					Equity % <small>PSR Ownership Stake</small>								
	Aadhar Number, If Any													
	DIN No. <small>i.e Whole time Directors</small>													
	Proof of Identity (POI)													
Proof of Address (POA)										Signature				

3	Name										<p>PHOTOGRAPH</p> <p>Please affix your recent passport size photograph and sign across it</p>			
3rd SIGNATORY	Relationship with Applicant <small>(i.e. promoters, whole time directors etc.)</small>					Date of Birth								
						D	D	M	M	Y		Y	Y	Y
	Residential/Registered Address													
	City/Town/Village							PIN						
	State					Country								
	Tel. (O)					Mobile No.								
	PAN					Equity % <small>PSR Ownership Stake</small>								
	Aadhar Number, If Any													
	DIN No. <small>i.e Whole time Directors</small>													
	Proof of Identity (POI)													
Proof of Address (POA)										Signature				

Name of the Auth. Signatory	✓ Signature of the Auth. Signatory	Date
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Note: In case of more than three authorised signatories, please submit all the required details in a separate sheet.

EUREKA STOCK & SHARE BROKING SERVICES LTD.