

Know Your Client (KYC) Application Form - for Non Individuals



Please fill this form in English and BLOCK Letters

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

For office use only Application Type* New Update
 (To be filled by financial institution) KYC Number (Mandatory for KYC update request)

1. ENTITY DETAILS* (Please refer instruction A at the end)

Name*

Entity Constitution Type* Others (Specify) (Please refer Instructions A (1))

Date of Incorporation / Formation* Date of Commencement of Business

Place of Incorporation / Formation* Country of Incorporation / Formation* TIN or Equivalent Issuing Country

PAN * Form 60 furnished Registration no (eg. CIN)*

TIN / GST Registration Number

2. PROOF OF IDENTITY (PoI)* (Please refer instruction B at the end)

Officially valid document(s) in respect of person authorised to transact

Certificate of Incorporation / Formation Registration Certificate Regn Certificate No.

Memorandum and Articles of Association Partnership Deed Trust Deed

Resolution of Board / Managing Committee Power of attorney granted to its manager, officers or employees to transact on its behalf

Activity Proof - 1 (For Sole Proprietorship Only) Activity Proof - 2 (For Sole Proprietorship Only)

3. ADDRESS* (Please see instruction C at the end)

3.1 Registered Office Address / Place of Business*

Proof of Address* Certificate of Incorporation / Formation Registration Certificate Other Document

Line 1*

Line 2

Line 3 City / Town / Village*

District* PIN / Post Code* State / U.T Code* ISO 3166 Country Code*

3.2 Local Address in India (If different from Above)*

Line 1*

Line 2

Line 3 City / Town / Village*

District* PIN / Post Code* State / U.T Code* ISO 3166 Country Code*

4. CONTACT DETAILS (All communications will be sent to Mobile number/ Email-ID provided" may be used) (Please refer instruction D at the end)

Tel. (Off) - FAX -

Mobile - Email ID

5. NUMBER OF RELATED PERSONS (Please refer instruction E at the end)

6. REMARKS (If any)

7. APPLICANT DECLARATION (Please refer instruction G at the end)

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I 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 aware that I may be held liable for it.

I/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : Place:

As 1 - [Signature / Thumb Impression]

[Signature / Thumb Impression of Authorised Person(s)]

8. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies Equivalent e-document

KYC VERIFICATION CARRIED OUT BY

Identity Verification Done Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name

Code

[Institution Stamp]

Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

Full Name*(Same as ID proof) _____
 Maiden Name _____ DOB* _____ (DD/MM/YYYY)
 Father/ Spouse name _____
 Mother Name _____ Gender* _____
 PAN* _____ Aadhaar no _____ Nationality* _____
 Address* _____

 City* _____ District* _____ State* _____
 Country* _____ Pin code* _____ DIN* _____ (Mandatory for Director)
 Related Person Type* Director Promoter Karta Trustee Partner Authorised Signatory
 Court appointment official Proprietor Beneficiary Beneficial owner POA holder Other (specify) _____
 Proof of ID submitted _____ Proof of Address submitted _____
 Mobile no _____ Email id _____

PHOTOGRAPH

Please affixed your recent passport size photograph

Full Name*(Same as ID proof) _____
 Maiden Name _____ DOB* _____ (DD/MM/YYYY)
 Father/ Spouse name _____
 Mother Name _____ Gender* _____
 PAN* _____ Aadhaar no _____ Nationality* _____
 Address* _____

 City* _____ District* _____ State* _____
 Country* _____ Pin code* _____ DIN* _____ (Mandatory for Director)
 Related Person Type* Director Promoter Karta Trustee Partner Authorised Signatory
 Court appointment official Proprietor Beneficiary Beneficial owner POA holder Other (specify) _____
 Proof of ID submitted _____ Proof of Address submitted _____
 Mobile no _____ Email id _____

PHOTOGRAPH

Please affixed your recent passport size photograph

Full Name*(Same as ID proof) _____
 Maiden Name _____ DOB* _____ (DD/MM/YYYY)
 Father/ Spouse name _____
 Mother Name _____ Gender* _____
 PAN* _____ Aadhaar no _____ Nationality* _____
 Address* _____

 City* _____ District* _____ State* _____
 Country* _____ Pin code* _____ DIN* _____ (Mandatory for Director)
 Related Person Type* Director Promoter Karta Trustee Partner Authorised Signatory
 Court appointment official Proprietor Beneficiary Beneficial owner POA holder Other (specify) _____
 Proof of ID submitted _____ Proof of Address submitted _____
 Mobile no _____ Email id _____

PHOTOGRAPH

Please affixed your recent passport size photograph

Full Name*(Same as ID proof) _____
 Maiden Name _____ DOB* _____ (DD/MM/YYYY)
 Father/ Spouse name _____
 Mother Name _____ Gender* _____
 PAN* _____ Aadhaar no _____ Nationality* _____
 Address* _____

 City* _____ District* _____ State* _____
 Country* _____ Pin code* _____ DIN* _____ (Mandatory for Director)
 Related Person Type* Director Promoter Karta Trustee Partner Authorised Signatory
 Court appointment official Proprietor Beneficiary Beneficial owner POA holder Other (specify) _____
 Proof of ID submitted _____ Proof of Address submitted _____
 Mobile no _____ Email id _____

PHOTOGRAPH

Please affixed your recent passport size photograph

AS 2

 Name and Signature of Authorised signatory
 (With Entity Seal/ Stamp)

Date: _____