Know Your Client (KYC) Application Form (For Non-Individuals Only)	Application No. :					
Please fill in ENGLISH and in BLOCK LETTERS						
A. Identity Details (please see guidelines overleaf)						
1. Name of Applicant (Please write complete name as per Certificate of Incorporation / Registration; leaving one box blar	nk between 2 words. Please do not abbreviate the Name).					
2. Date of Incorporation d d / m m / y y y y Place of Incorporation						
3. Registration No. (e.g. CIN)						
4. Status Please tick (✓) Private Ltd. Co. Public Ltd. Co. Body Corporate Partnership Trust / Charities / NGOs HUF FI FII □ FPI Category I □ FPI Category III □ AOP Bank □ Government Body Non-Government Organisation □ Defence Establishment □ Body of Individuals □ Society □ LLP □ Others (Please specify)						
5. Permanent Account Number (PAN) (MANDATORY)						
B. Address Details (please see guidelines overleaf)						
1. Address for Correspondence						
	Postal Code					
	STD) STD					
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 4. Registered Address (If different from above)	y y y 					
City / Town / Village	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 at a statest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Bank Account Statement Registered Lease / Sale Agreement of Office Pr 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 dir (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. PERSON(S)						
Place:						
Date:						
FOR OFFICE USE ONLY						
AMC/Intermediary name OR code	Seal/Stamp of the intermediary should contain					
□ (Originals Verified) Self Certified Document copies received	Staff Name Designation					
☐ (Attested) True copies of documents received	Name of the Organization Signature Date					

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

Name o	f Applicant				PAN of the Applicant			
Sr. No.	PAN	Name	DIN (For Directors) / Aadhaar Number (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph		
X								