

Annexure – K

PART I - KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Non-Individuals)

[Name and address of intermediary (pre-printed)]

Photograph

Please affix the recent passport size photograph and sign across it

Please fill this form in ENGLISH and in BLOCK LETTERS

A. IDENTITY DETAILS

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

B. ADDRESS DETAILS

1	Correspondence Address																
		City/town/village					PIN Code										
		State					Country										
2	Specify the proof of address submitted for correspondence address																
3	Contact Details	Tel. (Off.)					Tel. (Res.)										
		Fax No.					Mobile No.										
		Email ID															
4	Registered Address (if different from above):																
		City/town/village					PIN Code										
		State					Country										
5	Specify the proof of address submitted for registered address																

C. OTHER DETAILS

1 Gross Annual Income Details (please specify): Income Range per annum

- | | |
|--|--|
| <input type="checkbox"/> Below ₹ 1 lac | <input type="checkbox"/> ₹ 10- 25 lac |
| <input type="checkbox"/> ₹ 1- 5 lac | <input type="checkbox"/> ₹ 25 lac- 1 crore |
| <input type="checkbox"/> ₹ 5- 10 lac | <input type="checkbox"/> More than ₹ 1 crore |

2 Networth

Amount (₹) _____

As on (date)

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(Networth should not be older than 1 year)

3 Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:

if signed as authorized signatory these details are not to be disclosed to any third party

4 DIN/UID of Promoters/Partners/Karta and whole time directors:

5 Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:

- | |
|--|
| <input type="checkbox"/> Politically Exposed Person (PEP) |
| <input type="checkbox"/> Related to a Politically Exposed Person (PEP) |

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.

Name & Signature of the Authorised Signatory(ies)

Date

FOR OFFICE USE ONLY

- | |
|--|
| <input type="checkbox"/> (Originals verified) True copies of documents received |
| <input type="checkbox"/> (Self-Attested) Self Certified Document copies received |

Signature of the Authorised Signatory

Date

Seal/Stamp of the intermediary

