

# N Know Your Client (KYC) Application Form (For Non-Individuals Only).

Application No. \_\_\_\_\_

Please fill this form 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 b words. Please do not abbreviate the Name).

2a. **Date of Incorporation** \_\_\_\_\_ 2b. **Place of Incorporation** \_\_\_\_\_

3. **Registration No. (e.g. CIN)** \_\_\_\_\_

**Date of commencement of business** DD/MM/YYYY \_\_\_\_\_

4. **Status** Please tick(✓)

- ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Body Corporate ☐ Partnership ☐ Trust/Charities/NGOs  
☐ FI ☐ FII ☐ HUF ☐ FPI Category I ☐ FPI Category II ☐ FPI Category III ☐ AOP ☐ Bank  
☐ Government Body ☐ Non-Government Organisation ☐ Defence Establishment ☐ Society  
☐ Body of Individuals ☐ LLP ☐ Others Please specify \_\_\_\_\_

5. **Permanent Account Number (PAN) (MANDATORY)** \_\_\_\_\_ Please enclose a duly attested co

## B. Address Details (please see guidelines overleaf)

1. **Address for Correspondence**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**City / Town / Village** \_\_\_\_\_ **Pin Code** \_\_\_\_\_

**State** \_\_\_\_\_ **Country** \_\_\_\_\_

2. **Contact Details**

**Tel. (Off.)** (ISD) (STD) \_\_\_\_\_ **Tel. (Res.)** (ISD) (STD) \_\_\_\_\_

**Mobile** (ISD) (STD) \_\_\_\_\_ **Fax** (ISD) (STD) \_\_\_\_\_

**E-Mail Id.** \_\_\_\_\_

3. **Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & ti the document attached.**

- ☐ \*Latest Telephone Bill (only Land Line) ☐ \*Latest Electricity Bill  
☐ \*Latest Bank Account Statement ☐ Registered Lease / Sale Agreement of Office Premises  
☐ Any other proof of address document (as listed overleaf) Please specify \_\_\_\_\_ \*Not more than 3 Months ol

4. **Registered Office Address (If different from above) / Overseas Address-Mandatory for FIIs**