Know Your Client (KYC) Application Form (For Non-Individuals Only)	Application No. :
Please fill in ENGLISH and in BLOCK LETTERS CVL	
A. Identity Details (please see guidelines overleaf)	
1. Name of Applicant (Please write complete name as per Certificate of Incorporation / Registration; leaving one box b	lank 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)	nent of business ddd/mm/m/yyyy
4. Status Please tick (✓) Private Ltd. Co. Public Ltd. Co. Body Corporate Partnership AOP Bank Government Body Non-Government Organisation Defence Establishment Others (Please specify)	□ Trust / Charities / NGOs □ FI □ FII □ HU ht □ Body of Individuals □ Society □ LLP
5. Permanent Account Number (PAN) (MANDATORY)	ose a duly attested copy of your PAN Card
B. Address Details (please see guidelines overleaf)	
1. Address for Correspondence	
City / Town / Village State	Country
2. Contact Details	County
Tel. (Off.) (ISD) (ISD) (ISD) (ISD) (ISD)	(STD)
Mobile (ISD) Fax (ISD) E-Mail Id. Image: Second Seco	(STD)
3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid d	ocuments & tick (\checkmark) against the document attach
4. Registered Address (If different from above)	
City / Town / Village	Postal Code
	Country
 5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid d	
C. Other Details (please see guidelines overleaf)	
 Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoter (Please use the Annexure to fill in the details) 	rs/Partners/Karta/Trustees/whole time directo
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	URE(S)
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.	SED
PERSON(S)	•
Place:	
Date:	
FOR OFFICE USE ONLY	
AMC/Intermediary name OR code	Seal/Stamp of the intermediary should conta
(Originals Verified) Self Certified Document copies received	Staff Name Designation
□ (Attested) True copies of documents received	Name of the Organization
	Signature Date