



KNOW YOUR CLIENT (KYC) APPLICATION FORM - NON-INDIVIDUALS

Please fill this form in **English** and in **block letters**

Affix recent
passport size
photograph
sign across
the face

X 2

IDENTITY DEATILS

Name of the Applicant

Date of Incorporation D D M M Y Y Y Y **Place of Incorporation**

date of commencement of business: D D M M Y Y Y Y

PAN **Regn. No. (e.g. CIN)**

Status (Please Tick Any One)

- Private Limited Co. Public Ltd. Co. Body Corporate Partnership Trust Charities
 NGO's FI FII HUF AOP Bank
 Government Body Non-Government Organization Defense Establishment BOI
 Society LLP Qualified Foreign Investor Mutual Fund Others (please specify) _____

ADDRESS DETAILS

ADDRESS FOR CORRESPONDENCE:

City PIN State Country

Registered Address : (If different from Correspondence):

City PIN State Country

CONTACT DETAILS

Tel. Off. **Tel. Resi.** **Fax**

Mobile **Email**

Specify the proof submitted for Correspondence Address **Specify the proof submitted for Registered Address**

OTHER DETAILS

Name, PAN, residential address and photographs of promoters/partners/karta/Trustees and whole time directors: (In case of additional list of directors, seperate sheet should be used)

Name	Name	Name
Residence Address	Residence Address	Residence Address
PAN No.	PAN No.	PAN No.
DIN/UID No.	DIN/UID No.	DIN/UID No.
photograph	photograph	photograph
Affix recent passport size photograph	Affix recent passport size photograph	Affix recent passport size photograph

3 First / Sole Holder Second Joint Holder Third Joint Holder



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 and Signature of the Authorised Signatory (ies)	

Date

D	D	M	M	Y	Y	Y	Y
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IN PERSON VERIFICATION DONE BY

Sr. No.	particulars										
1.	<input type="checkbox"/> Originals verified and Self-Attested Document copies received.										
2.	In-Person-Verification (IPV) details :										
	a)	Name of the person doing IPV/Employee/SB/AP									
	b)	Designation									
	c)	Name of Organisation									
	d)	Signature									
	e)	Date	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">D</td> <td style="width: 20px;">D</td> <td style="width: 20px;">M</td> <td style="width: 20px;">M</td> <td style="width: 20px;">Y</td> <td style="width: 20px;">Y</td> <td style="width: 20px;">Y</td> <td style="width: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				

I / We undertake that we have made the client aware of tariff sheet and all the voluntary / non-mandatory documents. I / We have also made the client aware of 'Rights and Obligations' documents (s), RDD, 'Do's and Don't and Guidance Note. I / We have given/sent him a copy of all the KYC documents. I / We undertake that any change in the tariff sheet and all the voluntary / non-mandatory documents would be duly intimated to the clients. I / We also undertake that any change in the 'Right and Obligations' and RDD would be made available on my/our website, if any, for the information of the clients.

Name & Signature of the Authorised Signatory	Seal/Stamp of the intermediary							
Date <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">D</td> <td style="width: 20px;">D</td> <td style="width: 20px;">M</td> <td style="width: 20px;">M</td> <td style="width: 20px;">Y</td> <td style="width: 20px;">Y</td> <td style="width: 20px;">Y</td> <td style="width: 20px;">Y</td> </tr> </table>		D	D	M	M	Y	Y	Y
D	D	M	M	Y	Y	Y	Y	

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date :

D	D	M	M	Y	Y	Y	Y
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Emp. Name

Emp. Code

Emp. Designation

Emp. Branch



NIKYC_B