KNOW YOUR CLIENT (KYC) Application Form - *For Non Individuals*

☐ **NEW** ☐ **CHANGE REQUEST** (Please tick ✓ the appropriate)

Acknowledgement No.

NSDL
Technology, Trust & Reach

Please fill this form in ***ENGLISH*** and in ***BLOCK LETTERS***

(Please tick ✓ the box on left margin of appropriate row where ***CHANGE/CORRECTION*** is required and provide the details in the corresponding row)

A IDENTITY DETAILS

☐ 1. **Name of the Applicant**

☐ 2a. **Date of incorporation** D D / M M / Y Y Y Y **2b. Place of incorporation**

☐ 3. **Date of commencement of business** D D / M M / Y Y Y Y

4a. PAN

☐ **4b. Registration No. (e.g. CIN)**

☐ 5. **Status** (Please tick ✓ the appropriate)

☐ 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	☐ FPI - Category I	☐ FPI - Category II
☐ FPI - Category III	☐ Others (Please specify)			

B ADDRESS DETAILS

☐ 1. **Address for Correspondence**

City / Town / Village

State

Country

Pin Code

2. **Specify the Proof of Address submitted for Correspondence Address:**

☐ 3. **Contact Details**

Tel. (Off.)

Tel. (Res.)

E-Mail Id.

Fax

Mobile No.

☐ 4. **Registered Address** (If different from above)

City / Town / Village

State

Country

Pin Code

C OTHER DETAILS (If space is insufficient, enclose these details separately [Illustrative format enclosed])

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

☐ 2a. DIN of whole time directors :

2b. Aadhar number of Promoters/Partners/Karta :

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.

Date: D D / M M / Y Y Y Y

☐

Name & Signature of the Authorised Signatory

FOR OFFICE USE ONLY

In Person Verification (IPV) Details:

Name of the person who has done the IPV:

Designation: Employee ID:

Name of the Organization:

Date of IPV: D D / M M / Y Y Y Y

Signature of the person who has done the IPV

Seal/Stamp of the Intermediary

☐ Originals Verified and Self Attested Document copies received

Date

Signature of the Authorised Signatory

1. Name

2. Relationship with Applicant (i.e. promoters, whole time directors etc.)

3a. PAN 3b. DIN

3c. Aadhar (UID) Number

4. Residential/ Registered Address

City / Town / Village Pin Code

State Country

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

1. Name

2. Relationship with Applicant (i.e. promoters, whole time directors etc.)

3a. PAN 3b. DIN

3c. Aadhar (UID) Number

4. Residential/ Registered Address

City / Town / Village Pin Code

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State Country

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

Name & Signature of the Authorised Signatory (ies)

Date: D D / M M / Y Y Y Y

MANDATORY