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



Application No. :

Please fill in ENGLISH and in BLOCK LETTERS with black ink

A. Identity Details (please see guidelines overleaf)

1. Name of Applicant (Please write complete name as per Certificate of Incorporation / Registration; leaving one box blank between 2 words. Please do not abbreviate the Name).

Name input field

2. Date of Incorporation dd / mm / yyyy

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 AOP Bank Government Body Non-Government Organisation
Defence Establishment Body of Individuals Society LLP Others (Please specify)

5. Permanent Account Number (PAN) (MANDATORY)

Please enclose a duly attested copy of your PAN Card

PHOTOGRAPH

Please affix the recent passport size photograph of Authorised Signatory and sign across it



B. Address Details (please see guidelines overleaf)

1. Address for Correspondence

Address for Correspondence grid with fields for City/Town/Village, State, Country, Postal Code

2. Contact Details

Contact Details grid with fields for Tel. (Off.), Mobile, E-Mail Id., Tel. (Res.), Fax

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against 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 old. Validity/Expiry date of proof of address submitted dd / mm / yyyy

4. Registered Address (If different from above)

Registered Address grid with fields for City/Town/Village, State, Country, Postal Code

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against 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 old. Validity/Expiry date of proof of address submitted dd / mm / yyyy

C. Other Details

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

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

2. a) DIN of whole time directors :

DIN of whole time directors

b) Aadhaar number of Promoters/Partners/Karta :

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(S) OF AUTHORISED PERSON(S)



Place:

Date:

FOR OFFICE USE ONLY

AMC/Intermediary name OR code

PRABHAT FINANCIAL SERVICES LIMITED


- (Originals Verified) Self Certified Document copies received
(Attested) True copies of documents received

Seal/Stamp of the Intermediary should contain Staff Name Designation Name of the Organization Signature Date

Please note that the KYC Application Form and overleaf instructions should be printed on the same page (back to back). If printed separately then both the pages should be attached and signed by the applicant.

Please tear here

**Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals**

Name of Applicant		PAN of the Applicant					
Sr. No.	PAN	Name	DIN (For Directors) / UID (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed	Photograph
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	

## DEED OF DECLARATION OF HUF

I, \_\_\_\_\_ residing at the address \_\_\_\_\_

\_\_\_\_\_ do solemnly affirm that I am the Karta of the Hindu Undivided and following members are included in the HUF.

### Details of Coparceners / Family Members :

S.No.	Name of Coparceners / Family Members	Sex Code	Date of Birth	Relationship with Karta
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Specimen signature for and on behalf of Karta

Name : \_\_\_\_\_



**Signature of Karta**  
Along with the rubber stamp