

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).

**2. Date of Incorporation**    dd / mm / yy yy yy yy  
**Place of Incorporation**

**3. Registration No. (e.g. CIN)**  
Date of commencement of business    dd / mm / yy yy yy yy

**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) \_\_\_\_\_

PHOTOGRAPH

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



- 5. Permanent Account Number (PAN) (MANDATORY)**

~~Please enclose a duly attested copy of your PAN Card~~

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

- ### 1. Address for Correspondence

[illegible]

- ## 2. Contact Details

[illegible]

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. <b>Validity/Expiry date of proof of address submitted</b> | d | d | / | m | m | / | y | y | y | y |
|--|---|---|---|---|---|---|---|---|---|---|

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

[illegible]

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 | d | d | / | m | m | / | y | y | y | y |
|---|---|---|---|---|---|---|---|---|---|---|

### C. Other Details

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

2. a) 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

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 directorsetc.)	Whether Politically Exposed	Photograph
						<div><input type="checkbox"/> PEP</div> <div><input type="checkbox"/> RPEP</div> <div><input type="checkbox"/> NO</div>	
						<div><input type="checkbox"/> PEP</div> <div><input type="checkbox"/> RPEP</div> <div><input type="checkbox"/> NO</div>	
						<div><input type="checkbox"/> PEP</div> <div><input type="checkbox"/> RPEP</div> <div><input type="checkbox"/> NO</div>	
						<div><input type="checkbox"/> PEP</div> <div><input type="checkbox"/> RPEP</div> <div><input type="checkbox"/> NO</div>	
						<div><input type="checkbox"/> PEP</div> <div><input type="checkbox"/> RPEP</div> <div><input type="checkbox"/> NO</div>	

Name & Signature of the Authorised Signatory(ies) Date dd / mm / yyyy

## 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

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