

Acknowledgement No.

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

 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)

KNOW YOUR CLIENT (KYC) APPLICATION FORM

(For Non-Individuals)

 Photograph
Please affix the
recent passport
size photograph and
sign across it

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recent passport
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sign across it

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

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					
4	a) PAN									□4b.Registration No. (e.g. CIN)				
5	Status (please tick any one):													
	<input type="checkbox"/> Private Limited Co.					<input type="checkbox"/> Bank					<input type="checkbox"/> Partnership			
	<input type="checkbox"/> Public Ltd. Co.					<input type="checkbox"/> Government Body					<input type="checkbox"/> FI			
	<input type="checkbox"/> Body Corporate					<input type="checkbox"/> Non Government Organisation					<input type="checkbox"/> FII			
	<input type="checkbox"/> Trust					<input type="checkbox"/> Defense Establishment					<input type="checkbox"/> HUF			
	<input type="checkbox"/> Charities					<input type="checkbox"/> Society					<input type="checkbox"/> AOP			
	<input type="checkbox"/> NGO's					<input type="checkbox"/> LLP					<input type="checkbox"/> BOI			
	<input type="checkbox"/> Others (please specify) _____													

B. ADDRESS DETAILS

□1	Correspondence Address										
		City/town/village				PIN Code					
		State				Country					
□2	Contact Details	Tel. (Off.)				Tel. (Res.)					
		FaxNo.				Mobile No.					
		Email ID									
3	Specify the proof of address submitted for correspondence address										
□4	Registered Address (if different from above)										
		City/town/village				PIN Code					
		State				Country					

C. OTHER DETAILS

<input type="checkbox"/> 1	Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:	<i>If space is insufficient, enclose these details separately [Illustrative format enclosed]</i>
<input type="checkbox"/> 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 of the Authorised Signatory(ies) _____ **Date**

D	D	M	M	Y	Y	Y	Y
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FOR OFFICE USE
 Originals verified and Self-Attested Document copies received

Signature of the Authorised Signatory → _____

Date _____

D	D	M	M	Y	Y	Y	Y
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Seal/Stamp of the Branch

