

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

NEW  CHANGE REQUEST (Please tick ✓ the appropriate)

Please fill this form in **ENGLISH** and in **BLOCK LETTERS** with **BLACK INK**.

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

Acknowledgement No. \_\_\_\_\_

### 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)

- |  |  |  |  |  |
|--|--|--|--|--|
| <input type="checkbox"/> Private Limited Co. | <input type="checkbox"/> Public Ltd. Co.         | <input type="checkbox"/> Body Corporate  | <input type="checkbox"/> Partnership                 | <input type="checkbox"/> Trust                 |
| <input type="checkbox"/> Charities           | <input type="checkbox"/> NGO's                   | <input type="checkbox"/> FI              | <input type="checkbox"/> FI                          | <input type="checkbox"/> HUF                   |
| <input type="checkbox"/> AOP                 | <input type="checkbox"/> Bank                    | <input type="checkbox"/> Government Body | <input type="checkbox"/> Non-Government Organization | <input type="checkbox"/> Defence Establishment |
| <input type="checkbox"/> BOI                 | <input type="checkbox"/> Society                 | <input type="checkbox"/> LLP             | <input type="checkbox"/> FPI - Category              | <input type="checkbox"/> FPI - Category II     |
| <input type="checkbox"/> FPI - Category III  | <input type="checkbox"/> Others (Please specify) |  |  |  |

### B ADDRESS DETAILS

1. Address for Correspondence \_\_\_\_\_

City/Town/Village \_\_\_\_\_

Pin Code \_\_\_\_\_

State \_\_\_\_\_

Country \_\_\_\_\_

2. Specify the proof of Address submitted for Correspondence Address : \_\_\_\_\_

3. Contact Details

Tel. (Off.) \_\_\_\_\_

Fax \_\_\_\_\_

Tel. (Res.) \_\_\_\_\_

Mobile No. \_\_\_\_\_

E-mail Id \_\_\_\_\_

4. Registered Address (if different from above)

City/Town/Village \_\_\_\_\_

Pin Code \_\_\_\_\_

State \_\_\_\_\_

Country \_\_\_\_\_

### C 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 misrepresenting. I am/we are aware that I/we me 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 : **SIDDHARTHA CAPITAL MARKET LIMITED**

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. Address for Correspondence \_\_\_\_\_

\_\_\_\_\_

City/Town/Village \_\_\_\_\_ Pin Code \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

**PHOTOGRAPH**

Please affix  
Your recent passport  
size photograph and  
Sign across it

1. Name \_\_\_\_\_

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State \_\_\_\_\_ Country \_\_\_\_\_

**PHOTOGRAPH**

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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
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