

FDR/NCD No \_\_\_\_\_

**PART I - KNOW YOUR CLIENT FORM** (For Non-Individuals)

Please affix the recent passport size photograph and sign across



Please fill this form in ENGLISH and in BLOCK LETTERS

**A. IDENTITY DETAILS**

|   |                                      |                               |                          |                             |                          |             |   |   |   |                                |   |   |   |   |   |   |
|---|--------------------------------------|-------------------------------|--------------------------|-----------------------------|--------------------------|-------------|---|---|---|--------------------------------|---|---|---|---|---|---|
| 1 | Name of the Applicant                |                               |                          |                             |                          |             |   |   |   |                                |   |   |   |   |   |   |
| 2 | Date of incorporation                | D                             | D                        | M                           | M                        | Y           | Y | Y | Y | Place of incorporation         |   |   |   |   |   |   |
| 3 | Date of commencement of business     |                               |                          |                             |                          |             |   |   | D | D                              | M | M | Y | Y | Y | Y |
| 4 | a) PAN                               |                               |                          |                             |                          |             |   |   |   | b) Registration No. (e.g. CIN) |   |   |   |   |   |   |
| 5 | <b>Status (please tick any one):</b> |                               |                          |                             |                          |             |   |   |   |                                |   |   |   |   |   |   |
|   | <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 Organization | <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 | Specify the proof of address submitted for correspondence address |             |  |  |  |             |  |  |  |  |  |  |  |  |  |  |
| 3 | Contact Details   | Tel. (Off.) |  |  |  | Tel. (Res.) |  |  |  |  |  |  |  |  |  |  |
|   |   | Fax No.     |  |  |  | Mobile No.  |  |  |  |  |  |  |  |  |  |  |
|   |   | Email ID    |  |  |  |             |  |  |  |  |  |  |  |  |  |  |

|   |   |                   |  |          |  |  |  |  |  |
|---|---|-------------------|--|----------|--|--|--|--|--|
| 4 | Registered Address (if different from above):                 | _____             |  |          |  |  |  |  |  |
|   |   | _____             |  |          |  |  |  |  |  |
|   |   | _____             |  |          |  |  |  |  |  |
|   |   | City/town/village |  | PIN Code |  |  |  |  |  |
|   |   | State             |  | Country  |  |  |  |  |  |
| 5 | Specify the proof of address submitted for registered address |                   |  |          |  |  |  |  |  |

### C. OTHER DETAILS

|    |  |  |  |  |   |  |  |  |  |
|----|--|--|--|--|---|--|--|--|--|
| 1  | <b>Bank Account Details for repayment:</b>   |  |  |  |   |  |  |  |  |
|    | Name of Bank _____   |  |  |  |   |  |  |  |  |
|    | Branch IFSC Code _____   |  |  |  |   |  |  |  |  |
|    | Account No. _____  |  |  |  |   |  |  |  |  |
| 2  | Please attach a cancelled cheque for online fund transfer  |  |  |  |   |  |  |  |  |
| 3. | Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:              |  |  |  | (Please give the detail in the format inclosed)   |  |  |  |  |
| 4  | DIN/UID of Promoters/Partners/Karta and whole time directors:  |  |  |  |   |  |  |  |  |
| 5  | Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors: |  |  |  | <input type="checkbox"/> Politically Exposed Person (PEP)<br><input type="checkbox"/> Related to a Politically Exposed Person (PEP) |  |  |  |  |
| 6  | Any other information  |  |  |  |   |  |  |  |  |

### 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.

Name & Signature of the Authorised Signatory(ies) \_\_\_\_\_

Date 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

### FOR OFFICE USE ONLY

|  |   |   |   |  |   |   |                       |   |   |   |   |   |   |   |   |                          |  |
|--|---|---|---|--|---|---|-----------------------|---|---|---|---|---|---|---|---|--------------------------|--|
| <input type="checkbox"/> (Originals verified) True copies of documents received<br><input type="checkbox"/> (Self-Attested) Self Certified Document copies received<br><input type="checkbox"/> Verified in Person |   |   |   |  |   |   | Signature of Employee |   |   |   |   |   |   |   |   |                          |  |
| Verified by: _____   |   |   |   |  |   |   |                       |   |   |   |   |   |   |   |   |                          |  |
| Date   |   |   |   | <table border="1"> <tr> <td>D</td> <td>D</td> <td>M</td> <td>M</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> </table> |   |   |                       | D | D | M | M | Y | Y | Y | Y | Seal/Stamp of the Branch |  |
| D  | D | M | M | Y  | Y | Y | Y                     |   |   |   |   |   |   |   |   |                          |  |

Details of Directors/Partners/Trustees forming part of KYC form

**Form for Non-Individuals**

| Sr. No. | Name | Relationship with Applicant<br><i>(i.e. promoters, whole time directors etc.)</i> | PAN | Residential / Registered Address | DIN | Aadhaar No. |
|---------|------|---|-----|----------------------------------|-----|-------------|
| 1       |      |   |     |                                  |     |             |
| 2       |      |   |     |                                  |     |             |
| 3       |      |   |     |                                  |     |             |
| 4       |      |   |     |                                  |     |             |
| 5       |      |   |     |                                  |     |             |

Name & Signature of the Authorised Signatory(ies)

|      |   |   |   |   |   |   |   |   |
|------|---|---|---|---|---|---|---|---|
| Date | D | D | M | M | Y | Y | Y | Y |
|------|---|---|---|---|---|---|---|---|