N

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

ARN - 16709 E039709

Application No. :

CAMSKRA KYC Services

www.camskra.com

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

## 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).

COLOUR PHOTOGRAPH

Please affix recent Passport size photograph of Authorised Signatory. Signatory to also sign across the Photograph.

2a. **Date of Incorporation** 2b. **Place of Incorporation**

3. **Registration No. (e.g. CIN)**

**Date of commencement of business** D D / M M / Y Y Y Y

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.

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

**1. Address for Correspondence**

City / Town / Village Pin Code

State Country

**2. Contact Details**

Tel. (Off.) (ISD) (STD) Tel. (Res.) (ISD) (STD)

Mobile (ISD) (STD) Fax (ISD) (STD)

E-Mail Id.

**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.

**4. Registered Office Address (If different from above) / Overseas Address-Mandatory for FIIs**

City / Town / Village Pin Code

State Country

**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.

## C. Other Details (please see guidelines overleaf)

1. **Name, PAN, DIN/UID, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors**
(Please use the Annexure to fill in the details)

## DECLARATION

We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and 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,we are aware that we may be held liable for it. We hereby declare that we are not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legisation or any notifications direction issued by governmental or statutory authority from time to time. We hereby authorise sharing of the information furnished on this form with all SEBI registered KYC Registration Agencies/SEBI Registered Intermediaries

Place : Date :

**NAME & SIGNATURE(S) OF AUTHORISED PERSON(S)**

✔

## FOR OFFICE USE ONLY

AMC/Intermediaryname **OR** code

☐ (Originals Verified) Self Certified Document copies received

☐ (Attested) True copies of documents received

**Main Intermediary**

Seal/Stamp of the intermediary should contain
Staff Name
Designation
Emp.No./ARN. No
Name of the Organization
Signature
Date

Documents Attestation

Version 2.0-February 2014