Know Your Client / CKYC & KRA KYC Form

Application Form (For Non-Individuals Only)	Application				
No. : Please fill 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. Please do not abbreviate the Name).					
2. Date of Incorporation D D/M M/Y Y Y Y	Place of Incorporation				
3. Registration No. (e.g. CIN)					
Date of commencement of business D D/M M					
4. Status Please tick (✔) □ Private Ltd. Co. □ Pu					
	Category I \square FPI Category II \square FPI Category III \square				
	nment 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/Villago	Postal Code				
StateC					
2. Contact Details					
	Mobile				
FaxE-Mail Id					
	icant. Please submit ANY ONE of the following				
valid documents & tick (🖌) against the document	attached.				
	*Latest Electricity Bill 🗆 *Latest Bank Account				
Statement 🗆 Registered Lease / Sale Agreemen	t 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 <u>D D/M M/Y</u>				
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A Desistand Address (If different from above)					
4. Registered Address (If different from above)					
City/Town/Villago	Postal Code				
State Co					
	icant. Please submit ANY ONE of the following				
valid documents & tick (\checkmark) against the document	-				
	*Latest Electricity Bill 🗆 *Latest Bank Account				
	t of Office Premises \square 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				
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C. Other Details (please see guidelines overleaf)					
1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/					
Partners/ Karta/ Trustees/ whole time directors (Please use the Annexure to fill in the details)					
2. Any other information:					
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

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

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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.

Place:_____Date:_____

FOR OFFICE USE ONLY

AMC/Intermediary name OR code

SeaL/Stamp of the intermediary should contain Staff Name/ Designation/

Originals Verified Self Certified Document copies received
 Attested True copies of documents received

Bane 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 ______

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Name & Signature of the Authrorised Signatory(ies) _____ Date :_D D/M M/Y Y Y Y

		Freed
PEP: Politically Exposed Person	RPEP: Related to Politically Exposed Person	2/7

COMMON AADHAAR LINKING FORM ACROSS STOCKAL SECURITIES PRIVATE LIMITED

Name of the Non-Individual ______

Consent of Individual Authorized Signatories

I/we hereby give my/our consent in accordance with Aadhaar Act, 2016 and regulation made there under for (i) Collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our aadhaar number in accordance with Aadhaar Act, 2016 and as per the amendment to the Prevention of Money Laundering (Maintenance of Records) Rules, 2005. I/we hereby give my/our consent for sharing of above aadhaar details to Stockal Securities Private Limited company where I/we have an account.

Details of Authorized Signatories as available in Aadhaar (Kindly use another form in case of > 6 signatories)

	Signatories)					1		
Sr. No.	Name of the Authorize d Signatory	PAN of the Authoriz ed Signator y	Aadhaar of the Authoriz ed Signator y	Date of Birth of the Authorize d Signatory (DD/MM/YYYY)	Mobile Number of the Authorized Signatory	Pin code of the Authoriz ed Signator y	Gend er of the Authorized Signatory (M/F/Othe rs)	Signatur e of the Authoriz ed Signator y
1								
2								
3								
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5								
6								

Certificate from Company Secretary / any other competent authority of the Organization

The above specified list of personnel covers all authorized signatories on behalf of our organization and this list will supersede all our earlier Authorized Signatory List. We will let you know the changes / modifications from time to time, if any, through appropriate means. Above signatories have consented for sharing the above information with Stockal Securities Private Limited in corporate & individual capacity and also for validating the same with UIDAI wherever warranted.

For

Company Secretary / Authorized Signatory (ies)

Company Seal

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"Note: Please submit latest Board Resolution or equivalent document authorizing signatories alongwith duly filled & signed Common Aadhaar linking form.