

**Know Your Client / CKYC & KRA KYC Form**

**Application Form (For Non-Individuals Only)**

Application

No. : Please fill in ENGLISH and in BLOCK LETTERS

<b>A. Identity Details (Please see guidelines overleaf)</b>	
1. <b>Name of Applicant</b> (Please write complete name as per Certificate of Incorporation/ Registration. Please do not abbreviate the Name). _____	
2. <b>Date of Incorporation</b> <u>DD/MM/YYYY</u> <b>Place of Incorporation</b> _____	
3. <b>Registration No. (e.g. CIN)</b> _____ <b>GST No.</b> _____	
<b>Date of commencement of business</b> <u>DD/MM/YYYY</u>	
4. <b>Status</b> Please tick (✓) <input type="checkbox"/> Private Ltd. Co. <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust / Charities / NGOs <input type="checkbox"/> HUF <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> FPI Category I <input type="checkbox"/> FPI Category II <input type="checkbox"/> FPI Category III <input type="checkbox"/> AOP <input type="checkbox"/> Bank <input type="checkbox"/> Government Body <input type="checkbox"/> Non-Government Organisation <input type="checkbox"/> Defence Establishment <input type="checkbox"/> Body of Individuals <input type="checkbox"/> Society <input type="checkbox"/> LLP <input type="checkbox"/> Others _____ (please specify)	
5. <b>Permanent Account Number PAN (Mandatory)</b> _____	Please enclose a duly attested copy of your PAN Card
<b>B. Address Details (please see guidelines overleaf)</b>	
1. <b>Address for Correspondence</b>	
_____	
City/ Town/ Village _____	Postal Code _____
State _____	Country _____
2. <b>Contact Details</b>	
Tel. (Off.) _____	Tel. (Res.) _____
Fax _____	Mobile _____
E-Mail Id. _____	
3. <b>Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents &amp; tick (✓) against the document attached.</b>	
<input type="checkbox"/> *Latest Telephone Bill (only Land Line) <input type="checkbox"/> *Latest Electricity Bill <input type="checkbox"/> *Latest Bank Account Statement <input type="checkbox"/> Registered Lease / Sale Agreement of Office Premises <input type="checkbox"/> Any other proof of address document (as listed overleaf). (please specify)	
*Not more than 3 months old. <b>Validity/ Expiry date of proof of address submitted</b> <u>DD/MM/YYYY</u>	
4. <b>Registered Address (If different from above)</b>	
_____	
City/ Town/ Village _____	Postal Code _____
State _____	Country _____
5. <b>Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents &amp; tick (✓) against the document attached.</b>	
<input type="checkbox"/> *Latest Telephone Bill (only Land Line) <input type="checkbox"/> *Latest Electricity Bill <input type="checkbox"/> *Latest Bank Account Statement <input type="checkbox"/> Registered Lease / Sale Agreement of Office Premises <input type="checkbox"/> Any other proof of address document (as listed overleaf). (please specify)	
*Not more than 3 months old. <b>Validity/ Expiry date of proof of address submitted</b> <u>DD/MM/YYYY</u>	

<b>C. Other Details (please see guidelines overleaf)</b>	
1. <b>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)</b>	
2. <b>Any other information:</b>	

<b>DECLARATION</b>					
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	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; vertical-align: top;"> <b>NAME &amp; SIGNATURE(S) OF AUTHORISED PERSON(S)</b> </td> <td style="width: 50%; border: 1px solid black; height: 40px;"></td> </tr> <tr> <td style="text-align: center; vertical-align: bottom;"> </td> <td style="text-align: right; vertical-align: bottom;">                 4/7             </td> </tr> </table>	<b>NAME &amp; SIGNATURE(S) OF AUTHORISED PERSON(S)</b>			4/7
<b>NAME &amp; SIGNATURE(S) OF AUTHORISED PERSON(S)</b>					
	4/7				

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/ Name of the Organization / Signature/ Date

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

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 \_\_\_\_\_

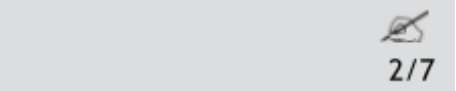
Sr. No.	PAN	Name	DIN (For Directors)/ UID (For Others)	Residential/ Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed <input type="checkbox"/> <input type="checkbox"/>	Photograph
						<input type="checkbox"/> PEP RPE <input type="checkbox"/> P <input type="checkbox"/> NO <input type="checkbox"/>	
						PEP RPE P NO	
						PEP RPE P NO	
						PEP RPE P NO	

						<input type="checkbox"/> PEP <input type="checkbox"/> RPE <input type="checkbox"/> P NO	
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Name & Signature of the Authorized Signatory(ies) \_\_\_\_\_

Date : DD/MM/YYYY

PEP: Politically Exposed Person      RPEP: Related to Politically Exposed Person

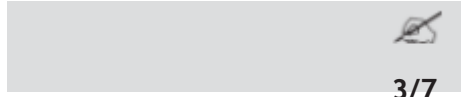




**Certificate from Company Secretary / any other competent authority of the Organization**

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)**

**3/7**

**Company Seal**

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