

**Annexure – K**

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

*[Name and address of intermediary (pre-printed)]*

Photograph

Please affix the recent passport size photograph and sign  
across it

Please fill this form in ENGLISH and in BLOCK LETTERS

<b>A. IDENTITY DETAILS</b>																	
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>  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Private Limited Co.  <input type="checkbox"/> Public Ltd. Co.  <input type="checkbox"/> Body Corporate  <input type="checkbox"/> Trust  <input type="checkbox"/> Charities  <input type="checkbox"/> NGO's  <input type="checkbox"/> Others (please specify) _____ </div> <div style="width: 33%;"> <input type="checkbox"/> Bank  <input type="checkbox"/> Government Body  <input type="checkbox"/> Non Government Organization  <input type="checkbox"/> Defense Establishment  <input type="checkbox"/> Society  <input type="checkbox"/> LLP </div> <div style="width: 33%;"> <input type="checkbox"/> Partnership  <input type="checkbox"/> FI  <input type="checkbox"/> FII  <input type="checkbox"/> HUF  <input type="checkbox"/> AOP  <input type="checkbox"/> BOI </div> </div>																
<b>B. ADDRESS DETAILS</b>																	
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	<p>Gross Annual Income Details (please specify): Income Range per annum</p> <table border="0"> <tr> <td><input type="checkbox"/> Below ₹ 1 lac</td> <td><input type="checkbox"/> ₹ 10- 25 lac</td> </tr> <tr> <td><input type="checkbox"/> ₹ 1- 5 lac</td> <td><input type="checkbox"/> ₹ 25 lac- 1 crore</td> </tr> <tr> <td><input type="checkbox"/> ₹ 5- 10 lac</td> <td><input type="checkbox"/> More than ₹ 1 crore</td> </tr> </table>	<input type="checkbox"/> Below ₹ 1 lac	<input type="checkbox"/> ₹ 10- 25 lac	<input type="checkbox"/> ₹ 1- 5 lac	<input type="checkbox"/> ₹ 25 lac- 1 crore	<input type="checkbox"/> ₹ 5- 10 lac	<input type="checkbox"/> More than ₹ 1 crore		
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<input type="checkbox"/> ₹ 5- 10 lac	<input type="checkbox"/> More than ₹ 1 crore								
2	<p>Networth</p> <p>Amount (₹) _____</p> <p>As on (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></p> <p>(Networth should not be older than 1 year)</p>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
3	<p>Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:</p> <p>If space is insufficient, enclose these details separately</p> <p>[Illustrative format enclosed]</p>								
4									
5	<p>Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:</p> <table border="0"> <tr> <td><input type="checkbox"/> Politically Exposed Person (PEP)</td> </tr> <tr> <td><input type="checkbox"/> Related to a Politically Exposed Person (PEP)</td> </tr> </table>	<input type="checkbox"/> Politically Exposed Person (PEP)	<input type="checkbox"/> Related to a Politically Exposed Person (PEP)						
<input type="checkbox"/> Politically Exposed Person (PEP)									
<input type="checkbox"/> Related to a Politically Exposed Person (PEP)									
6	Any other information								

D. DECLARATION									
<p>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.</p>									
<p>Name &amp; Signature of the Authorised Signatory(ies) _____</p>	<p>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></p>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

FOR OFFICE USE ONLY								
<p><input type="checkbox"/> (Originals verified) True copies of documents received</p> <p><input type="checkbox"/> (Self-Attested) Self Certified Document copies received</p>								
<p>Signature of the Authorised Signatory _____</p>	<p>Seal/Stamp of the intermediary</p>							
<p>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></p>		D	D	M	M	Y	Y	Y
D	D	M	M	Y	Y	Y	Y	

**Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC)  
Application Form for Non-Individuals**

Sr. No.	Name	Relationship with Applicant (i.e. promoters, whole time directors etc.)	PAN	Residential / Registered Address	DIN/UID	Photograph
1						
2						
3						
4						
5						

  

Name & Signature of the Authorised Signatory(ies)										Date	D	D	M	M	Y	Y	Y	Y
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