

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

Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

Fields marked * are pertaining to CKYC and mandatory only if processing CKYC also

Intermediary
Logo

Application Number:

Application Type*: ☐ New KYC ☐ Modification KYC**1. Entity Details** (please refer guidelines)

PAN* _____

Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof) _____

Date of Incorporation* _____ Place of Incorporation* _____

Date of Commencement* _____ Registration Number* _____

Entity Type*

Please Tick (✓)

☐ Private Ltd. Co.☐ Public Ltd. Co.☐ Body Corporate☐ Partnership☐ Trust/Charity/NGO☐ HUF☐ FPI Category I☐ FPI Category II☐ AOP☐ Bank☐ Government Body☐ Defence Establishment☐ Body of Individuals☐ Society☐ LLP☐ Non-Government Organization☐ Others _____**2. Proof of Identity*** (please refer the guidelines)☐ Officially Valid Document(s) in respect of person authorized to transact☐ Certificate of Incorporation/Formation _____ ☐ Registration Certificate _____☐ Memorandum of Articles and Association ☐ Partnership Deed ☐ Trust Deed☐ Board Resolution ☐ Power of attorney granted to its manager, office, employees to transact on its behalf☐ Activity Proof -1* (For Sole Proprietorship Only) ☐ Activity Proof -2* (For Sole Proprietorship Only)**3. Address Details*** (please refer the guidelines)**A. Registered Address***

Line 1* _____

Line 2 _____

Line3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

B. Correspondence/Local Address in India (if different from above)*

Line 1* _____

Line 2 _____

Line3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Applicant Digital Signature (DSC)

Proof of Address* (attested copy of any one POA to be submitted—*Not more than 3 months old)		
<input type="checkbox"/> Certificate of Incorporation/Formation	<input type="checkbox"/> Registration Certificate	<input type="checkbox"/> Other document _____
<input type="checkbox"/> Latest Telephone Bill* (Landline only)	<input type="checkbox"/> Latest Electricity Bill*	<input type="checkbox"/> Latest Bank Account Statement*
<input type="checkbox"/> Registered Lease/ Sale Agreement of Office Premises	Validity/Expiry Date of POA (Expiry Date) _____	
<input type="checkbox"/> Any other proof of address document (as listed overleaf) _____		
4. Contact Details		
Email ID _____	Mobile No. _____	
Email ID _____	Mobile No. _____	
Tel (off) _____	Fax _____	
5. Annexures Submitted		
Number of Related Persons - <input style="width: 50px;" type="text"/>		
6. Remarks / Additional Information		
7. Applicant Declaration		
I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I 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. I/We hereby consent to receiving information from KARVY KRA through SMS/Email on the above registered number/Email address. DATE: _____ (DD-MM-YYYY) PLACE: _____	Applicant Digital Signature (DSC)	Applicant Wet Signature
8. For Office Use Only		
KYC carried out by*	Intermediary Details*	
KYC Date _____ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input type="checkbox"/> Self certified document copies received (Originals Verified) <input type="checkbox"/> True Copies of documents received (Attested) AMC / Intermediary Name OR Code: _____	
Employee Signature and Stamp	Employee Signature and Stamp	

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