





Application No.:

Please fill in ENGLISH & in BLOCK LETTERS with black ink

A. IDENTITY DETAILS (PLEASE SEE GUIDELINES OVERLEAF)						
1. Name of Applicant						
2. Date of Incorporation	PHOTOGRAPH					
3. Date of commencement of business Please affix your recent passport						
4. a. PAN b. Registration No. (e.g. CIN) size photograph and sign across it						
5. Status (Please tick any one () ✓ ☐ Private Limited Co. ☐ Public Ltd. Co. ☐ Body Corporate ☐ Trust						
Partneship Charities NGO's FI FII HUF AOP Government Body						
Bank Non-Government Organization Defense Establishment BOI Society LLP						
Other(please specify)						
A. IDENTITY DETAILS (PLEASE SEE GUIDELINES OVERLEAF)						
1. Address for Coorespondence						
City/Town/Village Pin Code						
Sate Country						
2. Contact Details: Tel (Off.) STDTELNO Tel (Res.) STDTELNO						
Mobile No. Fax S T	D T E L N O					
Email ID						
3. Registered the proof of address submitted for Correspondence address:						
4. Registered Address (If different form above)						
City/Town/Village	Pin Code					
Sate Sate	Country Country					
C. OTHER DETAILS						
1. Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and	whole time directors:					
2. a) DIN of whole time directors						
b) Aadhaar number of Promoters/Partner/Karta						
(Please fill in the details as provided in Annexure)						
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 information is found to be false or untrue or misleading or misrepresenting, I am/we are aware are that I/we may be held liable for it.						
Date: Date: Name & Signature of the Authorised Signatory with company seal	(2/2)					
FOR OFFICE USE ONLY						
AMC / Intermediary name OR code	Seal/Stamp of the intermediary Should contain					
	Staff Name and Designation					
(Originals Verified) Self Certified Document copies	Name of the Organization Signature and Date					
(Attested) True copies of documents recieved						

		Photograph			
PAN of the Applicant	on-Individuals	Whether Politically Exposed	□ PEP □ RPEP □ N0	□ PEP □ RPEP □ N0	□ PEP □ RPEP □ N0
	pplication Form for N	Relationship with Applicant (i.e. Promoters, whole time directors etc.)			
	art of Know Your Client (KYC) A	Residential / Registered Address			
	ne directors forming a pa	DIN (For Directors)/ UID (For Others)			
	tails of Promoters / Partners / Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals	Name			
me of Applicant:	of Promoters / Pa	PAN and Aadhaar			
me (tails				

PEP: Politically Exposed Person

Date: