Know Your Client (KYC) Application Form for Non Individuals

Please fill this form in English and BLOCK Letters

A. ENTITY DETAILS				
Name				
Entity/Constitution Type				
PAN				
Date of Incorporation / For	mation : DD/MM/YYYY Date	of Commencement : DD/MM	/YYYY	
Place of Incorporation :	Co	ountry of Incorporation :		
		CIN:		
B. Contact details				
Mobile No: Telephone no:				
Email ID:				
C. Registered Office Address / Place of Business (specify proof submitted):				
Address				
City :	District :	Pin :		
State :	Country :			
D. Correspondence Address (specify proof submitted):				
Address				
City :	District :	Pin :		
State :	Country :			
E. NUMBER OF RELATED PE	RSONS:			
F. REMARKS (if any):				
G. 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 change there in, immediately. In case any of the above				
		or misrepresenting, I am / We	· ·	
on the above registered nu		ormation from Central KYC reg	gistry through SMS/email	
Place :	inder/email address.		<u> </u>	
Date: DD/MM/YY	AS1	Signature of Authorised	d Signatory	
FOR OFFICE USE ONLY	11			
	ts and In-Person verification of	Notails:		
Name and Emp Id:	ts and in-Person vernication t	details.	BROKIN	
			MUMBAI	
Designation:				
Name of the Organisation: CENTRUM BROKING LIMITED				
Traine of the Organisation Centrion Broking Entire				

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

Application for for for marriages	1
Full Name*(Same as ID proof) Maiden Name DOB* (DD/MM/YYYY) Father/ Spouse name Mother Name PAN* Aadhaar no Nationality* Address*	
Maiden Name (DD/MM/YYYY)	
Father/ Spouse name	
Mother Name Gender*	
PAN* Aadhaar no Nationality*	PHOTOGRAPH
Address*	PHOTOGRAPH
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City* District* State* Country* Pin code* DIN* (Mandatory for Director) Related Person Type* □ Director □ Promoter □ Karta □ Trustee □ Partner □ Authorised Signatory □ Court appointment official □ Proprietor □ Beneficiary □ Reposition of the later of the later □ Pool helder.	Please affixed your
Country* Pin code* DIN*	recent passport size
(Mandatory for Director) Related Person Type* Director Promoter Karta Trustee	recent passport size
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□ Beneficial owner □ POA holder	
☐ Other (specify)	
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Proof of ID submitted Proof of Address submitted Mobile no Email id	
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☐ Partner ☐ Authorised Signatory ☐ Court appointment official ☐ Proprietor ☐ Beneficiary	hunrograhu
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Mobile no Fmail id	
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Full Name*(Same as ID proof)	
Maiden Name DOB* (DD/MM/YYYY)	
Father/ Spouse name	
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Address*	PHOTOGRAPH
City* District* State* Country* Pin code* DIN* (Mandatory for Director) Related Person Type*□ Director □ Promoter □ Karta □ Trustee □ Partner □ Authorised Signatory □ Court appointment official □ Proprietor □ Beneficiary	Please affixed your
Country* Pin code* DINI*	recent passport size
(Mandatory for Director) Polated Person Type* Director Promotor Varta Trustee	recent passport size
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Partner — Authorised Signatory — Court appointment official — Proprietor — Beneficiary	1 0 1
□ Beneficial owner □ POA noider	
Other (specify)	
Proof of ID submitted Proof of Address submitted Mobile no Email id	
Mobile no Email id	
Full Name*(Same as ID proof) Maiden Name DOB* (DD/MM/YYYY) Father/ Spouse name Gender* Mother Name Aadhaar no Nationality* Address*	
Maiden Name DOR* (DD/MM/VVVV)	
Eather/Spouse name	
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Address* Address*	PHOTOGRAPH
Address	
	Please affixed your
City* District* State*	*
City* District* State* Country* Pin code* DIN*	recent passport size
(Mandatory for Director) Related Person Type" — Director — Promoter — Karta — Trustee	
☐ Partner ☐ Authorised Signatory ☐ Court appointment official ☐ Proprietor ☐ Beneficiary	huorograpu
☐ Beneficial owner ☐ POA holder	
Other (specify)	
Proof of ID submitted Proof of Address submitted	
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Name and Cignotive of Authorized Signature	
Name and Signature of Authorised signatory Date:	
(With Entity Seal/ Stamp)	