

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 / Formation : DD/MM/YYYY Date of Commencement : DD/MM/YYYY			
Place of Incorporation : _____		Country of Incorporation : _____	
TIN/GST reg no : _____		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 PERSONS :


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 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 Central KYC registry through SMS/email on the above registered number/email address.

Place :		AS1	Signature of Authorised Signatory
Date :	DD/MM/YYYY		

FOR OFFICE USE ONLY

Originals Verified Documents and In-Person verification details:	
Name and Emp Id:	
Designation: _____	
Place: _____ Date : DD/MM/YYYY	
Name of the Organisation: CENTRUM BROKING LIMITED	

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

Full Name*(Same as ID proof) _____ Maiden Name _____ DOB* _____ (DD/MM/YYYY) Father/ Spouse name _____ Mother Name _____ Gender* _____ PAN* _____ Aadhaar no _____ Nationality* _____ Address* _____ _____ City* _____ District* _____ State* _____ Country* _____ Pin code* _____ DIN* _____ (Mandatory for Director) Related Person Type* <input type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Court appointment official <input type="checkbox"/> Proprietor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Beneficial owner <input type="checkbox"/> POA holder <input type="checkbox"/> Other (specify) _____ Proof of ID submitted _____ Proof of Address submitted _____ Mobile no _____ Email id _____	<p>PHOTOGRAPH</p> <p>Please affixed your recent passport size photograph</p>
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Full Name*(Same as ID proof) _____ Maiden Name _____ DOB* _____ (DD/MM/YYYY) Father/ Spouse name _____ Mother Name _____ Gender* _____ PAN* _____ Aadhaar no _____ Nationality* _____ Address* _____ _____ City* _____ District* _____ State* _____ Country* _____ Pin code* _____ DIN* _____ (Mandatory for Director) Related Person Type* <input type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Court appointment official <input type="checkbox"/> Proprietor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Beneficial owner <input type="checkbox"/> POA holder <input type="checkbox"/> Other (specify) _____ Proof of ID submitted _____ Proof of Address submitted _____ Mobile no _____ Email id _____	<p>PHOTOGRAPH</p> <p>Please affixed your recent passport size photograph</p>
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AS2



Name and Signature of Authorised signatory
(With Entity Seal/ Stamp)

Date: _____