

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

A. IDENTITY DETAILS

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	Status (please tick any one): <table border="0"> <tr> <td><input type="checkbox"/> Private Limited Co.</td> <td><input type="checkbox"/> Bank</td> <td><input type="checkbox"/> Partnership</td> </tr> <tr> <td><input type="checkbox"/> Public Ltd. Co.</td> <td><input type="checkbox"/> Government Body</td> <td><input type="checkbox"/> FI</td> </tr> <tr> <td><input type="checkbox"/> Body Corporate</td> <td><input type="checkbox"/> Non Government Organization</td> <td><input type="checkbox"/> FII</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Defense Establishment</td> <td><input type="checkbox"/> HUF</td> </tr> <tr> <td><input type="checkbox"/> Charities</td> <td><input type="checkbox"/> Society</td> <td><input type="checkbox"/> AOP</td> </tr> <tr> <td><input type="checkbox"/> NGO's</td> <td><input type="checkbox"/> LLP</td> <td><input type="checkbox"/> BOI</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Others (please specify) _____</td> </tr> </table>																	<input type="checkbox"/> Private Limited Co.	<input type="checkbox"/> Bank	<input type="checkbox"/> Partnership	<input type="checkbox"/> Public Ltd. Co.	<input type="checkbox"/> Government Body	<input type="checkbox"/> FI	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Non Government Organization	<input type="checkbox"/> FII	<input type="checkbox"/> Trust	<input type="checkbox"/> Defense Establishment	<input type="checkbox"/> HUF	<input type="checkbox"/> Charities	<input type="checkbox"/> Society	<input type="checkbox"/> AOP	<input type="checkbox"/> NGO's	<input type="checkbox"/> LLP	<input type="checkbox"/> BOI	<input type="checkbox"/> Others (please specify) _____		
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<input type="checkbox"/> Others (please specify) _____																																						

B. ADDRESS DETAILS

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	Gross Annual Income Details (please specify): Income Range per annum									
	<input type="checkbox"/> Below ₹ 1 lac <input type="checkbox"/> ₹ 1- 5 lac <input type="checkbox"/> ₹ 5- 10 lac	<input type="checkbox"/> ₹ 10- 25 lac <input type="checkbox"/> ₹ 25 lac- 1 crore <input type="checkbox"/> More than ₹ 1 crore								
2	Networth									
	Amount (₹) _____									
	As on (date) <table><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>		D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
	(Networth should not be older than 1 year)									
3	Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:	If space is insufficient, enclose these details separately [Illustrative format enclosed]								
4	DIN/UID of Promoters/Partners/Karta and whole time directors:									
5	Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)								
6	Any other information									

D. 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 that I/we may be held liable for it.

Name & Signature of the Authorised Signatory(ies) _____ Date

D	D	M	M	Y	Y	Y	Y
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FOR OFFICE USE ONLY

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

**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						

<div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div>												
Name & Signature of the Authorised Signatory(ies)				Date	D	D	M	M	Y	Y	Y	Y

Annexure – K
PART II – ACCOUNT OPENING FORM
(FOR NON-INDIVIDUALS)

Participant Name (DP ID ____) Address (Pre-printed)					Client –ID (To be filled by Participant)														
We request you to open a depository account in our name as per the following details: <i>(Please fill all the details in CAPITAL LETTERS only)</i>										Date		D	D	M	M	Y	Y	Y	Y
A) Details of Account holder(s):																			
		Name								PAN									
Sole/ First Holder																			
Second Holder																			
Third Holder																			
B) Type of account																			
<input type="checkbox"/> Body Corporate					<input type="checkbox"/> FI					<input type="checkbox"/> FII									
<input type="checkbox"/> Qualified Foreign Investor					<input type="checkbox"/> Mutual Fund					<input type="checkbox"/> Trust									
<input type="checkbox"/> Bank					<input type="checkbox"/> CM					<input type="checkbox"/> Other (Please specify) _____									
C) For HUF, Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., although the account is opened in the name of the karta, partner(s), trustee(es) etc., the name & PAN of the HUF, Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., should be mentioned below:																			
a) Name										b) PAN									
D) In case of FIIs/Others (as may be applicable)																			
RBI Approval Reference Number																			
RBI Approval date										D	D	M	M	Y	Y	Y	Y		
SEBI Registration Number (for FIIs)																			
E) Bank details																			
1		Bank account type <input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify) _____																	
2		Bank Account Number																	
3		Bank Name																	
4		Branch Address																	
		City/town/village					PIN Code												
		State					Country												
5		MICR Code																	
6		IFSC																	
F) Clearing Member Details (to be filled up by Clearing Members only)																			
1		Name of Stock Exchange																	
2		Name of Clearing Corporation/ Clearing House																	
3		Clearing Member ID																	

	4	SEBI Registration Number	
	5	Trade Name	
	6	CM-BP-ID (to be filled up by Participant)	
G)	Standing Instructions		
	1	We authorise you to receive credits automatically into our account.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2	Account to be operated through Power of Attorney (PoA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3	SMS Alert facility	
		Sr. No.	Holder
		1	Sole/First Holder
		2	Second Holder
		3	Third Holder
			Yes
			No
H)	4	Mode of receiving Statement of Account [Tick any one]	<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form [Read Note 3 and ensure that email ID is provided in KYC Application Form].

Declaration

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by us and we have understood the same and we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and 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, we are aware that we may be held liable for it. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

Authorised Signatories (Enclose a Board Resolution for Authorised Signatories)

Sole/First Holder	Name	Signature(s)
First Signatory		X
Second Signatory		X
Third Signatory		X
<u>Other Holders</u>		

Second Holder		X
Third Holder		X

Mode of Operation for Sole/First Holder (In case of joint holdings, all the holders must sign)	
<input type="checkbox"/> Any one singly	
<input type="checkbox"/> Jointly by	
<input type="checkbox"/> As per resolution	
<input type="checkbox"/> Others (please specify)	

Notes:

1. In case of additional signatures, separate annexures should be attached to the application form.
2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
3. For receiving Statement of Account in electronic form:
 - I. Client must ensure the confidentiality of the password of the email account.
 - II. Client must promptly inform the Participant if the email address has changed.
 - III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
4. Strike off whichever is not applicable.

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Acknowledgement

Participant Name, Address & DP ID

Received the application from M/s_____ as the sole/first holder alongwith _____ and _____ as the second and third holders respectively for opening of a depository account. Please quote the DP ID & Client ID allotted to you (CM-BP-ID in case of Clearing Members) in all your future correspondence.

Date:

D	D	M	M	Y	Y	Y	Y
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Participant Stamp & Signature