

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



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* Private Ltd. Co. Public Ltd. Co. Body Corporate Partnership
 Please Tick (!) 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)

- Certificate of Incorporation/Formation
 Registration Certificate
 Other document _____
 Latest Telephone Bill* (Landline only)
 Latest Electricity Bill*
 Latest Bank Account Statement*
 Registered Lease/ Sale Agreement of Office Premises
 Validity/Expiry Date of POA (Expiry Date) _____
 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 -

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 CVL 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: _____
<p style="text-align: center;">Employee Signature and Stamp</p>	<p style="text-align: center;">Employee Signature and Stamp</p>

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



Please fill the form in ENGLISH and in BLOCK letters
Fields marked * are mandatory

Application Number: _____

Application Type*: New KYC Modification KYC

1. Identity Details of Related Person (please refer guidelines overleaf)

PAN* _____ Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof) _____

Maiden Name* (if any) _____

Fathers/Spouse's Name* _____

Date of Birth* _____

Gender* Male Female Transgender

Nationality* Indian Other _____

Person Type*

Director Promoter Karta Trustee Partner Court Appointed Official Proprietor
 Beneficiary Authorized Signatory Beneficial Owner Power of Attorney Holder
 Others _____ (please specify) **DIN:** _____ (mandatory if the related person is Director)

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

A — Aadhaar Card **XXXX XXXX** _____

B — Passport Number _____ (Expiry Date) _____

C — Voter ID Card _____

D — Driving License _____ (Expiry Date) _____

E — NREGA Job Card _____

F — NPR _____

Z — Others _____ (any document notified by Central Government)

Identification Number _____

Applicant Photo

2. Address Details* (please refer guidelines overleaf)

A. Correspondence/ Local Address*

Line 1* _____

Line 2 _____

Line 3 _____

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

State* _____ **Country*** _____

Address Type* Residential/Business Residential Business Registered Office Unspecified

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1* _____

Line 2 _____

Line 3 _____

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

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified**Proof of Address*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

A — Aadhaar Card XXXX XXXX ____ _

B — Passport Number _____ (Expiry Date) ____ _

C — Voter ID Card _____

D — Driving License _____ (Expiry Date) ____ _

E — NREGA Job Card _____

F — NPR Letter _____

Z—Others _____ (any document notified by Central Government)

Identification Number _____

3. Contact Details

Email ID _____

Mobile No. _____

Tel (off) _____ Tel (Res) _____

4. Applicant Declaration

<p>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.</p> <p>I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.</p> <p>DATE: ____ _ (DD-MM-YYYY)</p> <p>PLACE: _____</p>	-	Applicant Wet Signature

5. For Office Use Only

KYC carried out by*	Intermediary Details*
<p>KYC Date ____ _</p> <p>Emp. Name _____</p> <p>Emp. Code _____</p> <p>Emp. Designation _____</p>	<p><input type="checkbox"/> Self certified document copies received (OVD)</p> <p><input type="checkbox"/> True Copies of documents received (Attested)</p> <p>_____</p>
Employee Signature and Stamp	Institution Name and Stamp