

KYC Application Form (For Non-Individuals Only)

Please fill the form in English and in BLOCK LETTERS.
 (Please tick ✓ on the box next to the option you wish to choose and provide corresponding details)
 Fields marked * are mandatory
 Fields marked * are pertaining to CKYC & mandatory only if processing CKYC also

Application No.

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)

Incorporation Date* **Commencement Date***

Incorporation Place*

Registration Number*

Entity Type*

<input type="checkbox"/> Private Ltd. Co.	<input type="checkbox"/> Public Ltd. Co.	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Partnership	<input type="checkbox"/> HUF	<input type="checkbox"/> Society
<input type="checkbox"/> FPI Category I	<input type="checkbox"/> FPI Category II	<input type="checkbox"/> Trust/charity/NGO	<input type="checkbox"/> AOP	<input type="checkbox"/> Bank	<input type="checkbox"/> LLP
<input type="checkbox"/> Govt. Body	<input type="checkbox"/> Defence Establishment	<input type="checkbox"/> Body of Individuals	<input type="checkbox"/> Non-government Organisation		
<input type="checkbox"/> Others	<input type="text"/> Please Specify				

2. Proof of Identity* (Please refer guideline)

Official Valid Document(s) in respect of person authorised to transact

Certificate of Incorporation / Formation

Registration Certificate

Memorandum of 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 guidelines)

A. Registered Address*

Line 1*

Line 2

City/Town/Village* **District***

State* **Country***

Pin Code*

B. Correspondence / Local Address in India (If different from above)*

Line 1*

Line 2

City/Town/Village* **District***

State* **Country***

Pin Code*

F1

Applicant Signature

Proof of Address* (Attested copy of any one POA to be submitted - #Not more than 3 months old)

<input type="checkbox"/> Certificate of Incorporation / Formation	<input type="checkbox"/> Registration Certificate	<input type="checkbox"/> Other Document	<input type="text" value="Please Specify"/>
<input type="checkbox"/> Latest Telephone Bill" (Landline only)	<input type="checkbox"/> Latest Electricity Bill*	<input type="checkbox"/> Latest Bank Account Statement"	
<input type="checkbox"/> Registered Lease/Sale Agreement of Office Premises	PoA validity/expiry (Date) <input type="text" value="D D"/> <input type="text" value="M M"/> <input type="text" value="Y Y Y Y"/>		
<input type="checkbox"/> Any other proof of address documents (As listed in guidelines)	<input type="text"/>		

4. Contact Details*

Email-ID 1	<input type="text"/>		
Mobile No.	<input type="text" value="STD / ISD"/>	<input type="text"/>	
Email-ID 2	<input type="text"/>		
Mobile No.	<input type="text" value="STD / ISD"/>	<input type="text"/>	
Tel. (Office)	<input type="text" value="STD / ISD"/>	Fax	<input type="text"/>

5. Annexure Submitted
Number of Related Persons
6. Remarks / Additional Information

7. Application 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.

I/We hereby consent to receiving information from CVL KRA through SMS/ Email on the above registered number/email address.

Date	<input type="text" value="D D"/>	<input type="text" value="M M"/>	<input type="text" value="Y Y Y Y"/>	<input type="text"/>	<input type="text" value="F2"/>
Place	<input type="text"/>			<input type="text"/>	<input type="text"/>
				Applicant Digital Signature (DSC)	Applicant Wet Signature

8. For Office Use Only
KYC Carried Out by*

KYC Date	<input type="text" value="D D"/>	<input type="text" value="M M"/>	<input type="text" value="Y Y Y Y"/>
Employee Name	<input type="text"/>		
Employee Code	<input type="text"/>		
Designation	<input type="text"/>		

Employee Signature & Stamp

Intermediary details*

- Self-certified documents received (Originals verified)
 True Copies of documents received (Attested)

 Intermediary Name: **Prabhudas Lilladher Private Limited**

Intermediary Signature & Stamp

Prabhudas Lilladher Private Limited