

## 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\*

Please Tick (✓)

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Private Ltd. Co.            | <input type="checkbox"/> Public Ltd. Co. | <input type="checkbox"/> Body Corporate  | <input type="checkbox"/> Partnership           |
| <input type="checkbox"/> Trust/Charity/NGO           | <input type="checkbox"/> HUF             | <input type="checkbox"/> FPI Category I  | <input type="checkbox"/> FPI Category II       |
| <input type="checkbox"/> AOP                         | <input type="checkbox"/> Bank            | <input type="checkbox"/> Government Body | <input type="checkbox"/> Defence Establishment |
| <input type="checkbox"/> Body of Individuals         |  | <input type="checkbox"/> Society         | <input type="checkbox"/> LLP                   |
| <input type="checkbox"/> Non-Government Organization |  |  |  |
| <input type="checkbox"/> 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 \_\_\_\_\_

Line 3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

#### B. Correspondence/Local Address in India (if different from above)\*

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

**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**

**4. 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 under-take 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/NDML/CAMS/KARVY/DOTEX KRA and Central KYC Registry through SMS/Email on the above registered number/email address.

DATE: \_\_\_\_\_ (DD-MM-YYYY)

PLACE: \_\_\_\_\_

Applicant Signature
 Signature <input style="width: 150px;" type="text"/>

**8. For Office Use Only**

KYC carried out by*	Intermediary Details*
KYC Date _____	<input type="checkbox"/> Self certified document copies received (Originals Verified) <input type="checkbox"/> True Copies of documents received (Attested)
Emp. Name _____	AMC / Intermediary Name OR Code:
Emp. Code _____	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>RIDHI SHARE BROKERS PRIVATE LIMITED</b> </div>
Emp. Designation _____	

Employee Signature and Stamp	Employee Signature and Stamp
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