

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 Type*: New KYC Modification KYC**1. Identity Details (Please refer guidelines)**PAN* Please enclose a duly attested copy of your PAN CardName* (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 receipt 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*

Applicant Digital Signature (DSC)

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

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Application Type*: New KYC Modification KYC

1. Identity Details (Please refer guidelines overleaf)

PAN*

KYC Number :

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 _____

Related Person Type*

Director Promoter Karta Trustee Partner Court Appointed Official Proprietor

Beneficiary Authorized Signatory Beneficial Owner Power of Attorney Holder

Others _____ (Please specify) Others _____ (Mandatory if the related person is Director)



Cross Signature across Photograph

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

A - Aadhaar Card

B - Passport Number

(Expiry Date) - -

C - Voter ID Card

D - Driving License

(Expiry Date) - -

E - NREGA Job Card

F - BPR

Z - Others

(any document notified by Central Government)

Identification Number

2. Address Details* (Please refer guidelines overleaf)

A. Correspondence / Lodal Address*

Line 1*

Line 2

Line 3

City / Town / Village* District* Pin Code*

State* Country*

Address Type* Residential / Business Residential Business Registered Office Unspecified

Applicant e-SIGN

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 Address* (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

A - Aadhaar Card

B - Passport Number (Expiry Date) - -

C - Voter ID Card

D - Driving License (Expiry Date) - -

E - NREGA Job Card

F - BPR

Z - Others (any document notified by Central Government)

Identification Number

3. Contact Details

Email ID

Mobile No.

Tel. (Off) Tel. (Resi)

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 undertake to inform you of any charges 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 address.

Date : _____ (DD-MM-YYYY)

Place : _____

Applicant e-SIGN

Applicant Wet Signature

Signature

5. For Office Use only

In-Person Verification (IPV) carried out by*	Intermediary Details*
IPV Date <input type="text"/> - <input type="text"/> - <input type="text"/> Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True copies of documents received (Attested) AMC / Intermediary Name : B D SHAH SECURITIES LIMITED

DECLARATION BY KARTA

Date _____

Details of our HUF and all list of co-parceners are stated as under:

Sr. N	Name	Age	Date of birth	Relationship of Karta	Signature

Thereby, state that details mentioned as above are true and any changes in them would be intimated to you in writing.

Thanking You
Your Faithfully



Signature of Karta with HUF stamp