KNOW YOUR CLIENT (KYC) APPLICATION FORM



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Please fill this form in ENG	FOR NON-INDIVIDUAL		
A. IDENTITY DE			
 Name of the Applicant Date of incorporation Date of Commencement of A. a) PAN Status (Please tick any one Private Limited Co. 	b) Registration No. (e.g. CIN)	Please affix your recent passport size photograph Signature Across Photograph	
Charities Government Body LLP Other (Ple	NGO's FI FII AOP HUF Bank Non-Government Organization Defense Establishment BOI ease specify)	Society	
B. ADDRESS DE	TAILS		
1. Correspondenced Addres	City / Town / Village Country Country	PIN Code	
2. Contact Detail	Tel. (Office)	pile	
4. Registered Address	ess submitted for correspondence address		
(If different from above)	City / Town / Village Country	PIN Code	
C. OTHER DETA	ILS		
2. a) DIN of whole time dire b) Aadhaar number of P DECLARATION	address and photographs of Promoters/Partners/ Karta/ Trustees and whole ting the control of the		
	ely. In case any of the above information is found to be false or untrue or misleading or misr		
NAME			
Signature of the Authorised		Date - -	
FOR OFFICE USE ONLY (Originals verified) True copies of documents received			
		I	
Name & Signature of the Aut	horised Signatory Seal / Star	mp of the Intermediary	
Date - -		-	

Details of Promoters / Partners / Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

Name (1) PAN Residential / Registered Address City / Town / Village State DIN / UID Relationship with Applicant (i.e. Promoters, whole time directors etc.) Please tick, if applicable, for any of your authorized signatories / Promoters / Parterners / Karta / Trustees and whole time directors: Politically Exposed Person (PEP) Related to a Politically Exposed person (PEP) Any Other Information	Photographs of Promoters / Partners / Karta / Trustees and Whole Time Director		
Any other information			
Name (2) PAN			
Residential / Registered Address			
City / Town / Village PIN Code PIN Code Country	Photographs of Promoters / Partners /		
DIN / UID	Karta / Trustees and		
Relationship with Applicant (i.e. Promoters, whole time directors etc.)	Whole Time Director		
Please tick, if applicable, for any of your authorized signatories / Promoters / Parterners / Karta / Trustees and whole time directors:			
Politically Exposed Person (PEP) Related to a Politically Exposed person (PEP)			
Any Other Information			
Name (3) PAN Residential / Registered Address			
City / Town / Village	Photographs of		
State	Promoters / Partners /		
DIN / UID	Karta / Trustees and		
Relationship with Applicant (i.e. Promoters, whole time directors etc.)	Whole Time Director		
Please tick, if applicable, for any of your authorized signatories / Promoters / Parterners / Karta / Trustees and whole time directors:			
Politically Exposed Person (PEP) Related to a Politically Exposed person (PEP)			
Any Other Information			
Name (4)			
Residential / Registered Address			
City / Town / Village	Photographs of		
State	Promoters / Partners /		
DIN / UID	Karta / Trustees and		
Relationship with Applicant (i.e. Promoters, whole time directors etc.)	Whole Time Director		
Please tick, if applicable, for any of your authorized signatories / Promoters / Parterners / Karta / Trustees and whole time directors:			
Politically Exposed Person (PEP) Related to a Politically Exposed person (PEP)			
Any Other Information			
NAME			
Signature of the Authorised Signatory (ies)			