

**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)



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**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)

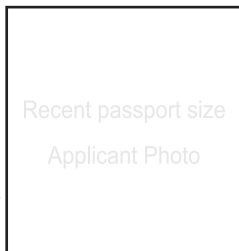
Maiden Name\* (if any)

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   
 C - Voter ID Card   
 D - Driving License   
 E - NREGA Job Card   
 F - BPR   
 Z - Others   
 Identification Number

(Expiry Date)  -  -

(Expiry Date)  -  -

(any document notified by Central Government)

**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**

<p>I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we 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.</p> <p>I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.</p> <p>I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.</p> <p>Date : _____ (DD-MM-YYYY)</p> <p>Place : _____</p>	Applicant e-SIGN	Applicant Wet Signature

**5. For Office Use only**

In-Person Verification (IPV) carried out by*	Intermediary Details*
<p>IPV Date <input type="text"/> - <input type="text"/> - <input type="text"/></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><b>AMC / Intermediary Name :</b></p> <p><b>B D SHAH SECURITIES LIMITED</b></p>

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Applicant e-SIGN

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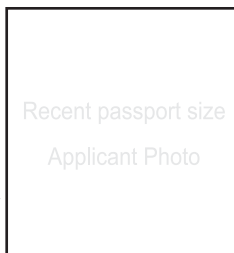
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## DECLARATION BY KARTA

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