

Please fill this form in English and in BLOCK LETTERS

**A. IDENTITY DETAILS**

Name \*  
(Same as ID proof)

Date of incorporation\*  DD -  MM -  YYYY

Place of Incorporation\*

Date of Commencement of Business  DD -  MM -  YYYY

(i) PAN:

(ii) Registration No (e.g CIN):

Occupation Type\*  
 Private Ltd CO  Public Ltd Co  Body Corporate  Partnership  Trust  Charities  
 NGO's  FI  FII  HUF  AOP  Non - Government Organization  BOI  
 Government Body  Bank  Defense Establishment  Society  LLP  
 Other ( Please specify) \_\_\_\_\_

PHOTO

Signature / Thumb Impression

**B. ADDRESS DETAILS**

Address for Correspondence:

Line 1\*

Line 2

Line 3  City / Town / Village\*

District\*  Pin / Post Code\*  State / U.T Code\*  ISO 3166 Country Code\*

Tel. (Off)  -  Tel. (Res)  -  Mobile  -

Fax  -  Email

specify the proof of address submitted for Correspondence address: \_\_\_\_\_

Registered Address (if different from above):

Line 1\*

Line 2

Line 3  City / Town / Village\*

District\*  Pin / Post Code\*  State / U.T Code\*  ISO 3166 Country Code\*

specify the proof of address submitted for registered address: \_\_\_\_\_

**C. OTHER DETAILS**

1. Gross Annual income Details  Below Rs.1 lac  Rs.1 to 5 lac  Rs. 5 to 10 lac  Rs. 10 to 25 lac  More than Rs. 25 lac

2. (income range per annum) OR Net worth  As on date  DD MM YYYY (Net worth should not be older than one year)

3. Name , PAN, Residential address and photographs of Promoters / Partners / Karta / Trustees and whole time directors: \_\_\_\_\_

4. DIN / UID of Promoters / Partners / Karta / Trustees and whole time directors: \_\_\_\_\_

5. Please tick, if applicable, for any of your authorized signatories Promoters / Partners / Karta / Trustees and whole time directors:

Politically Exposed Person (PEP)  Not a Politically Exposed Person (PEP)  
 Related to a Politically Exposed Person (RPEP)  Not Related to a Politically Exposed Person (RPEP)

6. Any other information : \_\_\_\_\_

**Declaration**

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I 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 aware that I may be held liable for it.

Date :  DD -  MM -  YYYY

Name & Signature Of the Authorised Signatory

**FOR OFFICE USE ONLY**

- ( Originals verified ) True copies of documnets received
- ( self - Attested ) Self certified documents copies received

Date :  DD -  MM -  YYYY

Signature Of the Authorised Signatory

Seal / Stamp of the Intermediary