Know Your Client (KYC) Application Form (For Non-Individuals Only)

CVL

Place for Intermediary Logo

Application No. :

Please fill in ENGLISH and in BLOCK LETTERS

A. Identity Details (please see guidelines overleaf)

1. Name of Applicant (Please write complete name as per Certificate of Incorporation / Registration; leaving one box blank between 2 words. Please do not abbreviate the Name).

2. Date of Incorporation d d / m m / y y y y **Place of Incorporation**

3. Registration No. (e.g. CIN) **Date of commencement of business** d d / m m / y y y y

4. Status Please tick (✓) ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Body Corporate ☐ Partnership ☐ Trust / Charities / NGOs ☐ FI ☐ FII ☐ HUF ☐ AOP ☐ Bank ☐ Government Body ☐ Non-Government Organisation ☐ Defence Establishment ☐ Body of Individuals ☐ Society ☐ LLP
Others (Please specify)

5. Permanent Account Number (PAN) (MANDATORY) Please enclose a duly attested copy of your PAN Card

B. Address Details (please see guidelines overleaf)

1. Address for Correspondence

City / Town / Village Postal Code
State Country

2. Contact Details

Tel. (Off.) (ISD) (STD) Tel. (Res.) (ISD) (STD)
Mobile (ISD) (STD) Fax (ISD) (STD)
E-Mail Id.

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
☐ *Latest Telephone Bill (only Land Line) ☐*Latest Electricity Bill ☐*Latest Bank Account Statement ☐Registered Lease / Sale Agreement of Office Premises
☐ Any other proof of address document (as listed overleaf).(Please specify)
*Not more than 3 Months old. **Validity/Expiry date of proof of address submitted** d d / m m / y y y y

4. Registered Address (If different from above)

City / Town / Village Postal Code
State Country

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
☐ *Latest Telephone Bill (only Land Line) ☐*Latest Electricity Bill ☐*Latest Bank Account Statement ☐Registered Lease / Sale Agreement of Office Premises
☐ Any other proof of address document (as listed overleaf).(Please specify)
*Not more than 3 Months old. **Validity/Expiry date of proof of address submitted** d d / m m / y y y y

C. Other Details (please see guidelines overleaf)

1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors (Please use the Annexure to fill in the details)

2. Any other information:

DECLARATION

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

Place:

Date:

NAME & SIGNATURE(S) OF AUTHORISED PERSON(S)

FOR OFFICE USE ONLY

AMC/Intermediary name **OR** code

☐ (Originals Verified) Self Certified Document copies received

☐ (Attested) True copies of documents received

Seal/Stamp of the intermediary should contain
Staff Name
Designation
Name of the Organization
Signature
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 of Applicant _____ **PAN of the Applicant**

Sr. No.	PAN	Name	DIN (For Directors) / UID (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed	Photograph
						☐ PEP ☐ RPEP ☐ NO	
						☐ PEP ☐ RPEP ☐ NO	
						☐ PEP ☐ RPEP ☐ NO	
						☐ PEP ☐ RPEP ☐ NO	
						☐ PEP ☐ RPEP ☐ NO	

Name & Signature of the Authorised Signatory(ies) Date d d / m m / y y y y

PEP: Politically Exposed Person **RPEP:** Related to Politically Exposed Person

(Applicable only in HUF case)

To,

Suresh Rathi Securities Pvt.Ltd.
11/12 Mithila "A"CHS Ltd. ,J.B.Nagar (E)
Tel : 022-283 54000 . Fax : 2820 5533 .
E - mail : mumbai@srspl.com
MUMBAI - 400059

DECLARATION

To whomsover it mav concern

I _____ is the karta of _____ HUF.

The beneficiaries of the HUF are as follows

SNo.	Name	Relationship	Sex	Dath of Birth	Age

For_____ HUF

_____Karta

(Please affix the seal of HUF)

Suresh Rathi
Since 1981 Wealth Creator thru Systematic Investment

CENTRAL KYC REGISTRY

Know Your Customer (KYC) Application Form | For Individuals

Important Instructions:

A) Fields marked with '*' are mandatory fields.
B) Please fill the form in English and in BLOCK letters.
C) Please fill the date in DD-MM-YYYY format.
D) Please read section wise detailed guidelines / instructions at the end.
E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
F) List of two character ISO 3166 country codes is available at the end.
G) KYC number of applicant is mandatory for update application.
H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only
(To be filled by financial institution)

Application Type* ☐ New ☐ Update
KYC Number _____ *(Mandatory for KYC update request)*
Account Type* ☐ Normal ☐ Simplified (for low risk customers) ☐ Small

☐ 1. PERSONAL DETAILS (Please refer instruction **A** at the end)

	Prefix	First Name	Middle Name	Last Name
☐ Name* (Same as ID proof)				
Maiden Name (If any*)				
Father Name*				
Mother Name*				

Date of Birth* D D – M M – Y Y Y Y

PHOTO

Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender
Marital Status* ☐ Married ☐ Unmarried ☐ Others
Citizenship* ☐ IN- Indian ☐ Others (ISO 3166 Country Code ☐☐)
Residential Status* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin
Occupation Type* ☐ S-Service (☐ Private Sector ☐ Public Sector ☐ Government Sector) ☐ O-Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student) ☐ B-Business ☐ X- Not Categorised

Applicant Signature / Thumb Impression

Gross Annual Income (Range) ☐ Below Rs 1 LAC ☐ Rs 1-5 LAC ☐ Rs 5-10 LAC ☐ Rs 10-25 LAC ☐ Above Rs 25 LAC ☐

☐ 2. TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction **B** at the end)

ADDITIONAL DETAILS REQUIRED * (Mandatory only if section 2 is ticked)
ISO 3166 Country Code of Jurisdiction of Residence* ☐☐
Tax Identification Number or equivalent (If issued by jurisdiction)* _____
Place / City of Birth* _____ ISO 3166 Country Code of Birth* ☐☐

☐ 3. PROOF OF IDENTITY (PoI)* (Please refer instruction **C** at the end) *(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)*

☐ A- Passport Number _____ Passport Expiry Date D D – M M – Y Y Y Y
☐ B- Voter ID Card _____
☐ C- PAN Card _____
☐ D- Driving Licence _____ Driving Licence Expiry Date D D – M M – Y Y Y Y
☐ E- UID (Aadhaar) _____
☐ F- NREGA Job Card _____
☐ Z- Others (any document notified by the central government) _____ Identification Number _____
☐ S- Simplified Measures Account - Document Type code ☐☐ Identification Number _____

4. PROOF OF ADDRESS (PoA)*

☐ 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction **D** at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified
Proof of Address* ☐ Passport ☐ Driving Licence ☐ UID (Aadhaar) ☐ Voter Identity Card ☐ NREGA Job Card ☐ Others _____ please specify ☐ Simplified Measures Account - Document Type code ☐☐

Address

Line 1* _____
Line 2 _____
Line 3 _____ City / Town / Village* _____
District* _____ Pin / Post Code* _____ State / U.T Code* ☐☐ ISO 3166 Country Code* ☐☐

☐ 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction **E** at the end)

☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill '**Annexure A1** ')

Line 1*

Line 2

Line 3 City / Town / Village*

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

☐ 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

☐ Same as Current / Permanent / Overseas Address details ☐ Same as Correspondence / Local Address details

Line 1*

Line 2

Line 3 City / Town / Village*

State* ZIP / Post Code* ISO 3166 Country Code*

☐ **5. CONTACT DETAILS** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Tel. (Off) – Tel. (Res) – Mobile –

FAX – Email ID

☐ **6. DETAILS OF RELATED PERSON** (In case of additional related persons, please fill 'Annexure B1') (please refer instruction **G** at the end)

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

Name* Prefix First Name Middle Name Last Name

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (**H**) at the end)

☐ A- Passport Number Passport Expiry Date D D – M M – Y Y Y Y

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence Driving Licence Expiry Date D D – M M – Y Y Y Y

☐ E- UID (Aadhaar)

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government) Identification Number

☐ S- Simplified Measures Account - Document Type code Identification Number

☐ **7. REMARKS (If any)**

8. APPLICANT 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.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : D D – M M – Y Y Y Y Place :

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY **Documents Received** ☐ Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date D D – M M – Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name **SURESH RATHI SECURITIES PVT. LTD.**

Code

[Institution Stamp]

Suresh Rathi
Since 1981
Wealth Creator thru Systematic Investment

info@sureshrathi.in • www.sureshrathi.com

Registered Office:
11 & 12 "A", Wing, Mithila Apartment,
J. B. Nagar, Andheri (E),
Mumbai – 400059.
Tel.: 022-28354000, **Fax:**022-28205533

Corporate Office:
Mahesh Hostel Complex,
Opp. Bombay Motors, Chopasni Road,
Jodhpur - 342003.
Tel. : 0291-27 97000, **Fax:** 0291-24 30913

Account Details Addition / Modification / Deletion Request Form

BOID	1	2	0	1	2	1	0									Date			
Trading Code										PAN									

Account Holder's Details

Name of the Sole / First Holder	
Name of Second Joint Holder	
Name of Third Joint Holder	

Dear Sir / Madam,

I / We request you to make the following additions / modifications / deletions to my / our Trading and Demat account in your records

☐ I/We request to carry out the change of address / signature in the demat account

☐ I/We request to carry out the change of address / signature in the KRA and demat account

Bank Details	Existing Details	New Details
	Bank Name:	
	A/c No.:	
Addition ☐	A/c Type: ☐ Saving Account ☐ Current Account	A/c Type: ☐ Saving Account ☐ Current Account
Deletion ☐	MICR (Mandatory for DP)	MICR (Mandatory for DP)
Modification ☐	IFS CODE	IFS CODE

Address Details	Existing Details	New Details
Addition ☐		
Deletion ☐		
Modification ☐	City: State:	City: State:
Correspondence ☐	Pin Code: Country:	Pin Code: Country:
Permanent ☐	Tel No.:	Tel No.:
E-mail ID		
Mobile Number		

Annual Income (Please tick ✓):

☐ Below 1 Lac ☐ 1-5 Lac ☐ 5-10 lac ☐ 10-25 lac ☐ More than 25 Lacs

Other Details (Please Specify)	Existing Details	New Details

Declaration of email id/Mobile Number	
	I/We, hereby declare that the **Mobile Number** belongs to Self ☐ OR to Mr./Mrs._____ & I am Spouse ☐ Dependent child ☐ Dependent Parent ☐ A/P ☐ of Person holding the Mobile Number
	I/We, hereby declare that the **E mail ID** belongs to Self ☐ OR to Mr./Mrs._____ & I am Spouse ☐ Dependent child ☐ Dependent Parent ☐ A/P ☐ of Person holding the Email Account
	I/We request you to update the same in my trading and Demat account and send all the Confirmations and other communication through SMS and EMAIL ID.
	Further I/We hereby agree & undertake to indemnify and keep indemnified and save harmless you from against all claims/ demands/ penalties/suits/action or any loss or damaged suffered or uncured by you as a Consequence of such instruction
	Sign of Mobile Holder_____ **Sign of Email Account Holder**_____

The DP can provide the services of issuing the statement of demat accounts in an electronic mode to me/us. The statement of demat accounts should be digitally signed

	First / Sole Holder	Second Holder	Third Holder
Signature * (As per DP)	☐		