

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

Please fill in ENGLISH and in BLOCK LETTERS with black ink

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). <table border="1" style="width:100%; height: 25px; border-collapse: collapse;"></table>
2.	Date of Incorporation d d / m m / y y y y Place of Incorporation <table border="1" style="width:100%; height: 25px; border-collapse: collapse;"></table>
3.	Registration No. (e.g. CIN) <table border="1" style="width:100%; height: 25px; border-collapse: collapse;"></table> Date of commencement of business d d / m m / y y y y
4.	Status Please tick (✓) <input type="checkbox"/> Private Ltd. Co. <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust / Charities / NGOs <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> Bank <input type="checkbox"/> Government Body <input type="checkbox"/> Non-Government Organisation <input type="checkbox"/> Defence Establishment <input type="checkbox"/> Body of Individuals <input type="checkbox"/> Society <input type="checkbox"/> LLP <input type="checkbox"/> Others (Please specify) _____
5.	Permanent Account Number (PAN) (MANDATORY) <table border="1" style="width:100%; height: 25px; border-collapse: collapse;"></table> Please enclose a duly attested copy of your PAN Card

B. Address Details (please see guidelines overleaf)	
1. Address for Correspondence <table border="1" style="width:100%; height: 40px; border-collapse: collapse;"></table> City / Town / Village _____ Postal Code _____ State _____ Country _____	
2. Contact Details Tel. (Off.) (ISD) (STD) _____ Tel. (Res.) (ISD) (STD) _____ Mobile (ISD) (STD) _____ Fax (ISD) (STD) _____ Email Id. _____	
3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached. <input type="checkbox"/> *Latest Telephone Bill (only Land Line) <input type="checkbox"/> *Latest Electricity Bill <input type="checkbox"/> *Latest Bank Account Statement <input type="checkbox"/> Registered Lease / Sale Agreement of Office Premises <input type="checkbox"/> 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) <table border="1" style="width:100%; height: 40px; border-collapse: collapse;"></table> 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. <input type="checkbox"/> *Latest Telephone Bill (only Land Line) <input type="checkbox"/> *Latest Electricity Bill <input type="checkbox"/> *Latest Bank Account Statement <input type="checkbox"/> Registered Lease / Sale Agreement of Office Premises <input type="checkbox"/> 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. Gross Annual Income Details (Please tick (✓): <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lac <input type="checkbox"/> 5-10 Lac <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> 25 Lacs-1 Crore <input type="checkbox"/> > 1 Crore	
2. Net-worth in ₹. _____ as on (date) d d / m m / y y y y (Net worth should not be older than 1 year)	
3. Name, PAN, DIN/UID, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors (Please use the Annexure to fill in the details)	
4. Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors: Politically Exposed Person (PEP)/ Related to a Politically Exposed Person (PEP)	
5. Any other information: _____	

DECLARATION		NAME & SIGNATURE(S) OF AUTHORISED PERSON(S)	
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.		<table border="1" style="width:100%; height: 40px; border-collapse: collapse;"></table> <table border="1" style="width:100%; height: 40px; border-collapse: collapse;"></table> (1)	
Place: _____		Date: _____	
FOR OFFICE USE ONLY		For RRS SHARES & STOCK BROKERS PVT LTD	
<input type="checkbox"/> (Originals Verified) True copies of documents received <input type="checkbox"/> (Self attested) Self Certified Documents copies received	Signature of the Authorised Signatory Date: _____	Director/Authorised Signatory	