

# Know Your Client (KYC)

## Application Form (For Non- Individuals Only)



CDSL VENTURES LIMITED

....Exploring New Horizons



**Share India**

*You generate, we multiply*

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 Number :

Application Type\*:  New KYC  Modification KYC

### 1. Entity Details (please refer guidelines)

PAN\* \_\_\_\_\_ Please enclose a duly attested copy of your PAN Card

Name\* (same as ID proof)

Date of Incorporation\* \_\_\_\_\_ Place of Incorporation\* \_\_\_\_\_

Date of Commencement\* \_\_\_\_\_ Registration Number\* \_\_\_\_\_

Entity Type\*

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/Charity/NGO           | <input type="checkbox"/> HUF             | <input type="checkbox"/> FPI Category I  | <input type="checkbox"/> FPI Category II       |
| <input type="checkbox"/> AOP                         | <input type="checkbox"/> Bank            | <input type="checkbox"/> Government Body | <input type="checkbox"/> Defence Establishment |
| <input type="checkbox"/> Body of Individuals         |  | <input type="checkbox"/> Society         | <input type="checkbox"/> LLP                   |
| <input type="checkbox"/> Non-Government Organization |  |  |  |
| <input type="checkbox"/> Others _____                |  |  |  |

### 2. Proof of Identity\* (please refer the guidelines)

- Officially Valid Document(s) in respect 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 \_\_\_\_\_

Line3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

#### B. Correspondence/Local Address in India (if different from above)\*

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Applicant Digital Signature (DSC)

**Proof of Address\*** (attested copy of any one POA to be submitted—#Not more than 3 months old)

- Certificate of Incorporation/Formation       Registration Certificate       Other document \_\_\_\_\_  
 Latest Telephone Bill# (Landline only)       Latest Electricity Bill#       Latest Bank Account Statement#  
 Registered Lease/ Sale Agreement of Office Premises      Validity/Expiry Date of POA (Expiry Date) \_\_\_\_ \_ \_\_\_\_ \_  
 Any other proof of address document (as listed overleaf) \_\_\_\_\_

**4. Contact Details**

Email ID \_\_\_\_\_ Mobile No. \_\_\_\_\_  
 Email ID \_\_\_\_\_ Mobile No. \_\_\_\_\_  
 Tel (Off) \_\_\_\_\_ Fax \_\_\_\_\_

**5. Annexures Submitted**

Number of Related Persons -

**6. Remarks / Additional Information**

\_\_\_\_\_  
 \_\_\_\_\_

**7. Applicant Declaration**

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

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: \_\_\_\_\_ (DD-MM-YYYY)

PLACE: \_\_\_\_\_

Applicant Digital Signature (DSC)

Applicant Wet Signature

7C **8. For Office Use Only****KYC carried out by\*****Intermediary Details\***

KYC Date \_\_\_\_\_

Emp. Name \_\_\_\_\_

Emp. Code \_\_\_\_\_

Emp. Designation \_\_\_\_\_

Self certified document copies received (Originals Verified)

True Copies of documents received (Attested)

AMC / Intermediary Name OR Code:

Employee Signature and Stamp

Employee Signature and Stamp