



## 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 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 Signature

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

<input type="checkbox"/> Certificate of Incorporation/Formation	<input type="checkbox"/> Registration Certificate	<input type="checkbox"/> Other document _____
<input type="checkbox"/> Latest Telephone Bill* (Landline only)	<input type="checkbox"/> Latest Electricity Bill*	<input type="checkbox"/> Latest Bank Account Statement*
<input type="checkbox"/> Registered Lease/ Sale Agreement of Office Premises	<b>Validity/Expiry Date of POA</b> (Expiry Date) _____	
<input type="checkbox"/> 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 Signature

x

Sign Here

**8. For Office Use Only**

In-Person Verification (IPV) & KYC carried out by*	Intermediary Details*
Emp. Name _____	<input type="checkbox"/> Self certified document copies received (Originals Verified)
Emp. Designation _____	<input type="checkbox"/> True Copies of documents received (Attested)
Name of Organization _____	AMC / Intermediary Name OR Code:
KYC / IPV Date _____	<b>Sushil Financial Services Pvt. Ltd.</b>
Employee Signature and Stamp	Institution Name and Stamp

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**Application Number:**

**Application Type\*:** ☐ New KYC ☐ Modification KYC

## 1. Identity Details of Related Person (please refer guidelines overleaf)

PAN\*

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)

DIN:

(mandatory if the related person is Director)

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

☐

A — Aadhaar Card

XXXX XXXX

☐

B — Passport Number

(Expiry Date)

☐

C — Voter ID Card

☐

D — Driving License

(Expiry Date)

☐

E — NREGA Job Card

☐

F — NPR

☐

Z — Others

(any document notified by Central Government)

Identification Number

Applicant Photo

## 2. Address Details\* (please refer guidelines overleaf)

### A. Correspondence/ Local 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 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 of Address\*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

☐ A — Aadhaar Card XXXX XXXX \_\_\_\_ \_\_\_\_  
☐ B — Passport Number \_\_\_\_\_ (Expiry Date) \_\_\_\_ \_\_\_\_  
☐ C — Voter ID Card \_\_\_\_\_  
☐ D — Driving License \_\_\_\_\_ (Expiry Date) \_\_\_\_ \_\_\_\_  
☐ E — NREGA Job Card \_\_\_\_\_  
☐ F — NPR Letter \_\_\_\_\_  
☐ Z—Others \_\_\_\_\_ (any document notified by Central Government)  
Identification Number \_\_\_\_\_

**3. Contact Details**

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

**4. 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 Signature

x

Sign Here

**5. For Office Use Only**

In-Person Verification (IPV) & KYC carried out by*	Intermediary Details*
Emp. Name _____ Emp. Designation _____ Name of Organization _____ KYC / IPV Date _____	<input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested) <div>Sushil Financial Services Pvt. Ltd.</div>
Employee Signature and Stamp	Institution Name and Stamp

**Note:** In case of any correction, sign next to the correction done. Do not use white ink. QR code must be clearly visible on Aadhar proof.