

**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.



**GANESH**  
STOCKINVEST PVT. LTD.

**Application Number :** \_\_\_\_\_

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

**1. ENTITY DETAILS** (Please refer guidelines)

PAN\* \_\_\_\_\_ Please enclose a duly attached 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"/> Partnership           |
| <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 guidelines)

**A. Registered Address\***

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

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

Line 3\* \_\_\_\_\_

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

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

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

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

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

Line 3\* \_\_\_\_\_

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**

E-mail ID\* \_\_\_\_\_ Mobile No.\* \_\_\_\_\_  
E-mail ID\* \_\_\_\_\_ Mobile No.\* \_\_\_\_\_  
Tel. (Off) \_\_\_\_\_ Fax \_\_\_\_\_

**5. Annexures Submitted**

Number of Related Person

**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/E-mail address.

**Applicant Digital Signature (DSC)**

**Applicant Wet Signature**

(4)

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

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

**8. FOR OFFICE USE ONLY**

KYC carried out by\*

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

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

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

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

Employee Signature & Stamp

Intermediary Details\*

Self certified document copies received (Originals Verified)

True Copies of documents received (Attested)

AMC / Intermediary Name of Code:

Institution Name & Stamp

## ANNEXURE

Name of the Applicant \_\_\_\_\_ PAN of the Applicant \_\_\_\_\_

**Name, PAN, Residential Address and photographs of Promoters/Partners/Karta/Trustees and Wholetime/Other Directors :**

1. Name \_\_\_\_\_

Date of Birth 

d	d
---	---

 / 

m	m
---	---

 / 

y	y	y	y
---	---	---	---

 Status \_\_\_\_\_ PAN \_\_\_\_\_

Residential Address \_\_\_\_\_

DIN \_\_\_\_\_ UID \_\_\_\_\_ DPIN \_\_\_\_\_

Photographs of Promoters / Partners / Karta / Trustees / Wholetime / Other Directors & authorised signatories

Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/Wholetime/Other Directors:

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

2. Name \_\_\_\_\_

Date of Birth 

d	d
---	---

 / 

m	m
---	---

 / 

y	y	y	y
---	---	---	---

 Status \_\_\_\_\_ PAN \_\_\_\_\_

Residential Address \_\_\_\_\_

DIN \_\_\_\_\_ UID \_\_\_\_\_ DPIN \_\_\_\_\_

Photographs of Promoters / Partners / Karta / Trustees / Wholetime / Other Directors & authorised signatories

Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/Wholetime/Other Directors:

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

3. Name \_\_\_\_\_

Date of Birth 

d	d
---	---

 / 

m	m
---	---

 / 

y	y	y	y
---	---	---	---

 Status \_\_\_\_\_ PAN \_\_\_\_\_

Residential Address \_\_\_\_\_

DIN \_\_\_\_\_ UID \_\_\_\_\_ DPIN \_\_\_\_\_

Photographs of Promoters / Partners / Karta / Trustees / Wholetime / Other Directors & authorised signatories

Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/Wholetime/Other Directors:

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

4. Name \_\_\_\_\_

Date of Birth 

d	d
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 / 

m	m
---	---

 / 

y	y	y	y
---	---	---	---

 Status \_\_\_\_\_ PAN \_\_\_\_\_

Residential Address \_\_\_\_\_

DIN \_\_\_\_\_ UID \_\_\_\_\_ DPIN \_\_\_\_\_

Photographs of Promoters / Partners / Karta / Trustees / Wholetime / Other Directors & authorised signatories

Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/Wholetime/Other Directors:

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

5. Name \_\_\_\_\_

Date of Birth 

d	d
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 / 

m	m
---	---

 / 

y	y	y	y
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 Status \_\_\_\_\_ PAN \_\_\_\_\_

Residential Address \_\_\_\_\_

DIN \_\_\_\_\_ UID \_\_\_\_\_ DPIN \_\_\_\_\_

Photographs of Promoters / Partners / Karta / Trustees / Wholetime / Other Directors & authorised signatories

Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/Wholetime/Other Directors:

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

Date 

D	D	M	M	Y	Y	Y	Y
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Name & Signature of the Authorised Signatory(ies)