

CENTRAL CKYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity/ Other than Individuals
Important Instructions:

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

For office use only Application Type* New Update

 (To be filled by financial institution) KYC Number (Mandatory for KYC update request)

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

Name*

Entity Constitution Type* Others (Specify) (Please refer instruction B at the end)

Date of Incorporation / Formation* DD - MM - YY YY Date of Commencement of Business DD - MM - YY YY

Place of Incorporation / Formation* Country of Incorporation / Formation* TIN or Equivalent Issuing Country

PAN* Form 60 furnished

TIN / GST Registration Number

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
 Defense Establishment Body of Individuals Society LLP Others _____

 2. PROOF OF IDENTITY (PoI)* (Please refer instruction B at the end)

Officially valid document(s) in respect of person authorised to transact

Certificate of Incorporation / Formation Registration Certificate Regd. Certificate No.

Memorandum and Articles of Association Partnership Deed Trust Deed

Resolution of Board / Managing Committee Power of attorney granted to its manager, officers or employees to transact on its behalf

Activity Proof -1 (For Sole Proprietorship Only) Activity Proof - 2 (For Sole Proprietorship Only)

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 A/c Statement Registered Lease / Sale Agreement of Office Premises Any other proof of address document (as listed overleaf) _____

* Not more than 3 Months old. **Validity/Expiry date of proof of a address submitted** DD / MM / YY YY

 3. ADDRESS* (Please see instruction C at the end)

3.1 Registered Office Address / Place of Business*

Proof of Address* Certificate of Incorporation / Formation Registration Certificate Other Document

Line 1*

Line 2

Line 3 City / Town / Village*

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

3.2 Local Address in India (If different from Above)

Line 1*

Line 2

Line 3 City / Town / Village*

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

4. CONTACT DETAILS (All communications will be sent to Mobile number/ Email-ID provided" may be used) (Please refer instruction **D** at the end)

Tel. (Off) - FAX -
Mobile - Email ID
Mobile - Email ID

5. NUMBER OF RELATED PERSONS (Please refer instruction **E** at the end)

6. REMARKS (If any)

New Other Details (please see guidelines overleaf)

1. **Gross Annual Income Details** (Please tick()): Below 1 Lac 1-5 Lac 5-10 Lac 10-25 Lac
 25 Lacs-1 Crore > 1 Crore

2. **Net-worth in ₹.** (*Net worth should not be older than 1 year) _____ as on (date) / /

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. **Is the entity involved / providing any of the following services** YES NO

- For Foreign Exchange / Money Changer Services YES NO - Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) YES NO

- Money Lending / Pawning YES NO

4. **Any other information :** _____

7. APPLICANT DECLARATION (Please refer Instruction **G** at the end)

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

Date : - - Place :

 (5/18)

Signature / Thumb Impression of Authorised Person(s)

8. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies Equivalent e-document

KYC VERIFICATION CARRIED OUT BY

INSTITUTION DETAILS

Identity Verification Done Date - -

Name

Emp. Name

Code

Emp. Code

Emp. Designation

Emp. Branch

DETAILS OF PROMOTERS / PARTNERS / KARTA / TRUSTEES / WHOLE TIME DIRECTORS / DIRECTORS & AUTHORISED SIGNATORY TO DEAL IN SECURITIES ON BEHALF OF COMPANY/FIRM

Name of Company/Firm _____ Pan No.

Individual's Full Name Designation

Address

City Pin Code State Country

PAN No. DIN/UID : xxxx xxxx Tel.

Date of Birth Gender Male Female Others Nationality Indian Others (Specify)

Financial Details - Income Range (Per Annum in ₹) Below 1 Lac 1-5 Lac 5-10 Lac 10-25 Lac > 25 Lacs

Please tick, if applicable, for any of your authorized signatories / Promoters / Partners / Karta / Trustee / Whole time Directors :

Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) No

Individual's Full Name Designation

Address

City Pin Code State Country

PAN No. DIN/UID : xxxx xxxx Tel.

Date of Birth Gender Male Female Others Nationality Indian Others (Specify)

Financial Details - Income Range (Per Annum in ₹) Below 1 Lac 1-5 Lac 5-10 Lac 10-25 Lac > 25 Lacs

Please tick, if applicable, for any of your authorized signatories / Promoters / Partners / Karta / Trustee / Whole time Directors :

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Individual's Full Name Designation

Address

City Pin Code State Country

PAN No. DIN/UID : xxxx xxxx Tel.

Date of Birth Gender Male Female Others Nationality Indian Others (Specify)

Financial Details - Income Range (Per Annum in ₹) Below 1 Lac 1-5 Lac 5-10 Lac 10-25 Lac > 25 Lacs

Please tick, if applicable, for any of your authorized signatories / Promoters / Partners / Karta / Trustee / Whole time Directors :

Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) No

(1)

Affix
Passport Size
Photograph
Only
Please Sign
Across the
Photograph

6/18

(2)




Affix
Passport Size
Photograph
Only
Please Sign
Across the
Photograph

3/10

(3)

Affix
Passport Size
Photograph
Only
Please Sign
Across the
Photograph

3/10

Sr.No.	Name of the Authorised Signatory(ies)	Signature(s) of the Authorised Signatory(ies)
1.		 7/18
2.		 4/10
3.		 4/10

In Case, Where Authorised Signatories are more than 3 client is required to print on more copy of this page & fill the requisite details.

Date - -



To,

ARHAM SHARE PVT. LTD.

Correspondence Add.: 601-606 6th Floor, Central Buissnes Hub, Parle Point, Surat -395007

Ph.: (O) 0261-6794000 Fax : 0261-2471060

E-mail : contact@arhamshare.com

Website : www.arhamshare.com

With regard to Beneficiary account no. (BO ID) _____ And Trading Account _____ maintained in the same & style " _____ " with DP/Trading Arham Share Pvt. Ltd.

We the following family members, being the co-parceners in the HUF account M/s. _____ do hereby give our consent that the side Karta, viz _____ would operate above mentioned BO ID / Trading account as far as shares transactions of the HUF account is concerned.

We further declare and authorize you to recognize the beneficiary account No. _____ with depository _____ opened in the name of the undersigned who is the Karta of the HUF for the purpose of completing the share transfer obligations pursuant to the trading operations. I agree and understand that this is to facilitate the operation of the above trading account. The transfer made by you to the beneficiary account shall be complete discharge of obligations by you in respect of trades executed in the above trading account.

Details of our HUF and all its co-parceners are stated as mentioned below :

Sr. No.	Name of Family Member	Date of Birth (DD MM YYYY)	Gender	Relationship with Karta

I, hereby state that details mentioned above are true and any change in them would be intimated to you in writing.

Title of HUF / Karta _____



Signature of Karta

(HUF Rubber stamp)