

KNOW YOUR CLIENT (KYC) Application Form -For Non Individual

KIFS TRADE CAPITAL PRIVATE LIMITED

Regd. Offi. / H.O.:B / 81, Pariseema Complex, C.G. Road, Ellisbridge, Ahmedabad - 380 006. Phone : 079 - 30000321 to 26. Fax : 079 - 2640 3717.

MIID : P1192

Please fill this form in **ENGLISH** and in **BLOCK LETTERS** **NEW** **CHANGE REQUEST** (Please tick ✓ the appropriate)
 (Please tick ✓ the box on left margin of appropriate row where **CHANGE/CORRECTION** is required and provide the details in the corresponding row)

Acknowledgement No.

A IDENTITY DETAILS

<input type="checkbox"/>	1. Name of the Applicant											
<input type="checkbox"/>	2a. Date of incorporation D D / M M / Y Y Y Y	2b. Place of incorporation										
<input type="checkbox"/>	3. Date of commencement of business D D / M M / Y Y Y Y											
<input type="checkbox"/>	4a. PAN						4b. Registration No. (e.g. CIN)					
<input type="checkbox"/>	5. Status (Please tick ✓ the appropriate)											
	<input type="checkbox"/> Private Limited Co.	<input type="checkbox"/> Public Ltd. Co.	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Partnership							
	<input type="checkbox"/> Trust	<input type="checkbox"/> Charities	<input type="checkbox"/> NGO's	<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 Organization							
	<input type="checkbox"/> Defense Establishment	<input type="checkbox"/> BOI	<input type="checkbox"/> Society	<input type="checkbox"/> LLP	<input type="checkbox"/> Others (Please specify) _____							

B ADDRESS DETAILS

<input type="checkbox"/>	1. Address for Correspondence											
											Pin Code	
	City / Town / Village			State				Country				
<input type="checkbox"/>	2. Specify the Proof of Address submitted for Correspondence Address: _____											
<input type="checkbox"/>	3. Contact Details											
	Tel. (Off.)			Tel. (Res.)			E-Mail Id.			Fax / Mobile No		
<input type="checkbox"/>	4. Registered Address (If different from above)											
											Pin Code	
	City / Town / Village			State				Country				
<input type="checkbox"/>	5. Specify the Proof of Address submitted for registered Address: _____											

C DECLARATION

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.

Date: | D | D | / | M | M | / | Y | Y | Y | Y |

Name & Signature of the Authorised Signatory

FOR OFFICE USE ONLY

In Person Verification (IPV) Details:

Name of the person who has done the IPV: _____

Designation: _____ Employee ID: _____

Name of the Organization: **KIFS TRADE CAPITAL PRIVATE LIMITED**

Date of IPV: | D | D | / | M | M | / | Y | Y | Y | Y | Signature of the person who has done the IPV _____

Seal/Stamp of the Intermediary

- (Originals Verified) True copies of Documents received
 (Self Attested) Self Certified Document copies received

Date

Signature of the Authorised Signatory

