

Know Your Client (KYC) Application Form for Non Individuals

CENTRUM

Please fill this form in English and BLOCK Letters

A. ENTITY DETAILS			
Name			
Entity/Constitution Type			
PAN			
Date of Incorporation / Formation : DD/MM/YYYY Date of Commencement : DD/MM/YYYY			
Place of Incorporation : _____		Country of Incorporation : _____	
TIN/GST reg no : _____		CIN : _____	
B. Contact details			
Mobile No:	Telephone no:		
Email ID:			
C. Registered Office Address / Place of Business (specify proof submitted):			
Address			
City : _____ District : _____ Pin : _____			
State : _____ Country : _____			
D. Correspondence Address (specify proof submitted):			
Address			
City : _____ District : _____ Pin : _____			
State : _____ Country : _____			
E. NUMBER OF RELATED PERSONS :			
F. REMARKS (if any) :			
G. 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 change there in, 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 Central KYC registry through SMS/email on the above registered number/email address.			
Place :		AS1	Signature of Authorised Signatory 
Date :	DD/MM/YYYY		
FOR OFFICE USE ONLY			
Originals Verified Documents and In-Person verification details:			
Name and Emp Id:			
Designation: _____			
Place: _____ Date : DD/MM/YYYY			
Name of the Organisation: CENTRUM FINVERSE LIMITED			

Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC)
Application Form for Non-Individuals

<p>Full Name*(Same as ID proof) _____ Maiden Name _____ DOB* _____ (DD/MM/YYYY) Father/ Spouse name _____ Mother Name _____ Gender* _____ PAN* _____ Aadhaar no _____ Nationality* _____ Address* _____</p> <p>City* _____ District* _____ State* _____ Country* _____ Pin code* _____ DIN* _____ (Mandatory for Director) Related Person Type* Director Promoted Karta Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Court appointment official <input type="checkbox"/> Proprietor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Beneficial owner <input type="checkbox"/> POA holder <input type="checkbox"/> Other (specify) _____ Proof of ID submitted _____ Proof of Address submitted _____ Mobile no _____ Email id _____</p>	<p>PHOTOGRAPH Please affix your recent passport size photograph</p>
<p>Full Name*(Same as ID proof) _____ Maiden Name _____ DOB* _____ (DD/MM/YYYY) Father/ Spouse name _____ Mother Name _____ Gender* _____ PAN* _____ Aadhaar no _____ Nationality* _____ Address* _____</p> <p>City* _____ District* _____ State* _____ Country* _____ Pin code* _____ DIN* _____ (Mandatory for Director) Related Person Type* Director Promoted Karta Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Court appointment official <input type="checkbox"/> Proprietor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Beneficial owner <input type="checkbox"/> POA holder <input type="checkbox"/> Other (specify) _____ Proof of ID submitted _____ Proof of Address submitted _____ Mobile no _____ Email id _____</p>	<p>PHOTOGRAPH Please affix your recent passport size photograph</p>
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Name and Signature of Authorised signatory
(With Entity Seal/ Stamp)

Date: _____