


## Know Your Client (KYC) Application Form for Non Individuals

Please fill this form in English and BLOCK Letters

<b>A. ENTITY DETAILS</b>		
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>B. Contact details</b>		
Mobile No:	Telephone no:	
Email ID:		
<b>C. Registered Office Address / Place of Business (specify proof submitted):</b>		
Address		
City : _____, District : _____ Pin : _____		
State : _____ Country : _____		
<b>D. Correspondence Address (specify proof submitted):</b>		
Address		
City : _____, District : _____ Pin : _____		
State : _____ Country : _____		
<b>E. NUMBER OF RELATED PERSONS :</b>		
<b>F. REMARKS (if any) :</b>		
<b>G. Declaration</b>		
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 :		<b>AS1</b> Signature of Authorised Signatory 
Date :	DD/MM/YYYY	
<b>FOR OFFICE USE ONLY</b>		
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

Full Name*( Same as ID proof) _____ Maiden Name _____ DOB* _____ (DD/MM/YYYY) Father/ Spouse name _____ Mother Name _____ Gender* _____ PAN* _____ Aadhaar no _____ Nationality* _____ Address* _____  City* _____ District* _____ State* _____ Country* _____ Pin code* _____ DIN* _____ (Mandatory for Director) Related Person Type* Director Promoter Karta <input type="checkbox"/> 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 _____	<b>PHOTOGRAPH</b>  Please affixed your recent passport size photograph
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AS2


 Name and Signature of Authorised signatory  
 (With Entity Seal/ Stamp)

Date: \_\_\_\_\_