

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

ADROIT FINANCIAL SERVICES PVT. LTD. 401-402, 4th Floor, Angel Mega Mall, Plot CK-1, Kaushambi Ghaziabad-201010. Cont. 0120-2817800-99

NEW CHANGE REQUEST (Please tick the appropriate)

Please fill this form in **ENGLISH** and in **BLOCK LETTERS**

Acknowledgement No. _____

(Please tick the box on left margin of appropriate row where CHANGE/CORRECTION is required and provide the details in the corresponding row)

A IDENTITY DETAILS

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

B ADDRESS DETAILS

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

D 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 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 _____ Place :- _____ Employee ID: _____

Name of the Organization: **Adroit Financial Services Pvt. Ltd**

Date of IPV: D D / M M / Y Y Y Y Y Y

Sign. of the person who has done the IPV

Seal/Stamp of the Intermediary

Originals Verified & Self attested Document copies received

Date

Signature of the Authorised Signatory

Same to be updated in Demat/Trading account.

Client ID _____

CODE _____

SMS FLAG YES NO

Signature of authorised signatory

Signature of authorised signatory

1. Name															PHOTOGRAPH Please affix your recent passport size photograph and sign across it				
2. Relationship with Applicant (i.e. promoters, whole time directors etc.)																			
3a. PAN					3b. DIN / Aadhaar No.														
4. Residential/ Registered Address																			
City / Town / Village					State					Country						Pin Code			

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City / Town / Village					State					Country						Pin Code			

Name & Signature of the Authorised Signatory (ies)

Date :

D	D	/	M	M	/	Y	Y	Y	Y
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