



MONARCH
NETWORK CAPITAL
wealthcare redefined

Regd Office :
901/902, 9th Floor, Atlanta Centre, Opp. Udyog Bhawan,
Sonawala Road, Goregaon (E), Mzumbai - 400 063.
Tel : 022-3064 1600 Fax : 022-2685 0257
Website : www.mnclgroup.com

Application No. _____

Client Code issued _____

Corp. Office: Monarch House, Nr. Ishwar Bhuvan, Commerce Cross Rd, Navrangpura, Ahmedabad-380014
Tel: 079-26666500 • Fax:079-2666599 • E-mail: reachus@mnclgroup.com

Processing Center: Hira Panna Commercial Complex, 2nd Floor, G.N. Chetty Road, T Nagar, Chennai, Tamilnadu - 600017

KNOW YOUR CLIENT (KYC) APPLICATION FORM - Non-Individuals

Please fill this form in **English** and in **Block Letters**

Affix recent
passport size
photograph
sign across
the face

X 2

IDENTITY DETAILS

Name of the Applicant _____

Date of Incorporation

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Place of Incorporation _____

Date of commencement of business:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

PAN _____ Regn. No. (e.g. CIN) _____

Status (please tick any one)

- Private Limited Co. Public Ltd. Co. Body Corporate Partnership Trust Charities
 NGO's FI FII HUF AOP Bank
 Government Body Non-Government Organization Defense Establishment BOI
 Society LLP Qualified Foreign Investor Mutual Fund Others (please specify) _____

ADDRESS DETAILS

Address for Correspondence: _____ Registered Address : (If different from Correspondence): _____

City _____ PIN _____ City _____ PIN _____

State _____ Country _____ State _____ Country _____

CONTACT DETAILS

Tel. Off. _____ Tel. Resi. _____ Fax _____

Mobile _____ Email _____

Specify the proof submitted for Correspondence Address _____ Specify the proof submitted for Registered Address _____

OTHER DETAILS

Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors: (In case of additional list of directors separate sheet should be used)

Name _____ Name _____ Name _____

Residence Address _____ Residence Address _____ Residence Address _____

PAN No. _____ PAN No. _____ PAN No. _____

DIN/UID No. _____ DIN/UID No. _____ DIN/UID No. _____

Photograph	Affix recent passport size photograph	Photograph	Affix recent passport size photograph	Photograph	Affix recent passport size photograph
-------------------	---------------------------------------	-------------------	---------------------------------------	-------------------	---------------------------------------

Signature _____

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.

X3

Name and Signature of the Authorised Signatory (ies)

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

IN PERSON VERIFICATION DONE BY

Sr. No.	Particulars									
1.	<input type="checkbox"/> Originals verified and Self-Attested Document copies received.									
2.	In-Person-Verification (IPV) details :									
	a)	Name of the person doing IPV/Employee/SB/AP								
	b)	Designation								
	c)	Name of Organisation								
	d)	Signature								
	e)	Date	D	D	M	M	Y	Y	Y	Y
Name & Signature of the Authorised Signatory							Seal/Stamp of the intermediary			
Date			D	D	M	M		Y	Y	Y