

CENTRAL KYC REGISTRY / Know Your Customer (KYC) Application Form / Legal Entity/ Other than Individuals

IN-DP-20-2015 NSDL IN301485, SEBI Regn. No.; INZ000004234 NSE and BSE

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
- B) Tick ' ' wherever applicable.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please fill the form in English and in BLOCK Letters.
- E) KYC number of applicant is mandatory for update application
- F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- G) List of two character ISO 3166 country codes is available at the end.
- H) Please read section wise detailed guideline / instructions at the end.
- I) For particular section update, please tick () in the box available before the section number and strike off the sections not required to be updated.



For office use only Application Type* New Update
 (To be filled by financial institution) KYC Number (Mandatory for KYC update and delete request)

1. ENTITY DETAILS* (Please refer instruction A at the end)

Name*

Entity Constitution Type* Other (Specify) (Please refer instruction B at the end)

Date of Incorporation / Formation* DD-MM-YYYY Date of Commencement of Business DD-MM-YYYY

Place of Incorporation / Formation* Country of Incorporation / Formation TIN or Equivalent Issuing Country

PAN* Form 60 furnished

TIN / GST Registration Number CIN

2. PROOF OF IDENTITY (POI)* (Please refer instruction B at the end)

Officially valid document(s) in respect of person authorised to transact

Certificate of Incorporation / Formation Registration Certificate Regn. Certificate No

Memorandum and Articles of Association Partnership Deed Trust Deed

Resolution of Board / Managing Committee Power of attorney granted to its manager, officers or employees to transact on its behalf

Activity Proof - 1 (for Sole Proprietorship Only) Activity Proof - 2 (for Sole Proprietorship Only)

3. ADDRESS* (Please refer instruction C at the end)

3.1 Registered Office Address / Place of Business*

Proof of Address* Certificate of Incorporation / Formation Registration Certificate Other Document

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

3.2 Local Address in India (If different from Above)*

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

4. CONTACT DETAILS (All Communications will be sent to Mobile /Email-ID provided may be used) (Please refer instruction D at the end)

Tel. (Off) - FAX -

Mobile - Email ID

Mobile - Email ID

5. NUMBER OF RELATED PERSONS (Please refer instruction E at the end)

6. REMARKS (If any)

7. APPLICANT DECLARATION (Please refer instruction G at the end)

- 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.
 - I/We hereby Consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.
- Date : DD-MM-YYYY Place :

Signature / Thumb Impression

Signature / Thumb Impression of Authorised Person(s)

9. ATTESTATION AND / FOR OFFICE USE ONLY

Documents Received Certified Copies Equivalent e-document

KYC VERIFICATION CARRIED OUT BY

Date DD-MM-YYYY

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

INSTITUTION DETAILS

Name **KIFS TRADE CAPITAL PRIVATE LIMITED**

Code **IN0144 / NDML MIID - P1192**

(Employee Signature)
Signature of the person who has done the IPV / Attestation

KIFS CIN:U65923GJ2012PTC115683
KIFS TRADE CAPITAL PRIVATE LIMITED
 B-81/82, Pariseema Complex, C. G. Road,
 Ellisbridge, Ahmedabad-380 006.
 Ph.: +91 79 66661602,03,04,05,06

List of Directors / Promoters / Trustee / Members / Coparcener / Family Members

1. Name _____

2. Father's Name _____

3. Relationship with Applicant (i.e. promoters, whole time directors/Karta etc.) _____

4a. Gender Male Female 4b. Date of Birth

D	D
M	M
Y	Y
Y	Y

 Karta

5a. PAN _____ 5b. DIN/UID _____

6. Residential/ Registered Address _____

City / Town / Village	Pin Code	
State	Country	

PHOTOGRAPH

Please affix
your recent passport
size photograph and
sign across it

1. Name _____

2. Father's Name _____

3. Relationship with Applicant (i.e. promoters, whole time directors/Karta etc.) _____

4a. Gender Male Female 4b. Date of Birth

D	D
M	M
Y	Y
Y	Y

 Members Coparcener

5a. PAN _____ 5b. DIN/UID _____

6. Residential/ Registered Address _____

City / Town / Village	Pin Code	
State	Country	

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1. Name _____

2. Father's Name _____

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4a. Gender Male Female 4b. Date of Birth

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Separate Annexure maybe used in case number of members is higher