



Stock Holding Corporation of India Limited

Regd. Office: 301, Centre Point, Dr. Babasaheb Ambedkar Road, Parel, Mumbai- 400 012.
Phone : 91-22-6177 9400 to 09, Fax : 91-22-6177 9022
Website : www.shcil.com

KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Non-Individuals) CENTRAL DEPOSITORY SERVICES (INDIA) LIMITED

PHOTOGRAPH of
Authorised Signatory (ies)

Please affix the recent
passport size photograph
and sign across it

Please fill this form in ENGLISH and in BLOCK LETTERS.

A. IDENTITY DETAILS

Name of Applicant																	
Date of Incorporation	D	D	M	M	Y	Y	Y	Y	PAN								
Place of Incorporation									Date of Commencement Of business	D	D	M	M	Y	Y	Y	Y
Registration No. (e.g. CIN)																	
Status	<input type="checkbox"/> Private Limited Co. <input type="checkbox"/> Public Limited Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Charities <input type="checkbox"/> NGO's <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> Bank <input type="checkbox"/> Government Body <input type="checkbox"/> Non-Government Organisation <input type="checkbox"/> Defence Establishment <input type="checkbox"/> BOI <input type="checkbox"/> Society <input type="checkbox"/> LLP <input type="checkbox"/> Others (please specify)_____																

B. ADDRESS DETAILS

Correspondence Address																	
City/Town/Village									State								
Country									PIN Code								
Telephone No. (R)									Fax No.								
Telephone No. (O)									Mobile No.								
E-mail Id																	
Specify the proof of address submitted for correspondence address																	
Registered Office Address (if different from correspondence address)																	
City/Town/Village									State								
Country									PIN Code								
Specify the proof of address Submitted for Registered																	

C. OTHER DETAILS

Gross Annual Income Details (please specify)		Income Range per annum :	
		<input type="checkbox"/> Below ₹1,00,000	<input type="checkbox"/> ₹1,00,000 to ₹5,00,000
		<input type="checkbox"/> ₹5,00,001 to ₹10,00,000	<input type="checkbox"/> ₹10,00,001 to ₹25,00,000
		<input type="checkbox"/> ₹25,00,001 to ₹1,00,00,000	<input type="checkbox"/> More than ₹1,00,00,000
Net-Worth as on (date) should not be older than 1 year		Net Worth (Amount)	
Name, PAN, Residential Address and photographs of Promoters / Partners / Karta / Trustees and Whole time Directors			
DIN / UID of Promoters / Partners / Karta and Whole time directors			
Please tick, if applicable, for any of your authorised signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors		<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person	
Any other information			

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I 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.

Name & Signature of the Authorised Signatory (ies)

Date : _____(dd/mm/yyyy)

FOR OFFICE USE ONLY

- (Originals verified) True copies of documents received
 (Self-Attested) Self Certified Document copies received

(_____)
Signature of the Authorised Signatory

Seal/Stamp of the intermediary

Date _____