

CENTILLION CAPITAL PRIVATE LIMITED
11TH FLOOR, AGGARWAL MILLENNIUM TOWER-II
NETAJI SUBHASH PLACE
DELHI-110034

ACCOUNT NO
APP ID.....
ACK NO
C-KYC NO

KNOW YOUR CLIENT (KYC) APPLICATION FORM – FOR NON INDIVIDUAL

A. IDENTITY DETAILS

1. Name of the Applicant: _____
- 2 Date of incorporation

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 Place of incorporation: _____
3. Date of commencement of business:

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4. a. PAN: _____ b. Registration No. (e.g. CIN): _____
5. 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 / Others (please specify) _____

B. ADDRESS DETAILS

Registered Address 	Address for correspondence (if different from permanent address)
City/town/village: _____ Pin Code: _____ State: _____ Country: _____	City/town/village: _____ Pin Code: _____ State: _____ Country: _____

2. Specify the proof of address submitted for correspondence address: _____
3. Specify the proof of address submitted for registered address: _____
4. Contact Details: Tel. (Off.) _____ Tel. (Res.) _____ Fax: _____
Mobile No.: _____ Email id: _____
5. SMS Facility YES NO Mode of receiving Statement of Account [Tick any one] Physical Form Electronic Form

C. OTHER DETAILS

1. Gross Annual Income Details (please specify):
Income Range per annum:

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 Below Rs. 1 Lakh

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 Between Rs.1 to Rs.5 Lakhs

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 Between Rs.5 to Rs.10 Lakhs

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 Between Rs.10 to Rs.25 Lakhs

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 Between Rs.25 Lakhs to Rs.1 Crore

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 Above Rs.1 Crore

2. Net-worth as on (Net worth should not be older than 1 year)

d	d	m	m	y	y	y	y
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 Rs.

3. Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:

4. DIN/UID of Promoters/Partners/Karta and whole time directors: _____
5. Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors: Politically Exposed Person (PEP) Related to Politically Exposed Person (PEP)
6. Any other information: _____

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.



Name & Signature of the Authorised Signatory

Date:

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FOR OFFICE USE ONLY

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

IPV Details	Signature	In person verification done by	Details / Designation	Date

Signature of the Authorized Signatory

Date

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Seal/Stamp of the intermediary

NOTE 1. For receiving Statement of Account in electronic form

- I Client must ensure the confidentiality of the password of the email account.
- II Client must promptly inform the Participant if the email address has changed.
- III Client may opt to terminate this facility by giving 1 days prior notice. Similarly, Participant may also terminate this facility by giving 1 days prior notice.

**Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC)
Application Form for Non-Individuals**

Sr. No.	Name	Relationship with Applicant (i.e. promoters, whole time directors etc.)	PAN	Residential / Registered Address	DIN/UID	Photograph									
1						<p>Photograph</p> <p>✓ Please affix the recent passport size photograph and sign across it</p>									
2															
3															
4															
5															
<p>✓</p> <p>Name & Signature of the Authorised Signatory(ies)</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>Date</td> <td>D</td> <td>D</td> <td>M</td> <td>M</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> </table>							Date	D	D	M	M	Y	Y	Y	Y
Date	D	D	M	M	Y	Y	Y	Y							

Centillion Capital Pvt Ltd.
11th Floor Aggarwal Millennium Tower-II
Netaji Subhash Palace, Pitampura
Delhi-110034

Declaration of HUF Status

As I/We wish to open a depository account with you in my capacity as Karta of HUF of _____
I/We beg to say that the first signatory in this letter, i.e., _____ is the Karta of the joint Family and other signatories are the adult Coparceners of the said family.

I/We further confirm that the business of said joint family is carried on mainly by the said Karta as also by the other signatories hereto in the interest and for the benefit of the entire body of Coparceners of the joint family.

In view of the fact that ours is not a firm governed by the Indian Partnership Act. of 1952, we have not got out said firm registered under the said Act.

I/We hereby undertake to inform you that the death or birth of Coparceners or of any change occurring at any time in membership of our joint family during the accuracy of account.

Name & signature of Karta

1. _____ sd/ _____

Name & Dates of Birth of Member / Coparceners

Sr No.	Name of Coparcener/Member	Gender	Date of Birth	Whether Coparcener/ Member (please specify)	Signature
1.					
2.					
3.					
4.					
5.					