

Know Your Client (KYC)



Consortium Securities Pvt. Ltd.

Member : NSE, BSE • DP (NSDL) DP ID : IN302316
 Regd. Office : 36, Sant Nagar, East of Kailash, New Delhi-110065 • Ph.: 011-26422412, 26239183 Fax: 011-26224108
 Processing Office: D-17, Sector-3, Noida-201301 • Ph.: 0120-3361500 Fax: 3361555

Applicant No. _____

Please fill in ENGLISH and in BLOCK LETTERS with black ink **Application Form (For Non-Individuals Only)**

"Please note that the KYC Application Form and overleaf instructions should be printed on the same page (back to back). If printed separately then both the pages should be attached and signed by the applicant."

A. Identity Details (please see guidelines overleaf)

1. Name of Applicant (Please write complete name as per Certificate of Incorporation/Registration; leaving one box blank between 2 words. Please do not abbreviate the Name)

2. Date of Incorporation / /
Place of Incorporation _____

3. Registration No. (e.g. CIN) _____
Date of commencement of business / /

4. Status (Please tick (✓) Private Ltd. Co. Public Ltd. Co. Body Corporate Partnership Trust/Charities/NGOs
 FI FII HUF AOP Bank Government Body Non-Government Organisation
 Defence Establishment Body of Individuals Society LLP Others (Please Specify) _____

5. Permanent Account Number (PAN) (MANDATORY) _____ Copy of PAN Card attached

PHOTOGRAPH

Please affix the recent passport size photograph of Authorised Signatory and sign across it

B. Address Details (please see guidelines overleaf)

1. Address for Correspondence

 City/Town/Village _____ Pin Code _____
 City _____ Country _____

2. Contact Details
 Tel. (Off.) (ISD) (STD) _____ Tel. (Res.) (ISD) (STD) _____
 Mobile (ISD) (STD) _____ Fax (ISD) (STD) _____
 E-mail Id. _____

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
 * Latest Telephone Bill (only Land Line) * Latest Electricity Bill * Latest Bank Account Statement Registered Lease / Sale Agreement of Office Premises
 Any other proof of address document (as listed overleaf) (Please Specify) _____
 * Not more than 3 Months old. **Validity/Expiry date of proof of address submitted** / /

4. Permanent Address of Resident Applicant if different from above B-1 OR Overseas Address (Mandatory) for Non-Resident Applicant

 City/Town/Village _____ Pin Code _____
 City _____ Country _____

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
 * Latest Telephone Bill (only Land Line) * Latest Electricity Bill * Latest Bank Account Statement Registered Lease / Sale Agreement of Office Premises
 Any other proof of address document (as listed overleaf) (Please Specify) _____
 * Not more than 3 Months old. **Validity/Expiry date of proof of address submitted** / /

C. Other Details (please see guidelines overleaf)

1. Gross Annual Income Details (Please tick (✓) : Income range per annum : Below 1 Lac 1-5 Lac 5-10 Lac 10-25 Lac 25 Lacs - 1 Crore > 1 Crore

2. Net-worth in ₹. _____ as on (date) / /
 (*Net worth should not be older than 1 year)

3. Name, PAN, DIN/UID, residential address and photograph of Promoters/Partners/Karta/Trustees/whole time directors
 (Please fill Annexure for the details)

4. Is the entity involved/providing any of the following services Yes No
 - For Foreign Exchange / Money Changer Services Yes No - Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) Yes No
 - Money Lending / Pawning Yes No

4. Any other information: _____

| | |
|--|--|
| <p align="center">DECLARATION</p> <p>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/we am/are aware that I/we may be held liable for it.</p> <p>Name: _____ Date: _____</p> | <p align="center">NAME & SIGNATURE(S) OF AUTHORISED PERSON(S)</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> |
|--|--|

FOR OFFICE USE ONLY

AMC/Intermediary name or code _____

(Original Verified) Self Certified Document copies received
 (Attested) True copies of documents received

Seal/Stamp of the intermediary Should contain Staff Name, Designation, Name of the Organization, Signature, Date