

F. In case of Non-Individuals, additional documents to be obtained from non-individuals, over & above

Types of entity	Documentary requirements
Corporate	<p>Copy of the balance sheets for the last 2 financial years (to be submitted every year).</p> <p>Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year).</p> <p>Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations.</p> <p>Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly.</p> <p>Copy of the Memorandum and Articles of Association and certificate of incorporation.</p> <p>Board Resolution for investment in securities market.</p> <p>Authorised signatories list with specimen signatures.</p>
Partnership firm	<p>Copy of the balance sheets for the last 2 financial years (to be submitted every year). Certificate of registration (for registered partnership firms only).</p> <p>Copy of partnership deed.</p> <p>Authorised signatories list with specimen signatures.</p> <p>Photograph, POI, POA, PAN of Partners</p>
Trust	<p>Copy of the balance sheets for the last 2 financial years (to be submitted every year). Certificate of registration (for registered trust only).</p> <p>Copy of Trust deed.</p> <p>List of trustees certified by managing trustees/CA.</p> <p>Photograph, POI, POA, PAN of Trustees.</p>
HUF	<p>PAN of HUF.</p> <p>Deed of declaration of HUF/ List of coparceners.</p> <p>Bank pass-book/bank statement in the name of HUF.</p> <p>Photograph, POI, POA, PAN of Karta.</p>
Unincorporated association or a body of individuals	<p>Proof of Existence/Constitution document.</p> <p>Resolution of the managing body & Power of Attorney granted to transact business on its behalf.</p> <p>Authorized signatories list with specimen signatures.</p>
Banks/Institutional Investors	<p>Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years.</p> <p>Authorized signatories list with specimen signatures.</p>
Foreign Institutional Investors (FII)	<p>Copy of SEBI registration certificate.</p> <p>Authorized signatories list with specimen signatures.</p>
Army/ Government Bodies	<p>Self-certification on letterhead.</p> <p>Authorized signatories list with specimen signatures.</p>
Registered Society	<p>Copy of Registration Certificate under Societies Registration Act.</p> <p>List of Managing Committee members.</p> <p>Committee resolution for persons authorised to act as authorised signatories with specimen signatures.</p> <p>True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.</p>

KNOW YOUR CLIENT (KYC) APPLICATION FORM

SHAREKHAN LIMITED



Registered office address : 10th Floor, Beta Building, Lodha iThink Techno Campus, Off. JVLR, Opp. Kanjurmarg Station, Kanjurmarg (East),
Mumbai - 400 042, Maharashtra.Tel: 022 - 6115 0000. | Fax No. 6748 1899 | Website: www.sharekhan.com

(Please fill this form in ENGLISH and in BLOCK LETTERS)

A. IDENTITY DETAILS

Name of The Applicant: _____

Date of Incorporation: Place of Incorporation: _____

Date of Commencement of Business:

PAN : Registration No. (e.g. CIN): _____

Status (please tick any one):

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

B. ADDRESS DETAILS

Correspondence Address: _____ As per address proof

Landmark: _____

City: _____ Pin Code: _____

State: _____ Country: _____

Specify the proof of address submitted for Correspondence address: _____

Contact Details : Tel. No. (Off) : Tel. No. (Resi) :

Fax No: Mobile No.:

Email ID: _____

Registered Address _____ As per address proof

Landmark: _____

City: _____ Pin Code: _____

State: _____ Country: _____

Specify the proof of address submitted for Registered address: _____

C. OTHER DETAILS

GROSS ANNUAL INCOME DETAILS (Please specify)

Income Range Per Annum (Rs. in Lakhs)

☐ <1 ☐ 1-5 ☐ 5-10 ☐ 10-25 ☐ 25 - 100 ☐ > 100

Networth : (Networth should not be older than 1 year)

Amount (Rs.) _____ As on date

Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:

If the following is additionally applicable to you. Please tick (✓) one or more as applicable:

- ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)
☐ Civil Servant ☐ Bureaucrat ☐ Current or Former MP, MLA or MLC
☐ Politician ☐ Current or Former Head of State

Any other information: _____

SHAREKHAN LTD.

This is to certify that I have carried out in-person verification in respect of the client mentioned in the KYC form.

Name of Branch Staff / Sub Broker / Authorised Person : _____ Staff Code: _____

Designation : _____

Signature of the Branch Staff / Sub-Broker / Authorised Person : _____

Date : _____ Place : _____

Name of Authorised Signatory

Full Name :

Relationship with the Applicant :

Residential Address :

City : Pin Code: Tel. No.: STD Code

State : Country :

PAN UID (Aadhaar)

DIN

If the following is additionally applicable to you. Please tick (✓) one or more as applicable:

<input type="checkbox"/> Politically Exposed Person (PEP)	<input type="checkbox"/> Related to a Politically Exposed Person (PEP)
<input type="checkbox"/> Civil Servant Bureaucrat	<input type="checkbox"/> Current or Former MP, MLA or MLC
<input type="checkbox"/> Politician	<input type="checkbox"/> Current or Former Head of State

Affix Latest
Photograph

Sign
across

Name of Authorised Signatory

Full Name :

Relationship with the Applicant :

Residential Address :

City : Pin Code: Tel. No.: STD Code

State : Country :

PAN UID (Aadhaar)

DIN

If the following is additionally applicable to you. Please tick (✓) one or more as applicable:

<input type="checkbox"/> Politically Exposed Person (PEP)	<input type="checkbox"/> Related to a Politically Exposed Person (PEP)
<input type="checkbox"/> Civil Servant Bureaucrat	<input type="checkbox"/> Current or Former MP, MLA or MLC
<input type="checkbox"/> Politician	<input type="checkbox"/> Current or Former Head of State

Affix Latest
Photograph

Sign
across

Name of Authorised Signatory

Full Name :

Relationship with the Applicant :

Residential Address :

City : Pin Code: Tel. No.: STD Code

State : Country :

PAN UID (Aadhaar)

DIN

If the following is additionally applicable to you. Please tick (✓) one or more as applicable:

<input type="checkbox"/> Politically Exposed Person (PEP)	<input type="checkbox"/> Related to a Politically Exposed Person (PEP)
<input type="checkbox"/> Civil Servant Bureaucrat	<input type="checkbox"/> Current or Former MP, MLA or MLC
<input type="checkbox"/> Politician	<input type="checkbox"/> Current or Former Head of State

Affix Latest
Photograph

Sign
across

Name of Whole time Directors / Directors / Promoters / Partners / Karta and their Details

Full Name :

Relationship with the Applicant :

Residential Address :

City : Pin Code: Tel. No.:

State : Country :

PAN UID (Aadhaar)

DIN

If the following is additionally applicable to you. Please tick (✓) one or more as applicable:

- | | |
|---|--|
| <input type="checkbox"/> Politically Exposed Person (PEP) | <input type="checkbox"/> Related to a Politically Exposed Person (PEP) |
| <input type="checkbox"/> Civil Servant Bureaucrat | <input type="checkbox"/> Current or Former MP, MLA or MLC |
| <input type="checkbox"/> Politician | <input type="checkbox"/> Current or Former Head of State |

Affix Latest
Photograph

Name of Whole time Directors / Directors / Promoters / Partners / Karta and their Details

Full Name :

Relationship with the Applicant :

Residential Address :

City : Pin Code: Tel. No.:

State : Country :

PAN UID (Aadhaar)

DIN

If the following is additionally applicable to you. Please tick (✓) one or more as applicable:

- | | |
|---|--|
| <input type="checkbox"/> Politically Exposed Person (PEP) | <input type="checkbox"/> Related to a Politically Exposed Person (PEP) |
| <input type="checkbox"/> Civil Servant Bureaucrat | <input type="checkbox"/> Current or Former MP, MLA or MLC |
| <input type="checkbox"/> Politician | <input type="checkbox"/> Current or Former Head of State |

Affix Latest
Photograph

Name of Whole time Directors / Directors / Promoters / Partners / Karta and their Details

Full Name :

Relationship with the Applicant :

Residential Address :

City : Pin Code: Tel. No.:

State : Country :

PAN UID (Aadhaar)

DIN

If the following is additionally applicable to you. Please tick (✓) one or more as applicable:

- | | |
|---|--|
| <input type="checkbox"/> Politically Exposed Person (PEP) | <input type="checkbox"/> Related to a Politically Exposed Person (PEP) |
| <input type="checkbox"/> Civil Servant Bureaucrat | <input type="checkbox"/> Current or Former MP, MLA or MLC |
| <input type="checkbox"/> Politician | <input type="checkbox"/> Current or Former Head of State |

Affix Latest
Photograph

Name of Whole time Directors / Directors / Promoters / Partners / Karta and their Details

Full Name :

Relationship with the Applicant :

Residential Address :

City : Pin Code: Tel. No.: STD Code

State : Country :

PAN UID (Aadhaar)

DIN

If the following is additionally applicable to you. Please tick (✓) one or more as applicable:

- | | |
|---|--|
| <input type="checkbox"/> Politically Exposed Person (PEP) | <input type="checkbox"/> Related to a Politically Exposed Person (PEP) |
| <input type="checkbox"/> Civil Servant Bureaucrat | <input type="checkbox"/> Current or Former MP, MLA or MLC |
| <input type="checkbox"/> Politician | <input type="checkbox"/> Current or Former Head of State |

Affix Latest
Photograph

Name of Whole time Directors / Directors / Promoters / Partners / Karta and their Details

Full Name :

Relationship with the Applicant :

Residential Address :

City : Pin Code: Tel. No.: STD Code

State : Country :

PAN UID (Aadhaar)

DIN

If the following is additionally applicable to you. Please tick (✓) one or more as applicable:

- | | |
|---|--|
| <input type="checkbox"/> Politically Exposed Person (PEP) | <input type="checkbox"/> Related to a Politically Exposed Person (PEP) |
| <input type="checkbox"/> Civil Servant Bureaucrat | <input type="checkbox"/> Current or Former MP, MLA or MLC |
| <input type="checkbox"/> Politician | <input type="checkbox"/> Current or Former Head of State |

Affix Latest
Photograph

D. 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 aware that I may be held liable for it.

(2) 

Name & Signature of the Authorised Signatory(ies)

Date

FOR OFFICE USE ONLY

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

Date

Signature of the Authorised Signatory

Seal/Stamp of intermediary