## KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Non Individuals)





## **Registered Office**

'SIHL House' Opp. Ambawadi Jain Temple, Nehrunagar Cross Road, Ahmedabad - 380015. Ph. No. · 079 · 30025325 Fax · 079·3002 9029 E-mail · info@sihl.in Web · www.sihl.in

Please fill this form in ENGLISH and in BLOCK LETTERS.		PHOTOGRAPH
	A. IDENTITY DETAILS	Please affix your
1.	Name of the Applicant:	recent passport
2.	Date of incorporation (dd/mm/yyyy) & Place of incorporation :	size photograph
3.	Date of commencement of business :(dd/mm/yyyy)	and sign across it
4.	<b>a. PAN: b.</b> Registration No. (e.g. CIN) :	
5.	Government Body / Non-Government Organization / Defense Establishment / BOI / Society / LLP / Others (Please specify)	
1.	B. ADDRESS DETAILS Address for correspondence :	
_	City/town/village: Pin Code: State: Country:	
2.	Contact Details: Tel. (Off.) Tel. (Res.)	
	Mobile No. : Fax : Fax :	
3.	Specify the proof of address submitted for correspondence address:	
4.	Registered Address (if different from above or overseas address, mandatory for Non-Resident Applica	nt):
	City/town/village: Pin Code: State: Country:	
	C. OTHER DETAILS	
1.	Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:	
2.	a) DIN of whole time directors:	
	b) Aadhaar number of Promoters/Partners/Karta:	
	DECLARATION	
o i	le hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belie Inform you of any changes therein, immediately. In case any of the above information is found to be false or unt Information is found to be false or unterpresenting, I am/we are aware that I/we may be held liable for it.	
Siç	gnature of the Applicant Date:	_ (dd/mm/yyyy)
	FOR OFFICE USE ONLY Originals verified and Self-Attested Document copies received	
	Johnshiller and odi-Allested Document copies received	
Si	gnature of the Authorised Signatory	
N	ame of the Authorised	
ח	Seal/Stamp of t	he Intermediary