BHARAT BHUSHAN EQUITY TRADERS LIMITED

503, Rohit House, 3, Tolstoy Marg, New Delhi-110001 Ph.: +91-11-49800900, Fax: +91-11-49800933



Know Your Customer (KYC) Application Form | Non-Individual

Please fill this form in ENGLISH and in BLOCK LETTERS

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A.	IDENTITY DETAILS											
1.	Name of the Applicant											
2.	Date of incorporation	D D M N	И У У	YY	Place o	f incorpo	oration					
3.	Date of commencement o	f Business D	D M M	Υ	Y	Υ						
4.	a) PAN			b)	Registra	ion No.	(e.g. CIN)					
5.	Status (Please tick any one) :											
	Private Limited Co.	☐ Ban	ık		Pa	artnershi	ip					
	Public Limited Co.	Gov	Government Body FI									
	Body Corporate	Nor	n Government Or	rganizatio	n Fl	l						
	Trust	Def	ense Establishm	ent	H	JF						
	Charities	Soc	iety		A	OP						
	NGO's	LLP)		В	Ol						
	Others (please spec	cify)										_
В.	ADDRESS DETAILS											
1.	Correspondence											
	Address											
		City/Town/Village*					PIN/Post Code*					
		State/U.T. Code*					ISO 3166* Country Code					
2.	Specify the proof of addre	ss submitted for cor	rrespondence ad	ldress								
3.	Contact Details	Tel. (Off.)		'			Tel. (Res.)					
		Fax No.					Mobile No.					
		Email ID										
4.	Registered Address (If different from above)											
	,						T					
		City/Town/Village*					PIN/Post Code*					
		State/U.T. Code*					ISO 3166* Country Code					
5.	5. Specify the proof of address submitted for registered address											
С	C. OTHER DETAILS											
١.	 1. Gross Annual Income Details (please specify): Income Range per annum Below ₹ 1 Lac ₹ 1-5 Lac ₹ 5-10 Lac ₹ 10-25 Lacs ₹ 25 Lacs - 1 Crore Above ₹ 1 Crore 											
2.	2. Networth											
	Amount (Rs.) As on (date)]			
	, , , , , , , , , , , , , , , , , , , ,						Net worth should not be	e older	than	1 ve:	ar)	7
						(-				,	,	

 D. 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. 									
Place :									
Date : Name & Sign					nature of the Authorised Signatory(ies)				
10. ATTESTATION / FOR OFFICE USE ONLY									
Document Received KYC & IN-PERSO		ertified Cop		OUT BY	INSTITUTION DETAILS				
Emp. Name / Code	, v v z i i i i		74111122		Name : BHARAT BHUSHAN EQUITY]			
Emp. Designation					TRADERS LIMITED	-			
Emp. Branch					Code: IN 0077				
Emp. Signature					NDML MI ID : P1158				
Date					CVL POS Code: 1800000110				

Details of Promoters / Partners / Karta / Trustees and Whole Time Directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

	Allow four client (KTO) Application Form for Non-individuals									
S. No.	Name	Relationship with Applicant (i.e. promoters, whole time directors etc.)	PAN	Residential / Registered Address	DIN of whole time directors /Aadhaar number of Promoters/ Partners/Karta	Photograph to be signed across with Rubber Stamp				

L	Name & Signature of the A	uthorised Signato	ry (ies)		Date : D	D M M Y Y Y
				3		