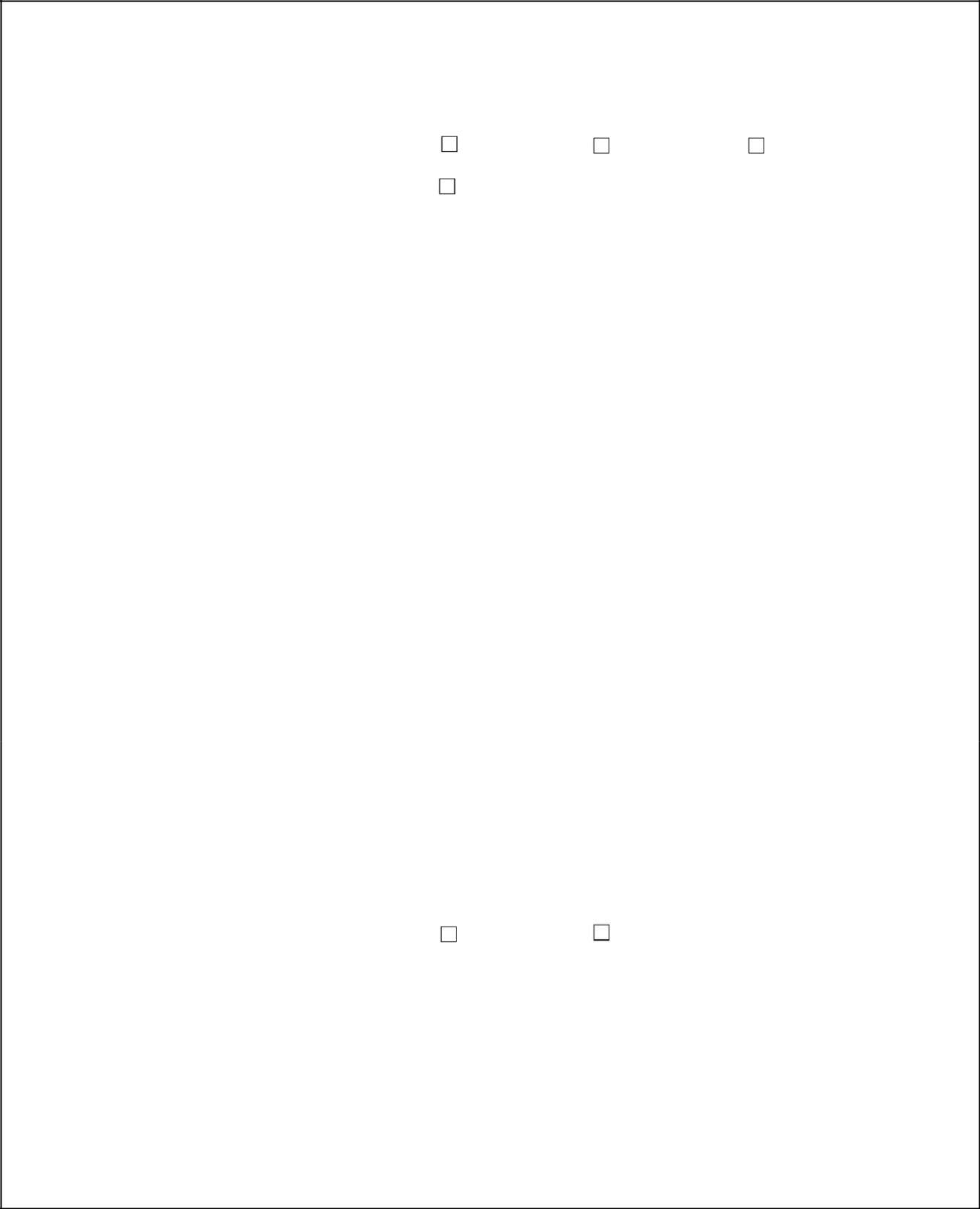
**KNOW YOUR CUSTOMER (KYC) FORM**

**STRICTLY CONFIDENTIAL**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S.No.** |  | **Particulars** |  | **Details** |  |  |  |
| 1 | Full Name of the Customer | | |  | | | |
| 2 | Legal Status | | |  | Individual | Company | Partnership |
|  |  |  |  |  | Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 3 | Permanent Address | | |  | | | |
|  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 4 | Business/Trading Address | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 5 | ID No./CR No./Registration No. Purpose | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | and Nature of Transaction to be | | |  |  |  |  |
|  | undertaken | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

1. **In case of Individual**

|  |  |  |
| --- | --- | --- |
| (i) | Nationality |  |
|  |  |
| (ii) | Occupation or Profession |  |
|  |  |
| (iii) Name of Establishment or Employer | |  |
|  |  |
| (iv) | Location of activity |  |
|  |  |

1. Is the Individual a Politically Important

|  |  |  |
| --- | --- | --- |
| Person (PEP)? | YES | NO |
|  |  |

1. **In case of Others**

|  |  |  |
| --- | --- | --- |
| (i) | City & Country of Incorporation | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 8 | Date of Birth / Incorporation | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 9 | What is the principal business/activity of the |  |
|  | Customer? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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1. **Is the Customer acting on behalf of**

**Another Person?**

If Yes,

* 1. Name of Beneficial Owner
  2. If Beneficial Owner is an Individual, then

1. Nationality
2. Is the Individual a Politically Important Person (PEP)?

11 Regulatory Status

12. Bank Details

**13 Contact Details of Customer**

YES NO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YES  NO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

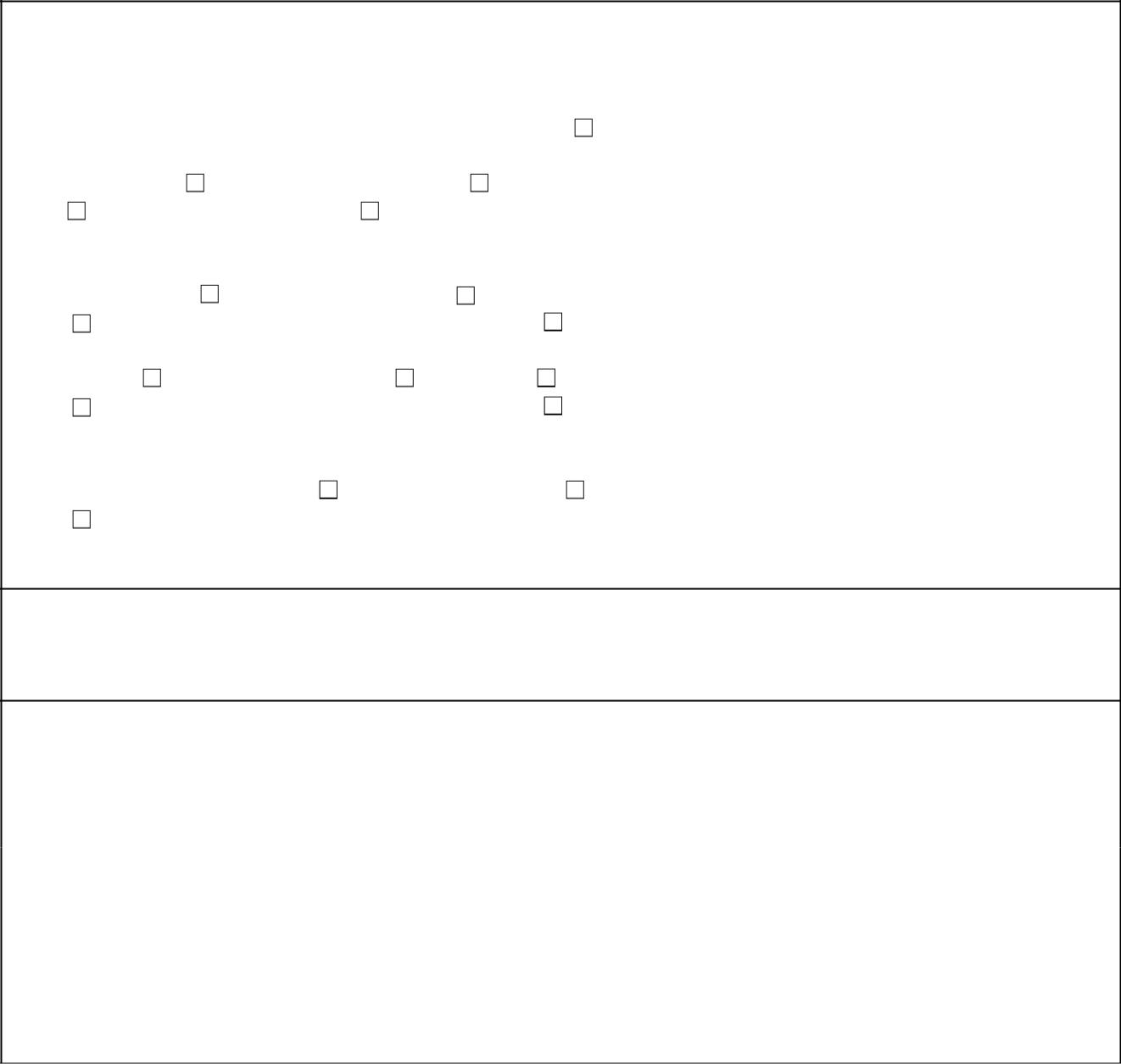
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| (i) | Contact Person |  |
| (ii) | Tel & Fax |  |
| (iii) | E-mail/website | [Customer ID] |

1. Contact details of Compliance Officer (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Copies\* of Customer Identification Documents**

*Please submit the documents and tick (*a*) against the documents attached*

(i) **Individual: -**

ID Card/Passport/Driving License (DL)

Proof of Domicile Country\*\*

(ii) **Company: -** Company Registration (CR) List & Passport copies of Authorized Signatories

List of Major Shareholders List & Proof of Domicile Country\*\* of Directors

*Major Shareholders: -Shareholders who, directly or indirectly, owns or controls more than5% of the shares or voting rights*

(iii) **Partnership: -** Certificate of Registration Partnership Deed

List & Passport copies of Authorized Signatories List & Proof of Domicile Country\*\* of Partners

(iv) **Trust: -** Certificate of Registration Trust Deed List & Passport copies of Authorized Signatories

List & Passport copies of Settlor, Trustees, and Protector List of Major Beneficiaries

*Major Beneficiaries:-Beneficiary who is to receive at least 25% of the funds of the Trust*

(v) **Any other Legal Person: -** Registration Document List & Passport copies of Authorized Signatories List of the Individuals/Entities who ultimately owns, or exercises effective control over such person

**Declaration**

I/We hereby confirm that the above information provided to you is true and correct to the best of our knowledge. I/We acknowledge that if the information provided is found to be false or misleading then the business relationship may be annulled anytime at your discretion. I/We hereby agree to provide any additional information/documentation that may be required.

|  |  |
| --- | --- |
| Date:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Signature of Authorized Signatory |
|  |  |

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