


KNOW YOUR CLIENT (KYC) APPLICATION FORM - FOR NON INDIVIDUALS APPLICATION No. BPL DN
 Please fill in English and in BLOCK LETTERS

Client Code: _____

A. IDENTITY DETAILS

1. Name of Applicant

2. Date of Incorporation | D | D | M | M | Y | Y | Y | Y | Place of incorporation

3. Registration No. (e.g. CIN) | | | | | | | | Date of Commencement of Business | D | D | M | M | Y | Y | Y | Y |

4. Status Please tick (✓) any one Private Ltd. Company Public Ltd. Company Body Corporate Partnership Trust/ Charities/ NGO FI FII HUF AOP Bank Government Body Non-Government Organization Defense Establishment BOI Society LLP Other (please specify) _____

5. PAN (mandatory) | | | | | | | | (Please enclose a duly attested copy of your PAN card)

B. ADDRESS DETAILS

1. Address for Correspondence :

City/Town/Village: | | | | | | | |

PIN Code: | | | | |

State: | | | | | | | | Country: | | | | | | | |

Registered Address (If different from correspondence address)

City/Town/Village: | | | | | | | |

PIN Code: | | | | |

State: | | | | | | | | Country: | | | | | | | |

2. Contact Details:

Tel. (off.): | (| S | D) | (S | T | D) | | | | | | | |

Tel. (Res): | (| S | D) | (S | T | D) | | | | | | | |

Mobile No.: | (| S | D) | (S | T | D) | | | | | | | |

Fax No.: | (| S | D) | (S | T | D) | | | | | | | |

E-mail ID: | | | | | | | |

3. Specify the proof of address submitted correspondence address:

4. Specify the proof of address submitted registered address:

C. OTHER DETAILS (DETAILS AUTHORISED PERSON)1. Gross Annual Income Details (Please tick(✓) Below 1 Lakh 1-5 Lakh 5-10 Lakh 10-25 Lakh 25-1 Crore >1 Crore

2. Net-worth in ₹. | (* Net worth should not be more than 1 year) | as on (date) | D | D | M | M | Y | Y | Y | Y | Rs. | | | | |

3. Detail of Authorised Person :

Name | | | | | | | |

PAN | | | | | | | | Registered Address | | | | | | | |

City/Town/Village: | | | | | | | |

PIN Code: | | | | |

State: | | | | | | | | Country: | | | | | | | |

4. DIN/UID of Promoters/Partners/Karta and whole time directors: (Please provide details in the enclosed sheets)

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

 Politically Exposed Person (PEP) Related Politically Exposed Person (PEP)

6. Any other information

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: | D | D | M | M | Y | Y | Y | Y |

SIGNATURE OF AUTHORISED PERSON

1/17

FOR OFFICE USE ONLY

IPV Details	Signature	In person verification done by	Relationship with the Intermediary / Designation	Date of IPV

Entity Id

Bonanza Portfolio Ltd. / D00023

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

For Bonanza Portfolio Ltd.

Authorised Signatory

Date: _____

Seal/Stamp of the
Intermediary