

Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also

Entity Type*	☐ Private Ltd. Co.	☐ Public Ltd. Co.	☐ Body Corporate	☐ Partnership
Please Tick(✓)	☐ Trust/Charity/NGO	☐ HUF	☐ FPI Category I	☐ FPI Category II
	☐ AOP	☐ Bank	☐ Government Body	☐ Defence Establishment
	☐ Body of Individuals	☐	☐ Society	☐ LLP
	☐ Non-Government Organization		☐ Others	

☐ Officially Valid Document(s) in respect of person authorized to transact
☐ Certificate of Incorporation/Formation _____ ☐ Registration Certificate _____
☐ Memorandum of Articles and Association ☐ Partnership Deed ☐ Trust Deed
☐ Board Resolution ☐ Power of Attorney granted to its manager, office, employees to transact on its behalf
☐ Activity Proof-1* (For Sole Proprietorship Only) ☐ Activity Proof-2* (For Sole Proprietorship Only)

State* Country*



Proof of Address* (attested copy of any one POA to be submitted - *Not more than 3 months old)

☐ Certificate of Incorporation/Formation	☐ Registration Certificate	☐ Other Document _____
☐ Latest Telephone Bill* (Landline only)	☐ Latest Electricity Bill*	☐ Latest Bank Account Statement*
☐ Registered Lease/Sale Agreement of Office Premises		Validity/Expiry Date of POA (Expiry Date) _ _ _ _ _
☐ Any Other Proof of Address document (as listed overleaf) _____		

4. Contact Details (in CAPITAL)

Email ID*

E-MAIL ID given by me belong to ☐ Me ☐ Spouse ☐ Dependent Children ☐ Dependent Parent

E-MAIL ID is registered in name of Who's PAN No. is

Mobile No.*

MOBILE (Primary) given by me belong to ☐ Me ☐ Spouse ☐ Dependent Children ☐ Dependent Parent

MOBILE is registered in name of Who's PAN No. is

Tel (OFF) Tel (Resi)

5. Annexures Submitted

Number of Related Persons -

6. Remarks / Additional Information

7. Applicant Declaration

I hereby declare that the details furnished above are true and correct to the best of my/our 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/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from KRA through SMS/Email on the above registered number/Email address.

DATE: (DD-MM-YYYY)

PLACE:

Applicant Digital Sign. (DSC)

Applicant Wet Signature

**8. For Office Use Only**

KYC Carried Out by*	Intermediary Details*
KYC Date Emp. Name Emp. Code Emp. Designation	☐ Self certified document copies received (Originals Verified) ☐ True Copies of documents received (Attested) AMC / Intermediary Name OR Code: Jyoti Broking Pvt. Ltd.
Employee Signature and Stamp	Institution Name & Stamp

KNOW YOUR CLIENT (KYC) — Annexure (For Non-Individuals Only) / Related Person

Jyoti Broking Pvt. Ltd.
Corp. Office : B-78, 3rd Floor,
Defence Colony, New Delhi-110024
Tel.: 011-46059400 (30 Lines)
Fax : 011-24337131

Application Number:

Application Type* ☐ New KYC ☐ Modification KYC

Please fill the form in **ENGLISH** and in **BLOCK** letters

Fields marked * are mandatory

Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also



1. Identity Details of Related Person (please refer guidelines overleaf)

PAN* Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof)

Maiden Name* (if any)

Fathers/Spouse's Name*

Mother Name*

Date of Birth*

Gender* ☐ Male ☐ Female ☐ Transgender

Nationality* Residential ☐ Indian ☐ Other

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

☐ Director ☐ Promoter ☐ Karta ☐ Karta ☐ Trustee ☐ Partner

☐ Court Appointed Official Proprietor ☐ Beneficiary ☐ Authorized Signatory

☐ Beneficial Owner ☐ Power of Attorney Proprietor

☐ Others (please specify) DIN: (Mandatory if the related person is Director)

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

☐ A — Aadhaar Card XXXX XXXX _ _ _ _

☐ B — Passport Number (Expiry Date)

☐ C — Voter ID Card

☐ D — Driving License (Expiry Date)

☐ E — NREGA Job Card

☐ F — NPR Letter

☐ Z — Others (Any document notified by Central Government)

Identification Number

PHOTOGRAPH

Please affix your recent passport size photograph

Signature Across Photograph

2. Address Details* (please refer guidelines overleaf)

A. Correspondence/ Local Address*

Line 1*

Line 2

Line 3

City/Town/Village* District* Pin Code*

State* Country*

Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Applicant E-Sign



B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1*
 Line 2
 Line 3
 City/Town/Village* District* Pin Code*
 State* Country*
 Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Proof of Address* (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

☐ A — Aadhaar Card XXXX XXXX _ _ _ _
☐ B — Passport Number (Expiry Date)
☐ C — Voter ID Card
☐ D — Driving License (Expiry Date)
☐ E — NREGA Job Card
☐ F — NPR Letter
☐ Z — Others (Any document notified by Central Government)
 Identification Number

3. Contact Details (in CAPITAL)

Email ID*
 E-MAIL ID given by me belong to ☐ Me ☐ Spouse ☐ Dependent Children ☐ Dependent Parent
 E-MAIL ID is registered in name of Who's PAN No. is
 Mobile No.*
 MOBILE (Primary) given by me belong to ☐ Me ☐ Spouse ☐ Dependent Children ☐ Dependent Parent
 MOBILE is registered in name of Who's PAN No. is
 Tel (OFF) Tel (Resi)

4. Applicant Declaration

I hereby declare that the details furnished above are true and correct to the best of my/our 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/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from KRA through SMS/Email on the above registered number/Email address.

DATE: (DD-MM-YYYY)

PLACE:

Applicant e-Sign

Applicant Wet Signature

**5. For Office Use Only**

KYC carried out by*

Intermediary Details*

KYC Date

☐ Self certified document copies received (OVD)

Emp. Name

☐ True Copies of documents received (Attested)

Emp. Code

Emp. Designation

Jyoti Broking Pvt. Ltd.

Employee Signature and Stamp

Institution Name & Stamp

DETAILS OF AUTHORISED SIGNATORY(IES) / PROMOTERS / PARTNERS / KARTA / TRUSTEES AND WHOLE TIME DIRECTORS FORMING A PART OF KNOW YOUR CLIENT (KYC) APPLICATION FORM FOR NON-INDIVIDUALS

Name of Applicant										
PAN of the Applicant										

1. Name											PHOTOGRAPH Please affix your recent passport size photograph and sign across it
	Relationship with Applicant (i.e. promoters, whole time directors etc.)										
	PAN					DIN / Aadhaar No.*					
	Residential/Registered Address										
	City / Town / Village					PIN					
	State					Country					
	Contact Details	Phone No.					Mobile No.				
Email ID											
Whether Politically Exposed ☐ RPEP: Related to Politically Exposed Person ☐ PEP: Politically Exposed Person ☐ NO											

2. Name											PHOTOGRAPH Please affix your recent passport size photograph and sign across it
	Relationship with Applicant (i.e. promoters, whole time directors etc.)										
	PAN					DIN / Aadhaar No.*					
	Residential/Registered Address										
	City / Town / Village					PIN					
	State					Country					
	Contact Details	Phone No.					Mobile No.				
Email ID											
Whether Politically Exposed ☐ RPEP: Related to Politically Exposed Person ☐ PEP: Politically Exposed Person ☐ NO											

3. Name											PHOTOGRAPH Please affix your recent passport size photograph and sign across it
	Relationship with Applicant (i.e. promoters, whole time directors etc.)										
	PAN					DIN / Aadhaar No.*					
	Residential/Registered Address										
	City / Town / Village					PIN					
	State					Country					
	Contact Details	Phone No.					Mobile No.				
Email ID											
Whether Politically Exposed ☐ RPEP: Related to Politically Exposed Person ☐ PEP: Politically Exposed Person ☐ NO											

***DIN for Directors / Aadhaar No. for others**

	In person Verification (IPV) Details:									
	Name of the person who has done the IPV: _____ Designation: _____ Employee ID: _____ Name of Authorised Person _____ Name of the Organization: Jyoti Broking Pvt. Ltd. Date of IPV: / / Signature of the person who has done the IPV _____									
Name & Signature of the Authorised Signatory(ies) Date										