KNOW YOUR CLIENT (KYC) Application Form - *For Non Individuals*

☐ **NEW** ☐ **CHANGE REQUEST** (Please tick ✓the appropriate)

Acknowledgement No.

standard chartered

Please fill this form in ***ENGLISH*** and in ***BLOCK LETTERS***

(Please tick ✓the box on left margin of appropriate row where ***CHANGE/CORRECTION*** is required and provide the details in the corresponding row)

A IDENTITY DETAILS

☐ **1. Name of the Applicant**

☐ **2a. Date of incorporation** D D / M M / Y Y Y Y **2b. Place of incorporation**

☐ **3. Date of commencement of business** D D / M M / Y Y Y Y

4a. PAN

☐ **4b. Registration No. (e.g. CIN)**

☐ **5. Status** (Please tick ✓the appropriate)

☐ Private Limited Co.	☐ Public Ltd. Co.	☐ Body Corporate	☐ Partnership	☐ Trust
☐ Charities	☐ NGO's	☐ FI	☐ FII	☐ HUF
☐ AOP	☐ Bank	☐ Government Body	☐ Non-Government Organization	☐ Defense Establishment
☐ BOI	☐ Society	☐ LLP	☐ FPI - Category I	☐ FPI - Category II
☐ FPI - Category III	☐ Others (Please specify)			

B ADDRESS DETAILS

☐ **1. Address for Correspondence**

City / Town / Village — Pin Code

State — Country

2. Specify the Proof of Address submitted for Correspondence Address:

☐ **3. Contact Details**

Tel. (Off.) — Fax

Tel. (Res.) — Mobile No

E-Mail Id.

☐ **4. Registered Address** (If different from above)

City / Town / Village — Pin Code

State — Country

C OTHER DETAILS (If space is insufficient, enclose these details separately [Illustrative format enclosed])

☐ **1.** Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:

☐ **2a.**DIN of whole time directors :

2b. Aadhar number of Promoters/Partners/Karta :

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.

Date: D D / M M / Y Y Y Y

☐

Name & Signature of the Authorised Signatory

FOR OFFICE USE ONLY

Name of the person who has done the verification:

Designation: Employee ID:

Name of the Organization:

Date of Verification: D D / M M / Y Y Y Y

Signature of the person who has done the verification

Seal/Stamp of the Intermediary

☐ Originals Verified and Self Attested Document copies received

Date

Signature of the Authorised Signatory

1. **Name**

2. **Relationship with Applicant** *(i.e. promoters, whole time directors etc.)*

3a. PAN **3b. DIN**

3c. Aadhar (UID) Number

4. **Residential/ Registered Address**

City / Town / Village Pin Code

State Country

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

1. **Name**

2. **Relationship with Applicant** *(i.e. promoters, whole time directors etc.)*

3a. PAN **3b. DIN**

3c. Aadhar (UID) Number

4. **Residential/ Registered Address**

City / Town / Village Pin Code

State Country

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Please affix your recent passport size photograph and sign across it

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3a. PAN **3b. DIN**

3c. Aadhar (UID) Number

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3a. PAN **3b. DIN**

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State Country

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Please affix your recent passport size photograph and sign across it

1. **Name**

2. **Relationship with Applicant** *(i.e. promoters, whole time directors etc.)*

3a. PAN **3b. DIN**

3c. Aadhar (UID) Number

4. **Residential/ Registered Address**

City / Town / Village Pin Code

State Country

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

Name & Signature of the Authorised Signatory (ies)

Date: D D / M M / Y Y Y Y

1	**Contact Details** Tel. (Res.) Tel. (Off.) Fax Country Code Mobile Mobile No. Belongs to ☐ Self ☐ Family* ____________ (Specify Relation) I/We hereby declare that the mobile number mentioned above belongs to Mr./Ms.________________ having PAN No. __________ & SCB demat no. __________. The owner of the mentioned mobile number is my family* member and relationship with the applicant is __________. Email (Please enter E-mail in CAPITAL LETTERS only) Email ID Belongs to ☐ Self ☐ Family* ____________ (Specify Relation) I/We hereby declare that the e-mail id mentioned above belongs to Mr./Ms.________________ having PAN No. __________ & SCB demat no. __________. The owner of the mentioned e-mail id is my family* member and relationship with the applicant is __________.
2	**Gross Annual Income** ____________________
3	**Net Worth** ____________________
4	**Nature of Business** ____________________

* 'Family' for this purpose has been defined as self, spouse, dependent children and dependent parents.

5	**GST Number :** ____________________
6	**ISIC :** ____________________

7	**Bank Account Details Old** Bank Account Number Bank Name & Address with Pin Code: ____________________ Account Type: ☐ Savings ☐ Current MICR Number: IFSC Code: **Bank Account Details New** REL ID Bank Account Number Bank Name & Address with Pin Code: ____________________ Account Type: ☐ Savings ☐ Current MICR Number: IFSC Code:

I/We the undersigned, holding demat account no ______________have/had opted for receipt of Statement of holding and transactions electronically. I/We further opt to receive all other communications including but not limited to account statement, DP holding statements, transaction statements, and any other notices as also prescribed by regulatory authorities from time to time.Please take the above **email address/mobile number on your record for sending the Statement of holding and transactions & other communications to me/us. I/we agree that you shall be entitled to consider the non-receipt of any delivery failure notifications as delivery of Statement of holding and transactions at my above mentioned e-mail address. I/We undertake to check the Statement of holding and transactions and all other communications and bring the discrepancies to your notice within 24 hours. I/We agree that you will not be responsible for non receipt of contract notes/other communications sent via electronic delivery due to change in email address/mobile number or for any other reason which inter alia include malfunction of my/our computer system/server/internet connection etc. I/We also agree that you shall not take cognizance of out-of-office/ out-of-station auto replies. I/We shall be deemed to have received such electronic Statement of holding and transactions/communications. These details will supersede the earlier e-mail address/ mobile numbers provided for the said demat account. I/We hereby declare that the details furnished above are true and correct to the best of my 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 aware that I may be held liable for it.**

1st Authorised Signatory	2nd Authorised Signatory	3rd Authorised Signatory

Date: D D / M M / Y Y Y Y Place: ____________________

Note:
We advise all our clients to keep their latest static information updated in all their accounts held with us. In case request is placed for static information change in Demat Account with SCB, it is advisable to get the same information updated in your Standard Chartered Bank as well as SCSI Trading Account.

Acknowledgment Receipt

We acknowledge your request dated__________ for recording change in contact details / change of Address for Demat account ____________________ held with us. This will be processed subject to verification.

Name of the receiving official:______________________________

Signature of receiving official:________________ Stamp ____________________