



This information is the sole property of the trading member / brokerage house and would not be disclosed to anyone unless required by law or except with the express permission of clients.

KNOW YOUR CLIENT (KYC) APPLICATION FORM

For Non-Individuals

Please fill this form in ENGLISH and in BLOCK LETTERS.

A . IDENTITY DETAILS :

Name of the Applicant	
Date of Incorporation :	& Place of Incorporation :
Date of Commencement of Business :	Reg.No.: (e.g.CIN)
PAN No	
Status : Please Tick any one :	
<input type="checkbox"/> Pvt. Ltd. Co. <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Charities <input type="checkbox"/> NGO's <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> Bank <input type="checkbox"/> Govt. Body <input type="checkbox"/> Non-Government Organization <input type="checkbox"/> BOI <input type="checkbox"/> Defense Establishment <input type="checkbox"/> Society <input type="checkbox"/> LLP <input type="checkbox"/> Others _____	

B . ADDRESS DETAILS :

1. Address for Correspondence :	_____ _____ _____ City/Village _____ State _____ Pin Code _____ Country _____
2.Contact Details :	Tel (Off) _____ Tel (Res) _____ Fax _____ Mobile _____ E-mail ID : _____
3. Specify the Proof of Address Submitted for Correspondence Address: _____	
4. Permanent Address : (If different from above or overseas address, Mandatory for Non-Resident Applicant):	_____ _____ _____ _____ City/Village _____ State _____ Pin Code _____ Country _____
5. Specify the Proof of Address Submitted for permanent Address: _____	

In case of any correction(s) in the form, sign next to the correction(s) done. & sign has to match with the original signature.

Details of 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 _____

Sr. No.	PAN	Name	DIN (For Directors) / UID (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed	Photograph
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	



AUTHORISED SIGNATORIES TO DEAL IN SECURITIES ON BEHALF OF COMPANY/FIRM/OTHERS

Name			
Passport size photograph (Signatures should be preferably in black ink.)	(Please sign across the photograph)	(Please sign across the photograph)	(Please sign across the photograph)
Signature	_____	_____	_____

SHARE HOLDING PATTERN (IF SPACE IS INSUFFICIENT, PROVIDE DETAIL ON LETTER HEAD)

Name of the Shareholder	% Held

DECLARATION

I 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.

Place : _____

Date : ___/___/___

Stamp & Signature of Authorised Signatory

Client Signature	_____
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FOR OFFICE USE ONLY

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

Code No. : 1200003288

Date : ___/___/___

For Sunflower Broking Pvt. Ltd.



Authorised Signatory
(Attest with Seal)

In case of any correction(s) in the form, sign next to the correction(s) done. & sign has to match with the original signature.