

FORM 11**PART I - KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Non-Individuals)**

[Name and address of intermediary (pre-printed)]

Photograph

Please affix the recent passport size photograph and sign across it

Please fill this form in ENGLISH and in BLOCK LETTERS

A. IDENTITY DETAILS

1	Name of the Applicant																
2	Date of incorporation	D	D	M	M	Y	Y	Y	Y	Place of incorporation							
3	Date of commencement of business									D	D	M	M	Y	Y	Y	Y
4	a) PAN									b) Registration No. (e.g. CIN)							
5	Status (please tick any one): <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Private Limited Co. <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Trust <input type="checkbox"/> Charities <input type="checkbox"/> NGO's <input type="checkbox"/> Others (please specify) _____ </div> <div style="width: 33%;"> <input type="checkbox"/> Bank <input type="checkbox"/> Government Body <input type="checkbox"/> Non Government Organization <input type="checkbox"/> Defense Establishment <input type="checkbox"/> Society <input type="checkbox"/> LLP </div> <div style="width: 33%;"> <input type="checkbox"/> Partnership <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> BOI </div> </div>																

B. ADDRESS DETAILS

1	Correspondence Address	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>														
		City/town/village					PIN Code									
		State					Country									
2	Specify the proof of address submitted for correspondence address															
3	Contact Details	Tel. (Off.)					Tel. (Res.)									
		Fax No.					Mobile No.									
		Email ID														
4	Registered Address (if different from above):	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>														
		City/town/village					PIN Code									
		State					Country									

C. OTHER DETAILS

1	Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:	If space is insufficient, enclose these details separately <i>[Illustrative format enclosed]</i>
2	DIN of whole time directors:	
3	Aadhaar 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.

Name & Signature of the Authorised Signatory(ies) _____

Date

D

D

M

M

Y

Y

Y

Y

=====

FOR OFFICE USE ONLY☐

Originals verified and Self-Attested Documents copies received

Name and Signature of the Authorised Signatory

Date

D

D

M

M

Y

Y

Y

Y

Seal/Stamp of the intermediary

**Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC)
Application Form for Non-Individuals**

Sr. No.	Name	Relationship with Applicant (i.e. promoters, whole time directors etc.)	PAN	Residential / Registered Address	DIN of whole time directors /Aadhaar number of Promoters/Partners/Karta	Photograph
1						
2						
3						
4						
5						
<div> <div>Name & Signature of the Authorised Signatory(ies)</div> <div> <div>Date</div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div>						

FORM 11
PART II – ACCOUNT OPENING FORM

(FOR NON-INDIVIDUALS)

PUNJAB NATIONAL BANK DEPOSITORY BACK OFFICE, 5, SANSAD MARG, NEW DELHI-110001						Client –ID (To be filled by Participant)																					
We request you to open a depository account in our name as per the following details: <i>(Please fill all the details in CAPITAL LETTERS only)</i>										Date		D	D	M	M	Y ² 0	Y	Y	Y								
A) Details of Account holder(s):																											
		Name								PAN																	
Sole/ First Holder																											
Second Holder																											
Third Holder																											
B) Type of account																											
<input type="checkbox"/> Body Corporate						<input type="checkbox"/> FI						<input type="checkbox"/> FII															
<input type="checkbox"/> Qualified Foreign Investor						<input type="checkbox"/> Mutual Fund						<input type="checkbox"/> Trust															
<input type="checkbox"/> Bank						<input type="checkbox"/> CM						<input type="checkbox"/> HUF															
												<input type="checkbox"/> Other (Please specify) _____															
C) For Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., although the account is opened in the name of the karta, partner(s), trustee(es) etc., the name & PAN of the Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., should be mentioned below:																											
a) Name										b) PAN																	
D) Income Details (please specify)																											
Income Range per annum										and		Networth															
<input type="checkbox"/> Below ` 20 Lac												Amount (`) _____															
<input type="checkbox"/> ` 20 – 50 Lac												As on (date) <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>								D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																				
<input type="checkbox"/> ` 50 Lac – 1 crore												(Networth should not be older than 1 year)															
<input type="checkbox"/> Above ` 1 crore																											
E) In case of FIIs/Others (as may be applicable)																											
RBI Approval Reference Number																											
RBI Approval date										D	D	M	M	Y	Y	Y	Y										
SEBI Registration Number (for FIIs)																											
F) Bank details																											
1	Bank account type <input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify) _____																										
2	Bank Account Number																										
3	Bank Name																										
4	Branch Address																										
	City/town/village												PIN Code														
	State												Country														

Authorised Signatories (Enclose a Board Resolution for Authorised Signatories. In case of HUF, details of karta to be given)

Sole/First Holder	Name	Signature(s)
First Signatory/ Karta of HUF		X
Second Signatory		X
Third Signatory		X
<u>Other Holders</u>		
Second Holder		X
Third Holder		X
Mode of Operation for Sole/First Holder (In case of joint holdings, all the holders must sign, in case of HUF, this is not applicable)		
<input type="checkbox"/> Any one singly		
<input type="checkbox"/> Jointly by		
<input type="checkbox"/> As per resolution		
<input type="checkbox"/> Others (please specify)		

Notes:

- In case of additional signatures, separate annexures should be attached to the application form.
- Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
- For receiving Statement of Account in electronic form:
 - Client must ensure the confidentiality of the password of the email account.
 - Client must promptly inform the Participant if the email address has changed.
 - Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
- Strike off whichever is not applicable.

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Acknowledgement

Participant Name, Address & DP ID

Received the application from M/s _____ as the sole/first holder alongwith _____ and _____ as the second and third holders respectively for opening of a depository account. Please quote the DP ID & Client ID allotted to you (CM-BP-ID in case of Clearing Members) in all your future correspondence.

Date:

D	D	M	M	Y	Y	Y	Y
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Participant Stamp & Signature