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

Ple	Please fill this form in ENGLISH and in BLOCK LETTERS									
A.	A. IDENTITY DETAILS									
1	Name of the Applicant									
2	Date of incorporation	D M M Y Y	Y Place of incorpo	oration						
3	Date of commencement of business D D M M Y Y Y									
4	a) PAN	b) Reg	istration No. (e.g. CIN)							
5	Status (please tick any one):									
	Private Limited Co. Public Ltd. Co. Body Corporate Trust Charities NGO's Others (please speci	fy)	☐ Non Go ☐ Defense ☐ Society ☐ LLP	ment Body overnment Organizatio e Establishment	Partnership FI FII HUF AOP BOI					
В.	B. ADDRESS DETAILS									
1	Correspondence Address									
		City/town/village		PIN Code						
		State		Country						
2	Specify the proof of addres	s submitted for corresponde	ence address							
		Tel. (Off.)		Tel. (Res.)						
3	Contact Details	Fax No.		Mobile No.						
		Email ID								
4	Registered Address (if									
1	different from above):	City/town/village		PIN Code						
		State		Country						

C.	OTHER DETAILS														
1		address and photographs													
2	2 DIN of whole time directors: If space is insufficient, enclose these details separatel [Illustrative format enclosed]							ely							
3	Aadhaar number of Promote	ers/Partners/Karta													
D.	DECLARATION														
Nai	me & Signature of the Autho	orised Signatory(ies)					Da	te	D	D	M	М У	Y	Y	Y
	=========	===========	====	===	====		 : = = =	==	==		===	<u> </u> : = = =	 : = =	==	==
		FOR C	OFFICE T	USE (ONLY										
	Originals verified and Self-Attested Documents copies received														
	me and Signature of the thorised Signatory		Г				, ,								
Dat	te		D D	М	М Ү	Y	Y	Y		S		tamp rmed		ie	

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	Re Re	sidentia egistere Address	ıl / d	time d /Aac num Promo	f whole irector dhaar ber of ters/Pa /Karta	r	Phot	ograph	ı
1												
2												
3												
4												
5												
									ı			
Name	& Signature of the Autl	horised Signatory((ies)	Date	D	D	M	M	Y	Y	Y	Y

FORM 11 PART II – ACCOUNT OPENING FORM

(FOR NON-INDIVIDUALS)

	PUNJAB NATIONAL BANK					Client –ID (To be filled by Participant)												
		ORY BACK (D MARG,	OFFICE,		L	(To be	e filled	l by P	artici	pant)					1		1	
		LHI-110001																
Wei	regues	t you to open	a depository accour	it in our name as r	er the	follos	vina			1	1	1			V2		1	
detai	ls: (<i>Pl</i>	ease fill all the	details in CAPITA		ici tiic	TOHOV	wing	Date	;	D	D	М	[М	0	Y	Y	Y
A)	Deta	Details of Account holder(s):																
		Name											P	AN				
	Sole Hole																	
		ond Holder																
	Thir	d Holder																
B)	Type of account										ı		1	1		1	<u> </u>	
		Body Corp	orate	☐ FI		FII												
		-	Foreign Investor	Mutual I	Fund			=	Trus									
		Bank		L CM				=	HUF Othe	r (Ple	ace o	nec	ifw)					
C)	For	Partnership Fin	rm, Unregistered Tr	ust, Association of	Person	ns (A	OP) et								d in 1	the n	ame	of the
	karta	a, partner(s), tr	ustee(es) etc., the n	ame & PAN of the	Partr	nershi	p Firm	n, Unr	egist	ered '	Trust	, As	ssoc	ciatio	n of	Pers	ons ((AOP)
	etc.,	should be men	tioned below:															
	a)]	Name				b) I	PAN											
D)	Inco	me Details (ple	ease specify)					•		•	•		•				•	•
	Inco	me Range per a	annum			Networth												
		Below`20 La	ac				Amo	mount (`)										
		3 ` 20 – 50 Lac			an	ıd	As o	As on (date) D D M M Y Y Y						Y				
] 50 Lac − 1 o	crore				(Net	worth should not be older than 1 year)										
		Above `1 cro	ore															
E)	In c	ase of FIIs/Otl	hers (as may be ap	plicable)														
	RBI	Approval Refe	erence Number															
	RBI	Approval date						D	D		Μ	N	N	Y	Y	7	Y	Y
	SEB	I Registration 1	Number (for FIIs)															
F)	Ban	k details																
	1	Bank account	t type Savin	ngs Account	Curre	nt Ac	count		Oth	ers (F	lease	e sp	ecif	y)				
	2	Bank Accoun	nt Number															
	3	Bank Name																
	4	Branch Addre	ess															
				City/town/ village					PIN	Code								
				State					Cou	ntry								

	5	MI	CR Code											
	6	IFS	SC											
G)	sign	Please tick, if applicable, for any of your authority and signatories/Promoters/Partners/Karta/Trustees/whole directors:		orized time				oosed Pe			rson (I	PEP)		
H)	Clea	aring	Member Details (to be filled	l up by Clearing I	Members	only)								
	1	Nan	ne of Stock Exchange											
	2	Nan	ne of Clearing Corporation/ C	learing House										
	3	Clea	aring Member ID											
	4	SEE	BI Registration Number											
	5		de Name											
	6		-BP-ID (to be filled up by Pa	rticipant)										
I)	Star	nding	g Instructions											
	1	W	e authorise you to receive cred	lits automatically	into our	account	•] Y] N	es		
	2	Ac	ecount to be operated through	Power of Attorne	ey (PoA) Yes No									
	3	SM	S Alert facility											
			Sr. No.	Holder					Yes					
			1	Sole/First	Holder									
			2	Second Ho	older									
			3	Third Hole	der									
	4		de of receiving Statement of count [Tick any one]	Physical I										
				Electronic Form].							led in K	YC Ap	plicatio	on
J)	List	of fa	amily members (Separate Ai	•	ısed in ca	ase num	ber of	membe	rs is hig					
	Sr No.		Name of Coparcener/Memb	er Gender	Date of	f Birth	Rela	tion wit	h Karta		nether ember	-		

Declaration

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by us and we have understood the same and we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and 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, we are aware that we may be held liable for it. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

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

Sole/First Holder	Name	Signature(s)							
First Signatory/ Karta of HUF		X							
Second Signatory		X							
Third Signatory		X							
Other Holders									
Second Holder		X							
Third Holder		X							
Mode of Operation for Sole/lapplicable)	First Holder (In case of joint holdings, all the holders mu	ust sign, in case of HUF, this is not							
Any one singly									
Jointly by									
As per resolution									
Others (please specify)									
Notes: 1. In case of additional signatures, separate annexures should be attached to the application form. 2. 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. 3. For receiving Statement of Account in electronic form: I. Client must ensure the confidentiality of the password of the email account. II. Client must promptly inform the Participant if the email address has changed. III. 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. 4. Strike off whichever is not applicable.									
	Acknowledgement Participant Name, Address & DP ID								
Received the application	n from M/s	as the sole/first holder alongwith a second and third holders respectively for							
opening of a depository accouryour future correspondence.	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	Participant Stamp & Signature							