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):**														

☐ Private Limited Co.	☐ Bank	☐ Partnership
☐ Public Ltd. Co.	☐ Government Body	☐ FI
☐ Body Corporate	☐ Non Government Organization	☐ FII
☐ Trust	☐ Defense Establishment	☐ HUF
☐ Charities	☐ Society	☐ AOP
☐ NGO's	☐ LLP	☐ BOI

☐ Others (please specify) _____

B. ADDRESS DETAILS

1	Correspondence Address										
		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):										
		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 [*Illustrative format enclosed*]
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

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FOR OFFICE USE ONLY									
☐ Originals verified and Self-Attested Documents copies received									
Name and Signature of the Authorised Signatory									**Seal/Stamp of the intermediary**
Date	D	D	M	M	Y	Y	Y	Y	

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						

Name & Signature of the Authorised Signatory(ies)

Date	D	D	M	M	Y	Y	Y	Y

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: (*Please fill all the details in CAPITAL LETTERS only*) **Date** D D M M Y2 0 Y Y Y

A) Details of Account holder(s):

	Name	PAN
Sole/ First Holder		
Second Holder		
Third Holder		

B) **Type of account**

☐ Body Corporate ☐ FI ☐ FII
☐ Qualified Foreign Investor ☐ Mutual Fund ☐ Trust
☐ Bank ☐ CM ☐ HUF
☐ 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		Networth
☐ Below ` 20 Lac	and	Amount (`)_____
☐ ` 20 – 50 Lac		As on (date) D D M M Y Y Y Y
☐ ` 50 Lac – 1 crore		(Networth should not be older than 1 year)
☐ 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 ☐ Savings Account ☐ Current Account ☐ Others (Please specify) _____				
2	Bank Account Number				
3	Bank Name				
4	Branch Address				
		City/town/ village		PIN Code	
		State		Country	

	5	MICR Code										
	6	IFSC										

G)	Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:	☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

H) **Clearing Member Details** (to be filled up by Clearing Members only)

1	Name of Stock Exchange	
2	Name of Clearing Corporation/ Clearing House	
3	Clearing Member ID	
4	SEBI Registration Number	
5	Trade Name	
6	CM-BP-ID **(to be filled up by Participant)**	

I) **Standing Instructions**

1	We authorise you to receive credits automatically into our account.	☐ Yes ☐ No
2	Account to be operated through Power of Attorney (PoA)	☐ Yes ☐ No

3 **SMS Alert facility**

Sr. No.	Holder	Yes	No
1	Sole/First Holder	☐	☐
2	Second Holder	☐	☐
3	Third Holder	☐	☐

4	Mode of receiving Statement of Account [Tick any one]	☐ Physical Form ☐ Electronic Form [*Read Note 3 and ensure that email ID is provided in KYC Application Form*].

J) **List of family members (Separate Annexure maybe used in case number of members is higher)**

	Sr No.	Name of Coparcener/Member	Gender	Date of Birth	Relation with Karta	Whether Coparcener/ Member (please specify)

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 karta 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/First Holder (In case of joint holdings, all the holders must sign, in case of HUF, this is not applicable)	
☐ 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.

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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 |

Participant Stamp & Signature