

KNOW YOUR CLIENT (KYC) APPLICATION FORM



Alankit ASSIGNMENTS LIMITED

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Please fill this form in ENGLISH and in BLOCK LETTERS

FOR NON-INDIVIDUAL

A. IDENTITY DETAILS

1. Name of the Applicant
2. Date of incorporation
3. Date of Commencement of Business
4. a) PAN b) Registration No. (e.g. CIN)
5. Status (Please tick any one)
Private Limited Co. Public Ltd. Co. Body Corporate Partnership Trust
Charities NGO's FI FII AOP HUF Bank
Government Body Non-Government Organization Defense Establishment BOI Society
LLP Other (Please specify)

Please affix your recent passport size photograph
Signature Across Photograph

B. ADDRESS DETAILS

1. Correspondence Address
City / Town / Village PIN Code
State Country
2. Contact Detail
Tel. (Office) Tel. (Res.) Mobile
Fax E-Mail Id
3. Specify the proof of address submitted for correspondence address
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
2. a) DIN of whole time directors:
b) Aadhaar number of Promoters/Partners/Karta

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

FOR OFFICE USE ONLY

(Originals verified) True copies of documents received

Name & Signature of the Authorised Signatory Seal / Stamp of the Intermediary

Date

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

**Name (1)**

**PAN**

**Residential / Registered Address**

City / Town / Village  PIN Code

State  Country

DIN / UID

Relationship with Applicant (i.e. Promoters, whole time directors etc.)

Please tick, if applicable, for any of your authorized signatories / Promoters / Partners / Karta / Trustees and whole time directors:

Politically Exposed Person (PEP)     Related to a Politically Exposed person (PEP)

**Any Other Information**



**Name (2)**

**PAN**

**Residential / Registered Address**

City / Town / Village  PIN Code

State  Country

DIN / UID

Relationship with Applicant (i.e. Promoters, whole time directors etc.)

Please tick, if applicable, for any of your authorized signatories / Promoters / Partners / Karta / Trustees and whole time directors:

Politically Exposed Person (PEP)     Related to a Politically Exposed person (PEP)

**Any Other Information**



**Name (3)**

**PAN**

**Residential / Registered Address**

City / Town / Village  PIN Code

State  Country

DIN / UID

Relationship with Applicant (i.e. Promoters, whole time directors etc.)

Please tick, if applicable, for any of your authorized signatories / Promoters / Partners / Karta / Trustees and whole time directors:

Politically Exposed Person (PEP)     Related to a Politically Exposed person (PEP)

**Any Other Information**



**Name (4)**

**PAN**

**Residential / Registered Address**

City / Town / Village  PIN Code

State  Country

DIN / UID

Relationship with Applicant (i.e. Promoters, whole time directors etc.)

Please tick, if applicable, for any of your authorized signatories / Promoters / Partners / Karta / Trustees and whole time directors:

Politically Exposed Person (PEP)     Related to a Politically Exposed person (PEP)

**Any Other Information**



**NAME**

**Signature of the Authorised Signatory (ies)** 

**Date**  -  -