

KNOW YOUR CLIENT (KYC) Application Form - *For Non-Individual*☐ **NEW** ☐ **CHANGE REQUEST** (Please tick✓ the appropriate)

Please fill this form in **ENGLISH** and in **BLOCK LETTERS**

(Please tick✓ the box on left margin of appropriate row where **CHANGE/CORRECTION** is required and provide the details in the corresponding row)

Acknowledgement No.

Name of the Applicant _____	
Date of Incorporation	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Place of Incorporation _____
Date of commencement of business	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Permanent Account Number (PAN)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Registration No. (e.g. CIN)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Status (Please tick any one)	
<input type="checkbox"/> Private Limited Co.	<input type="checkbox"/> Public Ltd. Co.
<input type="checkbox"/> Trust	<input type="checkbox"/> Charities
<input type="checkbox"/> HUF	<input type="checkbox"/> AOP
<input type="checkbox"/> Defense Establishment	<input type="checkbox"/> BOI
<input type="checkbox"/> Body Corporate	<input type="checkbox"/> NGO's
<input type="checkbox"/> Partnership	<input type="checkbox"/> FI
<input type="checkbox"/> Government Body	<input type="checkbox"/> Non-Government Organization
<input type="checkbox"/> Society	<input type="checkbox"/> Others (Please specify)

Address for Correspondence _____									

City / Town / Village _____	Pin Code <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								
State _____	Country _____								
Contact Details									
Tel. (Off.) _____	Fax _____								
Tel. (Res.) _____	Mobile No _____								
E-Mail Id. _____									
Specify the Proof of Address submitted for Correspondence Address: _____									
Validity Expiry Date of Proof of Address Submitted <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>		D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Registered Address (If different from above or overseas address, mandatory for Non-Resident Applicant to specify Overseas address)									

City / Town / Village _____	Pin Code <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								
State _____	Country _____								
Specify the Proof of Address submitted for Registered Address: _____									
Validity Expiry Date of Proof of Address Submitted <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>		D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

☐ Name, PAN, Residential Address and photographs of Promoters/Partners/Karta/Trustees and whole time directors : _____
If space is insufficient, enclosed these details separately (illustrative format enclosed)

☐ DIN OF Whole time directors : _____
If space is insufficient, enclosed these details separately (illustrative format enclosed)

☐ AADHAR No. OF Promoters/Partners/Karta : _____
If space is insufficient, enclosed these details separately (illustrative format enclosed)

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.

Date


Signature of Authorised Signatory

FOR OFFICE USE ONLY
In Person Verification (IPV) Details:

Name of the person who has done the IPV: _____

Designation: _____ Employee ID: _____

Name of the Organization: **LARES ALGOTECH INDIA PRIVATE LTD.**

Date of IPV:

Signature of the person who has done the IPV

Seal/Stamp of the Intermediary

☐ Originals Verified & Self Attested Document copies received

Date

Place : _____ Signature : _____

1. Name _____ 2. Relationship with Applicant (i.e. promoters, whole time directors etc.) _____ 3a. PAN _____ 3b. DIN/Aadhaar No. _____ 4. Residential/ Registered Address _____ _____ City / Town / Village _____ Pin Code _____ State _____ Country _____ 5. Please tick, if applicable : <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (PEP)	PHOTOGRAPH Please affix your recent passport size photograph and sign across it
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Signature of Authorised Signatory _____

 Date :

D	D
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M	M
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Y	Y	Y	Y
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