

C. Other Details (please see guidelines overleaf)

1. **Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors**
(Please use the Annexure to fill in the details)

2. **Any other information :** _____

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.

I/we hereby consent to receiving information from CVL KRA & CKYC through SMS/Email on the above registered number/Email address.

Place: _____

Date: ____/____/____

NAME & SIGNATURE (S)
OF AUTHORISED
PERSON(S)



Signature of Client :

FOR OFFICE USE ONLY**In-Person Verification (IPV) carried out by***

IPV Date _____

Emp. Name _____

Emp. Designation _____

Emp. Code _____

Organization _____

Intermediate Details*

☐ Self certified document copies received (OVD)

☐ True Copies of documents received (Attested)

AMC / Intermediate Name:

**DETAILS OF PROMOTERS/ PARTNERS / KARTA / TRUSTEES AND WHOLE TIME DIRECTORS FORMING
A PART OF KNOW YOUR CLIENT (KYC) APPLICATION FORM NON-INDIVIDUALS**

1.	Name																															PHOTOGRAPH Please affix your recent passport size photograph and sign across it.									
	PAN																																								
	DIN (for Directors) / DPIN (For Partners) / Aadhaar Number (For others)																																								
	Residential/Registered Address:																																								
Relationship with Applicant (i.e. promoters, whole time directors etc.)																																								SIGNATURE	
PEP ☐ RPEP ☐ Not PEP ☐ Not RPEP ☐																																									

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Relationship with Applicant (i.e. promoters, whole time directors etc.)																																								SIGNATURE	
PEP ☐ RPEP ☐ Not PEP ☐ Not RPEP ☐																																									

Name & Signature of the Authorised Signatory(ies)

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