

KNOW YOUR CLIENT (KYC) Application Form - For Non Individuals

MANDATORY



SGSSL

SOUTH GUJARAT SHARES & SHAREBROKERS LTD.

3rd Floor, Belgium Chambers, Opp-linear Bus Stop, Ring Road, Surat 395003.

Ph.0261-2450774, 2438410 Fax No.0261 2432954

Email : info@sgssl.co.in Website : www.sgssl.co.in

CIN No. : U65910GJ1995PLC024107

☐ NEW ☐ CHANGE REQUEST (Please tick ✓ the appropriate)

Acknowledgement No. _____

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)

A

IDENTITY DETAILS

☐

1. Name of the Applicant

☐

2a. Date of incorporation

[D][D] / [M][M] / [Y][Y][Y][Y]

2b. Place of incorporation

☐

3. Date of commencement of business

[D][D] / [M][M] / [Y][Y][Y][Y]

☐

4a. PAN

☐

4b. Registration No. (e.g. CIN)

☐

5. Status (Please tick ✓ the appropriate)

☐ Private Limited Co.

☐ Public Ltd. Co.

☐ Body Corporate

☐ Partnership

☐ Trust

☐ Charities

☐ NGO's

☐ FI

☐ FII

☐ HUF

☐ AOP

☐ Bank

☐ Government Body

☐ Non-Government Organization

☐ Defense Establishment

☐ BOI

☐ Society

☐ LLP

☐ FPI - Category I

☐ FPI - Category II

☐ FPI - Category III

☐ Others (Please specify) _____

B

ADDRESS DETAILS

☐

1. Address for Correspondence

City / Town / Village

State

Country

Pin Code

2. Specify the Proof of Address submitted for Correspondence Address: _____

☐

3. Contact Details

Tel. (Off.)

Tel. (Res.)

E-Mail Id.

Fax

Mobile No

☐

4. Registered Address (If different from above)

City / Town / Village

State

Country

Pin Code

C

OTHER DETAILS (If space is insufficient, enclose these details separately [Illustrative format enclosed])

☐

1. Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:

☐

2a. DIN of whole time directors :

2b. Aadhar number of Promoters/Partners/Karta :

D

DECLARATION

1). I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I 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, I am/we are aware that I/We may be held liable for it. 2) I willingly to give my consent to South Gujarat Shares & Sharebrokers Limited to open new account in Capital Market/Equity Derivatives/Currency Derivatives/Demat Account to accept copy of my Aadhaar card and proceed with the referred application.

Date: [D][D] / [M][M] / [Y][Y][Y][Y]



Name & Signature of the 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 : **SOUTH GUJARAT SHARES & SHAREBROKERS LTD.**

☐ Originals Verified and Self Attested Document copies received

Date of IPV: [D][D] / [M][M] / [Y][Y][Y][Y]

Signature of the person who has done the IPV _____

Seal/Stamp of the Intermediary _____

MANDATORY

**Details of Promoters / Partners / Karta / Trustees and Wholetime Directors
forming a part of know your clients (KYC) Application Form for Non-Individuals**

<div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p>1. Name <input style="width: 95%;" type="text"/></p><p>2. Relationship with Applicant <small>(i.e. promoters, whole time directors etc.)</small> <input style="width: 95%;" type="text"/></p><p>3a. PAN <input style="width: 25%;" type="text"/> 3b. DIN <input style="width: 25%;" type="text"/></p><p>3c. Aadhar (UID) Number <input style="width: 40%;" type="text"/></p><p>4. Residential/ Registered Address</p><div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 45%;">City / Town / Village State</div><div style="width: 20%;">Country</div><div style="width: 35%;">Pin Code</div></div></div><div style="width: 48%; text-align: center; vertical-align: middle;"><p>PHOTOGRAPH</p><p style="margin-top: 20px;">Please affix your recent passport size photograph and sign across it</p></div></div>
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Name & Signature of the Authorised Signatory (ies)

Date: / /