

FARSIGHT SECURITIES LIMITED

Kn	ow Your Customer (KYC) Appli	icatio	on F	orm									No	n -	- Ir	ndi	vi	du	al								
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A)	IDENTITY DETAILS																										
1.	Name of the Applicant	Т	Т	П	Т	Т		П			П	T	T								Т	Т	T	Τ	Т		$\overline{\Box}$
2.	Date of Incorporation	D D	_	M	VI —	Y	Y	Y	Υ																		
	Place of Incorporation																										
3.	Date of Commencement [D	_	M	VI —	Y	Υ	Υ	Υ																		
4.	a. PAN																										
	b. Registration No. (e.g. CIN)																				Τ						
5.		Pri	vate	Ltd.	Co.			FI			HUF	:] Pa	artn	ers	hip				Go	vern	me	nt E	Body		
	Trust/Charities/NGO's	Pu	blic I	_td. C	o.			FII			LLP] S	ocie	ety				_ _	Boo	dy of	f In	divid	lual	3	
	☐ Defense Establishment	Во	dy C	orpoi	ate			AOF	- ا د		Banl	k		0	the	rs (plea	ase	spe	cify	y)_						
B)	ADDRESS DETAILS			Ė																							
1.	Correspondence Address :																										
"																											
	City/Town/Village :		F	in Co	ode :						_ Sta	ate	:					Cou	untr	y : .							
2.	Contact Details:																										
	Tel. (Off/Res) :			Fax :								_ N	Mob	ile :							\perp						
	E-mail ld :																				L						
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3.	Specify the proof of address submit																										
4.	Registered Address (if different from	m ab	ove.) :																							
	City/Town/Village :		F	in Co	ode :						_ Sta	ate	:					Cou	untr	y : .							
3.	Specify the proof of address submit	tted f	or re	giste	red a	ddre	SS :																				
<u> </u>	OTHERS DETAILS				-													_									
1.	Name, PAN, Residential Address Trustees / Whole time directors and						rom	oter	s/	Pa	rtner	s/	Ka	ırta	1												
2.	a. DIN of whole time directors				9	. , .												1			As	per/	Anr	iext	re		
	b. Aadhar Number of Promoters/Pa	artner	s/Ka	rta																							
D)	DECLARATION																										
	e hereby declare that the details furn																										
	nform you of any change therein, in representing, I am/we are aware that								abo	ve	infor	ma	ation	is	fou	ınd	to	be	fals	e c	or t	untru	ie (or m	isle	adir	ng or
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	Signature of	of the	Aut	horis	ed S	igna	tor	y(ie	s)						D	ate	:	D	D	_	- N	1 M	_	- Y	Y	Y	Υ
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	Originals verified and Self-Attested	docu	ımen	t cop	ies re	eceiv	ed											4									
\vdash	me of the Authorised Signatory		_								1.	_						4								liaru	
Da	te DD—MM—YYYY	Υ	Fo	or Fa	rsig	ht S	ecı	uriti	es	Lin	nite	d							9		l St	tamp	of th	e Int	erme	aldi y	
Pla	ce : Delhi		S	igna	ture	of th	he A	Autl	hor	ise	ed S	igr	nato	ory													

Det	Details of Promoters/Partners/Karta/Trustees/Whole Time Directors and	ustees/Whole Time Director	s and Authorised Signatory forming a part of Know Your Client (KYC) Applicaioon Form for Non-Individuals	part of Know Your Client (KY	C) Applicaioon Form for Non	ı-Individuals
Nar	Name of Applicant			PAN c	PAN of the Applicant	
Sr. No.	PAN	NAME	DIN (For Directors)/Aadhar Number (For Others)	Residential/Registered Address	Relationship with Application (i.e. promoters, partners, Karta, whole time director Authorised Signatory etc.	Photograph
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ю.						
4.						
	Signature of the Authorised Signatory(ies)	ed Signatory(ies)			Date: DD — M M	M — Y Y Y Y