



Know Your Customer (KYC) Application Form	Non - Individual	PHOTOGRAPH Please affix the recent passport size photograph of Authorised Signatory & sign across it (Size 3.5 cm x 2.5 cm)
DP ID :- <input type="text"/>	Client ID :- <input type="text"/>	
UCC :- _____		
Please fill this form in ENGLISH and in BLOCK LETTER.		

A) IDENTITY DETAILS	
1. Name of the Applicant	<input type="text"/>
2. Date of Incorporation	<input type="text" value="DD-MM-YYYY"/>
Place of Incorporation	<input type="text"/>
3. Date of Commencement of Business	<input type="text" value="DD-MM-YYYY"/>
4. a. PAN	<input type="text"/>
b. Registration No. (e.g. CIN)	<input type="text"/>
5. Status (Please tick any one)	<input type="checkbox"/> Private Ltd. Co. <input type="checkbox"/> FI <input type="checkbox"/> HUF <input type="checkbox"/> Partnership <input type="checkbox"/> Government Body <input type="checkbox"/> Trust/Charities/NGO's <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> FII <input type="checkbox"/> LLP <input type="checkbox"/> Society <input type="checkbox"/> Body of Individuals <input type="checkbox"/> Defense Establishment <input type="checkbox"/> Body Corporate <input type="checkbox"/> AOP <input type="checkbox"/> Bank <input type="checkbox"/> Others (please specify) _____

B) ADDRESS DETAILS	
1. Correspondence Address :	_____
City/Town/Village :	_____ Pin Code : _____ State : _____ Country : _____
2. Contact Details:	
Tel. (Off/Res) :	_____ Fax : _____ Mobile : <input type="text"/>
E-mail Id :	<input type="text"/>
3. Specify the proof of address submitted for correspondence address :	_____
4. Registered Address (if different from above.) :	_____
City/Town/Village :	_____ Pin Code : _____ State : _____ Country : _____
3. Specify the proof of address submitted for registered address :	_____

C) OTHERS DETAILS	
1. Name, PAN, Residential Address and Photographs of Promoters / Partners / Karta / Trustees / Whole time directors and Authorised Signatory.	As per Annexure
2. a. DIN of whole time directors b. Aadhar Number of Promoters/Partners/Karta	

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 change 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.	
 <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> Signature of the Authorised Signatory(ies)	Date : <input type="text" value="DD-MM-YYYY"/>

FOR OFFICE USE ONLY	
<input type="checkbox"/> Originals verified and Self-Attested document copies received	
Name of the Authorised Signatory	For Farsight Securities Limited Signature of the Authorised Signatory Seal / Stamp of the Intermediary
Date <input type="text" value="DD-MM-YYYY"/>	
Place : Delhi	

