

FARSIGHT SECURITIES LIMITED

Trading Member NSE, BSE, MCX

As Per SEBI Circular No. CIR/MIRSD/13/2013 Dated Dec 26, 2013

KNOW YOUR CLIENT (KYC) APPLICATION FORM

MANDATORY

Ple	ase fill this form in ENGI	LISH and in BLOCK LETTE	RS FOR NON-INDIVIDUALS
	A. IDENTITY DETAILS		
1.	Name of the Applicant	:	
2.	Date of incorporation	:	
	& Place of Incorporatio	n :	
3.	Date of Commencemen	t of Business :	
4.	a. PAN		b. Registration No. (e.g. CIN)
5.	Status (please tick any	one) : Private Limit	ted Co. Public Ltd. Co. Body Corporate Partnership
	Trust C	harities NGO's	☐ FI ☐ FII ☐ HUF ☐ AOP
	Bank G	overnment Body	Non-Government Organization Defense Establishment
	□ BOI □ So	ociety LLP	Others (please specify)
	B. ADDRESS DETAILS	S	
1.	Address for :		
	Correspondence	City/Town/Village:	Pin Code :
		State :	
2.	Contact Details :	, ,	Mobile :
_			E-mail :
3.		dress submitted for corres as proof submitted :/	pondence address://
4.	Registered Address :		
	(if different from above)	City/Town/Village:	Pin Code :
		State :	
5.		:	
	Validity / Expiry : C. OTHER DETAILS		
Mar		s and photographs of Promot	ers/Partners/Karta/Trustees/Authorised Signatories and whole time directors
			ers/Farthers/Karta/Trustees/Authorised Signatories and whole time directors
PA			Please affix
			Photographs of Promoters/Partners/
	sidential :	en .	Karta/Trustees/Whole
Ad	dress City/Town/\	/illage :	Pin Code Time Directors and sign across it
			Country:
DIN	N/UID :	A	Adhaar Number
Αn	Other Information :		

Name, PAN, resi	dential address and photographs of Promoters/Partners/Karta/Trustees/Authorised Signatories	and whole time directors
Name (2) :		D. "
PAN :		Please affix Photographs of
Residential :	Promoters/Partners/	
Address	City/Town/Village:Pin Code	Karta/Trustees/Whole Time Directors and
7 10.0.	State :	sign across it
DIN / UID :	Adhaar Number	
	with MCA: Date of Filling Sr. No.	•
Dire-o-retro filed	With WOA : Bate of Filling	
Name, PAN, resi	dential address and photographs of Promoters/Partners/Karta/Trustees/Authorised Signatories	and whole time director
Name (3) :		
PAN :		Please affix Photographs of
Residential :		Promoters/Partners/ Karta/Trustees/Whole Time Directors and
Address	City/Town/Village :Pin Code	
71441000	State :	sign across it
DIN / UID :	Adhaar Number	
	with MCA: Date of Filling Sr. No.	•
DII CO TET O TIIOG	Will Mort : Bullo di l'illing	
Name, PAN, res	idential address and photographs of Promoters/Partners/Karta/Trustees/Authorised Signatories	and whole time director
Name (4) :		
PAN :		Please affix Photographs of Promoters/Partners/
Residential :		
Address	City/Town/Village:Pin Code	Karta/Trustees/Whole Time Directors and
7 taur 000	State:Country:	sign across it
DIN / UID :	Adhaar Number	
	with MCA: Date of Filling Sr. No.	
DIIX-3-IX I O IIIeu	WILLI WOA . Date of I lilling	
DECLARAT		
	lare that the details furnished above are true and correct to the best of my/our knowledge and be ny changes therein, immediately. In case any of the above information is found to be false or	
	I am/we are aware that I/we may be held liable for it.	_
Name :	Signature of the Authorised Signatory/ies 🐔	<u> </u>
	Signature of the Authorised Signatory/ies	t
Signature of the	Authorised Signatory/ies Authorised Signatory/ies	
	FOR OFFICE USE ONLY	
Originals ve	rified and Self-Attested Document copies received	
	Date :	
Name & Signat		of the Intermediary