

KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Non-Individuals)



PEERLESS SECURITIES LIMITED

Please fill this form in ENGLISH and in BLOCK LETTERS

IDENTITY DETAILS															
Name of the Applicant															
Date of Incorporation				D	D	M	M	Y	Y	Y	Y	Place of Incorporation			
Date of commencement of business				D	D	M	M	Y	Y	Y	Y	PAN			
Registration No. (e.g. CIN)															
Status (Please tick any one)				<input type="checkbox"/> Private Limited Co. <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Trust <input type="checkbox"/> Charities <input type="checkbox"/> NGO's <input type="checkbox"/> Bank <input type="checkbox"/> Government Body <input type="checkbox"/> Non-Government Organization <input type="checkbox"/> Defence Establishment <input type="checkbox"/> Society <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> BOI <input type="checkbox"/> Others (please specify) _____											
ADDRESS DETAILS															
Correspondence Address															
City/town/village				PIN Code											
State				Country											
Specify the proof of address submitted for correspondence address															
Contact Details															
Tel. (Off.)				Tel. (Res.)											
Fax No.				Mobile No.											
Email id															
Registered Address (if different from above)															
City/town/village				PIN Code											
State				Country											
OTHER DETAILS															
Name, PAN, residential address and photographs of Promoters / Partners / Karta / Trustees and whole time directors						as per ANNEXURE									
DIN of whole time directors						as per ANNEXURE									
Aadhaar number of Promoters / Partners / Karta						as per ANNEXURE									

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.

✓ _____
Name & Signature of the Authorised Signatory (ies) **Date :** _____ (dd/mm/yyyy)

FOR OFFICE USE ONLY

Originals verified and Self-Attested Document copies received

Name & Signature of the Authorised Signatory

Date : _____

