

**Annexure – K**

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

CANARA BANK, DP Cell, 1st Floor, Stock Exchange Towers, JC Road 1st Cross, Bangalore - 560027

<p>Photograph</p> <p>Please affix the recent passport size photograph and sign across it</p>
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Please fill this form in ENGLISH and in BLOCK LETTERS

**A. IDENTITY DETAILS**

1	Name of the Applicant															
2	Date of incorporation	D	D	M	M	Y	Y	Y	Y	Place of incorporation						
3	Date of commencement of business								D	D	M	M	Y	Y	Y	Y
4	a) PAN									b) Registration No. (e.g. CIN)						
5	<b>Status (please tick any one):</b>															
	<input type="checkbox"/> Private Limited Co.	<input type="checkbox"/> Bank	<input type="checkbox"/> Partnership													
	<input type="checkbox"/> Public Ltd. Co.	<input type="checkbox"/> Government Body	<input type="checkbox"/> FI													
	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Non Government Organization	<input type="checkbox"/> FII													
	<input type="checkbox"/> Trust	<input type="checkbox"/> Defense Establishment	<input type="checkbox"/> HUF													
	<input type="checkbox"/> Charities	<input type="checkbox"/> Society	<input type="checkbox"/> AOP													
	<input type="checkbox"/> NGO's	<input type="checkbox"/> LLP	<input type="checkbox"/> BOI													
	<input type="checkbox"/> Others (please specify) _____															

**B. ADDRESS DETAILS**

1	Correspondence Address															
	City/town/village						PIN Code									
	State						Country									
2	Specify the proof of address submitted for correspondence address															
3	Contact Details	Tel. (Off.)						Tel. (Res.)								
		Fax No.						Mobile No.								
		Email ID														
4	Registered Address (if different from above):															
	City/town/village						PIN Code									
	State						Country									
5	Specify the proof of address submitted for registered address															

**C. OTHER DETAILS**

1	Gross Annual Income Details (please specify): Income Range per annum								
	<input type="checkbox"/> Below ₹ 1 lac <input type="checkbox"/> ₹ 1- 5 lac <input type="checkbox"/> ₹ 5- 10 lac	<input type="checkbox"/> ₹ 10- 25 lac <input type="checkbox"/> ₹ 25 lac- 1 crore <input type="checkbox"/> More than ₹ 1 crore							
2	Networth								
	Amount (₹) _____  As on (date) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> (Networth should not be older than 1 year)		D	D	M	M	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
3	Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:	If space is insufficient, enclose these details separately <i>[Illustrative format enclosed]</i>							
4	DIN/UID of Promoters/Partners/Karta and whole time directors:								
5	Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)							
6	Any other information								

**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 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 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**FOR OFFICE USE ONLY**

<input type="checkbox"/> (Originals verified) True copies of documents received <input type="checkbox"/> (Self-Attested) Self Certified Document copies received									
Signature of the Authorised Signatory	_____								
Date	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
<b>Seal/Stamp of the intermediary</b>									

**Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC)  
Application Form for Non-Individuals**

Sr. No.	Name	Relationship with Applicant <i>(i.e. promoters, whole time directors etc.)</i>	PAN	Residential / Registered Address	DIN/UID	Photograph
1						
2						
3						
4						
5						

**Name & Signature of the Authorised Signatory(ies)**

<b>Date</b>	D	D	M	M	Y	Y	Y	Y
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**Annexure – K**  
**PART II – ACCOUNT OPENING FORM**

**(FOR NON-INDIVIDUALS)**

Participant Name (DP ID IN301356) Address: Canara Bank, DP Cell, 1st Floor, Stock Exchange Towers 1st Cross, JC Road, Bangalore -560027		Client –ID (To be filled by Participant)										
We request you to open a depository account in our name as per the following details: <i>(Please fill all the details in CAPITAL LETTERS only)</i>		Date	D	D	M	M	Y	Y	Y	Y		
A) Details of Account holder(s):												
	Name					PAN						
Sole/ First Holder												
Second Holder												
Third Holder												
B) <b>Type of account</b>												
<input type="checkbox"/> Body Corporate <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> Qualified Foreign Investor <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Trust <input type="checkbox"/> Bank <input type="checkbox"/> CM <input type="checkbox"/> Other (Please specify) _____												
C) For HUF, Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., although the account is opened in the name of the karta, partner(s), trustee(es) etc., the name & PAN of the HUF, Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., should be mentioned below:												
a) Name						b) PAN						
D) <b>In case of FIIs/Others (as may be applicable)</b>												
RBI Approval Reference Number												
RBI Approval date		D	D	M	M	Y	Y	Y	Y			
SEBI Registration Number (for FIIs)												
E) <b>Bank details</b>												
1	Bank account type <input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify) _____											
2	Bank Account Number											
3	Bank Name											
4	Branch Address											
		City/town/village						PIN Code				
		State						Country				
5	MICR Code											
6	IFSC											
F) <b>Clearing Member Details (to be filled up by Clearing Members only)</b>												
1	Name of Stock Exchange											
2	Name of Clearing Corporation/ Clearing House											
3	Clearing Member ID											
4	SEBI Registration Number											

5	Trade Name			
6	CM-BP-ID (to be filled up by Participant)			
<b>G) Standing Instructions</b>				
1	We authorise you to receive credits automatically into our account.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2	Account to be operated through Power of Attorney (PoA)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3	<b>SMS Alert facility</b>			
	<b>Sr. No.</b>	<b>Holder</b>	<b>Yes</b>	<b>No</b>
	1	Sole/First Holder	<input type="checkbox"/>	<input type="checkbox"/>
	2	Second Holder	<input type="checkbox"/>	<input type="checkbox"/>
	3	Third Holder	<input type="checkbox"/>	<input type="checkbox"/>

### Declaration

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by us and we have understood the same and we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and 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, we are aware that we may be held liable for it.

**Authorised Signatories** (Enclose a Board Resolution for Authorised Signatories)

Sole/First Holder	Name	Signature(s)
First Signatory		X
Second Signatory		X
Third Signatory		X
<b><u>Other Holders</u></b>		
Second Holder		X

Third Holder		X
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<b>Mode of Operation for Sole/First Holder</b> (In case of joint holdings, all the holders must sign)	
<input type="checkbox"/> Any one singly	
<input type="checkbox"/> Jointly by	
<input type="checkbox"/> As per resolution	
<input type="checkbox"/> Others (please specify)	

**Notes:**

1. In case of additional signatures, separate annexures should be attached to the application form.
2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
3. Strike off whichever is not applicable.

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**Acknowledgement**

Canara Bank, DP ID : IN301356

Received the application from M/s \_\_\_\_\_ as the sole/first holder alongwith \_\_\_\_\_ and \_\_\_\_\_ as the second and third holders respectively for opening of a depository account. Please quote the DP ID & Client ID allotted to you (CM-BP-ID in case of Clearing Members) in all your future correspondence.

Date: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**Participant Stamp & Signature**

**DECLARATION BY KARTA**

**DATE :-**

**TO**

**CANARA BANK, DP CELL  
BANGALORE STOCK EXCHANGE TOWER,  
1<sup>ST</sup> FLOOR, JC ROAD , #51, 1<sup>ST</sup> CROSS,  
BANGALORE – 560027**

**SUBJECT:- OUR HUF AND ALL CO-PARCENERS DETAILS FOR DEMAT ACCOUNT WITH YOU**

DEAR SIR,

Find below the details of our HUF all its co-parceners :-

SN	NAME	DATE OF BIRTH	RELATIONSHIP	SIGNATURE

I hereby, State that details mentioned as above and true and any change in them would be intimated to you in writing

Thanking You,  
Your Faithfully,

**Name and Signature of Karta with the applicable Karts stamp)**

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

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    /    /      2b. Place of incorporation \_\_\_\_\_

3. Date of commencement of business    /    /

4a. PAN

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

5. Status (Please tick ✓ the appropriate)

- |  |  |  |  |  |
|--|--|--|--|--|
| <input type="checkbox"/> Private Limited Co. | <input type="checkbox"/> Public Ltd. Co.               | <input type="checkbox"/> Body Corporate  | <input type="checkbox"/> Partnership                 | <input type="checkbox"/> Trust                 |
| <input type="checkbox"/> Charities           | <input type="checkbox"/> NGO's                         | <input type="checkbox"/> FI              | <input type="checkbox"/> FII                         | <input type="checkbox"/> HUF                   |
| <input type="checkbox"/> AOP                 | <input type="checkbox"/> Bank                          | <input type="checkbox"/> Government Body | <input type="checkbox"/> Non-Government Organization | <input type="checkbox"/> Defense Establishment |
| <input type="checkbox"/> BOI                 | <input type="checkbox"/> Society                       | <input type="checkbox"/> LLP             | <input type="checkbox"/> FPI - Category I            | <input type="checkbox"/> FPI - Category II     |
| <input type="checkbox"/> FPI - Category III  | <input type="checkbox"/> Others (Please specify) _____ |  |  |  |

**B**

## ADDRESS DETAILS

1. Address for Correspondence \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City / Town / Village \_\_\_\_\_ Pin Code \_\_\_\_\_  
 State \_\_\_\_\_ Country \_\_\_\_\_

2. Specify the Proof of Address submitted for Correspondence Address: \_\_\_\_\_

3. Contact Details

Tel. (Off.) \_\_\_\_\_ Fax \_\_\_\_\_  
 Tel. (Res.) \_\_\_\_\_ Mobile No \_\_\_\_\_  
 E-Mail Id. \_\_\_\_\_

4. Registered Address (If different from above) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City / Town / Village \_\_\_\_\_ Pin Code \_\_\_\_\_  
 State \_\_\_\_\_ Country \_\_\_\_\_

**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

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.

Date:    /    /

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: \_\_\_\_\_

Date of IPV:    /    /

Signature of the person who has done the IPV \_\_\_\_\_

Seal/Stamp of the Intermediary \_\_\_\_\_

Originals Verified and Self Attested Document copies received

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of the Authorised Signatory



<b>1. Name</b> <input style="width: 95%;" type="text"/>	<b>PHOTOGRAPH</b>  Please affix your recent passport size photograph and sign across it
<b>2. Relationship with Applicant</b> <i>(i.e. promoters, whole time directors etc.)</i> <input style="width: 95%;" type="text"/>	
<b>3a. PAN</b> <input style="width: 25%;" type="text"/> <b>3b. DIN</b> <input style="width: 25%;" type="text"/>	
<b>3c. Aadhar (UID) Number</b> <input style="width: 95%;" type="text"/>	
<b>4. Residential/ Registered Address</b>	
<input style="width: 95%; height: 15px;" type="text"/> <input style="width: 95%; height: 15px;" type="text"/>	
<input style="width: 45%; height: 15px;" type="text"/> City / Town / Village <input style="width: 45%; height: 15px;" type="text"/> State	<input style="width: 20%; height: 15px;" type="text"/> Country <input style="width: 20%; height: 15px;" type="text"/> Pin Code

<b>1. Name</b> <input style="width: 95%;" type="text"/>	<b>PHOTOGRAPH</b>  Please affix your recent passport size photograph and sign across it
<b>2. Relationship with Applicant</b> <i>(i.e. promoters, whole time directors etc.)</i> <input style="width: 95%;" type="text"/>	
<b>3a. PAN</b> <input style="width: 25%;" type="text"/> <b>3b. DIN</b> <input style="width: 25%;" type="text"/>	
<b>3c. Aadhar (UID) Number</b> <input style="width: 95%;" type="text"/>	
<b>4. Residential/ Registered Address</b>	
<input style="width: 95%; height: 15px;" type="text"/> <input style="width: 95%; height: 15px;" type="text"/>	
<input style="width: 45%; height: 15px;" type="text"/> City / Town / Village <input style="width: 45%; height: 15px;" type="text"/> State	<input style="width: 20%; height: 15px;" type="text"/> Country <input style="width: 20%; height: 15px;" type="text"/> Pin Code

<b>1. Name</b> <input style="width: 95%;" type="text"/>	<b>PHOTOGRAPH</b>  Please affix your recent passport size photograph and sign across it
<b>2. Relationship with Applicant</b> <i>(i.e. promoters, whole time directors etc.)</i> <input style="width: 95%;" type="text"/>	
<b>3a. PAN</b> <input style="width: 25%;" type="text"/> <b>3b. DIN</b> <input style="width: 25%;" type="text"/>	
<b>3c. Aadhar (UID) Number</b> <input style="width: 95%;" type="text"/>	
<b>4. Residential/ Registered Address</b>	
<input style="width: 95%; height: 15px;" type="text"/> <input style="width: 95%; height: 15px;" type="text"/>	
<input style="width: 45%; height: 15px;" type="text"/> City / Town / Village <input style="width: 45%; height: 15px;" type="text"/> State	<input style="width: 20%; height: 15px;" type="text"/> Country <input style="width: 20%; height: 15px;" type="text"/> Pin Code

<b>1. Name</b> <input style="width: 95%;" type="text"/>	<b>PHOTOGRAPH</b>  Please affix your recent passport size photograph and sign across it
<b>2. Relationship with Applicant</b> <i>(i.e. promoters, whole time directors etc.)</i> <input style="width: 95%;" type="text"/>	
<b>3a. PAN</b> <input style="width: 25%;" type="text"/> <b>3b. DIN</b> <input style="width: 25%;" type="text"/>	
<b>3c. Aadhar (UID) Number</b> <input style="width: 95%;" type="text"/>	
<b>4. Residential/ Registered Address</b>	
<input style="width: 95%; height: 15px;" type="text"/> <input style="width: 95%; height: 15px;" type="text"/>	
<input style="width: 45%; height: 15px;" type="text"/> City / Town / Village <input style="width: 45%; height: 15px;" type="text"/> State	<input style="width: 20%; height: 15px;" type="text"/> Country <input style="width: 20%; height: 15px;" type="text"/> Pin Code

<b>1. Name</b> <input style="width: 95%;" type="text"/>	<b>PHOTOGRAPH</b>  Please affix your recent passport size photograph and sign across it
<b>2. Relationship with Applicant</b> <i>(i.e. promoters, whole time directors etc.)</i> <input style="width: 95%;" type="text"/>	
<b>3a. PAN</b> <input style="width: 25%;" type="text"/> <b>3b. DIN</b> <input style="width: 25%;" type="text"/>	
<b>3c. Aadhar (UID) Number</b> <input style="width: 95%;" type="text"/>	
<b>4. Residential/ Registered Address</b>	
<input style="width: 95%; height: 15px;" type="text"/> <input style="width: 95%; height: 15px;" type="text"/>	
<input style="width: 45%; height: 15px;" type="text"/> City / Town / Village <input style="width: 45%; height: 15px;" type="text"/> State	<input style="width: 20%; height: 15px;" type="text"/> Country <input style="width: 20%; height: 15px;" type="text"/> Pin Code

**INSTRUCTIONS/CHECK LIST FOR FILLING KYC FORM**

**A. IMPORTANT POINTS:**

- Self attested copy of PAN card is mandatory for all clients, including Promoters/Partners/Karta/Trustees and whole time directors and persons authorised to deal in securities on behalf of company/firm/others.
- Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorised for attesting the documents, as per the below mentioned list.
- If any proof of identity or address is in a foreign language, then translation into English is required.
- Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- If correspondence & permanent address are different, then proofs for both have to be submitted.
- Sole proprietor must make the application in his individual name & capacity.
- For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIO Card/OCI Card and overseas address proof is mandatory.
- For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
- In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
- Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

**B. Proof of Identity (POI): - List of documents admissible as Proof of Identity:**

- Unique Identification Number (UID) (Aadhaar)/ Passport/ Voter ID card/ Driving license.
- PAN card with photograph.
- Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

**C. Proof of Address (POA): - List of documents admissible as Proof of Address:**

(\*Documents having an expiry date should be valid on the date of submission.)

- Passport/Voters Identity Card/Ration Card/Unique Identification Number (UID)/ Aadhar Letter/Registered lease or Sale Agreement of Residence/Driving License/ Flat Maintenance bill/Insurance Copy.

- Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
- Bank Account Statement/Passbook -- Not more than 3 months old.
- Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
- Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
- Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
- For FI/sub account, Power of Attorney given by FI/sub-account to the Custodians (which are duly notarized and/or apostiled or consularised) that gives the registered address should be taken.
- The proof of address in the name of the spouse may be accepted.

**D. Exemptions/clarifications to PAN**

(\*Sufficient documentary evidence in support of such claims to be collected.)

- In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
- Investors residing in the state of Sikkim.
- UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
- SIP of Mutual Funds upto Rs 50, 000/- p.a.
- In case of institutional clients, namely, FIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

**E. List of people authorised to attest the documents:**

- Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/ Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
- In case of NRIs, authorised officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy /Consulate General in the country where the client resides are permitted to attest the documents.

**F. In case of Non-Individuals, additional documents to be obtained from non-individuals, over & above the POI & POA, as mentioned below:**

Types of entity	Documentary requirements
<b>Corporate</b>	<input type="checkbox"/> Copy of the balance sheets for the last 2 financial years (to be submitted every year). <input type="checkbox"/> Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year). <input type="checkbox"/> Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations. <input type="checkbox"/> Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly. <input type="checkbox"/> Copies of the Memorandum and Articles of Association and certificate of incorporation. <input type="checkbox"/> Copy of the Board Resolution for investment in securities market. <input type="checkbox"/> Authorised signatories list with specimen signatures.
<b>Partnership firm</b>	<input type="checkbox"/> Copy of the balance sheets for the last 2 financial years (to be submitted every year). <input type="checkbox"/> Certificate of registration (for registered partnership firms only). <input type="checkbox"/> Copy of partnership deed. <input type="checkbox"/> Authorised signatories list with specimen signatures. <input type="checkbox"/> Photograph, POI, POA, PAN of Partners.
<b>Trust</b>	<input type="checkbox"/> Copy of the balance sheets for the last 2 financial years (to be submitted every year). <input type="checkbox"/> Certificate of registration (for registered trust only). <input type="checkbox"/> Copy of Trust deed. <input type="checkbox"/> List of trustees certified by managing trustees/CA. <input type="checkbox"/> Photograph, POI, POA, PAN of Trustees.
<b>HUF</b>	<input type="checkbox"/> PAN of HUF. <input type="checkbox"/> Deed of declaration of HUF/ List of coparceners. <input type="checkbox"/> Bank pass-book/bank statement in the name of HUF. <input type="checkbox"/> Photograph, POI, POA, PAN of Karta.
<b>Unincorporated association or a body of individuals</b>	<input type="checkbox"/> Proof of Existence/Constitution document. <input type="checkbox"/> Resolution of the managing body & Power of Attorney granted to transact business on its behalf. <input type="checkbox"/> Authorised signatories list with specimen signatures.
<b>Banks/ Institutional Investors</b>	<input type="checkbox"/> Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years. <input type="checkbox"/> Authorised signatories list with specimen signatures.
<b>Foreign Institutional Investors (FII)</b>	<input type="checkbox"/> Copy of SEBI registration certificate. <input type="checkbox"/> Authorised signatories list with specimen signatures.
<b>Army/ Government Bodies</b>	<input type="checkbox"/> Self-certification on letterhead. <input type="checkbox"/> Authorised signatories list with specimen signatures.
<b>Registered Society</b>	<input type="checkbox"/> Copy of Registration Certificate under Societies Registration Act. <input type="checkbox"/> List of Managing Committee members. <input type="checkbox"/> Committee resolution for persons authorised to act as authorised signatories with specimen signatures. <input type="checkbox"/> True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.