

Acknowledgement No.



Composite Securities Limited

Depository Participant NSDL DP ID- IN302113

307, Kanchenjunga Building 18, Barakhambha Road New Delhi – 110001

Tel: 011 43739600, Fax: 011 43739666

Annexure – K

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

Photograph

Please affix the recent passport size photograph and sign across it

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	Status (please tick any one):															
	<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	<hr/> <hr/>														
		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):	<hr/> <hr/>														
		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; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">D</td> <td style="width: 20px;">D</td> <td style="width: 20px;">M</td> <td style="width: 20px;">M</td> <td style="width: 20px;">Y</td> <td style="width: 20px;">Y</td> <td style="width: 20px;">Y</td> <td style="width: 20px;">Y</td> </tr> </table>		D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
	(Networth should not be older than 1 year)									
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
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FOR OFFICE USE ONLY & "IN PERSON" VERIFICATION { Name of the DP: Composite Securities Ltd DP ID: IN302113 & Intermediary ID P0055 }

(Originals verified) True copies of documents received (Self-Attested) Self Certified Document copies received

Name/Details of Branch/Service Centers:

Employee Name:

Employee Code/Designation: : DP / Back-Office Executive

Signature of the Authorised Signatory:

Place:	Date:	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">D</td> <td style="width: 20px;">D</td> <td style="width: 20px;">M</td> <td style="width: 20px;">M</td> <td style="width: 20px;">Y</td> <td style="width: 20px;">Y</td> <td style="width: 20px;">Y</td> <td style="width: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Seal/Stamp of the intermediary
D	D	M	M	Y	Y	Y	Y				

**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)

Date	D	D	M	M	Y	Y	Y	Y
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