

Pravin Ratilal Share And Stock Brokers Ltd-Account Opening Kit

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity / Other than Individuals

Important Instructions :

- A) Fields marked with '*' are mandatory fields.
B) Tick '✓' wherever applicable.
C) Please fill the date in DD-MM-YYYY format.
D) Please fill the form in English and in BLOCK letters.
E) KYC number of applicant is mandatory for update application.

- F) List of State / U.T. code as per Indian Motor Vehicle Act, 1988 is available at the end.
G) List of two character ISO 3166 country codes is available at the end.
H) Please read section wise detailed guidelines/instructions at the end.
I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



For office use only (To be filled by financial institution)	Application Type* KYC Number	<input type="checkbox"/> New <input type="checkbox"/> Update	(Mandatory for KYC update request)
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☐ 1. ENTITY DETAILS* (Please refer instruction A at the end)

Name*											
Entity Constitution Type*	<input type="checkbox"/> Others (Specify)	(Please refer instruction B at the end)									
Date of Incorporation / Formation*	DD - MM - YYYY	Date of Commencement of Business	DD - MM - YYYY								
Place of Incorporation / Formation*		Country of Incorporation / Formation*		TIN or Equivalent Issuing Country							
PAN*		<input type="checkbox"/> Form 60 furnished									
GST Registration Number											

☐ 2. PROOF OF IDENTITY (POI) (Please refer instruction B at the end)

<input type="checkbox"/> Officially valid document(s) in respect of person authorised to transact	
<input type="checkbox"/> Certificate of Incorporation / Formation	<input type="checkbox"/> Registration Certificate
<input type="checkbox"/> Memorandum and Articles of Association	<input type="checkbox"/> Partnership Deed
<input type="checkbox"/> Resolution of Board / Managing Committee	<input type="checkbox"/> Trust Deed
<input type="checkbox"/> Activity Proof - 1 (For Sole Proprietorship Only)	<input type="checkbox"/> Activity Proof - 2 (For Sole Proprietorship Only)

☐ 3. ADDRESS* (Please refer instruction C at the end)

3.1 Registered Office Address / Place of Business*			
Proof of Address*	<input type="checkbox"/> Certificate of Incorporation / Formation	<input type="checkbox"/> Registration Certificate	<input type="checkbox"/> Other Document
Line 1*			
Line 2			
Line 3			
District*	Pin/Post Code*	State/U.T. Code*	ISO 3166 Country Code*
3.2 Local Address in India (If different from Above)*			
Line 1*			
Line 2			
Line 3			
District*	Pin/Post Code*	State/U.T. Code*	ISO 3166 Country Code*

☐ 4. CONTACT DETAILS (All communications will be sent to Mobile number / Email-ID provided* may be used* (Please refer instruction D at the end)

Tel. (Off)		FAX	
Mobile		Email ID	
Mobile		Email ID	

☐ 5. NUMBER OF RELATED PERSONS ☐ (Please refer Instruction E at the end)

☐ 6. REMARKS (if any)

☐ 7. APPLICANT DECLARATION (Please refer instruction G at the end)

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I 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 aware that may be held liable for it.
- I/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : DD - MM - YYYY Place :

Signature / Thumb Impression of Applicant

☐ 8. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ Equivalent e-document

KYC VERIFICATION CARRIED OUT BY

Date DD - MM - YYYY
Emp./A P Name
Emp./AP Code
Emp. Designation
Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name Pravin Ratilal Share And Stock Brokers Ltd.

Code



Pravin Ratilal Share And Stock Brokers Ltd-Account Opening Kit

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

Name of Applicant _____ PAN of the Applicant _____

Sr. No.	PAN	Name	DIN (For Directors) / UID (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed	Photograph
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	<div>PHOTOGRAPH</div> <div>Please affix the recent passport size photograph and sign across it</div> <div>X Sign across</div>
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	<div>PHOTOGRAPH</div> <div>Please affix the recent passport size photograph and sign across it</div> <div>X Sign across</div>
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	<div>PHOTOGRAPH</div> <div>Please affix the recent passport size photograph and sign across it</div> <div>X Sign across</div>
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	<div>PHOTOGRAPH</div> <div>Please affix the recent passport size photograph and sign across it</div> <div>X Sign across</div>
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	<div>PHOTOGRAPH</div> <div>Please affix the recent passport size photograph and sign across it</div> <div>X Sign across</div>

Name & Signature of the Authorised Signatory(ies) Date____/____/____
D D M M Y Y Y Y

PEP: Politically Exposed Person RPEPRelated to Politically Exposed Person



NIKYC2_B

Pravin Ratilal Share And Stock Brokers Ltd-Account Opening Kit

Address

Line 1*																														
Line 2																														
Line 3																														
District*											Pin/Post Code*					State/UT Code*			City / Town / Village*									ISO 3166 Country Code*		

☐ **4. CONTACT DETAILS** (All communications will be sent to Mobile number/ Email-ID provided) (Please refer instruction **C** at the end)

Tel. (Off)											—											Tel. (Res)											—											Mobile											—										
Email ID																																																																	

☐ **5. REMARKS (If any)**

6. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I 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 aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SME/Email on the above registered number/email address.

Date :

D	D	—	M	M	—	Y	Y	Y	Y
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 Place:

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[Signature/ Thumb Impression]

Signature / Thumb Impression of Applicant

7. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Date received from Offline verification ☐ Digital KYC Process
☐ Equivalent e-document ☐ Video Based KYC

KYC VERIFICATION CARRIED OUT BY

Date

D	D	—	M	M	—	Y	Y	Y	Y
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Emp. Name

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Emp. Code

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Emp. Designation

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Emp. Branch

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[Employee Signature]

INSTITUTION DETAILS

Name

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Code

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[Institution Stamp]



CKYC_B