



KYC - APPLICATION FORM FOR TRADING AND DEMAT A/C - NON-INDIVIDUAL

Please fill this form in ENGLISH and in BLOCK LETTERS. (Use black ink)

A. IDENTITY DETAILS

1	Name of the Applicant																			
2	Date of incorporation	D	D	M	M	Y	Y	Y	Y	Place of incorporation										
3	a. Business Commencement date	D	D	M	M	Y	Y	Y	Y	b. Regn. No. (eg. CIN)										
4	PAN, copy attached	<input type="checkbox"/>																		
5	Status (Please tick any one)	<input type="checkbox"/> Pvt. Ltd. Co.	<input type="checkbox"/> Public Ltd. Co.	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Partnership	<input type="checkbox"/> Charities	<input type="checkbox"/> Bank	<input type="checkbox"/> Society	<input type="checkbox"/> Trust	<input type="checkbox"/> Defense Establishment	<input type="checkbox"/> Others	<input type="checkbox"/> FII	<input type="checkbox"/> HUF	<input type="checkbox"/> AOP	<input type="checkbox"/> Non Govt. Organisation	<input type="checkbox"/> BOI	<input type="checkbox"/> LLP	<input type="checkbox"/> FI	<input type="checkbox"/> Government Body	(Please specify)

B. ADDRESS DETAILS

1	Correspondence Address												
		City/Town/Village						PIN Code					
		State						Country					
2	Specify proof of correspondence address submitted												
3	Contact Details	Telephone (office)						Telephone (Res)					
		Fax No.						Mobile No.					
		Email ID											
4	Registered Address (if different from above.)												
		City/Town/Village						PIN Code					
		State						Country					
5	Specify proof of registered address submitted												

C. 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/We am/are aware I/We may be held liable for it and the same will render my/our account liable for termination and suitable action.

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Place							Signature of Authorised Person	Date	D	D	M	M	Y	Y	Y	Y
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Form should be filled in English and in Block Letters (Use Black ink only)

AMC / INTERMEDIARY NAME & CODE : Ashika Stock Broking Limited • CVL POS Code : 1100034500 • NDML MI ID : P0340

FOR OFFICE USE ONLY	Documents verified with Originals by	Client interviewed by	In-Person Verification done by																					
	Staff Name																							
	Code & Designation																							
	Signature																							
	Date	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y
<p>I / We undertake that we have made the client aware of 'Policy and Procedures', tariff sheet and all the non-mandatory documents. I/We have also made the client aware of 'Rights and Obligations' document (s), RDD and Guidance Note. I/We have given/sent him a copy of all the KYC documents. I/We undertake that any change in the 'Policy and Procedures', tariff sheet and all the non-mandatory documents would be duly intimated to the clients. I/We also undertake that any change in the 'Rights and Obligations' and RDD would be made available on my/our website, if any, for the information of the clients.</p>		<input type="checkbox"/> (Original verified) Self Certified Documents copies received <input type="checkbox"/> (Self Attested) True copies of documents received Sign/Seal/Stamp of the intermediary																						



DETAILS OF PROMOTERS / PARTNERS / KARTA / TRUSTEES AND WHOLETIME DIRECTORS FORMING A PART OF KNOW YOUR CLIENT (KYC)

Name of Applicant	PAN										
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S.N.	Particulars	Photograph	Signature with Stamp
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1	Name	Affix recent passport size Photograph and Sign across it		
	Residential Address			
	Designation			
	PAN			Dt. of Birth
	DIN/UID			Contact No.
	Aadhar No.			

2	Name	Affix recent passport size Photograph and Sign across it		
	Residential Address			
	Designation			
	PAN			Dt. of Birth
	DIN/UID			Contact No.
	Aadhar No.			

3	Name	Affix recent passport size Photograph and Sign across it		
	Residential Address			
	Designation			
	PAN			Dt. of Birth
	DIN/UID			Contact No.
	Aadhar No.			

4	Name	Affix recent passport size Photograph and Sign across it		
	Residential Address			
	Designation			
	PAN			Dt. of Birth
	DIN/UID			Contact No.
	Aadhar No.			

5	Name	Affix recent passport size Photograph and Sign across it		
	Residential Address			
	Designation			
	PAN			Dt. of Birth
	DIN/UID			Contact No.
	Aadhar No.			

4		
First Signatory	Second Signatory	Third Signatory

Place	Name and signature with Stamp of the Authorised Signatory(ies)	Date	D	D	M	M	Y	Y
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Documents required for Non-Individual KRA are as follows

- Pan of company and director
- Company's Address proof and PAN Copy
- Whole time Director's or Two director's POA, POI and PAN Copy with DIN No
- Memorandum
- Articles of association
- Certificate of incorporation
- Share holding pattern latest
- Board resolution
- List of directors
- Form 32 with challan (in case any changes in Directorship)
- Authorized Signatory list with specimen signature