ANNEXURE - K

PART I - KNOW YOUR CLIENT (KYC) APPLICATION FORM (for Non-individuals)

IFCI Financial Services Limited
Kamak Towers, 4th Floor,Plot No. 12-A (SP) Thiru-Vi-Ka Industrial Estate, Ekkatuthangal, Guindy, Chennai- 600032.

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 incroporation		
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):**

☐ Private Limited Co.	☐ Bank	☐ Partnership
☐ Public Ltd. Co.	☐ Government Body	☐ FI
☐ Body Corporate	☐ Non Government Organization	☐ FII
☐ Trust	☐ Defense Establishment	☐ HUF
☐ Charities	☐ Society	☐ AOP
☐ NGO's	☐ LLP	☐ BOI

☐ Others (please specify) _____

B. ADDRESS DETAILS

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

C. OTHER DETAILS		
1	Name, PAN, residential address and photographs of promoters Partnerx / Karta/Trustees and whole time directors:	
2	DIN of whole time directors :	
3	Aadhaar 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 many be held liable for it.

Name & Signature of the Authorised Signatory(ies) _____ Date

FOR OFFICE USE ONLY		
☐ Originals verified and Self-Attested Documents copies received		
Name and Signature of the Authorised Signatory		Seal / Stamp of the Intermediary
Date		

Details of Promoters / Partners / Karta / Trustees and whole time directors forming a part of Know Yours Client (KYC) Application Form for NonIndividuals

Sr. No.	Name	Relationship with Applicant (i.e promoters, whole time directors etc.)	PAN	Residential / Registered Address	DIN of whole time directors / Aadhaar number of Promoters / Partners/Karta	Photograph
1						
2						
3						
4						
5						

Name & Signature of the Authorised Signatory (ies)

Date | | | | | | | | |