

**Know Your Customer (KYC) Form for
- Company -**

Name of Company _____

Principal Place of Business

PAN Number _____ IEC Number _____

Telephone _____ Mobile _____

Fax _____ Email _____

Mailing Address

Name: _____

Address _____

City _____ State _____

Telephone _____ Mobile _____

Fax _____ Email _____

Authorized

Name: _____

Date of Birth _____ Sex _____

Address _____

City _____ State _____

Telephone _____ Mobile _____

Fax _____ Email _____

Please paste a
most recent
Photograph of
Authorized
Signatory

Documents Required

- | | | |
|---|--|--|
| <input type="checkbox"/> Certificate of Incorporation | <input type="checkbox"/> Memorandum of Association | <input type="checkbox"/> Articles of Association |
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Copy of PAN Allotment | <input type="checkbox"/> Copy of Telephone Bill |

Authorized

Name: _____

Date of Birth _____ Sex _____

Address _____

City _____ State _____

Telephone _____ Mobile _____

Fax _____ Email _____

Please paste a
most recent
Photograph of
Authorized
Signatory**Authorized**

Name: _____

Date of Birth _____ Sex _____

Address _____

City _____ State _____

Telephone _____ Mobile _____

Fax _____ Email _____

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Signatory**Authorized**

Name: _____

Date of Birth _____ Sex _____

Address _____

City _____ State _____

Telephone _____ Mobile _____

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Address _____

City _____ State _____

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