HUF REQUIREMENTS

1. **REGISTRATION FORM**
2. **ADDITIONAL DOCUMENTS FOR HUF WITH PHOTOGRAPH**
3. **HUF PAN CARD COPY**
4. **BANK PASS-BOOK / BANK STATEMENT IN THE NAME OF HUF AS ADDRESS**
5. **CANCELLED CHEQUE OR COPY OF CHEQUE**
6. **KARTA PAN CARD COPY**
7. **KARTA AADHAR COPY**
8. **POA/DDPI SIGNED BY ALL THE MAJOR COPARCNER**

NOTE - ALL DOCUMENTS SHOULD BE SELF ATTESTED AND SEAL BY HUF

Know Your Client (KYC)

Application Form (For Non- Individuals Only)

Please fill the form in ENGLISH and in BLOCK letters
Fields marked * are mandatory
Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also

Indira Securities Private Limited
204-205, Amardarshan. 28/2, Old Palasia,
Indore-452018 M.P. (India)
Ph. 0731-4797170-71-72

Application Number:

Application Type*: ☐ New KYC ☐ Modification KYC

1. Entity Details (please refer guidelines)

PAN* _____ Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof) _____

Date of Incorporation* __ __ __ __ __ __ __ __ Place of Incorporation* _____

Date of Commencement* _____ _____ _____ Registration Number* _____

Entity Type* (Please Tick (✓))

- ☐ Private Ltd. Co.
- ☐ Public Ltd. Co.
- ☐ Body Corporate
- ☐ Partnership
- ☐ Trust/Charity/NGO
- ☐ HUF
- ☐ FPI Category I
- ☐ FPI Category II
- ☐ AOP
- ☐ Bank
- ☐ Government Body
- ☐ Defence Establishment
- ☐ Body of Individuals
- ☐ Society
- ☐ LLP
- ☐ Non-Government Organization
- ☐ Others _____

2. Proof of Identity+ (please refer the guidelines)

- ☐ Officially Valid Document(s) in respect of person authorized to transact
- ☐ Certificate of Incorporation/Formation _____ ☐ Registration Certificate _____
- ☐ Memorandum of Articles and Association ☐ Partnership Deed ☐ Trust Deed
- ☐ Board Resolution ☐ Power of attorney granted to its manager, office, employees to transact on its behalf
- ☐ Activity Proof –1+ (For Sole Proprietorship Only) ☐ Activity Proof –2+ (For Sole Proprietorship Only)

3. Address Details* (please refer the guidelines)

A. Registered Address*

Line 1* _____

Line 2 _____

Line3 _____

City/Town/Village* _____ District+ _____ Pin Code* _____

State* _____ Country* _____

B. Correspondence/Local Address in India (if different from above)

* Line 1* _____

Line 2 _____

Line3 _____

City/Town/Village* _____ District+ _____ Pin Code* _____

State* _____ Country* _____

Applicant Digital Signature (DSC)

Proof of Address* (attested copy of any one POA to be submitted—#Not more than 3 months old)

☐ Certificate of Incorporation/Formation ☐ Registration Certificate ☐ Other document _____

☐ Latest Telephone Bill# (Landline only) ☐ Latest Electricity Bill# ☐ Latest Bank Account Statement#

☐ Registered Lease/ Sale Agreement of Office Premises **Validity/Expiry Date of POA** (Expiry Date) __ __ __ __ __ __ __ __

☐ Any other proof of address document (as listed overleaf) _____

4. Contact Details

Email ID _____ Mobile No. _____

Email ID _____ Mobile No. _____

Tel (Off) _____ Fax _____

5. Annexures Submitted

Number of Related Persons - ☐

6. Remarks / Additional Information

Annual Income: Below Rs. 1 Lakh ☐ 1-5 Lakh ☐ 5-10 Lakh ☐ 10-25 Lakh ☐ 25 Lakh to 1 Crore ☐ More Than 1 Crore ☐

Net Worth: Rs. _____ as on Date:- _____ (Net worth should not be older than 1 Year)

7. Applicant Declaration

I hereby declare that the details furnished above are true and correct to the best of my/our 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/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: _____ _____ _____ (DD-MM-YYYY)

PLACE: _____

Applicant Digital Signature (DSC)	Applicant Wet Signature

8. For Office Use Only

KYC carried out by*	Intermediary Details*
KYC Date __ __ __ __ __ __ __ __ Emp. Name _____ Emp. Code _____ Emp. Designation _____	☐ Self-certified document copies received (Originals Verified) ☐ True Copies of documents received (Attested) AMC / Intermediary Name OR Code:
Employee Signature and Stamp	Employee Signature and Stamp

Detail of Promoters / Partners / Karta / Trustee / Authorised Signatory and Whole Time Directors forming part of KYC Application form for Non-Individual.

Related Person Type:- ☐ Director ☐ Promoter ☐ Karta ☐ Partner ☐ Trustee ☐ Authorised Signatory ☐ Other_____

Name:- _____

Father / Spouse Name: _____

Mother Name: _____Marital Status:_____

Date of Birth: _____ Gender : _____ Nationality: _____

PAN: _____ DIN/UID:_____

Mobile: _____ Email: _____

Address: _____

_____

City: _____ Pin Code _____ State: _____ Country:_____

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it.

Related Person Type:- ☐ Director ☐ Promoter ☐ Karta ☐ Partner ☐ Trustee ☐ Authorised Signatory ☐ Other_____

Name:- _____

Father / Spouse Name: _____

Mother Name: _____Marital Status:_____

Date of Birth: _____ Gender : _____ Nationality: _____

PAN: _____ DIN/UID:_____

Mobile: _____ Email: _____

Address: _____

_____

City: _____ Pin Code _____ State: _____ Country:_____

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it.

Related Person Type:- ☐ Director ☐ Promoter ☐ Karta ☐ Partner ☐ Trustee ☐ Authorised Signatory ☐ Other_____

Name:- _____

Father / Spouse Name: _____

Mother Name: _____Marital Status:_____

Date of Birth: _____ Gender : _____ Nationality: _____

PAN: _____ DIN/UID:_____

Mobile: _____ Email: _____

Address: _____

_____

City: _____ Pin Code _____ State: _____ Country:_____

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it.

✍ **Name & Signature of the Authorized Signatory(ies)**

Date d d / m m / y y y y

DEED OF DECLARATION OF HUF

Sr. No.	Name of Coparcener/Member	Gender	Date of Birth	Relation with Karta	Whether Coparcener / Member (please specify)

(Seal & Signature Huf)