

Know Your Customer (KYC) Form
- 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 Signatory

Name: _____

Date of Birth _____ Sex _____

Address _____

City _____ State _____
Telephone _____ Mobile _____
Fax _____ Email _____

Please paste a
most recent
Photograph of
Authorized
Signatory

Documents Required

- Certificate of Incorporation Memorandum of Association Articles of Association
 Power of Attorney Copy of PAN Allotment Copy of Telephone Bill

Authorized Signatory

Name: _____

Date of Birth _____ Sex _____

Address _____

City _____ State _____

Telephone _____ Mobile _____

Fax _____ Email _____

Please paste a most recent Photograph of Authorized Signatory

Authorized Signatory

Name: _____

Date of Birth _____ Sex _____

Address _____

City _____ State _____

Telephone _____ Mobile _____

Fax _____ Email _____

Please paste a most recent Photograph of Authorized Signatory

Authorized Signatory

Name: _____

Date of Birth _____ Sex _____

Address _____

City _____ State _____

Telephone _____ Mobile _____

Fax _____ Email _____

Please paste a most recent Photograph of Authorized Signatory

Authorized Signatory

Name: _____

Date of Birth _____ Sex _____

Address _____

City _____ State _____

Telephone _____ Mobile _____

Fax _____ Email _____

Please paste a most recent Photograph of Authorized Signatory