

ANS Private Limited

CORPORATE OFFICE : ARHAM FINANCIAL CENTRE PANCHNATH MAIN ROAD, HARIHAR CHOWK, RAJKOT - 360 001, GUJ. (INDIA) TEL. : 0281-6699300 FAX : 0281-2450758 email : ans@anspl.net
REGD. OFFICE : Office No. 501, 502 & 502A, 5th Floor, DSCCSL (53E) Block 53, Road 5E, Zone 5, Gift City Gandhinagar - 382 355, Guj. (India)

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



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 ( v )
[ ] 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 \_\_\_\_\_
Line 3 \_\_\_\_\_
City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_
State\* \_\_\_\_\_ Country\* \_\_\_\_\_

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

Line 1\* \_\_\_\_\_
Line 2 \_\_\_\_\_
Line 3 \_\_\_\_\_
City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_
State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Applicant Signature With Stamp

**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. \_\_\_\_\_

Tel (Off) \_\_\_\_\_ Fax \_\_\_\_\_

**5. Annexures Submitted**Number of Related Persons **6. Remarks / Additional Information****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: \_\_\_\_\_

PLACE: \_\_\_\_\_

Applicant Signature With Stamp

**8. For Office Use Only**

KYC carried out by*	Intermediary Details*
KYC Date _____	<input type="checkbox"/> Self certified document copies received (Originals Verified)
Emp. Name _____	<input type="checkbox"/> True Copies of documents received (Attested)
Emp. Code _____	AMC / Intermediary Name OR Code:
Emp. Designation _____	

Employee Signature and Stamp

Employee Signature and Stamp

**Details of Karta and Co-partners forming a part of Know Your Client (KYC) Application Form of HUF**

Name of Applicant.....PAN of the Applicant.....

Sr. No.	PAN	Name	Aadhar Number (For Others)	Residental / Registered Address	Relationship with Applicant	Whether Politically Exposed	Photograph
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	

Name & Signature of HUF

Date :