

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

Name of Company _____

Principal Place of Business

PAN Number _____ IEC Number _____

Telephone _____ Mobile _____

GSTIN _____ Email _____

Mailing Address

Name: _____

Address _____

City _____ State _____

Telephone _____ Mobile _____

Fax _____ Email _____

Director's Detail

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

GSTIN Copy of PAN Allotment Copy of Telephone Bill

Director's Details

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 _____

Please paste a most recent Photograph of Authorized Signatory

Authorized

Name: _____

Date of Birth _____ Sex _____

Address _____

City _____ State _____

Telephone _____ Mobile _____

Fax _____ Email _____

Please paste a most recent Photograph of Authorized Signatory

Authorized

Name: _____

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Please paste a most recent Photograph of Authorized Signatory