



Bharat Bhushan Equity Traders Limited

Depository Participant NSDL DP ID - IN301209

503, Rohit House, 3, Tolstoy Marg, New Delhi-110 001

Tel. : 49800907, 41505504, Fax : 49800933

Annexure - K

PART I - KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Non-Individuals)

Photograph
Please affix the recent passport size photograph
sign across the photograph

Please fill this form in ENGLISH and in BLOCK LETTERS

A. IDENTITY DETAILS

1	Name of the Applicant												
2	Date of incorporation	D	D	M	M	Y	Y	Y	Y	Place of incorporation			
3	Date of commencement of business	D	D	M	M	Y	Y	Y	Y				
4	a) PAN									b) Registration No. (e.g. CIN)			
5	Status (please tick any one):												
	<input type="checkbox"/> Private Limited Co.	<input type="checkbox"/> Bank	<input type="checkbox"/> Partnership										
	<input type="checkbox"/> Public Ltd. Co.	<input type="checkbox"/> Government Body	<input type="checkbox"/> FI										
	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Non Government Organization	<input type="checkbox"/> FII										
	<input type="checkbox"/> Trust	<input type="checkbox"/> Defense Establishment	<input type="checkbox"/> HUF										
	<input type="checkbox"/> Charities	<input type="checkbox"/> Society	<input type="checkbox"/> AOP										
	<input type="checkbox"/> NGO's	<input type="checkbox"/> LLP	<input type="checkbox"/> BOI										
	<input type="checkbox"/> Others (please specify) _____												

B. ADDRESS DETAILS

1	Correspondence Address											
		City/town/village				PIN Code						
		State				Country						
2	Specify the proof of address submitted for correspondence address											
3	Contact Details	Tel. (Off.)				Tel. (Res.)						
		Fax No.				Mobile No.						
		Email ID										
4	Registered Address (if different from above):											
		City/town/village				PIN Code						
		State				Country						
5	Specify the proof of address submitted for registered address											

C. OTHER DETAILS

1	Gross Annual Income Details (please specify): Income Range per annum <table style="width:100%;"> <tr> <td><input type="checkbox"/> Below ₹ 1 lac</td> <td><input type="checkbox"/> ₹ 10- 25 lac</td> </tr> <tr> <td><input type="checkbox"/> ₹ 1- 5 lac</td> <td><input type="checkbox"/> ₹ 25 lac- 1 crore</td> </tr> <tr> <td><input type="checkbox"/> ₹ 5- 10 lac</td> <td><input type="checkbox"/> More than ₹ 1 crore</td> </tr> </table>	<input type="checkbox"/> Below ₹ 1 lac	<input type="checkbox"/> ₹ 10- 25 lac	<input type="checkbox"/> ₹ 1- 5 lac	<input type="checkbox"/> ₹ 25 lac- 1 crore	<input type="checkbox"/> ₹ 5- 10 lac	<input type="checkbox"/> More than ₹ 1 crore		
<input type="checkbox"/> Below ₹ 1 lac	<input type="checkbox"/> ₹ 10- 25 lac								
<input type="checkbox"/> ₹ 1- 5 lac	<input type="checkbox"/> ₹ 25 lac- 1 crore								
<input type="checkbox"/> ₹ 5- 10 lac	<input type="checkbox"/> More than ₹ 1 crore								
2	Networth Amount (₹) _____ As on (date) <table border="1" style="display:inline-table; border-collapse: collapse; text-align:center;"> <tr> <td style="width:20px;">D</td><td style="width:20px;">D</td><td style="width:20px;">M</td><td style="width:20px;">M</td><td style="width:20px;">Y</td><td style="width:20px;">Y</td><td style="width:20px;">Y</td><td style="width:20px;">Y</td> </tr> </table> (Networth should not be older than 1 year)	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
3	Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:	If space is insufficient, enclose these details separately <i>{Illustrative format enclosed}</i>							
4	DIN of whole time directors:								
5	Aadhaar number of Promoters/Partners/Karta								
6	Any other information								

D. DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we 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.

Name & Signature of the Authorised Signatory(ies) _____ Date

D	D	M	M	Y	Y	Y	Y
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FOR OFFICE USE ONLY & "IN PERSON" VERIFICATION { Name of the DP : Bharat Bhushan Equity Traders Ltd.IN301209 }

<input type="checkbox"/> Originals verified and Self-Attested Document copies received									
Name/Details of Branch/Service Centers: Employee Name: Employee Code / Designation : Signature of the Authorised Signatory:									
Place: _____	Date: <table border="1" style="display:inline-table; border-collapse: collapse; text-align:center;"> <tr> <td style="width:20px;">D</td><td style="width:20px;">D</td><td style="width:20px;">M</td><td style="width:20px;">M</td><td style="width:20px;">Y</td><td style="width:20px;">Y</td><td style="width:20px;">Y</td><td style="width:20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Seal/Stamp of the intermediary									

