



**ESTELLE SECURITIES PVT. LIMITED**

**REGISTERED ADDRESS: 59, BENTINCK STREET, 1<sup>ST</sup> FLOOR, KOLKATA - 700069**

**GRIEVANCE EMAIL ID: grievance.estellesecurities@hotmail.com**

**CIN: U65990WB2020PTC236640**

**PHONE NO: 033 7962 9631**



## Central KYC Registry | Know Your Customer (KYC) Application Form | Legal Entity/Other than Individuals

### Important Instructions:

- A. Fields marked with '\*' are mandatory fields.  
 B. Tick '✓' wherever applicable.  
 C. Please fill the date in DD-MM-YYYY format.  
 D. Please fill the form in English and in BLOCK letters.  
 E. KYC [KIN] number of applicant is mandatory for update application.  
 F. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.  
 G. List of two-character ISO 3166 country codes is available at the end.  
 H. Please read section wise detailed guidelines/instructions at the end.  
 I. For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

### For office use only

(To be filled by financial institution)

Application Type\*

☐ New

☐ Update

KYC Number [KIN]

(Mandatory for KYC update request)

### 1. Entity Details\* (Please refer instruction A at the end)

☐ Name\*

Entity Constitution Type\*  Others (Specify)  (Please refer instruction B at the end)

Date of Incorporation/Formation\*  DD -  MM -  YY  YY Date of Commencement of Business  DD -  MM -  YY  YY

Place of Incorporation/Formation\*  Country of Incorporation/Formation\*  TIN or Equivalent Issuing Country

PAN\*

TIN/GST Registration Number

### 2. PROOF OF IDENTITY (POI)\* (Please refer instruction B at the end)

☐ Officially valid document(s) in respect of person authorised to transact

☐ Certificate of Incorporation/Formation  ☐ Registration Certificate  Regn Certificate No.

☐ Memorandum and Articles of Association ☐ Partnership Deed ☐ Trust Deed

☐ Resolution of Board/Managing Committee ☐ Power of Attorney granted to its manager, officers or employees to transact on its behalf

☐ Activity proof – 1 (For Sole Proprietorship Only) ☐ Activity proof – 2 (For Sole Proprietorship Only)

### 3. ADDRESS (Please see instruction C at the end)

#### ☐ 3.1 Registered Office Address/Place of Business\*

**Proof of Address\*** ☐ Certificate of Incorporation/Formation ☐ Registration Certificate ☐ Other Document

Line 1\*

Line 2

Line 3  City/Town/Village\*

District\*  Pin/Post Code\*  State/U.T Code\*  ISO 3166 Country Code\*

#### ☐ 3.2 Local Address in India (If different from above)\*

Line 1\*

Line 2

Line 3  City/Town/Village\*

District\*  Pin/Post Code\*  State/U.T Code\*  ISO 3166 Country Code\*

### 4. Contact Details (All communications will be sent to Mobile number/Email-ID provided may be used) (Please refer instruction D at the end)

Tel. (Off)  -  Fax  -

Mobile  -  Email ID

Mobile  -  Email ID

## 5. Remarks (If any)

[illegible]

## 6. Applicant Declaration (Please refer instruction **G** at the end)

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. Incase any of the above information is found to be false or untrue or misleading or misrepresenting. I am aware that I may be held liable for it.
- I hereby declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I also providing consent to MF/AMC/KRA to share this KYC data with CKYCR, download the information from CKYCR and other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines.

Date: 

|   |   |
|---|---|
| D | D |
|---|---|

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|   |   |
|---|---|
| M | M |
|---|---|

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|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
|---|---|---|---|

[illegible]

Signature/Thumb Impression of Authorised Person(s)

## 7. Attestation / For Office Use only

Documents Received ☐ Certified Copies ☐ Equivalent e-document

KYC documents verification carried out by

Identity Verification ☐ Done    Date:   -   -

[illegible][illegible][illegible][illegible]

[Employee Signature]

## Institution details

[illegible][illegible]

[Institution Stamp]

**Details of Promoters/Partners/Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals**

Name of the Applicant \_\_\_\_\_ PAN of the Applicant \_\_\_\_\_

| Sr. No. | Name | PAN | DIN/Aadhaar No | Residential / Registered Address | Relationship with Applicant | Photograph |
|---------|------|-----|----------------|----------------------------------|-----------------------------|------------|
| 1.      |      |     |                |                                  |                             |            |
| 2.      |      |     |                |                                  |                             |            |
| 3.      |      |     |                |                                  |                             |            |
| 4.      |      |     |                |                                  |                             |            |
| 5.      |      |     |                |                                  |                             |            |

\_\_\_\_\_  
Signature of the Authorised Signatory (ies)

Date: \_\_\_\_|\_\_\_\_|\_\_\_\_|