Know Your Client (KYC) Application Form (For Non-Individuals Only)

Please fill in ENGLISH and in BLOCK LETTERS

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PUSHPAK FINSTOCK 2130-A/2, "VRAJRAJ", 3rd Floor,

Near Reliance Super Market, Atabhai Road, Bhavnagar-364 001.

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~PI	9116	atioi	1110.

A. Identity Details (please see guidelines overleaf)			
1. Name of Applicant (Please write complete name as per Certificate of Incorporation /	Registration; leaving one box blank bet	tween 2 words. Please do not a bbreviate the Name)).
			+
2. Date of Incorporation d d / m m / y y y y Place of			
Place of	Incorporation		
3. Registration No. (e.g. CIN)	Date of commencement of I	business ddd/mmm/yyyy	У
4. Status Please tick () Private Ltd. Co. Public Ltd. Co. Body Corp AOP Bank Government Body Non-Government Organisat Others Please specifyl		/ Charities / NGOs]HU
5. Permanent Account Number (PAN) (MANDATORY)	Please enclose a du	uly attested copy of your PAN Card	
B. Address Details (please see guidelines overleaf)			
1. Address for Correspondence			
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City / Town / Village	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Postal Code	-
State	Country	1 Ostal Code	
2. Contact Details	T-L (D) (ICD) (CTD)		
Tel. (Off.) (ISD) (STD) Mobile (ISD) (STD)	Tel. (Res.) (ISD) (STD) Fax (ISD) (STD)		
E-Mail ld.			
City / Town / Village State	Country		
5. Proof of address to be provided by Applicant. Please submit ANY ON **Latest Telephone Bill (only Land Line) **Latest Electricity Bill **Latest Latest Telephone Bill (only Land Line) **Latest Latest Lat	est Bank Account Statement Reg	3	
*Not more than 3 Months old. Validity/Expiry date of proof of address submittee	d d / m m / y y y	<u> </u>	_
C. Other Details (please see guidelines overleaf)			
 Name, PAN, DIN/Aadhaar Number, residential address and ph (Please use the Annexure to fill in the details) 	otographs of Promoters/Parti	ners/Karta/Irustees/whole time direc	tor
2. Any other information:			
DECLARATION			
We hereby declare that the details furnished above are true and orrect to the best of my/our knowledge and belief and I/we undertake o inform you of any changes therein, immediately. In case any of the bove information is found to be false or untrue or misleading or hisrepresenting, I am/we are aware that I/we may be held liable for it.	NAME & SIGNATURE(S OF AUTHORISED PERSON(S)	S) 🛇	
ace:	i Enson(s)		
ate:			
FOR OFF	FICE USE ONLY		
MC/Intermediary name OR code		Seal/Stamp of the intermediary should cor	ntair
PUSHPAK FINSTOCK - 2101342930		Staff Name	
Originals Verified) Self Certified Document copies received		Designation Name of the Organization	
Attested) True copies of documents received		Signature Date	

Details of Promoters/ Partners,	'Karta /Trustees and whole tim	ne directors formi	Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals	KYC) Application For Pale Pan of the Applicant	orm for Non-Individuals
PAN	Name	DIN (For Directors) / Aadhaar Number (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph
Name & Signature of the Authorised Signatory(ies)	Date d d / [m m / [y y	N N N CNI	PUSHPAK FINSTOCK 2130-A/2, "VRAJRAJ", 3rd Floor, Near Reliance Super Market, Atabhai Road, Bhavnagar-364 001.		

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HUF DECLARATION							
To, Date:							
Pushpak Finstock 2130-A/2, "VRAJRAJ", 3rd Floor, Near Reliance Super Market,							
Atabhai Road, Bhavnagar-364 001.							
Dear Sir,							
I hereby request you to open our trading account with you , for our HUF Being karta of family, I hereby declare that following is the list of members in our HUF, as date Of Application, as below							
Client Code :							
Sr.No	Name of Family Member	Date of Birth DD/MM/YY	Gender	Relationship with Karta	Signature		
1							
2							
3							
4							
5							
6							
I hereby also declare that the particulars given me as stated above are true of the best of my Knowledge							
as on date for making this Application to open Account.							
I agree that any false/misleading information given by me of suppression of any material information will render my said account liable for termination and further action, Further, I agree that I will immediately intimate any death/s or birth/s in the family as it changes the constitution of the HUF.							
Thanking You, Yours truly							
Karta (Affix stomp of HLIE)							
(Affix stamp of HUF)							
					39		