

Annexure – K

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



MARCK SECURITIES PVT. LTD.

Member-NSE, BSE, MCX-SX

Depository Participant - NSDL

B-122, C-123, 12th Floor, Himalaya House, 23 K.G. Marg, New Delhi-110001

Phones: 011-43570994, 43177631-32-33, E-mail ID:- marck@marck.in

DP ID : IN 302960 INTERMEDIARY ID : P1546 marckdp@marck.in

Please affix the recent passport size photograph and sign across it

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	
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C. OTHER DETAILS

1	Gross Annual Income Details (please specify): Income Range per annum	
	<input type="checkbox"/> Below ` 1 lac <input type="checkbox"/> ` 1- 5 lac <input type="checkbox"/> ` 5- 10 lac	<input type="checkbox"/> ` 10- 25 lac <input type="checkbox"/> ` 25 lac- 1 crore <input type="checkbox"/> More than ` 1 crore

2	Networth									
	Amount (`) _____									
	As on (date)	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
	(Networth should not be older than 1 year)									

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/UID of Promoters/Partners/Karta and whole time directors:	

5	Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)
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6	Any other information	
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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	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			

FOR OFFICE USE ONLY

<input type="checkbox"/> (Originals verified) True copies of documents received <input type="checkbox"/> (Self-Attested) Self Certified Document copies received									
Signature of the Authorised Signatory		Seal/Stamp of the intermediary							
Date	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>		D	D	M	M	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

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

Sr. No.	Name	Relationship with Applicant <i>(i.e. promoters, whole time directors etc.)</i>	PAN	Residential / Registered Address	DIN/UID	Photograph
1						
2						
3						
4						
5						

Name & Signature of the Authorised Signatory(ies)

Date	D	D	M	M	Y	Y	Y	Y
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