

(Only for Non Individual Customers)
(to be fill by Customer and its Promoter (if corporate entity))

Customer Information

- A. Please specify the customer type Corporate Institutional

- B. Full Legal Name of the Customer
.....

- C. Full Registered Address
.....
State : Pin:
Tel:.....
Email: Website:.....

- D. Full Principal Operating Address (if
different from above)
.....
State : Pin:
Tel:.....
Email: Website:.....

- E. Group Name (if any)

- F. Parent Company's Country of
Incorporation

- G. Name of CEO/MD/CMD/WTD

- H. Name of the all key Promoter's
1.
2.
3.

- I. Nature of Business Activity
1.
2.

- J. Registration Number (CIN No)

- K. Date of Incorporation

- L. Legal Constitution Public Ltd/Pvt Ltd Company/JV/Partnership

- M. PAN No. of Company

- N. Contact Person's Name Mr./Ms.
(Nodal Officer) Telephone No.
 Fax No.
 Mobile No.
 Email ID.....

O. Net Worth of company (in Crore)	
P. Name of Principal Bank/s, Branch and facility enjoys	1. 2. 3.
Q. Please choose the relevant options	<input type="radio"/> From a Low-Risk Jurisdiction <input type="radio"/> From a High-Risk Jurisdiction

Account Risk Classification (tick yes or no)

- Are any of the directors, principal beneficiaries and shareholder present or former politically exposed person ('PEP')? (This includes immediate family members or close associates of a PEP)
 Yes No
- Has the customer issued Bearer Shares? (Bearer shares are negotiable instruments that accord ownership of a corporation to the person who possesses the bearer share certificate)
 Yes No
- Does the customer's business involve activities considered to be particularly vulnerable to money laundering risk such as gambling, defence, money services bureau or dealers in high value commodities (such as trading in precious metals, jewellery and antiques) or other applicable to local requirement. Yes No
- Does the relationship involve offshore trust structure which is not controlled by PFS or not subject to CA process? Where a third party is controlling the trust structure do they have non equivalent anti money laundering procedures in place Yes No
- Is the customer incorporated/registered or conducting business/ operating in high risk jurisdiction Yes No
- Is the customer has made any default in payment of interest on or re-payment of any loan, deposit, debenture in past Yes No
- Does any of Director/CEO/senior employees of company directly/indirectly related with PFS or its any employee. If yes, kindly elaborate through separate sheet
Yes No

Details of All Directors* of company and please also fill individual KYC Form A

No.	Name	Designation/ Status	Address	PAN No.	Contact No.
1.					
2.					
3.					
4.					

**(Please submit self attested copy of Address proof and PAN of all directors. For foreign national director, copy of notarized Passport is mandatory)*

Details of All Authorized Signatories

Sr.	Name of Person	Designation	Specimen Signature
1.			
2.			
3.			

I/We hereby confirm that I/We have read and understood the requirement of KYC of PFS for compliance of Know Your Customer (KYC). I/We hereby declare that the particulars given herein are true, correct and complete to the best of my/our knowledge and belief, the documents submitted along with this application are genuine and I/we am/are not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any Notifications, Directions issued by any governmental or statutory authority from time to time. I/we hereby undertake to promptly inform PFS of any changes to the information provided hereinabove and agree and accept that PFS & any of their authorized representatives ('the Authorized Parties') are not liable or responsible for any losses, costs, damages arising out of any actions undertaken or activities performed by them on the basis of the information provided by me/us as also due to my not intimating / delay in intimating such changes. I/we hereby authorize

PFS to disclose, all / any of the information provided by me/us to the respective regulator/statutory body as may be deemed fit by PFS or the case may be. I/we hereby agree to provide any additional information / documentation that may be required by the Authorized Parties, in connection with this application.

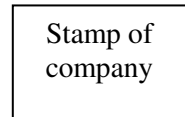
Signature of the Authorized Representative

.....

Name of the company

Date.....

Place.....



List of Documents (duly signed, stamped by Company Secretary/Director of company)

1. Certificate of incorporation, commencement of Business and Memorandum & Articles of Association
2. Copy of PAN Card of company
3. Resolution of the Board of Directors/Authority letter by CMD/MD/CEO/WTD/Director for identification of those who have authority to deal with PFS
4. Copy of Telephone Bill/Water Bill/Electricity Bill in the name of the Company/Institution
5. Shareholding Pattern of the company
6. Past 3 year annual accounts of company
7. Name of Companies under same management
8. If company is rated, rating letter issued by such rating agency
9. On letter head of company
 - a. Statement declaring list of defaults made (if any) by the promoter or companies under the same management as any of the banks/financial institutions during last 5 years.
 - b. Details of dispute/demand raised against or pending litigation by or against the company having bearing on the operations of the company.
10. Details of the Directors – Qualification, years of total experience, past companies worked, address, shareholding in the company (if any), relationship with the promoters (if applicable), details of their Directorship in other companies (if applicable). Details of organizational setup. Details of the key technical and managerial personnel – Designation, qualification, experience in power sector/project implementation etc., functional duties assigned/to be assigned.

**PFS has also right to ask any such other information/documents as may be required time to time or as per regulatory requirement.*

For Office Use only

Category of the Customer after assessment:	Detail of Dealing Officer	Signatures of Principal Officer
Category of the Customer (Risk Perception):	Name
<input type="radio"/> A High	Designation.....
<input type="radio"/> B Medium	Signature	Date of KYC process completed by Principal Officer/...../20...
<input type="radio"/> C Low		