

Know-Your-Customer (KYC) Form B

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

Customer Information

- A. Full Legal Name ‘Customer’
- B. Full Registered Address

Telephone No...

Fax:.....

Email Id.....

- C. Full Principal Operating Address (if different from above)

- D. Group Name (if any)

- E. Name of CEO/MD/CMD

- F. Name of key Beneficial Owner

- G. Nature of Business Activity

- H. Registration Number (CIN No)

- I. Date of Incorporation

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

- K. PAN No. of Company

- L. GSTN Number

- M. Contact Person’s Name Mr./Ms.
(Nodal Officer) Telephone No.
Mobile No.
Email ID.....

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	Yes / No

PTC India Financial Services Limited(‘PFS’)

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.	
Does the relationship involve offshore trust structure which is not controlled by PFS or not subject to Customer Acceptance 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

N. Details of All Directors of company (Separate Form A- optional)

No.	Name	Designation	Contact No.	Date of Birth	DIN No.	PAN No.	Full Address
1.							
2.							
3							

O. Details of All Authorized Signatories (Separate Form A- mandatory)

Sr.	Name of Person	Designation
1.		
2.		

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.....

Stamp of company

List of Documents (duly signed, stamped by authorized signatory)

Mandatory Document

1. Certificate of incorporation, commencement of Business (if applicable) and
2. Memorandum & Articles of Association
3. Copy of PAN
4. Resolution of the Board of Directors/Authority letter by CMD/MD/CEO/WTD/Director for Authorized person/s mentioned in Table 'O' of this form.
5. Form A of Authorized signatory alongwith Address and ID proof (Self attested)- applicable for the individuals signing the facility documents
6. Form A of key Promoter Director(s)alongwith Address and ID proof (Self attested or attested by Authorized Signatory)
7. Copy of Proof of Address (any of the following)
 - Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill);
 - Form 18 and ROC receipt filed for recording change of registered address
 - Any other documents issued by Government showing Address.

**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: Category of the Customer (Risk Perception): <input type="radio"/> A High <input type="radio"/> B Medium <input type="radio"/> C Low	Signatures of Principal Officer Date of KYC process completed by Principal Officer
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