

Annexure – K

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

R K Global Shares & Securities Ltd.

**Registered office :- 61, 6th Floor, Mittal Chambers
228, Nariman Point, Mumbai-400021**

<p>Photograph</p> <p>Please affix the recent passport size photograph and sign across it</p>
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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	<p>Status (please tick any one):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Private Limited Co.</td> <td><input type="checkbox"/> Bank</td> <td><input type="checkbox"/> Partnership</td> </tr> <tr> <td><input type="checkbox"/> Public Ltd. Co.</td> <td><input type="checkbox"/> Government Body</td> <td><input type="checkbox"/> FI Body</td> </tr> <tr> <td><input type="checkbox"/> Corporate</td> <td><input type="checkbox"/> Non Government Organization</td> <td><input type="checkbox"/> FII</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Defense Establishment</td> <td><input type="checkbox"/> HUF</td> </tr> <tr> <td><input type="checkbox"/> Charities</td> <td><input type="checkbox"/> Society</td> <td><input type="checkbox"/> AOP</td> </tr> <tr> <td><input type="checkbox"/> NGO's</td> <td>LLP</td> <td>BOI</td> </tr> </table> <p>Others (please specify) _____</p>												<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Body	<input type="checkbox"/> 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	LLP	BOI
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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										

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; border-collapse: collapse; text-align:center;"> <tr> <td style="width:20px;">D</td><td style="width:20px;">D</td><td style="width:20px;">M</td><td style="width:20px;">M</td><td style="width:20px;">Y</td><td style="width:20px;">Y</td><td style="width:20px;">Y</td><td style="width:20px;">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)								
6	Any other information									

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	D	D	M	M	Y	Y	Y	Y
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FOR OFFICE USE ONLY

- (Originals verified) True copies of documents received
- (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; border-collapse: collapse; text-align:center;"> <tr> <td style="width:20px;">D</td><td style="width:20px;">D</td><td style="width:20px;">M</td><td style="width:20px;">M</td><td style="width:20px;">Y</td><td style="width:20px;">Y</td><td style="width:20px;">Y</td><td style="width:20px;">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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