

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

Name of Applicant \_\_\_\_\_ PAN of the Applicant \_\_\_\_\_

| Sr. No. | PAN | Name | DIN (For Directors) /<br>UID (For Others) | Residential /<br>Registered<br>Address | Relationship<br>with Applicant<br>(i.e. promoters,<br>whole time<br>directors etc.) | Wether<br>Politically<br>Exposed                                                                                        | Photograph |
|---------|-----|------|-------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------|
|         |     |      |                                           |                                        |                                                                                     | <div><input type="checkbox"/> PEP</div> <div><input type="checkbox"/> RPEP</div> <div><input type="checkbox"/> NO</div> |            |
|         |     |      |                                           |                                        |                                                                                     | <div><input type="checkbox"/> PEP</div> <div><input type="checkbox"/> RPEP</div> <div><input type="checkbox"/> NO</div> |            |
|         |     |      |                                           |                                        |                                                                                     | <div><input type="checkbox"/> PEP</div> <div><input type="checkbox"/> RPEP</div> <div><input type="checkbox"/> NO</div> |            |
|         |     |      |                                           |                                        |                                                                                     | <div><input type="checkbox"/> PEP</div> <div><input type="checkbox"/> RPEP</div> <div><input type="checkbox"/> NO</div> |            |
|         |     |      |                                           |                                        |                                                                                     | <div><input type="checkbox"/> PEP</div> <div><input type="checkbox"/> RPEP</div> <div><input type="checkbox"/> NO</div> |            |