Know Your Client / CKYC & KRA KYC Form
Application Form (For Non-Individuals Only)
Please fill in ENGLISH and in BLOCK LETTERS **Application Number:**

A. IDENTITY DETAILS (PLEASE SEE GUIDELINES OVERLEAF)

1. Name of Applicant			
2. Date of Incorporation		**Place of Incorporation**	
3. Registration No. (e.g.CIN)		**Date Of Commencement**	
4. Status (Please Tick)	☐ Private Ltd Co ☐ Public Ltd. Co. ☐ Body Corporate ☐ Partnership Firm ☐ Trust / NGO's ☐ HUF ☐ LLP ☐ OCB ☐ FPI Category I ☐ FPI Category II ☐ Society ☐ Others_____		
5. Permanent Account Number PAN (Mandatory)			

B. ADDRESS / CONTACT DETAILS (PLEASE SEE GUIDELINES OVERLEAF)

Address for Correspondence							
City		PIN		State		Country	India
Mobile No.		Email ID				Tel No	

Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick against the document attached.

☐ Latest Telephone Bill ☐ Latest Electricity Bill ☐ Latest Bank Account Statement ☐ Registered Lease / Sale Agreement of Office Premises ☐ Any other proof of address document (as listed overleaf)._____

*Not more than 2 months old. **Validity/ Expiry date of proof of address submitted**. DD/MM/YYYY

Registered Office Address							
City		PIN		State		Country	India

Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick against the document attached.

☐ Latest Telephone Bill ☐ Latest Electricity Bill ☐ Latest Bank Account Statement ☐ Registered Lease / Sale Agreement of Office Premises ☐ Any other proof of address document (as listed overleaf)._____

*Not more than 2 months old. **Validity/ Expiry date of proof of address submitted**. DD/MM/YYYY

C. OTHER DETAILS (PLEASE SEE GUIDELINES OVERLEAF)

1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/ Partners/ Karta/ Trustees/ whole time directors *(Please use the Annexure to fill in the details)*
2. Any other information: NA

DECLARATION	STAMP & SIGNATURE(S) OF AUTHORISED PERSON(S)
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. I/We hereby consent to receiving information from CVL KRA & from Central KYC Registry through SMS/Email on the above registered Number/Email address.	1 / 17
Place	**Date**

FOR OFFICE USE ONLY

AMC/Intermediary name OR Code **Raise Securities Pvt Ltd** (formerly Moneylicious Securities Pvt Ltd)	Employee Name		RAISE SECURITIES PRIVATE LIMITED
	Employee Code		
☐ Originals Verified Self Certified Document copies received	Designation		
	Date		
☐ Attested True copies of documents received	Signature		