

NIKHIL COMMODITY & DERIVATIVES PVT. LTD.

Regd. Office : 401 Princess Empire, 12 Race Course Road, Indore – 452001
 Tel : 0731 – 4015041, 45, 46, Email : accounts@nikhilgroup.co.in

(NON-INDIVIDUAL Re-KYC FORM)

(A) IDENTITY DETAILS

- Name of Applicant:
- PAN: Registration No. (eg CIN):.....
- Status (Please tick, as applicable)

<input type="checkbox"/> Private Limited co.	<input type="checkbox"/> Public Limited Co.	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Partnership	<input type="checkbox"/> AOP
<input type="checkbox"/> Trust	<input type="checkbox"/> Charities	<input type="checkbox"/> NGO's	<input type="checkbox"/> FI	<input type="checkbox"/> HUF
<input type="checkbox"/> Government Body	<input type="checkbox"/> Defense	<input type="checkbox"/> FPI- Category-II	<input type="checkbox"/> Establishment	<input type="checkbox"/> BOI
<input type="checkbox"/> Society	<input type="checkbox"/> FPI- Category-I	<input type="checkbox"/> FII	<input type="checkbox"/> Bank	<input type="checkbox"/> LLP
<input type="checkbox"/> FPI- Category-III	<input type="checkbox"/> Non-Government Body	<input type="checkbox"/> Others (Please Specify).....		

(B) ADDRESS DETAILS

(Proof of address must be different from the proof of identity submitted)

- Address for Correspondence:

 City: Pin Code: State:
 Country: Tel No. : Fax:
 Mobile No. : Email Id:
(Specify the proof of address submitted for correspondence address :.....)
- Registered Address for Permanent: **(If different from above)**

 City: Pin Code: State:
 Country: Tel No. : Fax:
 Mobile No. : Email Id:
(Specify the proof of address submitted for Registered Address :.....)

(C) Director/ Promoters/Partners/Karta/Trustees Details (Please submit the Annexure on your Letterhead)

List of Directors/Partners/Detail of Karta and Co-Persons in Case HUF

Sr.	Name	PAN	Residential Address	DIN/UID	Photographs	Signature

(D) INCOME & NETOWRTH DETAILS

Descriptions	Date	Amount (In figures) (not be older than 1 Year)
Gross Annual Income (Specify the proof of Annual Income submitted for it)		
Net Worth (Specify the proof of Net Worth submitted for it)		

(X1 _____)

(E) BANK ACCOUNT DETAILS

Bank Name			
Branch Address & Tel. No.			
Account Number			
Account Type (Pl. Tick)	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others Pl. Specific.....		
MICR Code 9 Digit		IFS Code	

Note: Provide a copy of cancelled cheque leaf/ pass book/bank statement specifying name of the client, MICR Code or/and IFSC Code of the bank.

(F) DEPOSITORY ACCOUNT(S) DETAILS, if available

Exchange	CDSL/ NSDL/ CONTRACT	DP NAME	DP ID	CLIENT ID

Note: Provide a copy of either Demat Master or a recent holding statement issued by DP bearing name of the client.

(G) GST REGISTRATION DETAILS (As applicable, State wise)

TAX AUTHORITY	REGISTRATION NO.	VALIDITY DATE
LOCAL SALES TAX/TIN		
CENTRAL SALES TAX		
VAT TAX/ GST		

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 change 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.

Place _____

Date _____

*Form need to be signed by all the authorized signatories

(X2 _____)

Signature of (all) Authorized Signatory (ies)*