



KNOW YOUR CLIENT (KYC) APPLICATION FORM

For Non-Individuals (Please fill this form in ENGLISH and in BLOCK LETTERS.)

A. IDENTITY DETAILS

1. N

Name of the Applicant: _____

2. Date of incorporation: _____ (dd/mm/yyyy)

3. Place of incorporation: _____

4. a. PAN: ABJAS95003M

b. Registration No. (E.g. CIN): _____

6. Status (please tick any one):

☒

Private Limited Co.

☐

Public Ltd. Co.

☐

Unincorporated Association
or Body of Individuals

☐

Partnership/LLP

☐

Trust/ Foundation

☐

Government

☐

NGO/NPO (If yes, obtain DARPAN Portal Registration number.....)

☐

Others (please specify) _____

7. Nature of Business: _____

8. * Documents submitted:

* For identity proof, please refer the list of documents at Annexure A

B. ADDRESS DETAILS

1. Address for correspondence/principal place of business:

Saint Thomas Pashashkiya Mahawidhgaury Cit

y/town/village Amravath Pin Code: 444602 State: Maharashtra

Country: _____

2. Contact Details: Tel. (Off.) 9423609977 Tel. (Res.) 9423609977 Mobile

No.: _____ Fax: _____ Email id: St thomas pashashkiya

3. Specify the *proof of address submitted for correspondence address:

1x Pm 20@gmail.com

(For address proof, please refer the list at Annexure A)

4. Registered Address (if different from above): _____

City/town/village: _____ Pin Code: _____

DECLARATION

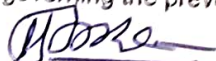
I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured for the purpose of undertaking KYC.

I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

I/We understand that the Company has right to call for documents to establish source of funds

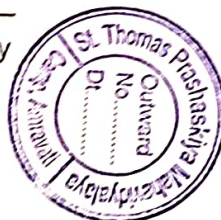
I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately, not later than 30 days.

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. Further, I/We understand that the Company has a right to cancel the insurance contract in case, I am/have been found guilty by any competent court of law under any statutes, directly or indirectly governing the prevention of money laundering.



Name & Signature of the Authorised Signatory

Date: _____ (dd/mm/yyyy)



Important note:-

(*) The beneficial owner shall be determined as follows:

- where the client is a company, the beneficial owner is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has a controlling ownership interest (more than ten percent of shares or capital or profits of the company) or who exercises control through other means
- where the client is a partnership firm, the beneficial owner is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of/entitlement to more than ten percent of capital or profits of the partnership or who exercises control through other means
"Explanation - For the purpose of this clause, "Control" shall include the right to control the management or policy decision;"
- where the client is an unincorporated association or body of individuals, the beneficial owner is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than fifteen percent of the property or capital or profits of such association or body of individuals
- where the client is a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with ten percent or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership