# KNOW YOUR CLIENT(KYC) APPLICATION FORM

**For Non-Individuals (Please fill this form in ENGLISH and in BLOCKLETTERS.)**

# IDENTITY DETAILS

 1. Name of the Applicant: **SAMIDHA COLLEGE OF CIVIL SERVICES ADPALLI (GOGAON) GADCHIROLI**

* 1. Date of incorporation: 15/06/2022 (dd/mm/yyyy)
	2. Place of incorporation: ADPALLI GOGAON
	3. a.PAN: AAKAK5338E

b. Registration No. (E.g. CIN):6859 MAH 78/2015

# 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) select others and write **‘Educational institution**

1. Nature of Business: **Educational institution**
2. \*Documents submitted:

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

# ADDRESSDETAILS

* 1. **Address for correspondence/principal place of business**:

AT ADPALLI (GOGAON) DIST GADCHIROLI City/town/village- Adpalli (GOGAON) Pin Code- 442605 State: - MAHARASHTRA

Country: -INDIA

* 1. **Contact Details:** Tel.(Off.) Tel. (Res.) Mobile No.: 9420177146 Fax: E mail Id: samidha.bcs@gmail.com

# Specify the\*proof of address submitted for correspondence address:

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

* 1. **Registered Address** (if different from above): AS ABOVE

City/town/village: Pin Code:

State: Country:

# OTHERDETAILS(Authorized Signatory)

* 1. **Name:** **KALIDAS SHANKARAO RAUT**

# Current residential address: At VIVEKANAND NAGAR VRUDHASHRAM ROAD GADCHIROLI

* 1. **Any officially valid document containing photographs of Authorized Signatory:**
	2. **PLEASE TICK,IF APPLICABLE:**

\*\*PoliticallyExposedPerson(PEP)No

Familymember/Closerelatives/AssociatesofPEPs

If Yes,(ExplainNatureofrelationshipandpositionholdof PEP)

# DetailsofBeneficialOwner\*

Mentionthedetailsofindividualpersonswho has/havetheBeneficialOwnershipinthecaptionedentity:

|  |  |
| --- | --- |
| **Sr.no** | **Particular** |
| **Fullname** | **Dateofbirth** | **Nationality** | **Address** | **% shareholding** | **PAN** | **\*\*PoliticallyExposedPerson(PED)Declaration** |
|  |  |  |  |  |  |  | PEPFamilymember/Closerelatives/Associatesto PEPNo |
|  |  |  |  |  |  |  | PEPFamilymember/Closerelatives/Associatesto PEPNo |
|  |  |  |  |  |  |  | PEPFamilymember/Closerelatives/Associatesto PEPNo |
|  |  |  |  |  |  |  | PEPFamilymember/Closerelatives/Associatesto PEPNo |

#  DECLARATION

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as theidentity /addressproofoftheinsured for thepurposeofundertakingKYC.

I/Wehereby declare and confirm that the premium has been paid out of legally acquired sources ofincome andthesubsequentpremiumsif any,willcontinuetobepaidoutoflegallydeclaredand assessedsourceofincome.

I/WeunderstandthattheCompanyhasright tocallfordocumentsto establishsourceof funds

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge andbeliefandI/weundertaketoinformyouofanychangestherein, immediately,notlaterthan30days.

In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we areaware that I/we may be held liable for it. Further, I/We understand that the Company has a right to cancel theinsurance contract in case, I am/have been found guilty by any competent court of law under any statutes, directlyorindirectlygoverningthepreventionofmoneylaundering.

 Sign stamp and name

 **KALIDAS SHANKARAO RAUT**

Name & Signature of the Authorized Signatory Date: (dd/mm/yyyy)

 **Importan tnote:-**

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

1. wheretheclientisacompany,thebeneficialowneristhenaturalperson(s),who,whetheractingaloneortogether,or through one or more juridical person, has a controlling ownership interest (more than ten percent of shares orcapitalorprofitsofthecompany)orwhoexercisescontrolthroughother means
2. where the client is a partnership firm, the beneficial owner is the natural person(s), who, whether acting alone ortogether, or through one or more juridical person, has ownership of/entitlement to more than ten percent of capital orprofits ofthe partnershiporwhoexercisescontrolthroughother means

“*Explanation-Forthepurposeofthisclause,“Control”shallincludetherighttocontrolthemanagementorpolicydecision;”*

1. 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 tomorethanfifteenpercentofthepropertyorcapitalorprofits ofsuchassociationorbodyofindividuals
2. 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 exercisingultimateeffectivecontroloverthetrustthroughachainofcontrol orownership
3. wherenonaturalpersonisidentified under(a) or(b) or(c) above,the beneficialowner isthe relevantnaturalpersonwhoholds thepositionofseniormanagingofficial

**(\*\*)** “Politically Exposed Persons” (PEPs) are individuals who have been entrusted with prominent public functions by aforeigncountry,includingthe headsofStates or Governments, seniorpoliticians,seniorgovernmentorjudicial ormilitary officers,seniorexecutivesofstate-ownedcorporationsandimportantpoliticalpartyofficials;”.