# KNOWYOURCLIENT(KYC)APPLICATIONFORM

**ForNon-Individuals (PleasefillthisforminENGLISHandinBLOCKLETTERS.)**

# IDENTITYDETAILS

1. Name of the Applicant: Chhttrapati **Shivaji Maharaj Maha. Surla ( Borda) Warora Dist Chandrapur.**

* 1. Date of in corporation: yes 15/06/2022 (dd/mm/yyyy)
  2. Place of in corporation:yes WARORA
  3. a.PAN:yes ABCTS4384C

b.RegistrationNo.(E.g. CIN):yes

# Status(pleasetickanyone):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PrivateLimitedCo. |  | PublicLtd.Co. |  | UnincorporatedAssociationorBodyof Individuals |
| Partnership/LLP |  | Trust/Foundation |  | Government |

NGO/NPO(Ifyes,obtainDARPANPortalRegistrationnumber )

Others(pleasespecify) select others and write ‘educational instituion

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

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

# ADDRESSDETAILS

* 1. **Addressforcorrespondence/principal placeofbusiness**:

.AT – SURLA (BORDA) TAH – WARORA DIST- CHANDRAPUR City/town/villag --Borda ( SURLA) PinCode- 442914 State:- MAHARASHTRA

Country:-INDIA

* 1. **ContactDetails:**Tel.(Off.) Tel.(Res.) MobileNo.: 9423117363 Fax: Emailid: csmcollege2022@gmail.com

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

***Yes (Foraddressproof,pleasereferthelistatAnnexureA)***

* 1. **RegisteredAddress**(ifdifferent fromabove): yes AT SURLA ( BORDA) TAH – WARORA DIST - CHANDRAPUR

City/town/village: WARORA PinCode:442914

State:MAHARASHTRA Country:INDIA

# OTHERDETAILS(AuthorizedSignatory)

* 1. **Name: Sudhakarrao N. Kharwade**

# Current residential address:At Siddhivinayak Appartment ,304 civil line chandrapur

* 1. **Any officially valid document containing photographs of Authorized Signatory:**
  2. **PLEASETICK,IFAPPLICABLE:**

\*\*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** |
|  |  |  |  |  |  |  | PEP  Familymember/Closerelatives/Associatesto PEP  No |
|  |  |  |  |  |  |  | PEP  Familymember/Closerelatives/Associatesto PEP  No |
|  |  |  |  |  |  |  | PEP  Familymember/Closerelatives/Associatesto PEP  No |
|  |  |  |  |  |  |  | PEP  Familymember/Closerelatives/Associatesto PEP  No |

# 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

Name & Signature of the Authorised SignatoryDate: (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;”.