

**KNOW YOUR CLIENT (KYC) APPLICATION FORM**  
For Non-Individuals (Please fill this form in ENGLISH and in BLOCK LETTERS.)

**A. IDENTITY DETAILS**

1. Name of the Applicant: SMT. NANKIBAI WADHWANI KALA MAHAVIDYALAYA, YAVATMAL

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

3. Place of incorporation: YAVATMAL

4. a. PAN: NGPS09907C

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) EDUCATION PROVIDER

7. Nature of Business: EDUCATION

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:

GIRIJA NAGAR DHAMANGAON ROAD, YAVATMAL City/town/village YAVATMAL Pin Code: 445001 State: MAHARASHTRA

Country: INDIA

2. Contact Details: Tel. (Off.) 07232-240436

Tel. (Res.) \_\_\_\_\_ Mobile \_\_\_\_\_

No.: 9371992538 Fax: \_\_\_\_\_ Email id: SNWKMY@GMAIL.COM

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

GIRIJA NAGAR DHAMANGAON ROAD, YAVATMAL (For address proof, please refer the list at Annexure A)

4. Registered Address (if different from above): \_\_\_\_\_

City/town/village: \_\_\_\_\_ Pin Code: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

**C. OTHER DETAILS (Authorized Signatory)**

1. Name: DR. JAYANT MADHUKAR CHATUR

2. Current residential address: MADHUSUDAN SATHAVANE LAYOUT, LOHARA ROAD, YAVATMAL

3. Any officially valid document containing photographs of Authorized Signatory:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. PLEASE TICK, IF APPLICABLE:

\*\*Politically Exposed Person (PEP)  Family member/ Close relatives/Associates of PEPs

No

If Yes, (Explain Nature of relationship and position hold of PEP) \_\_\_\_\_

**D. Details of Beneficial Owner\***

Mention the details of individual persons who has/have the Beneficial Ownership in the captioned entity:

Sr. no	Particular						
	Full name	Date of birth	Nationality	Address	% share holding	PAN	**Politically Exposed Person(PED) Declaration
							<input type="checkbox"/> PEP <input type="checkbox"/> Family member/ Close relatives/Associates to PEP <input type="checkbox"/> No
							<input type="checkbox"/> PEP <input type="checkbox"/> Family member/ Close relatives/Associates to PEP <input type="checkbox"/> No
							<input type="checkbox"/> PEP <input type="checkbox"/> Family member/ Close relatives/Associates to PEP <input type="checkbox"/> No
							<input type="checkbox"/> PEP <input type="checkbox"/> Family member/ Close relatives/Associates to PEP <input type="checkbox"/> No
							<input type="checkbox"/> PEP <input type="checkbox"/> Family member/ Close relatives/Associates to PEP <input type="checkbox"/> No

M

10/1/20

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.

X   
DR. JAYANT MADHUKAR CHATUR  
Name & Signature of the Authorised Signatory  
Principal  
Smt. Manubai Wadhvani  
Date: Kal W vidyalaya (dd/mm/yyyy)  
Yashwantrao Chavan - 443001