OBSIDIAN INVESTMENT PRIVATE LIMITED
SEBI Regn. INZ000330031 | NSE Trading Member 90476
Regd. Office: 605, Hetdiv Square, Sindhu Bhavan Road,
Bodakdev, Ahmedabad, Gujarat 380054
Tel: +91 79 26563289 | www.obsidiancapital.in | admin@obsidiancapital.in

Application No. _____

Client Code issued _____

KNOW YOUR CLIENT (KYC) APPLICATION FORM – Non-Individuals

Please fill this form in English and in Block Letters

Affix recent passport size photograph
Sign across the face

IDENTITY DETAILS

Name of the Applicant										
Date of Incorporation	D	D	M	M	Y	Y	Y	Y	Place of Incorporation	
Date of commencement of business:	D	D	M	M	Y	Y	Y	Y		
PAN									Regn. No. (e.g. CIN)	

Status (please tick any one)

☐ Private Limited Co.	☐ Public Ltd. Co.	☐ Body Corporate	☐ Partnership	☐ Trust	☐ Charities
☐ NGO's	☐ FI	☐ FII	☐ HUF	☐ AOP	☐ Bank
☐ Government Body		☐ Non-Government Organization	☐ Defence Establishment	☐ BOI	
☐ Society	☐ LLP	☐ Qualified Foreign Investor	☐ Mutual Fund	☐ Others (please specify) _____	

ADDRESS DETAILS

Address for Correspondence:				**Registered Address : (if different from Correspondence)**			
City		PIN		City		PIN	
State		Country		State		Country	

CONTACT DETAILS

Tel. Off.		Tel. Res.		Fax	
Mobile		Email			
Specify the proof submitted for Correspondence Address			Specify the proof submitted for Registered Address		

OTHER DETAILS

Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors: (In case of additional list of directors separate sheet should be used)

Name		Name		Name	
Residence Address		Residence Address		Residence Address	
PAN No.		PAN No.		PAN No.	
DIN/UID No.		DIN/UID No.		DIN/UID No.	
Photograph	Photograph (Affix recent passport size photograph)	**Photograph**	Photograph (Affix recent passport size photograph)	**Photograph**	Photograph (Affix recent passport size photograph)
Signature					

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 changes 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.

X _____

Name and Signature of the Authorized Signatory (ies) Date D D M M Y Y Y Y

IN PERSON VERIFICATION DONE BY

Sr. No.	Particulars	
1.	☐ Originals verified and Self-Attested Document copies received.	
2.	In-Person-Verification (IPV) details :	
	a) Name of the person doing IPV/Employee/SB/AP	
	b) Designation	
	c) Name of Organisation	
	d) Signature	
	e) Date	D D M M Y Y Y Y

Name & Signature of the Authorised Signatory									Seal/Stamp of the intermediary
Date	D	D	M	M	Y	Y	Y	Y	

Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

Name of Applicant _____ PAN of the Applicant | | | | | | | | | | |

Sr. No.	PAN	Name	DIN (For Directors) / Aadhaar Number (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph
1						
2						
3						
4						
5						

Signature X _____

Name & Signature of the Authorised Signatory(ies)

Date | d | d | m | m | y | y | y | y |