

Know-Your-Customer (KYC) Form B

(Only for Non Individual Customers)
(to be fill by Customer and its Promoter (if corporate entity))

Customer Information

A. Full Legal Name 'Customer'

B. Full Registered Address

Telephone No...

Email Id.....

C. Full Principal Operating Address (if different from above)

D. Group Name (if any)

E. Name of CEO/MD/CMD

F. Name of key Beneficial Owner

G. Nature of Business Activity

H. Registration Number (CIN No)

I. Date of Incorporation

J. Legal Constitution Public Ltd/Pvt Ltd Company/JV/Partnership/LLP

K. PAN No. of Company

L. GSTN Number

M. LEI Number

N. CKYC Identifier No (if any)

O. Contact Person's Name Mr./Ms.

Telephone No.

Mobile No.

Email ID.....

P. Details of Senior Management of company *(may attach the detail separately as annexure)*

No.	Name	Designation	Contact No.	Date of Birth	DIN No.	PAN No.	Full Address
1.							
2.							

Q. Details of All Authorized Signatories (Separate Form A- mandatory)

Sr.	Name of Person	Designation
1.		
2.		
3.		

I/We hereby confirm that I/We have read and understood the requirement of KYC of ACPL for compliance of Know Your Customer (KYC). I/We hereby declare that the particulars given herein are true, correct and complete to the best of my/our knowledge and belief, the documents submitted along with this application are genuine and I/we am/are not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any Notifications, Directions issued by any governmental or statutory authority from time to time. I/we hereby undertake to promptly inform ACPL of any changes to the information provided hereinabove and agree and accept that ACPL & any of their authorized representatives ('the Authorized Parties') are not liable or responsible for any losses, costs, damages arising out of any actions undertaken or activities performed by them on the basis of the information provided by me/us as also due to my not intimating / delay in intimating such changes. I/we hereby authorize ACPL to disclose, all / any of the information provided by me/us to the respective regulator/statutory body as may be deemed fit by ACPL or the case may be. I/we hereby agree to provide any additional information / documentation that may be required by the Authorized Parties, in connection with this application. I/We hereby authorise Aryakube Capital Private Limited for the purposes of their review to access my/our records from CKYCR, PAN and UIDAI databases from time to time as may be required by them.

Signature of the Authorized Representative

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Name of the company

Date.....

Place.....

List of Documents (duly signed, stamped by authorized signatory)**Mandatory Document**

1. Certificate of incorporation, commencement of Business (if applicable) and
2. Memorandum & Articles of Association
3. Copy of PAN
4. Resolution of the Board of Directors/Authority letter by CMD/MD/CEO/WTB/Director for Authorized person/s mentioned in this form.
5. Copy of Proof of Address (any of the following)
 - Utility bill which is not more than two months old of any service provider;
 - Form 18 and ROC receipt filed for recording change of registered address
 - Any other documents issued by Government showing Address
6. Form A of Authorized signatory alongwith Address and ID proof (Self attested)- applicable for the individuals signing the facility documents
7. Form A of key Promoter Director(s)alongwith Address and ID proof (Self attested or attested by Authorized Signatory)

**ACPL has also right to ask any such other information/documents as may be required time to time or as per regulatory requirement.*
