

KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Non-Individuals)**MLB CAPITAL PVT. LTD.**

301/314, Pratap Chambers, Gurudwara Road, Karol Bagh, New Delhi-110005

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E-mail : mlbcapital@mlbcapital.com Website: www.mlbcapital.com

Please fill this form in ENGLISH and in BLOCK LETTERS

A. IDENTITY DETAILS

1	Name of the Applicant											
2	Date of incorporation						Place of incorporation					
3	Date of commencement of business											
4	a) PAN						b) Registration No. (e.g. CIN)					
5	Status (Please tick any one):											
	Private Limited Co.	<input type="checkbox"/>	HUF	<input type="checkbox"/>	Partnership	<input type="checkbox"/>						
	Public Ltd. Co.	<input type="checkbox"/>	Government Body	<input type="checkbox"/>	FI	<input type="checkbox"/>						
	Body Corporate	<input type="checkbox"/>	Non Government Organization	<input type="checkbox"/>	FII	<input type="checkbox"/>						
	Trust	<input type="checkbox"/>	Defense Establishment	<input type="checkbox"/>	Bank	<input type="checkbox"/>						
	Charities	<input type="checkbox"/>	Society	<input type="checkbox"/>	AOP	<input type="checkbox"/>						
	NGO's	<input type="checkbox"/>	LLP	<input type="checkbox"/>	BOI	<input type="checkbox"/>						
	<input type="checkbox"/>	Others (Please specify) _____										

B. ADDRESS DETAILS

1	Correspondence Address											
		City/town/village						PIN Code				
		State						Country				
2	Specify the Proof of Address submitted for correspondence address											
3	Contact Details	Tel. (Off.)				Tel. (Res.)						
		Mobile No.				Fax No.						
		Email ID										
4	Registered Address (If different from above.)											

		City/town/village		PIN Code
		State		Country
5	Specify the proof of address submitted for registered address			

C. OTHER DETAILS

1	Gross Annual Income Details (please specify):			
	Income Range per annum	2	Networth	
	Below 1lac <input type="checkbox"/>		Amount _____	
	1-5 lac <input type="checkbox"/>		As on (date) : / /	
	5-10 lac <input type="checkbox"/>		(Networth should not be older than 1 year)	
	10-25 lac <input type="checkbox"/>			
	More than 25 lac <input type="checkbox"/>			
3	Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustee and whole time directors :		If space is Insufficient, enclose these details separately	
4	DIN/UID of Promoter/Partners/Karta and whole time directors :			
5	Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:		Politically Exposed Person (PEP) <input type="checkbox"/>	
			Related to a Politically Exposed Person (PEP) <input type="checkbox"/>	
6	Any other information			

D. DECLARATION

I 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)

Signature of the Authorised Signatory(ies) _____ **Date** / /

FOR OFFICE USE ONLY

() (Originals verified) True copies of documents received

() (Self-Attested) Self Certified Document copies received

Signature of the Authorised Signatory		Seal/Stamp
Date		MLB Capital Pvt.Ltd.

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

Sr. No.	Name	Relationship with Applicant (i.e.promoters,whole time directors etc.)	PAN	Residential/Registered address	DIN for Corporates	Photograph
1		1 2 3 4				
2		1 2 3 4				
3		1 2 3				

Name & Signature of the Authorised Signatory(ies)

Date

FOR OFFICE USE ONLY

E. IN PERSON VERIFICATION DETAILS

Intermediary Name : MLB CAPITAL PVT.LTD		SEBI Reg No: INB230979530, INF230979530, INE230979530, INE260979530, INE270979530, IN-DP-NSDL-213-2001				
Branch Name MLB CAPITAL PVT. LTD.		H.O. Address 301 / 314, Pratap Chambers, Gurudwara Road, Karol Bagh, New Delhi – 110005				
Staff doing ' In person' Verification		Name and Designation				
Date of in person Verification					Place of in person Verification :	
		Signature & Code :				