

**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...

Fax:.....

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

K. PAN No. of Company

L. GSTN Number

M. LEI Number

N. KYC Identifier No (if any)

O. Contact Person’s Name  
(Nodal Officer)

Mr./Ms. ....

Telephone No. ....

Mobile No. ....

Email ID.....

**P. Details of All Directors of company (Separate Form A- optional)**

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

(may attach the detail separately as annexure)

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

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

As per section 178 of Companies Act 2013, the expression "senior management" means personnel of the company who are members of its core management team excluding Board of Directors comprising all members of management one level below the executive directors, including the functional heads

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

Sr.	Name of Person	Designation
1.		
2.		
3.		
4.		

I/We hereby confirm that I/We have read and understood the requirement of KYC of PFS 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 PFS of any changes to the information provided hereinabove and agree and accept that PFS & 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

PFS to disclose, all / any of the information provided by me/us to the respective regulator/statutory body as may be deemed fit by PFS 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.

**Signature of the Authorized Representative**

.....

**Name of the company** .....

Date.....

Place.....

Stamp of  
company

**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/WTD/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)

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

**For Office Use only**

**Account Risk Classification** *(tick yes or no)*

Are any of the directors, principal beneficiaries and shareholder present or former politically exposed person ('PEP')? (This includes immediate family members or close associates of a PEP)	Yes / No
Has the customer issued Bearer Shares? (Bearer shares are negotiable instruments that accord ownership of a corporation to the person who possesses the bearer share certificate)	Yes / No
Does the customer's business involve activities considered to be particularly vulnerable to money laundering risk such as gambling, defence, money services bureau or dealers in high value commodities ( <i>such as trading in precious metals, jewellery and antiques</i> ) or other applicable to local requirement.	Yes / No
Does the name of company or its key promoter director appears in the Sanction list by UN Council, or ISIL & Al-Qaida Sanctions list or Taliban Sanctions list maintained pursuant to Security Council resolutions	Yes / No
Does the relationship involve offshore trust structure which is not controlled by PFS or not subject to Customer Acceptance process? Where a third party is controlling the trust structure do they have non equivalent anti money laundering procedures in place	Yes / No
Is the customer incorporated/registered or conducting business/ operating in high risk jurisdiction	Yes / No
Is customer is non compliance of the compliance with implementation of Security Council Resolution on Democratic People's. Republic of Korea Order, 2017 and implementation of Section 51A of the Unlawful Activities (Prevention) Act, (UAPA) 1967 and Section 12 A of the WMD Act.	Yes / No
Is the customer has made any default in payment of interest on or re-payment of any loan, deposit, debenture in past	Yes / No
Does any of Director/CEO/senior employees of company directly/indirectly related with PFS or its any employee. If yes, kindly elaborate through separate sheet	Yes / No
Does the sector fall under special vulnerability as intimated by RBI/ Regulator	Yes / No

<p><b>Category of the Customer after assessment:</b></p> <p>Category of the Customer (Risk Perception):</p> <p><input type="radio"/> A High</p> <p><input type="radio"/> B Medium</p> <p><input type="radio"/> C Low</p>	<p>Signatures of Principal Officer</p> <p>.....</p> <p>Date of KYC process completed by Principal Officer .....</p>
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