

**A. Identity Details**

1. Name of Applicant (Please write complete name as per Certificate of Incorporation / Registration; leaving one box blank between 2 words. Please do not abbreviate the Name).

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2. Date of Incorporation [ d | d | / | m | m | / | y | y | y | y ] Place of Incorporation [ ]

3. Registration No. (e.g. CIN) [ ] Date of commencement of business [ d | d | / | m | m | / | y | y | y | y ]

4. Status (Please tick (✓)  Private Ltd. Co.  Public Ltd. Co.  Body Corporate  Partnership  Trust/Charities/NGOs  FI  HUF  AOP  Bank  Government Body  Non-Government Organisation  Defence Establishment  Body of Individuals  Society  LLP  FPI-1  FPI-2  FPI-3  Others (Please specify) [ ]

5. Permanent Account Number (PAN) (MANDATORY) [ ]

6. UID/Aadhaar : [ ]

**B. Address Details**

**1. Address for Correspondence**

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City/Town/Village [ ] State [ ] Country [ ] Postal Code [ ]

**2. Contact Details**

Mobile (Primary) (ISD) [ ] (STD) [ ] Mobile (Secondary) (ISD) [ ] (STD) [ ]  
Tel. (ISD) [ ] (STD) [ ] Fax (ISD) [ ] (STD) [ ]

E-Mail ID. (In Capital Letters only) [ ]

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

\*Latest Telephone Bill (only Land Line  \*Latest Electricity Bill  \*Latest Bank Account Statement  Registered Lease / Sale Agreement of Office Premises  
 Any other proof of address document (as listed overleaf) (Please specify) [ ]

\*Not more than 3 Months old. Validity/Expiry date of proof of address submitted [ d | d | / | m | m | / | y | y | y | y ]

**4. Registered Address (If different from above)**

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City/Town/Village [ ] State [ ] Country [ ] Postal Code [ ]

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

\*Latest Telephone Bill (only Land Line  \*Latest Electricity Bill  \*Latest Bank Account Statement  Registered Lease / Sale Agreement of Office Premises  
 Any other proof of address document (as listed overleaf) (Please specify) [ ]

\*Not more than 3 Months old. Validity/Expiry date of proof of address submitted [ d | d | / | m | m | / | y | y | y | y ]

6. Gross Annual Income Details : Income Range per annum :  Below Rs. 1 Lac  Rs. 1 Lac to 5 Lac  
(please tick ✓)  Rs. 5 Lac to 10 Lac  Rs. 10 Lac to 25 Lac  >25 Lac

**DECLARATION**

**Declaration :** I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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. I am aware of other modes of KYC which are available and I have chosen Aadhaar based method voluntarily. My Aadhaar record can be used by KRA agencies only for the specific purpose validating/ maintaining/ sharing my KYC record and as an audit evidence. I will have an option to request for deleting of my Aadhaar record. I hereby give my consent for receiving information including Central KYC Registry through SMS/Email on the above registered mobile number/email address. I am/we are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Dig locker XML file, along with pass code and as applicable, with SEBI, KRA, CKYC and other Institutions/ agencies/ Intermediaries with whom I have a business relationship for KYC purposes only.

Place: [ ] Date: [ ]

**NAME & SIGNATURE (S)  
OF AUTHORISED PERSON (S)**

(6) [ ]

**IPV TO BE FILLED BY - EMPLOYEE/AP/OTHERS**

Intermediary name OR code [ ]

- (Originals Verified) Self Certified Document copies received  
 (Attested) True copies of documents received Main Intermediary

<input type="checkbox"/> IN-PERSON VERIFICATION (IPV) <input type="checkbox"/> DOCUMENTS VERIFIED WITH ORIGINALS <input type="checkbox"/> CLIENT INTERVIEWED BY	
Date: [ d   d   /   m   m   /   y   y   y   y ]	Institution Name & Code : <b>Globe Capital Market Limited</b>
Name : [ ]	Code : [ ]
Designation : [ ]	Signature : [ ]