

Know Your Customer (KYC) Form for CHA
- Company -

Name of Company _____

Principal Place of Business

PAN Number _____ IEC Number _____
Telephone _____ Mobile _____
Fax _____ Email _____

Mailing Address

Name: _____
Address _____

City _____ State _____
Telephone _____ Mobile _____
Fax _____ Email _____

Authorized Signatory

Name: _____
Date of Birth _____ Sex _____
Address _____

City _____ State _____
Telephone _____ Mobile _____
Fax _____ Email _____

Please paste a
most recent
Photograph of
Authorized
Signatory

Documents Required

- Certificate of Incorporation Memorandum of Association Articles of Association
 Power of Attorney Copy of PAN Allotment Copy of Telephone Bill

Authorized Signatory

Name: _____
Date of Birth _____ Sex _____
Address _____

City _____ State _____
Telephone _____ Mobile _____
Fax _____ Email _____

Please paste a most recent Photograph of Authorized Signatory

Authorized Signatory

Name: _____
Date of Birth _____ Sex _____
Address _____

City _____ State _____
Telephone _____ Mobile _____
Fax _____ Email _____

Please paste a most recent Photograph of Authorized Signatory

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Name: _____
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