



CapitalWays

We Understand Your Capital

106, Balaji Corporate, Above ICICI Bank,

Near CureWell Hospital,

Zanjeerwala Square Indore

Mobile Number- 977 064 5365

Phone Number: - 731 4901580

Mail Id- info@capitalways.com

KNOW YOUR CLIENT (KYC) APPLICATION FORM FOR NON-INDIVIDUALS

Please fill this form in ENGLISH and in BLOCK LETTERS.

Note: All Fields Are Required.

PHOTOGRAPH

Please affix the recent
passport size
photographs and sign
across it.

A. IDENTITY DETAILS

1. Name*: _____

2. Date of incorporation*: _____

3. Place of incorporation*: _____

4. Date of commencement of business*: _____

5. Pan No.*: _____

6. Registration No.(e.g. CIN)*: _____

7. Status (Please tick): Private Limited Co/ Public Ltd. Co./Body Corporate/Partnership/
Trust/Charities/NGO's/ FI/ FII/ HUF/ AOP/ Bank/ Government Body/ Non-Government Organization/
Defense Establishment/ BOI/Society/LLP/Others.



B. ADDRESS DETAILS

1. Address for correspondence: _____
2. City/town/village: _____
3. Pin Code: _____
4. State: _____
5. Country: _____
6. Contact Details: Tel. (Off.) or Tel. (Res.): _____
7. Mobile No.: _____
8. Email id: _____
9. Specify the proof of address submitted for correspondence address: _____

10. Registered Address (if different from above): _____
11. City/town/village: _____
12. Pin Code: _____
13. State: _____
14. Country: _____
15. Specify the proof of address submitted for permanent address: _____



C. OTHER DETAILS

1. Gross Annual Income Details (please specify): Income Range per annum: _____ or Net-worth as on (date) _____. (_____) (Net worth should not be older than 1 year).

2. Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors: _____

3. DIN/UID of Promoters/Partners/Karta and whole time directors: _____

4. Please tick, if applicable: Related to a Politically Exposed Person (PEP)/Politically Exposed Person (PEP).

5. Any other information: _____

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I 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 aware that I may be held liable for it. I accept all terms & condition of company.

Name & Signature of the Authorized Signatory

Date: _____ (dd/mm/yyyy)

FOR OFFICE USE ONLY

- 1) (Originals verified) True copies of documents received
- 2) (Self-Attested) Self Certified Document copies received

Name & Signature of the Authorized Signatory

Date: _____ (dd/mm/yyyy)

Seal/Stamp of the intermediary



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2) Refund Policy

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Before deciding to buy our services, please confirm to require our pair of days free trial, the analysis version that we offer. We tend to don't provide refunds on subscriptions that have already been taken. We therefore believe our services and support and even provides 2 days free trial that, with none exception we tend to a NO REFUND POLICY.

For this reason, we tend to powerfully advocate that before payment, our visitors: Read all info concerning our product, services and support given to our purchasers. Evaluate the standard of our services by taking our a pair of days free trial. Read all concerning and our technical Team. Read the assistance and often Asked queries (FAQ) sections. Read our Terms of Use. Read our Privacy Policy.

Do not permit kids or different unauthorized members of the family or friends to access your credit cards or your account at the payment website to confirm that nobody pays for a Membership while not your permission. By creating a payment for Membership to our website, you acknowledge that you just have browse and conform to the higher than No Refund and no cancellation Policy.



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