

Know Your Customer (KYC) Form for CHA - Partnership Firm -

Name of Company _____

Address:

PAN Number _____ IEC Number _____

Telephone _____ Fax _____

_____ Email _____

Partner Details:

Name: _____

Date of Birth _____ Sex _____

Address _____

City _____ State _____

Telephone _____ Mobile _____

Fax _____ Email _____

Please paste a
most recent
Photograph

Partner Details:

Name: _____

Date of Birth _____ Sex _____

Address _____

City _____ State _____

Telephone _____ Mobile _____

Fax _____ Email _____

Please paste a
most recent
Photograph

Documents Required

Registration Certificate Partnership Deed Power of Attorney

Valid ID proof (Partner/Power of Attorney holder) Telephone Bill

Partner Details:

Name: _____

Date of Birth _____ Sex _____

Address _____

City _____ State _____

Telephone _____ Mobile _____

Fax _____ Email _____



Partner Details:

Name: _____

Date of Birth _____ Sex _____

Address _____

City _____ State _____

Telephone _____ Mobile _____

Fax _____ Email _____



Partner Details:

Name: _____

Date of Birth _____ Sex _____

Address _____

City _____ State _____

Telephone _____ Mobile _____

Fax _____ Email _____



Partner Details:

Name: _____

Date of Birth _____ Sex _____

Address _____

City _____ State _____

Telephone _____ Mobile _____

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