

NATIONAL COLLATERAL MANAGEMENT SERVICES LIMITED

Client Information Form

No. 16300

1. Name of Company/Firm:
2. Constituent Profile : Farmer Trader Processor Exporter
3. Constitution: INDIVIDUAL HINDU UNDIVIDED FAMILY (HUF)
SOLE PROPREITORSHIP CORPORATE - PUBLIC LTD - LISTED
CORPORATE - PVT.LTD CO-OPERATIVE SOCIETY
PARTNERSHIP FIRM OTHERS – PLEASE SPECIFY
CORPORATE - PUBLIC LTD – UNLISTED
4. Date of Incorporation/Registration: DDMMVYYYY 5. PAN no:
6. Date of Commencement of Business : DDDMMYYYYY
7. Net Worth of the Applicant (Certified): Rs Lakhs as on
(Excluding Revaluation Reserves).
8. Contact Person / Name :
Mobile No. Email Id:
9. Registered Office Details Address :
Address:
City: State:
Pin Code: Email ID:
Tel. no.:
Mobile no.:
10. Correspondence Office Details Address:
Address:
City: State:
Pin Code: Email ID:
Tel. no. : Fax: Fax:
Mobile no.:

a) Details	of P	romo	otei	rs/	Ma	ana;	gin;	ġΡ.	artı	ner:	s / k	(ey l	Man	ıageı	ial I	ers.	onn	el ot	the	e Co	mpa	ny /	' Firi	n:	,	Wo	7	V (S/N commo	1L action	•
vame:				İ			I	Ĭ																							
\ddress :[T	Ι			Τ	Τ			I	Γ	T	T	<u> </u>						I			<u> </u>		<u> </u>	Π	Ι	1	Τ	
ſ			T				Τ					Ī		Ι									<u> </u>	T		<u> </u>	Ī	<u> </u>	<u> </u>	T	T
<u>-</u>	1	T	T	T				T	T			† T	<u> </u>	<u> </u>	<u> </u>	···········					I		I	<u> </u>		I	<u> </u>	I	1 T	 Т	I
ity: [<u> </u>	<u>, </u>	_ <u></u>	十		I		T	<u>1</u>			I	1 1	Sta	te:	<u> </u>	I			L	L 		I	I	L	I	I	I	I	<u> </u>	I
in Code :	<u>_</u> _	<u> </u>	<u> </u>	ᆣ		I	1 T	1		Fn	l nail	ID:	.] 	T	 		I	I		I	I		I [I T	L 	1 	<u></u> Т	I	 Т	<u></u> Т	1
el. no. : [ᅮ	<u> </u>	 T	\overline{T}		I 	<u> —</u> Т	 	_	ha!	l lan	Γ.	L	I	L I	I	L [l I		L	l	L	 	I	L I	I	 Т	T	 Т	<u> </u>	L T
<u></u>		_ <u> </u>	<u></u>	<u>_</u>		I	L				l r	<u> </u>		<u> </u>	L	<u> </u>	L] 	Pe I	ax:	L	L	L	<u>. </u>	L	<u> </u>	1	<u> </u>	1	<u></u>	<u> </u>
lobile no.	: L			<u> </u>		L		<u> </u>			<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	L															
an no. :	L					L	<u> </u>				<u> </u>	<u></u>	<u> </u>]																	
) Details	of P	romo	ter	s/	Ma	na	gin;	g Pa	artı	ner	s / k	(ey l	Man	age	rial i	ers	onn	el o	fthe	e Co	mpa	iny /	Fir	m:			1				ı
ame: [1						<u> </u>				<u></u>		<u> </u>		<u> </u>	<u> </u>						<u> </u>	<u> </u>	<u> </u>	<u>L</u>	1	<u> </u>		<u> </u>	<u> </u>
ldress :	<u>l</u>		<u></u>					<u>_</u>					<u></u>	<u> </u>	L	<u>. </u>								<u> </u>				<u> </u>		<u></u>	<u> </u>
L				\perp			L	1				<u> </u>	<u></u>	<u> </u>				l							<u> </u>						
				\prod										<u> </u>	,	L									ļ						l
y: [I	I]	Sta	te:																
n Code :				I			Τ			En	nail	ID:																			
l. no. :				I				Ι]	Fa	ax:											
obile no.	: [T		T			Τ	Τ	Τ				Γ	Ī			<u> </u>	<u> </u>													
ın no.:	Ē	T	T	\overline{T}			T	Τ				Ī		1		•															
etails of n		•bar			+n.c	\.ec	l Di		L	ا ل م	2-01						don	ad h		4l	ina			£	har						
				aii	LIIC	.13	וטו	iec	toi	اېد	. I OI	ΠΟC	CIS	Carri	יי אכ	icin	JOIN	eu D	yaı	lati	mig	a þ	-B¢	1416	1161.						
ink Accou ame of Ba			s: T	Т			Τ	Т	7		I	1	T	T	Γ-	Υ	T	T	Γ	Τ-	T	Γ	T	Т	T	T	T	T	Т	Т-	
anch Ado		ļ	 	<u> </u>			<u> Т</u>		l		 	<u> </u>	<u> </u>	1	! 	 	l	I	! 	l T	1 	l	I T	J T	<u> </u> 	1 T	<u> </u>	 	 Т	J T	
	11622	' <u>'</u>		<u> </u>		<u> </u>	<u> </u>				<u> </u>	<u> </u>	_	<u> </u>	<u> </u>	l	<u> </u>	<u> </u>	<u> </u>	<u></u>		<u> </u>	<u> </u>	<u> </u>	<u></u>	<u> </u>	<u></u>	<u></u>		<u> </u>	<u> </u>
L				ᆜ			<u> </u>	<u> </u>	_		_	_					<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>		<u> </u>				<u></u>	<u> </u>
		<u> </u>	<u>L</u>	\perp									<u> </u>				<u></u>	<u> </u>	<u></u>	<u></u>		<u> </u>	<u> </u>	<u></u>				<u></u>			
ty:				\prod										Sta	te:						<u> </u>		<u> </u>	<u> </u>							
n Code :				\prod						Em	nail	ID:						l													
Ino:				I				Ι]	F	ax:											
obile no :		T		T			T	T	1				<u> </u>]	IFSC	C Co	de :		T	T	Π	Τ	Τ	T	T	1	T
ccount Ty	*****	Г	ς.	AV	INC	35		Γ		CII	RRI	ENT	-	•		C	SH	cre				ΩV	FR	DRA	FT				**********		
	·	<u></u>						L_							L	1 ,		۱۲			L			, T							
		- 1	1~	TH	CD	cr	15		·cr	15.00	1 1																				

Туре	Location	Regi	stration	1	validi	ty (DI)/MN	I/YY)		We understand commodities							
VAT												YYU	.inuera	BHU w	Жисси	165	
CST					_					_							
Excise			***************************************		-												
IEC Code					_		.			\dashv							
Service Tax					-					\dashv							
Mandi License										\dashv							
L		<u></u>															
For Individual or Prop	rietorsnip Firm o	inly:	·							· · · · · · · · · · · · · · · · · · ·							
a. Name :											\prod	L					
b. Date of Birth :	D M M Y	YYY															
	*								•								
c. PAN no.:										-							
d. Residential Address	s:																
			П	Π		П	T	7	П	\top	Τ,	T	Τ		П	Т	Т
\			1—1— T—T—			 			Г——— Г		_	<u> </u>		 	<u>_</u>		+
			<u></u>					<u></u>			丄		<u> </u>			<u></u>	
												\mathbb{L}	\prod			ightharpoons	\prod_{\cdot}
City:		TTT	Sta	ste :				1	Π			T	T			$\overline{}$	$\overline{\top}$
Pin Code :		Email ID :		T				<u> </u>		<u> </u>	T	 	<u>т </u>	<u>1 </u>		<u> </u>	$\frac{1}{1}$
			 T			L 1	Fax:	_ <u></u> 			$\frac{\bot}{\top}$	 _	<u> </u>	<u> </u>		+	<u> </u>
Tel. no. :			<u></u>	<u></u> _	<u> </u>	<u> </u>	Fan.	· L	<u></u>				<u>l</u>	<u> </u>	<u> </u>		
Mobile no. :																	
d. Sex : MA	ALE	FEMALE															
	L		*	1													•
Copies of the Annual	Report or last 5)	/ears : (Noc iv	landato	ry <i>)</i>								٠					
Year 1																	
Year 2																	
Year 3												-					
(If Company has no	ot completed thr	ee financial y	ears of i	its ope	eratior	ı, cop	y of a	nnua	ıl rep	orts	for s	uch (om	plete	ed fin	ancia	al ye
						•	•										
Focus Commodities																	
Name		Annual Volu	me (MT))													
e Information Furnish						1.1 11											
A INTORMATION CHILDRE	وروجه منحمات كالتا	wact v	Constitution,	- 0.0		11											

Name:

Date:

Notes:

✓ Please submit a letter from the banker certifying account number and the period from which this account is in operation.



Corporate

- ✓ Please submit a Certified Copy of Memorandum and Articles of Association / Partnership Deed.
- ✓ Original documents may be verified at the time of filing of application.
- ✓ The Information given above would be confidential. However, if the information is required by any government agency, it may be given to them.

Checklist of Enclosures for Client Information Form:

Andividual / Proprietary Firm

	Designation	Date		Signature					
Entered into HR Pro by - Verified by									
Name of Employee –									
- registration of Farmership Deed	J								
☐ Ration Card☐ Registration of Partnership Deed	1								
☐ Sales tax registration certificate									
☐ Shop & Establishment act certifi		☐ Adhaar Caml							
☐ Last two months Bank statemen	· ·	-	company certificate						
☐ Last month Telephone Bill		☐ Valid Passport p							
☐ Last month Electricity Bill —		☐ Valid Driving lice							
☐ Valid Driving License		☐ Voter ID card pl	notocopy						
☐ Valid Passport photocopy	•	☐ PAN card photo	сору						
any one of the following	¹⁸ 12 acceptance)	(Anny one o	f the following is ac	septable)					
Documents accepta (Any one of the following			nents acceptable for						
l			across Photograph	١ ,					
☐ Signature across Photograph			☐ 2 Photos of Directo	ors & Signature					
☐ Rubber Stamp of the HUF		,	stamped & signed						
☐ All pages of CRF must be duly sign	ned		☐ All pages of CRF m	nust be duly					
☐ Self attested Proof of Address			☐ Authorized Signate	ory Letter					
☐ Self attested Proof of Identity			designated Directo	ors .					
☐ Self attested PAN card copy	☐ Signature acros	ss Photograph	☐ Self attested POI &	POA of two					
☐ CRF duly filled & signed	stamped & sign	ed	Loss account (Last	2 years)					
HUF	☐ All pages of CR	F must be duly	return. Balance Sh						
	☐ Authorized Sign	natory Letter	☐ Self attested copy	of Income tax					
☐ Signature across Photograph	by two partners	,	☐ Board Resolution						
☐ Firm	☐ Self attested Pa	rtnership deed	Letter Head	, ,					
☐ Rubber Stamp incase of Proprieta			☐ List of all Directors						
☐ All pages of CRF must be duly sig	1 '	oof of Address of	& Articles of Association						
☐ Self attested Proof of Address	all partners	· · · · · · · · · · · · · · · · · · ·	☐ Self attested copy of Memorandu						
☐ Self attested Proof of Identity	☐ Self attested Pr	7.7.4	Company						
☐ Self attested PAN card copy	1 '	AN card copy of Firm	☐ Self-attested PAN card copy of						
☐ CRF duly filled & signed	☐ CRF duly filled	& signed	│ □ CRF duly filled & si	aned					