

KYC DECLARATION
(NON-INDIVIDUAL)

To,
Sammaan Finserve Limited
(Formerly known as Indiabulls Commercial Credit Limited),
 _____ (Branch Address)

Passport Size
 Photograph with
 Signature across
 this Declaration
 and photograph

Reference - Loan Account Number - _____

Dear Sir/ Madam,

I, _____ do hereby solemnly declare, affirm and confirm that the information/ details provided herein below, in connection with the captioned loan account is up-to date and correct. I undertake to inform you of any changes therein, immediately. In case of any of the below mentioned information is found to be false or untrue or misleading or misrepresenting, I shall be solely held liable for the same.

Name of non-individual entity - _____

PAN Number - _____ & CKYC No _____

Date of Incorporation- _____ Date of Commencement of Business - _____

Place of Commencement of Business - _____

Status - _____
{Private Limited/ Public Limited/ Partnership/ Limited Liability Partnership/ Trust/ Society/ HUF/ AOP etc.}

OFFICE ADDRESS -

Office No. / Building Name - _____

Road No. / Name - _____

Area and Landmark - _____

City- _____ Pin code - _____

E-mail - _____

Telephone (Res) - _____ - _____ Mobile - _____

I hereby confirm that apart from the PAN Card/ Form 60, I have enclosed herewith one certified copy of the below mentioned document/s as proof of identity and address *(Please tick relevant documents in the below list)*.

Documents - Non Individuals		Proof of Identity	Address Proof
I.	PAN Card/ Form 60 (for Identity Proof only)	Yes	No
II.	Registration Certificate		
III.	Certificate of Incorporation (for company)		
IV.	CST/VAT/ GST Registration Certificate		
V.	Copy of Partnership/ Trust Deed		
VI.	Memorandum of Association (for company)		
VII.	Shops & Establishment Certificate/ Trade License Certificate		
VIII.	Other _____		

OTHER DETAILS

Name, PAN, DIN/ Aadhaar Number, residential address and photographs of Promoters/ Partners/ Karta/ Trustees/ Whole time director ** - _____

** should furnish the requisite details in KYC form/ declaration applicable for individuals.

Date - _____ Signature of the Authorized Person(s)- _____