

**Know Your Customer (KYC) Form for CHA
- Trusts & Foundations -**

Name of the Trust

Address _____

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

Name of the Trustee/ Settler/ Beneficiary/ Signatory

Date of Birth _____ Sex _____
Address _____

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



Name of the Founder/Director/Manager

Date of Birth _____ Sex _____
Address _____

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



Documents Required

- Registration Certificate Power of Attorney Resolution of managing body
- Valid ID & Address proof (Trustees/Beneficiaries/Settlers) Telephone Bill

Name of the Founder/Director/Manager/Trustee/ Settler/ Beneficiary

Date of Birth _____ Sex _____

Address _____

City _____ State _____

Telephone _____ Mobile _____

Fax _____ Email _____



Name of the Founder/Director/Manager/Trustee/ Settler/ Beneficiary

Date of Birth _____ Sex _____

Address _____

City _____ State _____

Telephone _____ Mobile _____

Fax _____ Email _____



Name of the Founder/Director/Manager/Trustee/ Settler/ Beneficiary

Date of Birth _____ Sex _____

Address _____

City _____ State _____

Telephone _____ Mobile _____

Fax _____ Email _____



Name of the Founder/Director/Manager/Trustee/ Settler/ Beneficiary

Date of Birth _____ Sex _____

Address _____

City _____ State _____

Telephone _____ Mobile _____

Fax _____ Email _____

