**(On the letter-head of Authorised Person) AP-3**

**Details of Individual/Director/ Partners/ of M/s.\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Applicant Authorised Person’s Name) as on \_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.No** | **Name #** | **Father’s Name #** | **Husband’s Name \*** | **Date of Birth** | **PAN No** | **Qualification** | **Residential Address** | **Contact/Mobile No** | **Email ID** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

Date:

Place:

**NOTES:**

1. **#** All initials to be expanded (full name to be mentioned as per PAN card)
2. \*Applicable only in case of married female applicants. In case if the applicant has not changed her name and address post marriage, an undertaking to be obtained from applicant(s) for no change in name and address post marriage duly self-certified and confirmed by the Member.
3. Signature of Individual/Partner/Director with Stamp of the Authorised Person
4. Signature of the applicant should match with the PAN, if not then please provide the bank verification letter as per the prescribed format of the Exchange available on the Exchange website.
5. Practicing CA/CS certification (along with rubber stamp of CA/CS Firm, name of the CA/CS Firm, name of partner/proprietor, his/her Membership number and UDIN) is mandatory wherein Applicant has submitted education affidavit due to loss of education proof.
6. Practicing CA/CS certification is mandatory in the case of Corporate/Partnership/LLP/OPC applications.

**CERTIFICATE**

This is to certify that the details of Individual/Partner/Director in \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and as given above, based on my/ our scrutiny of the books of accounts, records and documents is true and correct to the best of my/our knowledge and as per information provided to my/our satisfaction and signed before me.

For (Name of Certifying Firm)

Name of the Partner/Proprietor

Chartered Accountant/Company Secretary Firm

Membership Number:

UDIN:

Date:

**Please paste self-attested photographs of the Individual / partners / directors duly signed across:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |