



Capstone

Finance & Investment Services



Capstone Finance & Investment Services

Registered Office

14, Harish Chandra Dutta Road, Battala, Sodepur,

Kolkata – 700 115

West Bengal, India

We welcome you as our customer at **capstone finance & investment services**. We are committed to providing you with the highest possible standard of service in the financial & asset management and we appreciate you placing your trust in us.

We provide you the best services by our side for your wealthy goals.

Best and warm wishes for you with kindness.....

To contact us with any questions or issues, you can:

Landline no. +91 3335651804

Phone no. +91 9007555823

Best regards,

Capstone Finance & Investment Services



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- COMPANY **WORK ON 3RD PARTY** (EXCLUDING MENTIONED PROJECTS) FINANCIAL AND INVESTMENT PRODUCTS LIKE SECURITIES MARKET, BOND MARKET, CURRENCY EXCHANGES AND MANY MORE.
- BASICALLY WE GIVE YOU THE FINANCIAL AND INVESTMENT PLAN BASED ON CURRENT MARKET FLOW AND YOU CHOOSE WHICH PLAN YOU TAKE AS PER YOUR FUTURE PLANNING AND ALSO RISK APPETITE.
- WE DIVERSE FUNDS IN VARIOUS FINANCIAL PRODUCTS AND AS A VENTURE CAPITAL TOWARDS THE DIFFERENT TYPES OF BUSINESS.
- AS A COMPANY WE ALSO HAVE A VISION THAT ALL OF OUR CUSTOMERS WILL GET MORE RETURN ON THEIR INVESTMENT THROUGH DIVERSE THE FUND WITH LOWER RISK.
- WE WORK AS A VENTURE TO DISBURSE FUNDS IN VARIOUS WAYS.

We Worked On:-

- **1. EQUITY MARKET**
- **2. IPO MARKET**
- **3. FUTURE AND OPTION MARKET**
- **4. COMMODITY**
- **5. CURRENCY**
- **6. MUTUAL FUND**
- **7. SIP**
- **8. BOND MARKET**
- **9. INSURANCES**
- **10. VENTURES**
- **11. LAND INVESTMENTS**
- **12. PRIVATE EQUITY**
- **13. CONSTRUCTIONS**

SIGNATURE



KNOW YOUR CLIENT (KYC) APPLICATION FORM

For Non-Individuals

PHOTOGRAPH

Please fill this form in ENGLISH and in BLOCK LETTERS.

Please affix the recent passport size photographs and sign across it

A. IDENTITY DETAILS

- 1. Name of the Applicant: _____
- 2. Date of incorporation: _____ (dd/mm/yyyy) & Place of incorporation: _____
- 3. Date of commencement of business: _____ (dd/mm/yyyy)
- 4. a. PAN: _____ b. Registration No. (e.g. CIN): _____
- 5. Status (please tick any one):
 Private Limited Co./Public Ltd. Co./Body Corporate/Partnership/Trust/Charities/NGO's/FI/ FII/HUF/AOP/ Bank/Government Body/Non-Government Organization/Defense Establishment/BOI/Society/LLP/ Others (please specify) _____

B. ADDRESS DETAILS

- 1. Address for correspondence: _____
 _____ City/town/village: _____ Pin Code: _____ State: _____ Country: _____
- 2. Contact Details: Tel. (Off.) _____ Tel. (Res.) _____ Mobile No.: _____ Fax: _____ Email id: _____
- 3. Specify the proof of address submitted for correspondence address: _____
- 4. Registered Address (if different from above): _____
 _____ City/town/village: _____ Pin Code: _____ State: _____ Country: _____

C. OTHER DETAILS

- 1. Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors: _____
- 2. a) DIN of whole time directors: _____
 b) Aadhaar number of Promoters/Partners/Karta: _____

DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

Name & Signature of the Authorised Signatory

Date: _____ (dd/mm/yyyy)

FOR OFFICE USE ONLY

Originals verified and Self-Attested Document copies received

(.....)
Name & Signature of the Authorised Signatory
Date

Seal/Stamp of the intermediary



Any dispute arising out of the operations of the power of attorney shall be settled as per the bye laws of the concerned Depository/relevant Court/forum in Kolkata.

This document shall be subject to the jurisdiction of the Courts in Kolkata.

By giving this POA to the company, if any financial risks or losses arise because of market fluctuation clients have to bear it as its own.

	NAME	SIGNATURE
First Holder		
Second Holder		
Third Holder		

In WITNESS WHEREOF, I/we hereunto set and subscribed our respective hands on the day, date and year mentioned.

Name of witness	
Address of witness	
Signature of witness	

Office use only

Name	Signature
Capstone Finance & Investment Services	<p style="text-align: right;">Stamp with signature</p>

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14. HARISH CHANDRA DUTTA ROAD
SODEPUR, KOLKATA-700115

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invest.capstonefni@gmail.com