

## Know Your Client (KYC) Application Form (For Individuals Only)

Please fill type the form in English and BLOCK letters. Sign all areas marked with 'x'. Once completed, please mail the completed form along with the necessary proofs to our corporate office in Mumbai.

CLIENT'S SIGNATURE [1]

### A. Identity Details (please see guidelines)

FULL NAME (As appearing in supporting identification document):

FATHER / SPOUSE'S NAME:

MAIDEN NAME: (If any)

MOTHER NAME:

GENDER  MALE  FEMALE  T • TRANSGENDER MARITAL STATUS  MARRIED  UNMARRIED  OTHERS

CITIZENSHIP  IN. INDIAN  OTHERS (ISO 3166 COUNTRY CODE) DATE OF BIRTH (dd/mm/yyyy)

RESIDENTIAL STATUS  RESIDENT INDIVIDUAL  NON RESIDENT INDIAN  FOREIGN NATIONAL  PERSON OF INDIAN ORIGIN

PAN (Please enclose a duly attested copy)

AADHAAR NUMBER (if any)

PROOF OF IDENTITY SUBMITTED FOR PAN EXEMPT CASES (Please Tick)

UID (AADHAAR)  PASSPORT  VOTER ID  DRIVING LICENCE  OTHERS (Please see guideline 'D')

NREGAJOB

### B. Address Details (Please see guidelines)

Address Type  Residential/ Business  Residential  Business  Registered Office  Unspecified

ADDRESS FOR RESIDENCE/CORRESPONDENCE:

CITY/TOWN/VILLAGE:

PIN CODE

STATE:

COUNTRY:

TEL (OFF):

TEL (RES):

MOBILE:

FAX:

EMAIL ADDRESS:

PERMANENT ADDRESS OF RESIDENT APPLICANT IF DIFFERENT FROM ABOVE BI OR OVERSEAS ADDRESS(MANDATORY) FOR NON RESIDENT APPLICANT:

CITY/TOWN/VILLAGE:

PIN CODE

STATE:

COUNTRY:

PROOF OF ADDRESS TO BE PROVIDED BY APPLICANT. PLEASE SUBMIT ANY ONE OF THE FOLLOWING VALID DOCUMENTS & CHOOSE THE DOCUMENT ATTACHED

PASSPORT  RATION CARD  REGISTERED LEASE/SALE AGREEMENT OF RESIDENCE  DRIVING LICENCE  VOTER IDENTITY CARD

\*LATEST BANK A/c STATEMENT/PASSBOOK  \*LATEST TELEPHONE BILL(Only landline)  \*LATEST ELECTRICITY BILL  \*LATEST GAS BILL

OTHERS (Please Specify)

\*Not more than 3 months old. Validity/Expiry date of proof of address submitted (dd/mm/yyyy)

ANY OTHER INFORMATION:

### 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 may be held liable for it.

CLIENT'S

SIGNATURE [2] X

PLACE:

DATE (DD/MM/YYYY)

FOR OFFICE USE ONLY

IPV Done on (dd/mm/yyyy)

AMC/Intermediary name OR code

(Originals verified) True copies of documents received

(Attested) True copies of documents received Main Intermediary

Application Type  New  Update

KYC Number (Mandatory for KYC update request)

Account Type  Normal  Small

Simplified (or low risk customers)

Seal Stamp of the intermediary should contain

Staff Name

Designation

Name of the Organization

Signature

Date

Place