

KNOW YOUR CLIENT (KYC) APPLICATION FORM – FOR INDIVIDUALS
(Please fill this form in ENGLISH and in BLOCK LETTERS)

A. IDENTITY DETAILS

- Name of the Applicant: _____
- Father's/ Spouse Name: _____
- Gender: Male/ Female b. Marital status: Single/ Married
 - Date of birth:

d	d	m	m	y	y	y	y
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- Nationality: _____
 - Status: Resident Individual/ Non Resident/ Foreign National
- PAN: _____
 - Unique Identification Number (UID)/ Aadhaar, if any: _____
- Specify the proof of Identity submitted: _____

Please affix your recent passport size photograph and sign across it

B. ADDRESS DETAILS

Address for correspondence	Permanent Address (if different from correspondence address OR Overseas address (mandatory) for Non-Resident Applicant)
_____ _____ _____ City/town/village: _____ Pin Code: _____ State: _____ Country: _____	_____ _____ _____ City/town/village: _____ Pin Code: _____ State: _____ Country: _____

- Contact Details: Tel. (Off.) _____ Tel. (Res.) _____ Fax: _____
 Mobile No.: _____ Email id: _____
- Specify the proof of address submitted for correspondence address: _____
- Specify the proof of address submitted for permanent address: _____

C. OTHER DETAILS

- Gross Annual Income Details (please specify):
 Income Range per annum:

<input type="checkbox"/>	Below Rs. 1 Lakh
<input type="checkbox"/>	Between Rs.5 to 10 Lakhs
<input type="checkbox"/>	Above Rs.25 Lakhs

OR

<input type="checkbox"/>	Between Rs.1 to Rs.5 Lakhs
<input type="checkbox"/>	Between Rs.10 to Rs.25 Lakhs
- Net-worth as on (Net worth should not be older than 1 year)

d	d	m	m	y	y	y	y
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 Rs. _____
- Occupation (please tick any one): Private Sector / Public Sector / Government Service / Business / Professional / Agriculturist / Retired / Housewife / Student / Others _____
- Please tick, if applicable: Politically Exposed Person (PEP) Related to Politically Exposed Person (PEP)
- Any other information: _____

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I 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 aware that I may be held liable for it.

Signature of Applicant

Date:

d	d	m	m	y	y	y	y
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- (Self-Attested) Self Certified Document copies received True copies of documents received (Originals verified)

IPV Details	Signature	In person verification done by	Relationship with the Intermediary / Designation	Date of IPV

Signature of the Authorized Signatory

Name of the Intermediary

Seal/Stamp of the intermediary

Date

d	d	m	m	y	y	y	y
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