

KNOW YOUR CLIENT (KYC) APPLICATION FORM

Please fill this form in ENGLISH and in BLOCK LETTERS.

For Individuals

PHOTOGRAPH

A. IDENTITY DETAILS

Please affix your recent passport size photograph and sign across it

- 1. Name of the Applicant: _____
 - 2. Father's/ Spouse Name: _____
 - 3. a. Gender: Male/ Female b. Marital status: Single/ Married c. Date of birth: _____(dd/mm/yyyy)
 - 4. a. Nationality: _____ b. Status: Resident Individual/ Non Resident/ Foreign National
 - 5. a. PAN: _____ b. Unique Identification Number (UID)/ Aadhaar, if any: _____ 6.
- Specify the proof of Identity submitted: _____

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.
- Permanent Address (if different from above or overseas address, mandatory for Non-Resident Applicant): _____
 _____ City/town/village: _____ Pin Code: _____ State: _____ Country: _____
- 5. Specify the proof of address submitted for permanent address: _____

C. OTHER DETAILS

- 1. Gross Annual Income Details (please specify): Income Range per annum: Below Rs 1 Lac / 1-5 Lac /5-10 Lac / 10-25 Lac / >25 Lacs or Net-worth as on (date).....(-----)(Net worth should not be older than 1 year)
- 2. Occupation (please tick any one and give brief details): Private Sector/ Public Sector/ Government Service/Business/ Professional/ Agriculturist/ Retired/ Housewife/ Student/ Others _____
- 3. Please tick, if applicable: Politically Exposed Person (PEP)/ Related to a Politically Exposed Person (PEP)
- 4. 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 the Applicant

Date: _____ (dd/mm/yyyy)

FOR OFFICE USE ONLY

(Originals verified) True copies of documents received

(Self-Attested) Self Certified Document copies received

(.....)
Signature of the Authorised Signatory

Date

Seal/Stamp of the intermediary

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