

KNOW YOUR CLIENT (KYC) APPLICATION FORM FOR INDIVIDUALS

Please fill this form in **ENGLISH** and in **BLOCK LETTERS**.

Note: All Fields Are Required.

PHOTOGRAPH

Please affix the recent
passport size
photographs and sign
across it.

1. Name of the Applicant: _____
2. Father / Spouse Name: _____
3. a. Gender: _____
- b. Marital status: _____
- c. Date of birth: _____
4. a. Nationality: _____
- b. Status: _____
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.) or Tel. (Res.): _____
- Mobile No.: _____
- 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:_____

5. Specify the proof of address submitted for permanent
address:_____

C. OTHER DETAILS

1.Gross Annual Income Details (please specify): Income Range per annum:_____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: Related to a Politically Exposed Person (PEP)/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. I
accept all terms & condition of company.

Name & Signature of the Authorized Signatory

Date: _____ (dd/mm/yyyy)

FOR OFFICE USE ONLY

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- ☐ (Originals verified) True copies of documents received
- ☐ (Self-Attested) Self Certified Document copies received

Name & Signature of the Authorized Signatory

Date: _____ (dd/mm/yyyy)

Sign of executive