

Know Your Customer (KYC) Application Form														
For office use only (To be filled by company officials only)														
Application Type* New	_ _ _ _ ıpdate request)													
Fields marked with* are mandatory														
DP ID :- UCC :-														
1. PERSONAL DETAILS														
Name* Prefix														
(Same as ID proof)														
Maiden Name (If any*)														
Father / Spouse Name*														
Mother Name*														
Motrier Name														
Date of Birth*		РНОТО												
Gender* M-Male	F- Female T-Transgender													
 Marital Status* ☐ Married	Unmarried Others													
Citizenship*	Others (ISO 3166 Country Code)													
Residential Status* Resident Individ	dual Non Resident Indian	DI CONTRACTOR OF THE PROPERTY												
Foreign Nationa	- Demonstration Original	Please affix the recent passport size photograph												
Occupation Type* Private Sector	1: /	(Size 3.5 cm X 4.5 cm)												
(Please Tick any	Self Employed Retired													
one and give brief Housewife	Student B-Business													
	_	nature / Thumb Impression												
2. PROOF OF IDENTITY (Pol)*														
(Certified copy of any one of the fo	llowing Proof of Identity[PoI] needs to be submitted)													
A- Passport Number	mber Passport Expiry Date D D													
B- Voter ID Card														
C- PAN Card														
D- Driving Licence	Exp. Date D D — N	/ M — Y Y Y Y												
E- UID (Aadhaar)														
F- NREGA Job Card														
Z- Others (any document notified by the central government)														
S- Simplified Measures Account - Document Type code Identification Number														
3. PROOF OF ADDRESS (PoA)*														
☐ 3.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS														
	ng Proof of Address [PoA] needs to be submitted)													
Address Type* Residential / E	Business ☐ Residential ☐ Business ☐ Registered Office	e Unspecified												
Proof of Address* Uvoter Identity Card Driving Licence Passport NREGA Job Card UID (Aadhaai														
☐ Others														
City / Town / Village*	District* Pin / Post Code*													
State / U.T*		as per ISO 3166												
3.2 CORRESPONDENCE /	LOCAL ADDRESS DETAILS *													
☐ Same as Current / Permanent /														
Address*														
City / Town / Village*	District* Pin / Post Code*													
State / U.T *	Code* Country* Code*	as per ISO 3166												

4. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID)																											
Tel.(Off/Res)												Fa	Х							_							
Mobile		_									Mobile (2)							-		Ī							
Email ID	i			İ	iii		İ	Ť												İ		Ì		İ	i	Ť	
5. FATCA / CRS Information																											
Do you satisfy any of the criteria mentioned below:-										Yes No																	
a. Citizen of any country other than India(dual/multiple) [including green card] b. Country of birth is any country other than India																											
c. Tax resident of any country/ies other than India																											
d. POA or a mandate holder who has an address outside India e. Address or telephone number outside India.														_													
If answer to any of the above questions is a YES or in case of NRI account .please fill the below details :-																											
Country#																											
# to also include	USA	۸. w	here	the ir	ndivid	ual is	a	citiz	en/	are	een	card	ho	olde	r of	US	A										
# to also include USA, where the individual is a citizen/green card holder of USA * In case Tax Identification Number is not available, kindly provide functional equivalent																											
6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill below details)																											
Addition of Rela	ated Pe	erso	n	☐ De	letion	of Re	lated	l Pe	rso	n																	
KYC Number of Related Person (If available*)																											
Related Person Ty	rpe [Guardi	an of l	Minor		As	sigr	nee	!		Autl	nori	ized	Rep	rese	enta	tive	!								
Name (If ICVC num		ام مر		040 04	avida	ا ما ا	ام بدر ما	oto:I	ام م		onti-	on al\															
(If KYC null Proof of Identity of					ovide	a, bei	ow a	etaii	is a	ıre	opu	onai)															
•	entity Proof Submitted Number									ПЕ	Ξхр. [)ate	D	D	M	VI I	y I s	/ Y	Y								
Other (any docume		ا tifiمر	d by th	e Cer	tral G	ovt)		- T		L						Ide	ntif		ion N					-			
Simplified Measure								+											ion N								
7. REMARKS (1.5.0							_				
8. APPLICANT	DECL	_AF	RATIO	N																							
I hereby declare tha	t the d	etail	s furnis	shed a	oove a	re true	e and	cor	rec	t to	the	best	of n	ny k	nowle	edge	and	be	lief an	d I u	nde	rtake	to in	nforn	n yo	ı of a	any
changes therein, imr		ely. I	n case	any of	the al	ove ir	nform	atior	n is	fou	und t	o be f	alse	e or	untru	e or	mis	ead	ing or	misr	epre	esent	ing,	am	awa	re th	at I
may be held liable fo	or it.																										
I hereby consent to r	eceivin	g inf	ormatio	on from	Centr	al KYC	Reg	jistry	/ thr	ou	gh Sl	MS / E	ma	ail on	the a	abov	e reç	giste	red m	obile	nun	nber	/ ema	ail ac	ddres	ss.	
Cubicat to applicab	ماء امیر		h a wa ha i	alva.		.4 4	h a		ГΛ.	т.	AICE	.c :~t		4:-		لم ما 4		-4:-						. 4	4	la a u!4	
Subject to applicable wherever necessar			-	_				-													_						
further confirm that	-														-	-						uc, c	0110	,	0011	ipict	0. 1
Turtiler Committe that	lillave	: I Ca	iu aiiu	unuen	stariu	IIE FA	ICA	CINC	o le	1111	15 4111	u con	uiti	UIIS	anu	iieie	uy a	CCE	pt tile	Sali	e.						
										Г																	
Date: DD — MM — YYYY																											
Place :		_					¥	Z D	(2)																		
Place . [] [-			9	iana	sture	. / TI	hun	h l	mpro	ccio	no	fΛn	nlin	nnt.			
Note: Separate KYC to be done for each client in case of more then one account holder (for Demat Account only).																											
· · · · · · · · · · · · · · · · · · ·												E O					(··· <i>y</i> /	·				
Detalis of Employee	\/AD/	T	Do	cumei	ato Vo	rified	ı	Т		_	liont	Intor	vio	wod	by 9					DI) / [VI M	YY	ΥY			
Authorized Signa				with (l		IN			Inter Veri			-					arsi	_		uritie		mite	d	
, tatiloli 2 04 0 1914	,				· · · · · · · · ·						01001				4011	<u> </u>					Co	ode -	IN02	242			
Name																											
Designation/Code	ρ	\dagger																									
2001911001110000		+												of the Interm									diar	У			
Date			DD/MM/YYYY							DD / MM / YYYY								Seal Stamp of the Intermedian									
		Τ						T																			
Signature																											
-		- 1																									