



KYC
Know Your Client

ACCOUNT OPENING
for
INDIVIDUAL / FARMER



Recent passport sized
photograph.

Sign across it.

APPLICATION NO.

Application number input boxes

FARMER INDIVIDUAL



DATE: _____

BENEFICIARY NAME (Full name):

Mr./Mrs./Ms. _____

First

Middle

Last

FATHER'S/HUSBAND'S NAME:

Mr. _____

BENEFICIARY ID	(To be filled by RP)
RP NAME	FARSIGHT SECURITIES LTD.
RP ID	30
RP BRANCH	KAROL BAGH

ACCOUNT OPENING CHARGES: _____

Till 3 decimal places

SMS ALERTS (tick one)

Yes No

EMAIL ALERTS (tick one)

Yes No

ALLOW PLEDGING (tick one)

Yes No

DATE OF BIRTH: ___/___/___

dd mm yyyy

E-mail ID: _____

Mobile No.: _____

Alternate No.: _____

Aadhar No.: _____

OTP & Transaction Alerts will be sent to the Mobile No. & E-Mail address mentioned above.

MODE OF OPERATION: Singly

DELIVERY INSTRUCTION SLIP

FROM: _____

TO: _____

BENEFICIARY DETAILS

DOCUMENT TYPE: _____

DOCUMENT NO.: _____

Document type

PAN NUMBER:

GST NUMBER:

ADDRESS DETAILS

PERMANENT ADDRESS: _____

CITY: _____

STATE: _____

PINCODE: _____

DISTRICT: _____

ADDRESS OF CORRESPONDENCE: _____

CITY: _____

STATE: _____

PINCODE: _____

DISTRICT: _____

OCCUPATION:

Business

Professional

Salaried

Farmer

Other

If Other, please mention: _____

SOURCE OF INCOME:

Business

Capital gain

Property

Profession

Salary

Other

If Other, please mention: _____

GROSS ANNUAL INCOME:

< 1 Lac

1-5 Lac

5 – 10 Lac

> 10 Lac

FOR FARMERS ONLY

LAND RECORD: _____

(7/12 extract, Pattadhar, PANI No., etc.)

VILLAGE: _____

ACREAGE: _____

Upto 3 decimal places

OTHER DOCUMENTS: _____

DOCUMENT NO.: _____

BANK DETAILS

Note: Provide a copy of cancelled Cheque leaf/ pass book/bank statement specifying name of the client, and IFSC Code of the bank.

BANK NAME	BRANCH	ACCOUNT NO.	ACCOUNT TYPE (SAVINGS/CURRENT/OTHER)	IFSC CODE

PAST REGULATORY ACTION/S

Details of any action/proceedings initiated/pending/ taken by FMC/ SEBI / Stock Exchange / Commodity Exchange / WDRA / any other authority against the client during the last 3 years.

DECLARATION

- ✓ I declare that the particulars given by me above are true and to the best of my knowledge as on the date of making this application. I further agree that any false / misleading information given by me or suppression of any material information will render my account liable for termination and suitable action
- ✓ I further confirm having read and understood the contents of the Rights and Obligations of Client and Repository Participant including the schedules thereto and the terms & conditions and agree to abide by and be bound by the same and by the Bye Laws & Business Rules of NERL as are in force from time to time.

PLACE:	
DATE (dd/mm/yyyy):	
Signature of Client (As per ID / Address proof)	

IN PERSON VERIFICATION

FOR OFFICE USE ONLY

APPLICATION NUMBER:

BENEFICIARY ID:

DOCUMENT VERIFIED

Yes No

I / We undertake that we have made the client aware of tariff sheet. I/We have also made the client aware & given/ sent him a copy of Rights and Obligations of Client and Repository Participant including the schedules thereto. I/We undertake that any change in the tariff sheet would be duly intimated to the clients.

EMPLOYEE NAME:	Signature
EMPLOYEE CODE:	
DESIGNATION:	

DATE: _____
DD/MM/YYYY

REPOSITORY PARTICIPANT'S SEAL

PLEASE TEAR HERE

ACKNOWLEDGEMENT RECEIPT

APPLICATION NO.

We hereby acknowledge the receipt of KYC & Account opening Application of:

CLIENT NAME: _____
FIRST
MIDDLE
LAST

BENEFICIARY ID:

EMPLOYEE NAME:	Signature
EMPLOYEE CODE:	
DESIGNATION:	RP Stamp with Time
DATE:	