

KNOW YOUR CLIENT (KYC) Application Form - For Individuals

☐ NEW ☐ CHANGE REQUEST (Please tick ✓ the appropriate)

Acknowledgement No. _____



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

(Please tick ✓ the box on left margin of appropriate row where **CHANGE/CORRECTION** is required and provide the details in the corresponding row)

A

IDENTITY DETAILS

☐

1. Name of the Applicant

☐

2. Father's/Spouse Name

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3a. Gender ☐ Male ☐ Female 3b. Marital status ☐ Single ☐ Married

3c. Date of Birth | D | D | / | M | M | / | Y | Y | Y | Y |

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4a. Nationality ☐ Indian ☐ Other (Please specify) _____

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4b. Status ☐ Resident Individual ☐ Non Resident ☐ Foreign National

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5a. PAN | | | | | | | | |

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5b. Unique Identification Number (UID) / Aadhaar, if any: | | | | | | | | | | | | | | | |

6. Specify Proof of Identity submitted ☐ PAN card ☐ Other (Please specify) _____

PHOTOGRAPH

Please affix
your recent passport
size photograph and
sign across it

B

ADDRESS DETAILS

☐

1. Residence / Correspondence Address

City / Town / Village

State

Country

Pin Code

2. Specify the Proof of Address submitted for Residence / Correspondence Address: _____

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3. Contact Details

Tel. (Off.)

Tel. (Res.)

E-Mail Id.

Fax

Mobile No

☐

4. Permanent Address (If different from above or overseas address, mandatory for Non-Resident Applicant)

City / Town / Village

State

Country

Pin Code

C

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.

Date: | D | D | / | M | M | / | Y | Y | Y | Y |

☐

Signature of the Applicant

FOR OFFICE USE ONLY

In Person Verification (IPV) Details:

Name of the person who has done the IPV: _____

Designation: _____ Employee ID: _____

Name of the Organization: _____

Date of IPV: | D | D | / | M | M | / | Y | Y | Y | Y |

Signature of the person who has done the IPV

Seal/Stamp of the Intermediary

☐ Originals Verified and Self Attested Document copies received

Date

Signature of the Authorised Signatory