

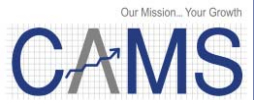
## Know Your Client (KYC) Application Form (For Individuals only)

(Please fill the form in English and in BLOCK Letters)  
Fields marked with "\*" are mandatory fields

Application ☐ New

Type\* ☐ Update KYC Number\*

KYC Type\* ☐ Normal (PAN is mandatory) ☐ PAN Exempt Investors (Refer instruction K)



### 1. Identity Details (Please refer instruction A at the end)

PAN

Please enclose a duly attested copy of your PAN Card

	Prefix	First Name	Middle Name	Last Name
Name* (same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others – Country	Country Code	<input type="text"/>
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector
	<input type="checkbox"/> O-Others	<input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired
	<input type="checkbox"/> B-Business	<input type="checkbox"/> X-Not Categorized	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student

Photo



Signature/  
Thumb Impression

### 2. Proof of Identity (PoI)\* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> D- Driving Licence	<input type="text"/>		
<input type="checkbox"/> E- Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

### 3. Proof of Address (PoA)\*

☐ 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

#### Address

Line 1*	<input type="text"/>	
Line 2	<input type="text"/>	
Line 3	<input type="text"/>	City / Town / Village*
District*	<input type="text"/>	Zip / Post Code*
	<input type="text"/>	State/UT Code
State/UT*	<input type="text"/>	Country*
	<input type="text"/>	Country Code
Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential
	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office
	<input type="checkbox"/> Unspecified	

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

#### Proof of Address\*

<input type="checkbox"/> Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> Driving Licence	<input type="text"/>		
<input type="checkbox"/> Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

☐ 3.2 Correspondence / Local Address Details\* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)

Line 1*	<input type="text"/>	
Line 2	<input type="text"/>	
Line 3	<input type="text"/>	City / Town / Village*
District*	<input type="text"/>	Zip / Post Code*
	<input type="text"/>	State/UT Code
State/UT*	<input type="text"/>	Country*
	<input type="text"/>	Country Code

Email ID

Mobile  -  Tel. (Off)  -  Tel. (Res)  -

Additional Details Required\* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence\*  Country Code of Jurisdiction of Residence  as per ISO 3166

Tax Identification Number or equivalent (If issued by jurisdiction)\*

Place / City of Birth\*  Country of Birth\*  Country Code  as per ISO 3166

Address  
Line 1\*   
Line 2   
Line 3  City / Town / Village\*

District\*  Zip / Post Code\*  State/UT Code  as per Indian Motor Vehicle Act, 1988

State/UT\*  Country\*  Country Code  as per ISO 3166

<input type="checkbox"/> Related Person	<input type="checkbox"/> Deletion of Related Person	KYC Number of Related Person (if available*)	<input type="text"/>
Related Person Type*	<input type="checkbox"/> Guardian of Minor	<input type="checkbox"/> Assignee	<input type="checkbox"/> Authorized Representative
Name*	Prefix <input type="text"/>	First Name <input type="text"/>	Middle Name <input type="text"/> Last Name <input type="text"/>

(If KYC number and name are provided, below details of section 6 are optional)

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

- |  |  |                             |   |
|--|--|-----------------------------|---|
| <input type="checkbox"/> A- Passport Number  |  | Passport Expiry Date        | <div><div>D</div><div>D</div>-<div>M</div><div>M</div>-<div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> |
| <input type="checkbox"/> B- Voter ID Card  |  |                             |   |
| <input type="checkbox"/> C- PAN Card   |  |                             |   |
| <input type="checkbox"/> D- Driving Licence  |  | Driving Licence Expiry Date | <div><div>D</div><div>D</div>-<div>M</div><div>M</div>-<div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> |
| <input type="checkbox"/> E- Aadhaar Card   |  |                             |   |
| <input type="checkbox"/> F- NREGA Job Card   |  |                             |   |
| <input type="checkbox"/> Z- Others (any document notified by the central government) |  | Identification Number       |   |

[illegible]

- 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 hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Documents Received ☐ Certified Copies[illegible][illegible][illegible][illegible]