

Annexure – J

PART I - KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Individuals)
MAXIMUS SECURITIES LIMITED

(Formerly Known as Mafatal Securities Limited)

DP Id - IN 300409

Sterling Centre, 1st Floor, Opp. Divine Child High School, Andheri -Kurla Road, Andheri (East), Mumbai - 400 093.

Tel.: 6141 8700 • 61418751 • 61418756 • Fax : 61418717

Please fill this form in ENGLISH and in BLOCK LETTERS

A. IDENTITY DETAILS

1		Name of the Applicant		Photograph Please affix your recent passport size photograph Signature Across photograph		
2		Father's / Husband's Name				
3	a) Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	b) Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married	c) Date of Birth	D D M M Y Y Y Y
4	a) Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify, _____)	a) Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National		
5	a) PAN	_____	b) Aadhaar Number, if any	_____		
6	Specify the proof of identity submitted		<input type="checkbox"/> PAN card <input type="checkbox"/> Any other (Please specify; _____)			

B. ADDRESS DETAILS

1	Residence / Correspondence Address	<input type="checkbox"/> Correspondence Address		<input type="checkbox"/> Residence Address		
		_____ _____ _____				
		City/town/village	PIN Code		_____	
		State	Country		_____	
2	Specify the proof of address submitted for Residence / correspondence address					
3	Contact Details	Tel. (Off.)	_____		Tel. (Res.)	_____
		Fax No.	_____		Mobile No.	_____
		Email ID	_____			
4	Permanent Address (If different from above. Mandatory for Non-Resident Applicant to specify overseas address)	_____ _____ _____				
		City/town/village	PIN Code		_____	
		State	Country		_____	

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.

Signature of the Applicant

Date

D D M M Y Y Y Y

FOR OFFICE USE ONLY

Sr. No.	Particulars															
1	<input type="checkbox"/> Originals verified and Self-Attested Document copies received															
2	<p>In-Person-Verification (IPV) details:</p> <table border="1"> <tr> <td>a)</td><td>Name of the person doing IPV</td><td></td></tr> <tr> <td>b)</td><td>Designation</td><td></td></tr> <tr> <td>c)</td><td>Name of Organization</td><td></td></tr> <tr> <td>d)</td><td>Signature</td><td></td></tr> <tr> <td>e)</td><td>Date</td><td> <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> </td></tr> </table>	a)	Name of the person doing IPV		b)	Designation		c)	Name of Organization		d)	Signature		e)	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>
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<p>Name & Signature of the Authorised Signatory _____</p>																
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>															
<p>Seal/Stamp of the intermediary</p>																