

KNOW YOUR CLIENT(KYC) APPLICATION FORM

1. Personal Details

	Prefix	first name	middle name	last name
Name* (Same as ID proof)		Garvit		Chutani
maiden name				
Father Name*				
Mother Name				
Date of Birth*	11/06/2001			
Gender*	M- Male	F- Female	T- Transgender	
PAN*				
Marital Status*	Married	Unmarried	Others	
Citizenship*	IN- Indian	Others – Country		Country Code
Residential Status*	Resident Individual	Non Resident Indian	Foreign National	Person of Indian Origin

2. PROOF OF IDENTITY AND ADDRESS*

Passport Number/Aadhaar number/PAN/Driving licence/Voter ID Card

Address

District*	City/Town/Village*
Pin code*	State*

3. Contact Details

Tel.	Mobile*
Email ID*	

4. Applicant Declaration

%^a I hereby declare that the details furnished above are true and correct to the best of my knowledge /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.

%^a I hereby declare that I am not making this application for the purpose contravention of

issued by any governmental or statutory authority from time to time.

%^a I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address and to download the information from

CKYCR

any Act, Rules, Regulations or any statute of legislation or any notifications/directions

%^a I am providing the consent to MF/RTA/SEBI registered intermediary to share this KYC data / applicable Aadhaar XML data with KRA and share the data to other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines.

Date

DD-MM-YYYY

Place