KNOW YOUR CLIENT (KYC) | APPLICATION FORM (FOR INDIVIDUALS ONLY)

KYC KIN NO.	ACCOUNT TYPE	✓ NORMAL

Please fill in ENGLISH & in BLOCK LETTERS (*Mandatory fields)

A. IDENTITY DETAILS

NAME OF APPLICANT		
Maiden Name		
MOTHER'S NAME		
FATHER/SPOUSE NAME		
PAN NUMBER		
GENDER	MALE	
	FEMALE	
	TRANSGENDER	
DATE OF BIRTH		Photograph
MARITAL STATUS	SINGLE	Photograph
	MARRIED	
	OTHERS	
NATIONALITY	☑ INDIAN	
RESIDENTIAL	RESIDENT INDIVIDUAL	
STATUS	NON-RESIDENT INDIAN	
OCCUPATION		PRIVATE SECTOR
ТҮРЕ	SERVICE	PUBLIC SECTOR
		GOVERNMENT SECTOR

	BUSINESS		NOT CATEGORIZED
	OTHERS		PROFESSIONAL
			SELF EMPLOYED
			RETIRED
			HOUSEWIFE
			STUDENT
CITIZENSHIP	INDIAN		ISO COUNTRY CODE IN
TICK IF APPLICABLE	_		
RESIDENCE FOR TAX PURP	OSES IN JURISDICTION(S) OUTS	SIDE INDI	A (Please refer instruction B at the end)
ADDITIONAL DETAILS REOL	JIRED* (Mandatory only if section	n is ticked	n
ISO 3166 Country Code of J		I IS tioned)
130 3 100 Country Code of 5	unsulction of Nesidence		
Tax Identification Number o	or equivalent (If issued by jurisdict	tion)*	
Place / City of Birth*			
ISO 3166 Country Code of B	Birth*		
PROOF OF IDENTITY (PO (Certified copy of any one	OI) e of the following Proof of Ide	entity[Po	I] needs to be submitted)
Passport Number		Passpo	ort Expiry Date
Voter ID Card		-	•
Pan Card			
Driving License		Driving Date	License Expiry
UID(AADHAAR)	XXXX - XXXX -		
NREGA Job Card			

B. ADDRESS DETAILS

Current/ Permanent/ C	verseas Address Details (Please	e refer instruction D a	t the end)	
(Certified copy of any one	of the following Proof of Address [P	oA] needs to be submitt	red)	
ADDRESS TYPE	Residential/Business			
	Residential			
	Business			
	Registered Office			
	Unspecified			
PROOF OF ADDRESS	Passport			
	Driving License			
	UID(AADHAAR)			
	Voter ID Card			
	NREGA Job Card			
ADDRESS				
Line 1				
Line 2				
Line 3				
City/Town/Village		District		
State		Country		
ISO 3166 Country Code*				
CORRESPONDENCE / LO	CAL ADDRESS DETAILS			
Same as Current/Pe	rmanent/Overseas Address details			

PROOF OF ADDRESS	Passport		
	Driving License		
	UID(AADHAAR)		
	Voter ID Card		
	NREGA Job Card		
ADDRESS			
Line 1			
Line 2			
Line 3			
City/Town/Village		District	
State		Country	
ISO 3166 Country Code*			
Address in the Jurisdicti	ion Details where Applicant is Resident	Outside India for Ta	x Purposes*
Same as Current details	t/ Permanent/ Overseas Address	Same as Co details	orrespondence/ Local Address
ADDRESS		1	
City/Town/Village*		State	
ZIP/Post Code		ISO Country Code	
0 00NT4 0T DET4U			
C. CONTACT DETAILS	5		
Tel(Res)		Tel (Off)	
Mobile No.		Fax	
Email Address		1	

D. DETAILS OF RELATED PERSON

Addition of Related Person	Deletion of Related Person
KYC Number of Related Person (if available)	
Related Person Type	Guardian of Minor Assignee Authorised Representative
Name	

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

PROOF OF IDENTITY (POI) of Related Person			
Passport Number		Passport Expiry Date	
Voter ID Card		•	
Pan Card			
Driving License		Driving License Expiry Date	
UID(AADHAAR)	XXXX - XXXX -	•	•
NREGA Job Card			

E. REMARKS		

F. DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my / our 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 / we are aware that I / we may be held liable for it and my account may be frozen or deactivated. I hereby give consent to receiving information from KRA / CKYC registry through SMS / Email on the above mentioned mobile number/Email.

Name			Place
Signature 🔊			Date
		FOR OFFICE	E USE ONLY
Documents Received	Certified Copies E-KYC Data from UIDAI Data received from Offline Verification Digital KYC Process Equivalent e-document Video Based KYC		
KYC VERIFICATION / In I	Doro on Varificat	ion CARRIER O	NIT DV
Date	-erson vernicat	IOII CARRIED O	JOT BY
Emp. Name			
Emp Code			
Emp Designation			
Emp Branch			
Signature			
INSTITUTION DETAILS			
NAME		FINWIZARD T	ECHNOLOGY PRIVATE LIMITED
CODE		2500005323	
STAMP			

PROOF OF IDENTITY (POI)		
Stamp and Saal of	Signature of Applicant	

Stamp and Seal of Finwizard Technology Pvt Ltd

Signature of Applicant

PROOF OF ADDRESS (POA)		
Stamp and Seal of	Signature of Applicant	

Stamp and Seal of Finwizard Technology Pvt Ltd Signature of Applicant

PROOF OF ADDRESS (POA)		
Stamp and Seal of	Signature of Applicant	

Stamp and Seal of Finwizard Technology Pvt Ltd Signature of Applicant

SIGNATURE DETAILS

NAME OF CUSTOMER	
PAN Number	
Signature as per Finwizard Technology Pvt Ltd records	
E- Signature	